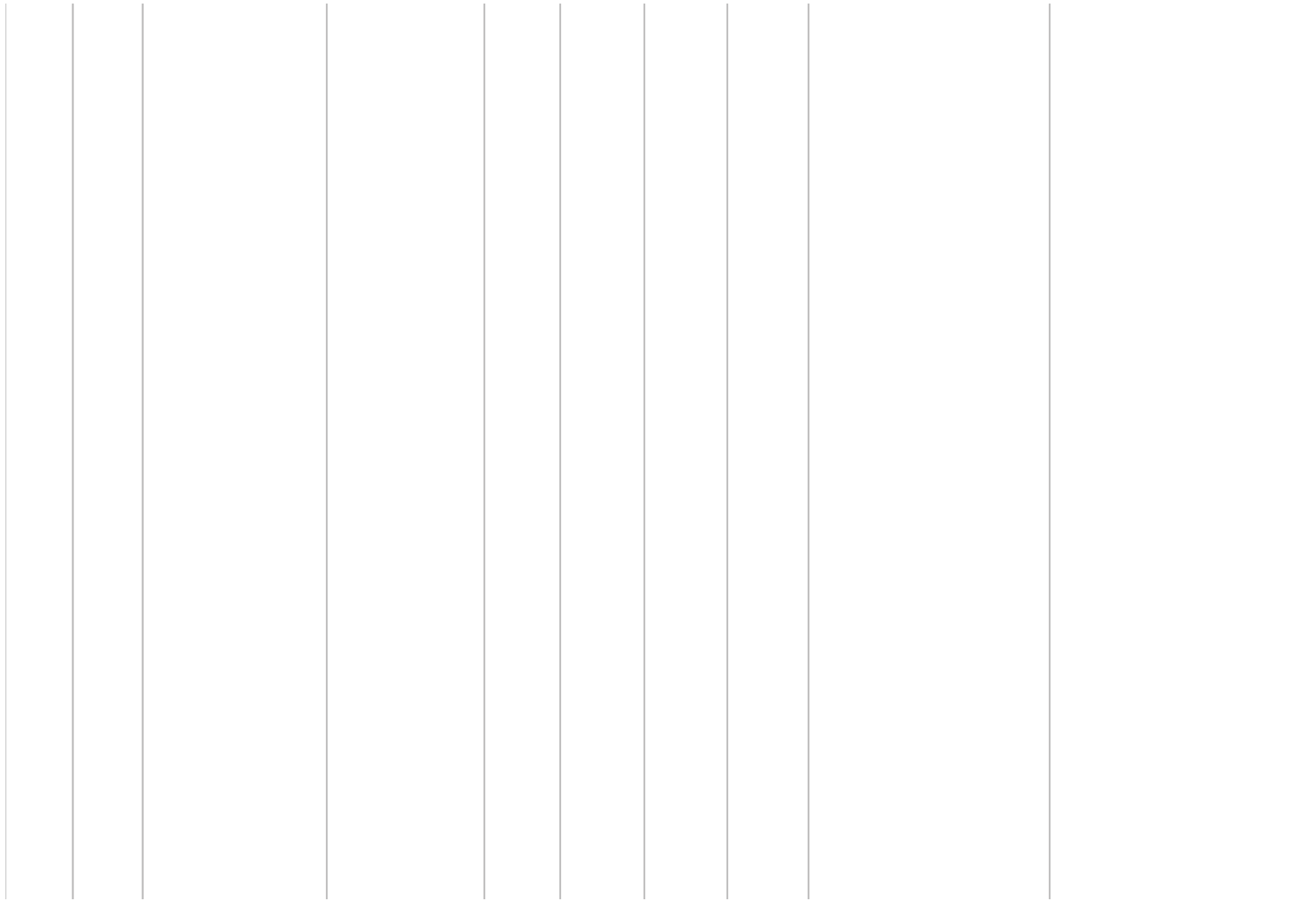


LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0801	Injection, corticotropin (Acthar Gel), up to 40 units	HCPCS - DRUGS (NOT ORAL)	NO	11/20/2024	12/31/2078			
STAR	J9065	Injection, cladribine, per 1 mg	HCPCS - CHEMO DRUGS	NO	11/20/2024	12/31/2078			
STAR	J8499	Prescription drug, oral, nonchemotherapeutic, NOS	HCPCS - DRUGS (NOT ORAL)	NON-COV	11/20/2024	12/31/2078			
STAR	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	PATH & LAB-MOLECULAR PATHOLOGY	NO	12/09/2019	08/31/2024	Regulatory Compliance		
STAR	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	PATH & LAB - CHEMISTRY	NO	12/27/2019	08/31/2024	Regulatory Compliance		
STAR	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	PATH & LAB - CHEMISTRY	NO	12/27/2019	08/31/2024	Regulatory Compliance		
STAR	81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	PATH & LAB - CHEMISTRY	NO	12/27/2019	08/31/2024	Regulatory Compliance		
STAR	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	PATH & LAB - CHEMISTRY	NO	01/01/2021	08/31/2024	Regulatory Compliance		
STAR	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ¹⁰ supGT 9LT /supGT PFU/ml vector genomes, per 0.1 ml	HCPCS - DRUGS (NOT ORAL)	YES	04/06/2024	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	HCPCS - DRUGS (NOT ORAL)	YES	12/09/2023	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J1305	Injection, evinacumab-dgnb, 5 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10LT supGT 13LT /supGT vector genomes	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	A0999	Unlisted ambulance service	HCPCS - TRANSPORTATION (INCL A	YES	08/13/2024	12/31/2078	Regulatory Compliance	Prior Authorization is required if non emergency. Emergent/Non-Emergent is specified by the modifier - ET	
STAR	J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	HCPCS - CHEMO DRUGS	NON-COV	04/01/2021	12/31/2078			
STAR	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolysaccharidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	PATH & LAB - MICROBIOLOGY	YES	12/27/2019	12/31/2078			
STAR	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	PATH & LAB - MICROBIOLOGY	YES	12/27/2019	12/31/2078			
STAR	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	PATH & LAB - MICROBIOLOGY	YES	12/27/2019	12/31/2078			



STAR	C9167	Injection, ADAMTS13, recombinant-krhn, 10 IU	HCPCS - C CODES - OUTPATIENT PP	YES	09/05/2024	12/31/2078			
STAR	Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019	Other		
STAR	90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	06/17/2024	06/17/2024			
STAR	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024	Regulatory Compliance		
STAR	J8612	Methotrexate (Xatmep), oral, 2.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024	Regulatory Compliance		
STAR	J8611	Methotrexate (Jylamvo), oral, 2.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024	Regulatory Compliance		
STAR	J3263	Injection, toripalimab-tpzi, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024	Regulatory Compliance		
STAR	J2468	Injection, palonosetron HCl (Avyxa), not therapeutically equivalent to J2469, 25 mcg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024	Regulatory Compliance		
STAR	Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4333	ArdeoGraft, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4332	Axototl DualGraft, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4331	Axototl Graft, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4330	TOTAL, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4329	Singlay, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4328	MOST, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4327	DuoAmnion, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4326	WoundPlus, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4325	ACApatch, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4324	AmnioTX, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4323	alloPLY, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4322	CaregraFT, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4321	RenoGraft, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4320	PelloGraft, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4319	SanoGraft, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4318	E-Graft, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4317	VitoGraft, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4316	AmchoPlast, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4314	Reeva FT, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4313	DermaBind FM, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4312	Acesso AC, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	Q4311	Acesso, per sq cm	HCPCS - TEMP CODES	NO	07/01/2024	07/01/2024			
STAR	J7355	Injection, travoprost, intracameral implant, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J3394	Injection, lovotibeglogene autotemcel, per treatment	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J3393	Injection, betibeglogene autotemcel, per treatment	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J3247	Injection, secukinumab, IV, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2471	Injection, pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J2470	Injection, pantoprazole sodium, 40 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J2373	Injection, phenylephrine HCl (Immphentiv), 20 mcg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J2267	Injection, mirikizumab-mrkz, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J2246	Injection, micafungin in sodium (Baxter), not therapeutically equivalent to J2248, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J2183	Injection, meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J1598	Injection, glycopyrrolate (Fresenius Kabi), not therapeutically equivalent to J1596, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J1597	Injection, glycopyrrolate (Glyrx-PF), 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J0872	Injection, daptomycin (Xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			
STAR	J0211	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (Nithiodote)	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9038	Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit from joint care planning; condition for which specialist is taking a co-management role; condition expected to last at least 3 months; comprehensive care plan established, implemented, revised or monitored in partnership with co-managing clinicians; ongoing communication and care coordination between co-managing clinicians furnishing care	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G9037	Interprofessional telephone/internet/electronic health record clinical question/request for specialty recommendations by a treating/requesting physician or other qualified health care professional for the care of the patient (i.e., not for professional education or scheduling) and may include subsequent follow up on the specialist's recommendations; 30 minutes	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0531	Facility-based respite, 24-hour unit, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0530	Adult day center, 8-hour unit, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0529	In-home respite care, 4-hour unit, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0528	Management of established patient with dementia, moderate to high complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0527	Management of established patient with dementia, low complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0523	Management of a new patient with dementia, moderate to high complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0522	Management of a new patient with dementia, low complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in CMMI model	HCPCS - PROC/PROF SERVICES (TE	NO	07/01/2024	07/01/2024			
STAR	C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components	HCPCS - C CODES - OUTPATIENT PP	NO	07/01/2024	07/01/2024			
STAR	C1606	Adapter, single-use (i.e., disposable), for attaching ultrasound system to upper gastrointestinal endoscope	HCPCS - C CODES - OUTPATIENT PP	NO	07/01/2024	07/01/2024			
STAR	C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	HCPCS - C CODES - OUTPATIENT PP	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9506	Graphite crucible for preparation of Technetium Tc 99m-labeled carbon aerosol, each	HCPCS - ADMIN MISC & INVEST	NO	07/01/2024	07/01/2024			
STAR	90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	07/01/2024	07/01/2024			
STAR	90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	07/01/2024	07/01/2024			
STAR	0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	CATEGORY III CODES	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	CATEGORY III CODES	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	CATEGORY III CODES	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0868T	High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report	CATEGORY III CODES	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL	CATEGORY III CODES	NO	07/01/2024	07/01/2024			
STAR	0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjogren syndrome	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti-cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0455U	Infectious agents (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0451U	Oncology (multiple myeloma), LC-MS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LC-MS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	PATH & LAB-PROPRIETARY LAB ANA	NO	07/01/2024	07/01/2024			
STAR	T4352		National T Codes	YES	01/01/2010	01/01/2078			
STAR	T4353		National T Codes	YES	01/01/2010	01/01/2078			
STAR	S0164	Injection, pantoprazole sodium, 40 mg	HCPCS - TEMP NATIONAL CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	Q4277	WoundPlus membrane or E-Graft, per sq cm	HCPCS - TEMP CODES	EXPIRED	04/02/2024	12/31/2078			
STAR	Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm	HCPCS - TEMP CODES	EXPIRED	09/13/2019	12/31/2078			
STAR	Q2055	Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS - TEMP CODES	YES	01/01/2022	12/31/2078		Age limitation of 18 years of age and older. Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9393	Injection, fulvestrant (Teva), not therapeutically equivalent to J9395, 25 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J9371	Injection, vincristine sulfate liposome, 1 mg	HCPCS - CHEMO DRUGS	EXPIRED	12/27/2019	12/27/2019			
STAR	J9322	Injection, pemetrexed (BluePoint), not therapeutically equivalent to J9305, 10 mg	HCPCS - CHEMO DRUGS	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J9314	Injection, pemetrexed (Teva), not therapeutically equivalent to J9305, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	J9259	Injection, paclitaxel protein-bound particles (American Regent), not therapeutically equivalent to J9264, 1 mg	HCPCS - CHEMO DRUGS	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J9258	Injection, paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Other		
STAR	J9172	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Other		
STAR	J9046	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J3372	Injection, vancomycin HCl (Xellia), not therapeutically equivalent to J3370, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J3371	Injection, vancomycin HCl (Mylan), not therapeutically equivalent to J3370, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J3244	Injection, tigecycline (Accord), not therapeutically equivalent to J3243, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J2806	Injection, sincalide (Maia), not therapeutically equivalent to J2805, 5 mcg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J2780	Injection, ranitidine HCl, 25 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2020	12/04/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2599	Injection, vasopressin (American Regent), not therapeutically equivalent to J2598, 1 unit	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J2281	Injection, moxifloxacin (Fresenius Kabi), not therapeutically equivalent to J2280, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J2272	Injection, morphine sulfate (Fresenius Kabi), not therapeutically equivalent to J2270, up to 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J2251	Injection, midazolam HCl (WG Critical Care), not therapeutically equivalent to J2250, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J2184	Injection, meropenem (B. Braun), not therapeutically equivalent to J2185, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J2021	Injection, linezolid (Hospira), not therapeutically equivalent to J2020, 200 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J1921	Injection, labetalol HCl (Hikma), not therapeutically equivalent to J1920, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J1806	Injection, esmolol HCl (WG Critical Care), not therapeutically equivalent to J1805, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J1574	Injection, ganciclovir sodium (Exela), not therapeutically equivalent to J1570, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J0893	Injection, decitabine (Sun Pharma), not therapeutically equivalent to J0894, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J0873	Injection, daptomycin (Xellia), not therapeutically equivalent to J0878 or J0872, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J0401	Injection, aripiprazole (Abilify Maintena), 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0173	Injection, epinephrine (Belcher), not therapeutically equivalent to J0171, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J0137	Injection, acetaminophen (Hikma), not therapeutically equivalent to J0131, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J0136	Injection, acetaminophen (B. Braun), not therapeutically equivalent to J0131, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0134	Injection, acetaminophen (Fresenius Kabi), not therapeutically equivalent to J0131, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	G9879	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	G9878	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	G9877	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	G9876	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	C9790	Histotripsy (i.e., nonthermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2023	10/01/2023			
STAR	C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling	HCPCS - C CODES- OUTPATIENT PP	EXPIRED	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9168	Injection, mirikizumab-mrkz, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2024	04/01/2024			
STAR	C9166	Injection, secukinumab, IV, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2024	04/01/2024			
STAR	C9113	Injection, pantoprazole sodium, per vial	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	A0020	AMBULANCE SERVICE, (BLS) PER MILE, TRANSPORT, ONE WAY	HCPCS - TRANSPORTATION (INCL A	EXPIRED	01/01/2010	01/01/2078			
STAR	0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0353U	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	10/01/2022	12/31/2078			
STAR	0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	10/01/2020	12/31/2078			
STAR	B9002	Enteral nutrition infusion pump, any type	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4100	Food thickener, administered orally, per oz	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories EQU 1 unit	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories EQU 1 unit	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an ent	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories EQU 1	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories EQU 1 unit	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calorie	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administer	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an e	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories EQU 1 unit	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tu	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories EQU 1 unit	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories EQU 1 unit	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml EQU 1 unit	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) quantity and limits.	
STAR	J1203	Injection, cipaglusosidase alfa-tga, 5 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/05/2024	12/31/2078			
STAR	57110	Vaginectomy, complete removal of vaginal wall;	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	57106	Vaginectomy, partial removal of vaginal wall;	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	56625	Vulvectomy simple; complete	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	55180	Scrotoplasty; complicated	SURGERY - MALE GENITAL SYSTEM	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	55175	Scrotoplasty; simple	SURGERY - MALE GENITAL SYSTEM	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	53430	Urethroplasty, reconstruction of female urethra	SURGERY - URINARY SYSTEM	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	SURGERY - URINARY SYSTEM	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	SURGERY - URINARY SYSTEM	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	19303	Mastectomy, simple, complete	SURGERY - INTEGUMENTARY SYSTEM	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	57335	Vaginoplasty for intersex state	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	57292	Construction of artificial vagina; with graft	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	57291	Construction of artificial vagina; without graft	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	56805	Clitoroplasty for intersex state	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	56800	Plastic repair of introitus	SURGERY - FEMALE GENITAL SYSTE	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	54690	Laparoscopy, surgical; orchiectomy	SURGERY - MALE GENITAL SYSTEM	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	SURGERY - MALE GENITAL SYSTEM	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	54125	Amputation of penis; complete	SURGERY - MALE GENITAL SYSTEM	NO	09/30/2024	12/31/2078	Regulatory Compliance	Request for gender affirming care services are non-covered.	
STAR	43659	Unlisted laparoscopy procedure, stomach	SURGERY - DIGESTIVE SYSTEM	YES	07/22/2024	12/31/2078	Regulatory Compliance		
STAR	76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	05/16/2024		Submit Medical Records when submitting a claim	
STAR	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	05/16/2024		Submit Medical Records when submitting a claim	
STAR	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	05/16/2024		Submit Medical Records when submitting a claim	
STAR	V2799	Vision item or service, miscellaneous	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	64999	Unlisted procedure, nervous system	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claims	
STAR	T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019			
STAR	H0047	Alcohol and/or other drug abuse services, not otherwise specified	HCPCS - ALCOHOL/DRUG ABUSE	YES	12/27/2019	12/31/2078			
STAR	B9999	NOC for parenteral supplies	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	31599	Unlisted procedure, larynx	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	27599	Unlisted procedure, femur or knee	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	L1499	Spinal orthosis, not otherwise specified	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	HCPCS - TEMP CODES	NO	03/22/2024	03/22/2024			
STAR	M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	HCPCS - MEDICAL SERVICES	NO	03/22/2024	03/22/2024			
STAR	J1010	Injection, methylprednisolone acetate, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	HCPCS - DME	NO	04/01/2024	04/01/2024			
STAR	86849	Unlisted immunology procedure	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	HCPCS - ADMIN MISC & INVEST	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6549	Gradient compression garment, not otherwise specified	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6512	Compression burn garment, not otherwise classified	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6508	Compression burn garment, foot to thigh length, custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6507	Compression burn garment, foot to knee length, custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6506	Compression burn garment, glove to axilla, custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6505	Compression burn garment, glove to elbow, custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6504	Compression burn garment, glove to wrist, custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6503	Compression burn garment, facial hood, custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6260	Wound cleansers, any type, any size	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	A6215	Foam dressing, wound filler, sterile, per g	HCPCS - MED-SURG SUPPLIES	YES	02/13/2024	12/31/2078	Regulatory Compliance		
STAR	S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	HCPCS - TEMP CODES	NO	04/01/2024	04/01/2024			
STAR	S4988	Penile contracture device, manual, greater than 3 lbs traction force	HCPCS - TEMP CODES	NO	04/01/2024	04/01/2024			
STAR	Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	HCPCS - TEMP CODES	NO	04/01/2024	04/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	HCPCS - TEMP CODES	NO	04/01/2024	04/01/2024			
STAR	Q4310	Procenta, per 100 mg	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	Q4309	VIA Matrix, per sq cm	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	Q4308	Sanopellis, per sq cm	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	Q4307	American Amnion, per sq cm	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	Q4306	American Amnion AC, per sq cm	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	Q4305	American Amnion AC Tri-Layer, per sq cm	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	HCPCS - PROSTHETIC PROCED	NO	04/01/2024	04/01/2024			
STAR	L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	HCPCS - PROSTHETIC PROCED	NO	04/01/2024	04/01/2024			
STAR	L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	04/01/2024	04/01/2024			
STAR	K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	J9376	Injection, pozelimab-bbfg, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J9249	Injection, melphalan (Apotex), 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024	Regulatory Compliance		
STAR	J9248	Injection, melphalan (Hepzato), 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024	Regulatory Compliance		
STAR	J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024	Regulatory Compliance		
STAR	J9074	Injection, cyclophosphamide (Sandoz), 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024	Regulatory Compliance		
STAR	J9073	Injection, cyclophosphamide (Ingenus), 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024	Regulatory Compliance		
STAR	J7354	Cantharidin for topical administration, 0.7PCT , single unit dose applicator (3.2 mg)	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7165	Injection, prothrombin complex concentrate, human-lans, per IU of Factor IX activity	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J3055	Injection, talquetamab-tgvs, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024	Regulatory Compliance		
STAR	J2801	Injection, risperidone (Rykindo), 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J2782	Injection, avacincaptad pegol, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J2277	Injection, motixafortide, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024	Regulatory Compliance		
STAR	J1434	Injection, fosaprepitant (Focinvez), 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024	Regulatory Compliance		
STAR	J1323	Injection, elranatamab-bcmm, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024	Regulatory Compliance		
STAR	J1202	Miglustat, oral, 65 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J0578	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J0577	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J0209	Injection, sodium thiosulfate (Hope), 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J0177	Injection, aflibercept HD, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	H0051	Traditional healing service	HCPCS - PROC/PROF SERVICES (TE	NO	04/01/2024	04/01/2024			
STAR	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	HCPCS - DME	NO	04/01/2024	04/01/2024			
STAR	E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	HCPCS - DME	NO	04/01/2024	04/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	HCPCS - DME	NO	04/01/2024	04/01/2024			
STAR	E0736	Transcutaneous tibial nerve stimulator	HCPCS - DME	NO	04/01/2024	04/01/2024			
STAR	E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	HCPCS - DME	NO	04/01/2024	04/01/2024			
STAR	C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	HCPCS - C CODES - OUTPATIENT PP	NO	04/01/2024	04/01/2024			
STAR	A9293	Fertility cycle (contraception & conception) tracking software application, FDA cleared, per month, includes accessories (e.g., thermometer)	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	A2026	Restrata MiniMatrix, 5 mg	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0448U	Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation (s), with recommended therapeutic options	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			
STAR	0447U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			
STAR	0446U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			
STAR	0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			
STAR	0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			
STAR	0443U	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			
STAR	0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			
STAR	0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1, cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2024	04/01/2024			
STAR	J3424	Injection, hydroxocobalamin, IV, 25 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J2919	Injection, methylprednisolone sodium succinate, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J0652	Injection, levothyroxine sodium (Hikma), not therapeutically equivalent to J0650, 10 mcg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	J0651	Injection, levothyroxine sodium (Fresenius Kabi), not therapeutically equivalent to J0650, 10 mcg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2024	04/01/2024			
STAR	G0138	IV infusion of cipaglusidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglusidase alfa-atga	HCPCS - PROC/PROF SERVICES (TE)	NO	04/01/2024	04/01/2024			
STAR	E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	HCPCS - DME	NO	04/01/2024	04/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	HCPCS - C CODES - OUTPATIENT PP	NO	04/01/2024	04/01/2024			
STAR	A4564	Pessary, disposable, any type	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	HCPCS - MED-SURG SUPPLIES	NO	04/01/2024	04/01/2024			
STAR	Q4290	Membrane Wrap-Hydro TM, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4244	Procenta, per 200 mg	HCPCS - TEMP CODES	EXPIRED	06/04/2020	12/31/2078			
STAR	J9260	Injection, methotrexate sodium, 50 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9255	Injection, methotrexate (Accord), not therapeutically equivalent to J9260, 50 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Other		
STAR	J9250	Methotrexate sodium, 5 mg	HCPCS - CHEMO DRUGS	EXPIRED	12/27/2019	12/27/2019			
STAR	J9072	Injection, cyclophosphamide (Dr. Reddy's), 5 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Other		
STAR	J9071	Injection, cyclophosphamide (AuroMedics), 5 mg	HCPCS - CHEMO DRUGS	NON-COV	01/01/2010	12/31/2078	Regulatory Compliance		
STAR	J9070	Cyclophosphamide, 100 mg	HCPCS - CHEMO DRUGS	EXPIRED	12/27/2019	12/27/2019			
STAR	J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J7516	Injection, cyclosporine, 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	J3425	Injection, hydroxocobalamin, IM, 10 mcg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J3380	Injection, vedolizumab, IV, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2020	12/04/2020			
STAR	J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2020	12/04/2020			
STAR	J1850	Injection, kanamycin sulfate, up to 75 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	12/27/2019	12/27/2019			
STAR	J1840	Injection, kanamycin sulfate, up to 500 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	12/27/2019	12/27/2019			
STAR	J1246	INJECTION DINUTUXIMAB 0.1 MG	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/02/2024	12/31/2078			
STAR	J1040	Injection, methylprednisolone acetate, 80 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2020	12/04/2020			
STAR	J1030	Injection, methylprednisolone acetate, 40 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2020	12/04/2020			
STAR	J1020	Injection, methylprednisolone acetate, 20 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2020	12/04/2020			
STAR	J0750	Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2024	01/01/2024			
STAR	J0613	Injection, calcium gluconate (WG Critical Care), not therapeutically equivalent to J0612, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023			
STAR	J0612	Injection, calcium gluconate, not otherwise specified, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023			
STAR	J0576	Injection, buprenorphine extended-release (Brixadi), 1 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/02/2024	12/31/2078			
STAR	J0208	Injection, sodium thiosulfate (Pedmark), 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	E2300	Wheelchair accessory, power seat elevation system, any type	HCPCS - DME	EXPIRED	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system	HCPCS - DME	YES	04/02/2024	12/31/2078			
STAR	C9165	Injection, elranatamab-bcmm, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/02/2024	12/31/2078	Other		
STAR	C9164	Cantharidin for topical administration, 0.7PCT , single unit dose applicator (3.2 mg)	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9163	Injection, talquetamab-tgvs, 0.25 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/02/2024	12/31/2078	Other		
STAR	C9162	Injection, avacincaptad pegol, 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/02/2024	12/31/2078			
STAR	C9161	Injection, aflibercept HD, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/02/2024	12/31/2078			
STAR	C9160	Injection, daxibotulinumtoxina-lanm, 1 unit	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/02/2024	12/31/2078			
STAR	C9159	Injection, prothrombin complex concentrate (human), Balfaxar, per IU of Factor IX activity	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/02/2024	12/31/2078			
STAR	C9051	Injection, omadacycline, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C9050	Injection, emapalumab-lzsg, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C9049	Injection, tagraxofusp-erzs, 10 mcg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C9044	Injection, cemiplimab-rwlc, 1 mg	HCPCS-C CODES- OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	A4562	Pessary, reusable, non rubber, any type	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4561	Pessary, reusable, rubber, any type	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	0416U	Infectious agent detection by nucleic acid (DNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	10/01/2023	10/01/2023			
STAR	0354U	Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	10/01/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	2008 Code Set	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	2008 Code Set	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2008 Code Set	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	2008 Code Set	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58290	Vaginal hysterectomy, for uterus greater than 250 g;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58275	Vaginal hysterectomy, with total or partial vaginectomy;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58260	Vaginal hysterectomy, for uterus 250 g or less;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim. Request for gender affirming care services are non-covered.	
STAR	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	30420	Rhinoplasty, primary; including major septal repair	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	21209	Osteoplasty, facial bones; reduction	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	21125	Augmentation, mandibular body or angle; prosthetic material	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	21121	Genioplasty; sliding osteotomy, single piece	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	19350	Nipple/areola reconstruction	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	19316	Mastopexy	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	17380	Electrolysis epilation, each 30 minutes	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15879	Suction assisted lipectomy; lower extremity	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15878	Suction assisted lipectomy; upper extremity	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15877	Suction assisted lipectomy; trunk	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15876	Suction assisted lipectomy; head and neck	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15828	Rhytidectomy; cheek, chin, and neck	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15826	Rhytidectomy; glabellar frown lines	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15824	Rhytidectomy; forehead	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15822	Blepharoplasty, upper eyelid;	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15820	Blepharoplasty, lower eyelid;	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15776	Punch graft for hair transplant; more than 15 punch grafts	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15775	Punch graft for hair transplant; 1 to 15 punch grafts	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	SURGERY- INTEGUMENTARY SYSTEM	YES	12/09/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	55980	Intersex surgery; female to male	SURGERY - INTERSEX SURGERY	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	54660	Insertion of testicular prosthesis (separate procedure)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019		Request for gender affirming care services are non-covered.	
STAR	55970	Intersex surgery; male to female	SURGERY - INTERSEX SURGERY	NON-COV	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	SURGERY - MALE GENITAL SYSTEM	YES	08/26/2022	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	19325	Breast augmentation with implant	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	SURGERY- INTEGUMENTARY SYSTEM	NON-COV	12/09/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	SURGERY- INTEGUMENTARY SYSTEM	NON-COV	12/09/2019	12/31/2078		Request for gender affirming care services are non-covered.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	SURGERY- INTEGUMENTARY SYSTEM	NON-COV	12/09/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	SURGERY- INTEGUMENTARY SYSTEM	NON-COV	12/09/2019	12/31/2078		Request for gender affirming care services are non-covered.	
STAR	J1413	Injection, delandistrogene moxeparovvec-rokl, per therapeutic dose	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	HCPCS - C CODES - OUTPATIENT PP	NO	10/01/2023	10/01/2023	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle (s)	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		
STAR	20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		
STAR	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		
STAR	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		
STAR	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		
STAR	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		
STAR	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		
STAR	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		
STAR	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		
STAR	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	SURGERY - MUSCULOSKELETAL SYST	YES	09/01/2020	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62290	Injection procedure for discography, each level; lumbar	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62291	Injection procedure for discography, each level; cervical or thoracic	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	63650	Percutaneous implantation of neurostimulator electrode array, epidural	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64405	Injection(s), anesthetic agent (s) and/or steroid; greater occipital nerve	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64640	Destruction by neurolytic agent; other peripheral nerve or branch	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	72285	Discography, cervical or thoracic, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	09/01/2020	12/31/2078	Other		
STAR	72295	Discography, lumbar, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	09/01/2020	12/31/2078	Other		
STAR	95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	MEDICINE - NEUROLOGY AND NEURO	YES	09/01/2020	12/31/2078	Other		
STAR	L8680	Implantable neurostimulator electrode, each	HCPCS - PROSTHETIC PROCED	YES	09/01/2020	12/31/2078	Other	PA Required if Billed Charge is over \$1000	
STAR	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	HCPCS - PROSTHETIC PROCED	YES	09/01/2020	12/31/2078	Other	PA Required if Billed Charge is over \$1000	
STAR	L8682	Implantable neurostimulator radiofrequency receiver	HCPCS - PROSTHETIC PROCED	YES	09/01/2020	12/31/2078	Other	PA Required if Billed Charge is over \$1000	
STAR	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	HCPCS - PROSTHETIC PROCED	YES	09/01/2020	12/31/2078	Other	PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	HCPCS - PROSTHETIC PROCED	YES	09/01/2020	12/31/2078	Other	PA Required if Billed Charge is over \$1000	
STAR	L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	HCPCS - PROSTHETIC PROCED	YES	09/01/2020	12/31/2078	Other	PA Required if Billed Charge is over \$1000	
STAR	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	HCPCS - PROSTHETIC PROCED	YES	09/01/2020	12/31/2078	Other	PA Required if Billed Charge is over \$1000	
STAR	L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	HCPCS - PROSTHETIC PROCED	YES	09/01/2020	12/31/2078	Other	PA Required if Billed Charge is over \$1000	
STAR	95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	MEDICINE - NEUROLOGY AND NEURO	YES	09/01/2020	12/31/2078	Other		
STAR	64479	Injection(s), anesthetic agent (s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	64480	Injection(s), anesthetic agent (s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64483	Injection(s), anesthetic agent (s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078	Other		
STAR	Q5131	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	Q4284	DermaBind SL, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4282	Cygnus Dual, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4281	Barrera SL or Barrera DL, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4280	Xcell Amnio Matrix, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4278	EPIEFFECT, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4276	ORION, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4275	Esano ACA, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4274	Esano AC, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4273	Esano AAA, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4272	Esano A, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	J9381	Injection, teplizumab-mzvw, 5 mcg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J9380	Injection, teclistamab-cqyv, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Regulatory Compliance		

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STAR	J9350	Injection, mosunetuzumab-axgb, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J9347	Injection, tremelimumab-actl, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J9323	Injection, pemetrexed ditromethamine, 10 mg	HCPCS - CHEMO DRUGS	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J9321	Injection, epcoritamab-bysp, 0.16 mg	HCPCS - CHEMO DRUGS	YES	04/02/2024	12/31/2078	Other		
STAR	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J9059	Injection, bendamustine HCl (Baxter), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J9058	Injection, bendamustine HCl (Apotex), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J9056	Injection, bendamustine HCl (Vivimusta), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J2427	Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J2329	Injection, ublituximab-xiyy, 1mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	J2249	Injection, remimazolam, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J1961	Injection, lenacapavir, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J1941	Injection, furosemide (Furoscix), 20 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J1814	Insulin (Lyumjev), per 5 units	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J1813	Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J1812	Insulin (Fiasp), per 5 units	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J1811	Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			

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STAR	J1440	Fecal microbiota, live - jsml, 1 ml	HCPCS - MEDICAL SERVICES	YES	04/02/2024	12/31/2078			
STAR	J0206	Injection, allopurinol sodium, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	HCPCS - C CODES-OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	HCPCS - C CODES-OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	HCPCS - C CODES-OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	C9151	Injection, pegcetacoplan, 1 mg	HCPCS - C CODES-OUTPATIENT PP	EXPIRED	04/02/2024	12/31/2078			
STAR	C9150	Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose	HCPCS - C CODES-OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	0401U	Cardiology (coronary heart disease [CHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0400U	Obstetrics (expanded carrier screening), 145 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0398U	Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0397U	Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	04/02/2024	12/31/2078			
STAR	0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0395U	Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a r	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0387U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (AMLo) by immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of progression	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)	CATEGORY III CODES	EXPIRED	04/02/2024	12/31/2078			
STAR	0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	CATEGORY III CODES	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	CATEGORY III CODES	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	CATEGORY III CODES	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	CATEGORY III CODES	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	CATEGORY III CODES	YES	04/02/2024	12/31/2078	Regulatory Compliance		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	CATEGORY III CODES	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	CATEGORY III CODES	YES	04/02/2024	12/31/2078	Regulatory Compliance		
STAR	0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	CATEGORY III CODES	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	CATEGORY III CODES	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	Q5132	Injection, adalimumab-afzb (Abralada), biosimilar, 10 mg	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4304	GRAFIX PLUS, per sq cm	HCPCS - MED-SURG SUPPLIES	YES	04/02/2024	12/31/2078			
STAR	Q4303	Complete AA, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4302	Complete ACA, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4301	Activate Matrix, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4300	Acesso TL, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4299	AmniCore Pro+, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4298	AmniCore Pro, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4297	Emerge Matrix, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4296	Rebound Matrix, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4295	Amnio Tri-Core Amniotic, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4294	Amnio Quad-Core, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4293	Acesso DL, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4292	Lamellas, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4291	Lamellas XT, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4289	RevoShield+ Amniotic Barrier, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4288	DermaBind CH, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4287	DermaBind DL, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			
STAR	Q4279	Vendaje AC, per sq cm	HCPCS - TEMP CODES	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	HCPCS - PROSTHETIC PROCED	YES	04/02/2024	12/31/2078			
STAR	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	HCPCS - PROSTHETIC PROCED	YES	04/02/2024	12/31/2078			
STAR	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J9333	Injection, rozanolixizumab-noli, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Other		
STAR	J9286	Injection, glofitamab-gxbm, 2.5 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Other		
STAR	J9052	Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078	Other		
STAR	J2799	Injection, risperidone (Uzedy), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J1304	Injection, tofersen, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J0799	FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J0391	Injection, artesunate, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J0217	Injection, velmanase alfa-tycv, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	J0184	Injection, amisulpride, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	G0012	Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle	HCPCS - DRUGS (NOT ORAL)	YES	04/02/2024	12/31/2078			
STAR	E3000	Speech volume modulation system, any type, including all components and accessories	HCPCS - DME	YES	04/02/2024	12/31/2078			
STAR	E1301	Whirlpool tub, walk-in, portable	HCPCS - DME	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0735	Noninvasive vagus nerve stimulator	HCPCS - DME	YES	04/02/2024	12/31/2078			
STAR	E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	HCPCS - DME	YES	04/02/2024	12/31/2078			
STAR	E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	HCPCS - DME	YES	04/02/2024	12/31/2078			
STAR	E0732	Cranial electrotherapy stimulation (CES) system, any type	HCPCS - DME	YES	04/02/2024	12/31/2078			
STAR	E0682	Nonpneumatic sequential compression garment, full arm	HCPCS - MED-SURG SUPPLIES	YES	04/02/2024	12/31/2078			
STAR	E0681	Nonpneumatic compression controller without calibrated gradient pressure	HCPCS - MED-SURG SUPPLIES	YES	04/02/2024	12/31/2078			
STAR	E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure	HCPCS - MED-SURG SUPPLIES	YES	04/02/2024	12/31/2078			
STAR	E0679	Nonpneumatic sequential compression garment, half leg	HCPCS - MED-SURG SUPPLIES	YES	04/02/2024	12/31/2078			
STAR	E0678	Nonpneumatic sequential compression garment, full leg	HCPCS - MED-SURG SUPPLIES	YES	04/02/2024	12/31/2078			
STAR	E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	HCPCS - DME	YES	04/02/2024	12/31/2078			
STAR	E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	HCPCS - DME	YES	04/02/2024	12/31/2078			
STAR	E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	HCPCS - DME	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	HCPCS - C CODES - OUTPATIENT PP	YES	04/02/2024	12/31/2078	Other		
STAR	C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	HCPCS - C CODES - OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	C7558	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	HCPCS - C CODES - OUTPATIENT PP	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	HCPCS - C CODES - OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	HCPCS - C CODES - OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)	HCPCS - C CODES - OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	C1601	Endoscope, single-use (i.e., disposable), pulmonary, imaging/illumination device (insertable)	HCPCS - C CODES - OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	HCPCS - C CODES - OUTPATIENT PP	YES	04/02/2024	12/31/2078			
STAR	A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	HCPCS - MED-SURG SUPPLIES	YES	04/02/2024	12/31/2078			
STAR	A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	HCPCS - MED-SURG SUPPLIES	YES	04/02/2024	12/31/2078			
STAR	A4468	Exsufflation belt, includes all supplies and accessories	HCPCS - MED-SURG SUPPLIES	YES	04/02/2024	12/31/2078			
STAR	22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	SURGERY- MUSCULOSKELETAL SYST	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	SURGERY-MUSCULOSKELETAL SYST	YES	04/02/2024	12/31/2078			
STAR	22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	SURGERY-MUSCULOSKELETAL SYST	YES	04/02/2024	12/31/2078			
STAR	27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	SURGERY-MUSCULOSKELETAL SYST	YES	04/02/2024	12/31/2078			
STAR	31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	SURGERY - RESPIRATORY SYSTEM	YES	04/02/2024	12/31/2078			
STAR	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	SURGERY - RESPIRATORY SYSTEM	YES	04/02/2024	12/31/2078			
STAR	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead [s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	SURGERY - RESPIRATORY SYSTEM	YES	04/02/2024	12/31/2078			
STAR	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	YES	04/02/2024	12/31/2078			
STAR	33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	SURGERY - RESPIRATORY SYSTEM	YES	04/02/2024	12/31/2078			
STAR	33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	SURGERY - RESPIRATORY SYSTEM	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	SURGERY - RESPIRATORY SYSTEM	YES	04/02/2024	12/31/2078			
STAR	33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	SURGERY - RESPIRATORY SYSTEM	YES	04/02/2024	12/31/2078			
STAR	52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	SURGERY - URINARY SYSTEM	YES	04/02/2024	12/31/2078			
STAR	58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	SURGERY - FEMALE GENITAL SYSTE	YES	04/02/2024	12/31/2078			
STAR	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	SURGERY - NERVOUS SYSTEM	YES	04/02/2024	12/31/2078			
STAR	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array (s)	SURGERY - NERVOUS SYSTEM	YES	04/02/2024	12/31/2078			
STAR	61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	SURGERY - NERVOUS SYSTEM	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	SURGERY - NERVOUS SYSTEM	YES	04/02/2024	12/31/2078			
STAR	64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	SURGERY - NERVOUS SYSTEM	YES	04/02/2024	12/31/2078			
STAR	67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	YES	04/02/2024	12/31/2078			
STAR	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	04/02/2024	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	PATH & LAB - MICROBIOLOGY	YES	04/02/2024	12/31/2078			
STAR	81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	PATH & LAB - MICROBIOLOGY	YES	04/02/2024	12/31/2078			
STAR	81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	PATH & LAB - MICROBIOLOGY	YES	04/02/2024	12/31/2078			
STAR	81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	PATH & LAB - MICROBIOLOGY	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	PATH & LAB - MICROBIOLOGY	YES	04/02/2024	12/31/2078			
STAR	81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	PATH & LAB - MICROBIOLOGY	YES	04/02/2024	12/31/2078			
STAR	81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	PATH & LAB - CYTOGENETIC STUDI	YES	04/02/2024	12/31/2078			
STAR	82166	Anti-mullerian hormone (AMH)	PATH & LAB - CHEMISTRY	YES	04/02/2024	12/31/2078			
STAR	86041	Acetylcholine receptor (AChR); binding antibody	PATH & LAB - IMMUNOLOGY	YES	04/02/2024	12/31/2078			
STAR	86042	Acetylcholine receptor (AChR); blocking antibody	PATH & LAB - IMMUNOLOGY	YES	04/02/2024	12/31/2078			
STAR	86043	Acetylcholine receptor (AChR); modulating antibody	PATH & LAB - IMMUNOLOGY	YES	04/02/2024	12/31/2078			
STAR	86366	Muscle-specific kinase (MuSK) antibody	PATH & LAB - IMMUNOLOGY	YES	04/02/2024	12/31/2078			
STAR	90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	04/02/2024	12/31/2078			
STAR	90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	MEDICINE - INJECTION	YES	04/02/2024	12/31/2078			
STAR	96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	MEDICINE - INJECTION	YES	04/02/2024	12/31/2078			
STAR	97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	MEDICINE - PHYSICAL MEDICINE A	YES	04/02/2024	12/31/2078			
STAR	0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0429U	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68)	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	PATH & LAB-PROPRIETARY LAB ANA	YES	04/02/2024	12/31/2078			
STAR	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	CATEGORY III CODES	YES	04/02/2024	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	CATEGORY III CODES	YES	04/02/2024	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	CATEGORY III CODES	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	CATEGORY III CODES	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	CATEGORY III CODES	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	CATEGORY III CODES	YES	04/02/2024	12/31/2078			
STAR	0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	CATEGORY III CODES	YES	04/02/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	CATEGORY III CODES	YES	04/02/2024	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	J3121	Injection, testosterone enanthate, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	03/01/2024	12/31/2078	Regulatory Compliance		
STAR	J1380	Injection, estradiol valerate, up to 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	03/01/2024	12/31/2078	Regulatory Compliance		
STAR	J1071	Injection, testosterone cypionate, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	03/01/2024	12/31/2078	Regulatory Compliance		
STAR	J1000	Injection, depo-estradiol cypionate, up to 5 mg	HCPCS - DRUGS (NOT ORAL)	YES	03/01/2024	12/31/2078	Regulatory Compliance		
STAR	J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	HCPCS - DRUGS (NOT ORAL)	YES	03/01/2024	12/31/2078			
STAR	S0189	Testosterone pellet, 75 mg	HCPCS - TEMP NATIONAL CODES	YES	03/01/2024	12/31/2078			
STAR	J9218	Leuprolide acetate, per 1 mg	HCPCS - CHEMO DRUGS	YES	03/01/2024	12/31/2078			
STAR	J9217	Leuprolide acetate (for depot suspension), 7.5 mg	HCPCS - CHEMO DRUGS	YES	03/01/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9155	Injection, degarelix, 1 mg	HCPCS - CHEMO DRUGS	YES	03/01/2024	12/31/2078			
STAR	J3316	Injection, triptorelin, extended-release, 3.75 mg	HCPCS - DRUGS (NOT ORAL)	YES	03/01/2024	12/31/2078			
STAR	J3315	Injection, triptorelin pamoate, 3.75 mg	HCPCS - DRUGS (NOT ORAL)	YES	03/01/2024	12/31/2078			
STAR	J3145	Injection, testosterone undecanoate, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	03/01/2024	12/31/2078			
STAR	0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	CATEGORY III CODES	NON-COV	03/11/2024	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	CATEGORY III CODES	NON-COV	03/11/2024	12/31/2078			
STAR	0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	CATEGORY III CODES	NON-COV	03/11/2024	12/31/2078			
STAR	0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	CATEGORY III CODES	NON-COV	03/11/2024	12/31/2078			
STAR	90678	Respiratory syncytial virus vaccine, pref, subunit, bivalent, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	01/01/2023	01/01/2023		For members > 60 years old and pregnant individuals at 32 through 36 weeks gestational age	
STAR	90999	Unlisted dialysis procedure, inpatient or outpatient	MEDICINE - DIALYSIS	YES	12/27/2019	12/31/2078	Other	Coverage may be dependent on provider contract.	
STAR	D6088	implant supported crown - titanium and titanium alloys	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D6087	implant supported crown - noble alloys	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D6084	implant supported crown - porcelain fused to titanium and titanium alloys	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D6086	implant supported crown - predominantly base alloys	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D6082	implant supported crown - porcelain fused to predominantly base alloys	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D6083	implant supported crown - porcelain fused to noble alloys	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D1551	re-cement or re-bond bilateral space maintainer - maxillary	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D1552	re-cement or re-bond bilateral space maintainer - mandibular	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D1553	re-cement or re-bond unilateral space maintainer - per quadrant	HCPCS - DENTAL	NON-COV	01/01/2010	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D7993	surgical placement of craniofacial implant - extra oral	HCPCS - DENTAL	NON-COV	01/01/2021	12/31/2078		Please contact the member's dental vendor for this service	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7994	surgical placement: zygomatic implant	HCPCS - DENTAL	NON-COV	01/01/2021	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	HCPCS - DENTAL	NON-COV	01/01/2021	01/01/2021		Please contact the member's dental vendor for this service	
STAR	D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	HCPCS - DENTAL	NON-COV	01/01/2021	01/01/2021		Please contact the member's dental vendor for this service	
STAR	D1703	Moderna Covid-19 vaccine administration - first dose	HCPCS - DENTAL	NON-COV	01/01/2021	01/01/2021		Please contact the member's dental vendor for this service	
STAR	D1704	Moderna Covid-19 vaccine administration - second dose	HCPCS - DENTAL	NON-COV	01/01/2021	01/01/2021		Please contact the member's dental vendor for this service	
STAR	D1705	AstraZeneca Covid-19 vaccine administration - first dose	HCPCS - DENTAL	NON-COV	01/01/2021	01/01/2021		Please contact the member's dental vendor for this service	
STAR	D1706	AstraZeneca Covid-19 vaccine administration - second dose	HCPCS - DENTAL	NON-COV	01/01/2021	01/01/2021		Please contact the member's dental vendor for this service	
STAR	D1707	Janssen Covid-19 vaccine administration	HCPCS - DENTAL	NON-COV	01/01/2021	01/01/2021		Please contact the member's dental vendor for this service	
STAR	D1708	Pfizer-BioNTech Covid-19 vaccine administration-third dose	HCPCS - DENTAL	NON-COV	01/01/2022	01/01/2022		Please contact the member's dental vendor for this service	
STAR	D1709	Pfizer-BioNTech Covid-19 vaccine administration-booster dose	HCPCS - DENTAL	NON-COV	01/01/2022	01/01/2022		Please contact the member's dental vendor for this service	
STAR	D1710	Moderna Covid-19 vaccine administration-third dose	HCPCS - DENTAL	NON-COV	01/01/2022	01/01/2022		Please contact the member's dental vendor for this service	
STAR	D1711	Moderna Covid-19 vaccine administration-booster dose	HCPCS - DENTAL	NON-COV	01/01/2022	01/01/2022		Please contact the member's dental vendor for this service	
STAR	D1712	Janssen Covid-19 vaccine administration-booster dose	HCPCS - DENTAL	NON-COV	01/01/2022	01/01/2022		Please contact the member's dental vendor for this service	
STAR	D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-first dose	HCPCS - DENTAL	NON-COV	01/01/2022	01/01/2022		Please contact the member's dental vendor for this service	
STAR	D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-second dose	HCPCS - DENTAL	NON-COV	01/01/2022	01/01/2022		Please contact the member's dental vendor for this service	
STAR	D7509	marsupialization of odontogenic cyst	HCPCS - DENTAL	NON-COV	01/01/2023	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	HCPCS - DENTAL	NON-COV	01/01/2023	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	HCPCS - DENTAL	NON-COV	01/01/2023	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D6106	guided tissue regeneration - resorbable barrier, per implant	HCPCS - DENTAL	NON-COV	01/01/2023	12/31/2078		Please contact the member's dental vendor for this service	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6107	guided tissue regeneration - non-resorbable barrier, per implant	HCPCS - DENTAL	NON-COV	01/01/2023	12/31/2078		Please contact the member's dental vendor for this service	
STAR	D0804	3D facial surface scan - indirect	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D0803	3D facial surface scan - direct	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D0802	3D dental surface scan - indirect	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D0801	3D dental surface scan - direct	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D0389	intraoral tomosynthesis-periapical radiographic image - image capture only	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D0374	intraoral tomosynthesis - periapical radiographic image	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D0373	intraoral tomosynthesis - bitewing radiographic image	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D0372	intraoral tomosynthesis - comprehensive series of radiographic images	HCPCS - DENTAL-Radiographs	NON-COV	01/01/2023	12/31/2078		Dental codes are not reviewed by Texas. Providers should contact the member's dental provider	
STAR	D9957	screening for sleep related breathing disorders	HCPCS-DENTAL-Tests and Lab	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D9956	administration of home sleep apnea test	HCPCS-DENTAL-Tests and Lab	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D9955	oral appliance therapy (OAT) titration visit	HCPCS - DENTAL	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	HCPCS - DENTAL	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D9939	placement of a custom removable clear plastic temporary aesthetic appliance	HCPCS - DENTAL	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	HCPCS - DENTAL	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation	HCPCS - DENTAL	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D7284	excisional biopsy of minor salivary glands	HCPCS - DENTAL	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D6089	accessing and retorquing loose implant screw - per screw	HCPCS - DENTAL	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D2991	application of hydroxyapatite regeneration medicament - per tooth	HCPCS - DENTAL	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D2989	excavation of a tooth resulting in the determination of non-restorability	HCPCS - DENTAL	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D2976	band stabilization - per tooth	HCPCS-DENTAL-Orthodontic	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D1301	immunization counseling	HCPCS-DENTAL-Office Visits	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	D0396	3D printing of a 3D dental surface scan	HCPCS-DENTAL-Radiographs	NON-COV	01/01/2024	01/01/2024		Please contact the member's dental vendor for this service.	
STAR	G9888	Maintenance 5PCT WL from baseline weight in months 7-12	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	Q0518	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 90-days	HCPCS - TEMP CODES	NO	01/01/2024	01/01/2024			
STAR	Q0517	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 60-days	HCPCS - TEMP CODES	NO	01/01/2024	01/01/2024			
STAR	Q0516	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 30-days	HCPCS - TEMP CODES	NO	01/01/2024	01/01/2024			
STAR	M1370	Rehabilitative support for musculoskeletal care MIPS value pathway	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1369	Quality care in mental health and substance use disorders MIPS value pathway	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1368	Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value pathway	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1367	Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1366	Focusing on women's health MIPS value pathway	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1364	Calculated 10-year ASCVD risk score of GT EQU 20 percent during the performance period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1362	Patients who died during the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1360	Suicidal ideation and/or behavior symptoms based on the C-SSRS	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero C-SSRS score is obtained	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1356	Patients who died during the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1353	Patients who did not have a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1352	Suicidal ideation and/or behavior symptoms based on the C-SSRS or equivalent assessment	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1350	Patients who had a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1349	Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1348	Patients who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period (excellent)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1347	Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1346	Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1345	Patients who had a baseline PAM score and a second score within 6 to 12 month of baseline PAM score	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1344	Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1343	Patients who are at PAM level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1342	Patients who died during the performance period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1340	Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1337	Acute PVD	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1335	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1334	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1333	Acute vitreous hemorrhage	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1330	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1329	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 8 weeks after initial acute PVD encounter	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1328	Patients with a diagnosis of acute vitreous hemorrhage	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1326	Patients with a diagnosis of hypotony	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last 6 months and had a sub	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1323	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP GT 25 mm Hg and a plan of care was documented	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP EQU LT 25 mm Hg for injected eye	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1321	Patients who were not seen within 7 weeks following the date of injection for follow-up or who did not have a documented IOP or no plan of care documented if the IOP was GT 25 mm Hg	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1320	Patients who screened positive for at least 1 of the 5 HRSNS	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1319	Patients who had documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1318	Patients who did not have documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening or documentation that there was no contact with a CSP	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1317	Patients who are counseled on connection with a CSP and explicitly opt out	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1316	Current tobacco non-user	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1314	BMI not documented and no reason is given	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the 6 months prior to the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1312	Patient not screened for tobacco use	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1310	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1309	Palliative care services provided to patient any time during the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1308	Influenza immunization was not administered, reason not given	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1303	Hospice services provided to patient any time during the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3D) mammography results documented and reviewed	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1300	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1299	Influenza immunization administered or previously received	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1297	BMI not documented due to medical reason or patient refusal of height or weight measurement	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1296	BMI is documented within normal parameters and no follow-up plan is required	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1294	Normal blood pressure reading documented, follow-up not required	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1293	BMI is documented above normal parameters and a follow-up plan is documented	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1290	Patient not eligible due to active diagnosis of hypertension	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1287	BMI is documented below normal parameters and a follow-up plan is documented	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1286	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1284	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1283	Patient screened for tobacco use and identified as a tobacco user	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1282	Patient screened for tobacco use and identified as a tobacco non-user	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1281	Blood pressure reading not documented, reason not given	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1277	Colorectal cancer screening results documented and reviewed	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1276	BMI documented outside normal parameters, no follow-up plan documented, no reason given	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1274	Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1273	Patients who were admitted to a skilled nursing facility (SNF) within 1 year of dialysis initiation according to the CMS-2728 Form	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1272	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1271	Patients with dementia at any time prior to or during the month	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1269	Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1267	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1266	Patients admitted to a skilled nursing facility (SNF)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1265	CMS Medical Evidence Form 2728 for dialysis patients: initial form completed	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1264	Patients age 75 or older on their initiation of dialysis date	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1262	Patients who had a transplant prior to initiation of dialysis	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1261	Patients who were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1260	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1259	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1258	CVD risk assessment performed, have a documented calculated risk score	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1257	CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1256	Prior history of known CVD	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1255	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1254	Patients who were deceased when the HU survey reached them	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1253	Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1252	Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1251	Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1250	Patient responded as "completely true" for the question of "Patient felt heard and understood by this provider and team"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1249	Patient responded "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1248	Patient responded "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1247	Patient responded "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1246	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1245	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1244	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1243	Patient provided a response other than "completely true" for the question of "Patient felt heard and understood by this provider and team"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1242	Patient did not respond to the question of "Patient felt this provider and team understood what is important to me in my life"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1241	Patient did not respond to the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1240	Patient did not respond to the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1239	Patient did not respond to the question of "Patient felt heard and understood by this provider and team"	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1238	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2 to 6 month interval between doses (i.e, first dose received after October 31)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1237	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1236	Baseline MRS GT 2	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1235	Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1234	Patient has a reactive HCV antibody test, and has a follow-up HCV viral test that does not detect HCV viremia	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1233	Patient does not receive HCV antibody test or patient does receive HCV antibody test but results not documented, reason not given	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1232	Patient receives HCV antibody test with reactive result	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1231	Patient receives HCV antibody test with nonreactive result	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1230	Patient has a reactive HCV antibody test and does not have a follow-up HCV viral test, or patient has a reactive HCV antibody test and has a follow-up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1229	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1228	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1227	Evidence-based therapy was prescribed	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1226	IOP measurement not documented, reason not otherwise specified	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1225	Intraocular pressure (IOP) reduced by a value of greater than or equal to 20PCT from the pre-intervention level	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1224	Intraocular pressure (IOP) reduced by a value less than 20PCT from the pre-intervention level	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1223	Glaucoma plan of care documented	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1222	Glaucoma plan of care not documented, reason not otherwise specified	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; without evidence of retinopathy	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; with evidence of retinopathy	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1219	Anaphylaxis due to the vaccine on or before the date of the encounter	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1218	Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1216	No spirometry results with confirmed airflow obstruction (FEV1/FVC LT 70PCT) documented and/or no spirometry performed with results documented during the encounter	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1214	Spirometry results with confirmed airflow obstruction (FEV1/FVC LT 70PCT) documented and reviewed	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1213	No history of spirometry results with confirmed airflow obstruction (FEV1/FVC LT 70PCT) and present spirometry is GT EQU 70PCT	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1212	Hemoglobin A1c level is missing, or was not performed during the measurement period (12 months)	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	M1211	Most recent hemoglobin A1c level GT 9.0PCT	HCPCS - MEDICAL SERVICES	NO	01/01/2024	01/01/2024			
STAR	L3161	Foot, adductus positioning device, adjustable	HCPCS - ORTHOTIC PROCEDURES	NO	01/01/2024	01/01/2024			
STAR	J2679	Injection, fluphenazine HCl, 1.25 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2024	01/01/2024			
STAR	J2404	Injection, nicardipine, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2024	01/01/2024			
STAR	J1939	Injection, bumetanide, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2024	01/01/2024			
STAR	J1596	Injection, glycopyrrolate, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2024	01/01/2024			
STAR	J1105	Dexmedetomidine, oral, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2024	01/01/2024			
STAR	J0751	Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2024	01/01/2024			
STAR	J0688	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2024	01/01/2024			
STAR	G0146	Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140)	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G0140	Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 minutes per calendar month, in the following activities:	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include:	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 minutes per calendar month, in the following activities:	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019)	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit:	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G0013	Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	G0011	Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk HIV risk reduction and medication adherence, 15 to 30 minutes	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2024	01/01/2024			
STAR	C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2024	01/01/2024			
STAR	C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7560	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of foreign body(ies) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct (s)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2024	01/01/2024			
STAR	C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2024	01/01/2024			
STAR	C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2024	01/01/2024			
STAR	A9609	Fludeoxyglucose F18, up to 15 mCi	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A9608	Flotufolastat F18, diagnostic, 1 mCi	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6610	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6609	Gradient compression bandaging supply, not otherwise specified	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yd, any width, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yd, any width, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6606	Gradient compression bandaging supply, padded textile, per linear yd, any width, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6605	Gradient compression bandaging supply, padded foam, per linear yd, any width, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yd, any width, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6600	Gradient compression bandaging supply, high density foam sheet, per 250 sq cm, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6599	Gradient compression bandage roll, inelastic short stretch, per linear yd, any width, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6598	Gradient compression bandage roll, elastic medium stretch, per linear yd, any width, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6597	Gradient compression bandage roll, elastic long stretch, linear yd, any width, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6596	Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6593	Accessory for gradient compression garment or wrap with adjustable straps, not otherwise specified	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6589	Gradient pressure wrap with adjustable straps, bra, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6588	Gradient pressure wrap with adjustable straps, arm, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6587	Gradient pressure wrap with adjustable straps, foot, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6586	Gradient pressure wrap with adjustable straps, full leg, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6585	Gradient pressure wrap with adjustable straps, above knee, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6584	Gradient compression wrap with adjustable straps, not otherwise specified	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6582	Gradient compression gauntlet, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6581	Gradient compression glove, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6580	Gradient compression glove, custom, heavy weight, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6579	Gradient compression glove, custom, medium weight, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6578	Gradient compression arm sleeve, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6577	Gradient compression arm sleeve, custom, heavy weight, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6576	Gradient compression arm sleeve, custom, medium weight, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6575	Gradient compression arm sleeve and glove combination, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6574	Gradient compression arm sleeve and glove combination, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6573	Gradient compression garment, toe caps, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6572	Gradient compression garment, toe caps, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6571	Gradient compression garment, genital region, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6570	Gradient compression garment, genital region, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6569	Gradient compression garment, torso/shoulder, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6568	Gradient compression garment, torso and shoulder, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6567	Gradient compression garment, neck/head, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6566	Gradient compression garment, neck/head, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6565	Gradient compression gauntlet, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6560	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6559	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6558	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6557	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6556	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6555	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6554	Gradient compression stocking, below knee, 40 mm Hg or greater, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6553	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6552	Gradient compression stocking, below knee, 30-40 mm Hg, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6529	Gradient compression garment, bra, for nighttime use, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6528	Gradient compression garment, bra, for nighttime use, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6522	Gradient compression garment, arm, padded, for nighttime use, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A6520	Gradient compression garment, glove, padded, for nighttime use, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A4541	Monthly supplies for use of device coded at E0733	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	A4457	Enema tube, with or without adapter, any type, replacement only, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4287	Disposable collection and storage bag for breast milk, any size, any type, each	HCPCS - MED-SURG SUPPLIES	NO	01/01/2024	01/01/2024			
STAR	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0849T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	CATEGORY III CODES	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	CATEGORY III CODES	NO	01/01/2024	01/01/2024			
STAR	0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	PATH & LAB-PROPRIETARY LAB ANA	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99459	Pelvic examination (List separately in addition to code for primary procedure)	E & M-SPECIAL E/M SERVICES	NO	01/01/2024	01/01/2024			
STAR	97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	MEDICINE - PHYSICAL MEDICINE A	NO	01/01/2024	01/01/2024			
STAR	97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	MEDICINE - PHYSICAL MEDICINE A	NO	01/01/2024	01/01/2024			
STAR	97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	MEDICINE - PHYSICAL MEDICINE A	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			
STAR	93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			
STAR	93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			
STAR	93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			
STAR	93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			
STAR	93153	Interrogation without programming of implanted phrenic nerve stimulator system	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			
STAR	93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			
STAR	93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			
STAR	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	01/01/2024	01/01/2024			
STAR	92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)	MEDICINE - SPECIAL OTORHINOLAR	NO	01/01/2024	01/01/2024			
STAR	92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	MEDICINE - SPECIAL OTORHINOLAR	NO	01/01/2024	01/01/2024			
STAR	90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	01/01/2024	01/01/2024			
STAR	87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed	PATH & LAB - MICROBIOLOGY	NO	01/01/2024	01/01/2024			
STAR	76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	01/01/2024	01/01/2024			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	01/01/2024	01/01/2024			
STAR	76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	01/01/2024	01/01/2024			
STAR	76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	01/01/2024	01/01/2024			
STAR	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	01/01/2024	01/01/2024			
STAR	33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	SURGERY - RESPIRATORY SYSTEM	NO	01/01/2024	01/01/2024			
STAR	33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	SURGERY - RESPIRATORY SYSTEM	NO	01/01/2024	01/01/2024			
STAR	T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments, per hour	HCPCS - STATE MEDICAID AGENCY	YES	12/27/2019	12/31/2078			
STAR	S0171	Injection, bumetanide, 0.5 mg	HCPCS - TEMP NATIONAL CODES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0166	Injection, olanzapine, 2.5 mg	HCPCS - TEMP NATIONAL CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	Q4225	AmnioBind or DermaBind TL, per sq cm	HCPCS - TEMP CODES	NON-COV	01/01/2010	12/31/2078			
STAR	Q2052	Services, supplies and accessories used in the home for the administration of intravenous immune globulin (IVIG)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	M1208	Patient is not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1207	Patient is screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1206	Itch severity assessment score was not reduced by at least three points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1205	Itch severity assessment score is reduced by three or more points from the initial (index) assessment score to the follow-up visit score	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1198	Itch severity assessment score was not reduced by at least three points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1197	Itch severity assessment score is reduced by three or more points from the initial (index) assessment score to the follow-up visit score	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1176	Patient did not receive at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1174	Patient received at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1158	Patient had history of immunocompromising conditions prior to or during the measurement period	HCPCS - MEDICAL SERVICES	EXPIRED	01/01/2023	01/01/2023			
STAR	M1157	Patient received bone marrow transplant any time during the measurement period	HCPCS - MEDICAL SERVICES	EXPIRED	01/01/2023	01/01/2023			
STAR	M1156	Patient received active chemotherapy any time during the measurement period	HCPCS - MEDICAL SERVICES	EXPIRED	01/01/2023	01/01/2023			
STAR	M0201	Administration of pneumococcal, influenza, hepatitis B, and/or COVID-19 vaccine inside a patient's home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient's home	HCPCS - MEDICAL SERVICES	NO	06/08/2021	06/08/2021			
STAR	M0005	Value in primary care MIPS value pathway	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	K1033	Nonpneumatic sequential compression garment, half leg	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1032	Nonpneumatic sequential compression garment, full leg	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1031	Nonpneumatic compression controller without calibrated gradient pressure	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1025	Nonpneumatic sequential compression garment, full arm	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1024	Nonpneumatic compression controller with sequential calibrated gradient pressure	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	HCPCS-K CODES-DMERCS ONLY	EXPIRED	10/01/2021	10/01/2021			
STAR	K1021	Exsufflation belt, includes all supplies and accessories	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1020	Noninvasive vagus nerve stimulator	HCPCS-K CODES-DMERCS ONLY	EXPIRED	04/01/2021	12/31/2078			
STAR	K1019	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	HCPCS-K CODES-DMERCS ONLY	EXPIRED	04/01/2021	04/01/2021			
STAR	K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	HCPCS-K CODES-DMERCS ONLY	EXPIRED	04/01/2021	12/31/2078			
STAR	K1017	Monthly supplies for use of device coded at K1016	HCPCS-K CODES-DMERCS ONLY	EXPIRED	04/01/2021	04/01/2021			
STAR	K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	HCPCS-K CODES-DMERCS ONLY	EXPIRED	04/01/2021	12/31/2078			
STAR	K1015	Foot, adductus positioning device, adjustable	HCPCS-K CODES-DMERCS ONLY	EXPIRED	04/01/2021	04/01/2021			
STAR	K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	HCPCS-K CODES-DMERCS ONLY	EXPIRED	04/01/2021	12/31/2078			
STAR	K1013	Enema tube, with or without adapter, any type, replacement only, each	HCPCS-K CODES-DMERCS ONLY	EXPIRED	04/01/2021	04/01/2021			
STAR	K1009	Speech volume modulation system, any type, including all components and accessories	HCPCS-K CODES-DMERCS ONLY	EXPIRED	10/01/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	HCPCS-K CODES-DMERCS ONLY	EXPIRED	10/01/2020	12/31/2078			
STAR	K1005	Disposable collection and storage bag for breast milk, any size, any type, each	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2020	01/01/2020			
STAR	K1003	Whirlpool tub, walk in, portable	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1002	Cranial electrotherapy stimulation (CES) system, any type	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	HCPCS-K CODES-DMERCS ONLY	EXPIRED	01/01/2010	12/31/2078			
STAR	J9160	Injection, denileukin diftiox, 300 mcg	HCPCS - CHEMO DRUGS	EXPIRED	12/27/2019	12/27/2019			
STAR	J0739	Injection, cabotegravir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	HCPCS-DRUGS (NOT ORAL)	YES	07/01/2022	12/31/2078		Limitations: 10 years of age or older	
STAR	G9995	Patients who use palliative care services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2022	01/01/2022		Code is informational only	
STAR	G9991	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G9990	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G9927	Documentation of system reason(s) for not prescribing an FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9914	Patient initiated an anti-TNF agent	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9854	Patient was not admitted to the ICU in the last 30 days of life	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9853	Patient admitted to the ICU in the last 30 days of life	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9852	Patients who died from cancer	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9771	At least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) achieved within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9725	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9717	Documentation stating the patient has had a diagnosis of bipolar disorder	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9715	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9614	Photodocumentation of less than two cecal landmarks (i.e., no cecal landmarks or only one cecal landmark) to establish a complete examination	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9613	Documentation of postsurgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9612	Photodocumentation of two or more cecal landmarks to establish a complete examination	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9596	Pediatric patient had a head CT for trauma ordered by someone other than an emergency care provider or was ordered for a reason other than trauma	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9454	One-time screening for HCV infection not received within 12-month reporting period and no documentation of prior screening for HCV infection, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9453	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9452	Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9451	Patient received one-time screening for HCV infection	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9382	Patient not offered assistance with end of life issues or existing end of life plan was not reviewed or updated during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9380	Patient offered assistance with end of life issues or existing end of life plan was reviewed or updated during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI within 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc.)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI within 2 years	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8942	Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan, based on identified deficiencies is documented within 2 days of the functional outcome assessment	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8941	Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8924	Spirometry results documented (FEV1/FVC LT 70PCT)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8885	Biopsy results not reviewed, communicated, tracked or documented	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8884	Clinician documented reason that patient's biopsy results were not reviewed	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8883	Biopsy results reviewed, communicated, tracked and documented	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8855	Adherence to therapy was not assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available), reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8854	Documentation of reason(s) for not objectively reporting adherence to evidence-based therapy (e.g., patients who have been diagnosed with a terminal or advanced disease with an expected life span of less than 6 months, patients who decline therapy, patients who do not return for follow-up at least annually, patients unable to access/afford therapy, patient's insurance will not cover therapy)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8852	Positive airway pressure therapy was prescribed	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8851	Adherence to therapy was assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available, documented)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8825	Patient not discharged to home by postoperative day 7	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8818	Patient discharge to home no later than postoperative day 7	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8807	Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician (e.g., patient has a documented intrauterine pregnancy [IUP])	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8601	IV thrombolytic therapy not initiated within 4.5 hours (LT EQU 270 minutes) of time last known well for reasons documented by clinician (e.g., patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8535	Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter related to one of the following reasons: (1) patient refuses to participate in the screening and has reasonable decisional capacity for self-protection, or (2) patient is in an urgent or emergent situation where time is of the essence and to delay treatment to perform the screening would jeopardize the patient's health status	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	2009 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	G2174	URI episodes where the patient is taking antibiotics (Table 1) in the 30 days prior to the episode date	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2137	Back pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated improvement of less than 5.0 points	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2110	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2109	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2108	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G0411	Interactive group psychotherapy, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	2009 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month. (These services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			
STAR	G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization or intensive outpatient treatment program, per session (45 minutes or more)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0056	Optimizing chronic disease management MIPS value pathways	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2022	01/01/2022		Code is informational only	
STAR	D9450	case presentation, subsequent to detailed and extensive treatment planning	HCPCS-DENTAL-Office Visits	NON-COV	12/27/2019	12/27/2019			
STAR	D5876	add metal substructure to acrylic full denture (per arch)	Denture-Other	NON-COV	12/27/2019	12/27/2019			
STAR	D2335	resin-based composite - four or more surfaces (anterior)	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D1354	application of caries arresting medicament-per tooth	HCPCS- DENTAL-S	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9803	Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	03/01/2020	03/01/2020			
STAR	C9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2023	10/01/2023			
STAR	C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	01/01/2021	12/31/2078			
STAR	C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	12/31/2020	12/31/2020			
STAR	C9158	Injection, risperidone, (Uzedy), 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2023	10/01/2023			
STAR	C9157	Injection, tofersen, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	02/13/2024	12/31/2078			
STAR	C9156	Flotufolastat F-18, diagnostic, 1 mCi	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2023	10/01/2023			
STAR	C9155	Injection, epcoritamab-bysp, 0.16 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2023	10/01/2023	Regulatory Compliance		
STAR	C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2023	10/01/2023			
STAR	C9153	Injection, amisulpride, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2023	10/01/2023			
STAR	C9152	Injection, aripiprazole, (Abilify Asimtufii), 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2023	10/01/2023			
STAR	C7901	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, 30-60 minutes, provided remotely by hospital staff who are licensed to provided mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7900	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, used as a surgical dressing, each	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6541	Gradient compression stocking, waist length, 40 mm Hg or greater, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6538	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6535	Gradient compression stocking, thigh length, 40 mm Hg or greater, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6532	Gradient compression stocking, below knee, 40-50 mm Hg, used as a surgical dressing, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6531	Gradient compression stocking, below knee, 30-40 mm Hg, used as a surgical dressing, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	MEDICINE - HOME INFUSION PROCE	NON-COV	12/27/2019	12/31/2078			
STAR	99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	MEDICINE - HOME INFUSION PROCE	NON-COV	12/27/2019	12/31/2078			
STAR	99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	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, 20 minutes must be met or exceeded.	E & M - NURSING FACILITY SERVI	NO	12/27/2019	12/27/2019			
STAR	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, 50 minutes must be met or exceeded.	E & M - NURSING FACILITY SERVI	NO	12/27/2019	12/27/2019			
STAR	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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019			
STAR	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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019			
STAR	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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019			
STAR	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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019			
STAR	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019			
STAR	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 total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019			
STAR	99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	MEDICINE - QUALIFYING CIRCUMST	NO	12/27/2019	12/27/2019			
STAR	99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	MEDICINE - QUALIFYING CIRCUMST	NO	12/27/2019	12/27/2019			
STAR	99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	MEDICINE - QUALIFYING CIRCUMST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	MEDICINE - QUALIFYING CIRCUMST	NO	12/27/2019	12/27/2019			
STAR	97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	CATEGORY III CODES	YES	12/27/2019	12/31/2078			
STAR	97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	MEDICINE - PHYSICAL MEDICINE	YES	12/27/2019	12/31/2078			
STAR	97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078			
STAR	97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound (s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			
STAR	97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound (s) surface area; first 20 sq cm or less	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			
STAR	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	NO	08/25/2022	08/25/2022		Billed in 15 minute increments. Limited to a combined total of 3 units (45 minutes) per date of service	
STAR	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	96922	Excimer laser treatment for psoriasis; over 500 sq cm	MEDICINE - SPECIAL DERMATOLOGI	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	MEDICINE - SPECIAL DERMATOLOGI	NO	12/27/2019	12/27/2019			
STAR	96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	MEDICINE - SPECIAL DERMATOLOGI	NO	12/27/2019	12/27/2019			
STAR	96446	Chemotherapy administration into the peritoneal cavity via implanted port or catheter	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	MEDICINE - INJECTION	NO	10/06/2023	10/06/2023			
STAR	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	MEDICINE - INJECTION	NO	10/06/2023	10/06/2023			
STAR	93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92370	Repair and refitting spectacles; except for aphakia	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92354	Fitting of spectacle mounted low vision aid; single element system	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92287	Anterior segment imaging with interpretation and report; with fluorescein angiography	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92283	Color vision examination, extended, eg, anomaloscope or equivalent	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92270	Electro-oculography with interpretation and report	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92260	Ophthalmodynamometry	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92250	Fundus photography with interpretation and report	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92230	Fluorescein angioscopy with interpretation and report	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92072	Fitting of contact lens for management of keratoconus, initial fitting	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92020	Gonioscopy (separate procedure)	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	MEDICINE - OPHTHALMOLOGY	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	MEDICINE - OPHTHALMOLOGY	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	MEDICINE - OPHTHALMOLOGY	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	MEDICINE - OPHTHALMOLOGY	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	88355	Morphometric analysis; skeletal muscle	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88348	Electron microscopy, diagnostic	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88346	Immunofluorescence, per specimen; initial single antibody stain procedure	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88329	Pathology consultation during surgery;	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88323	Consultation and report on referred material requiring preparation of slides	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88321	Consultation and report on referred slides prepared elsewhere	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	PATH & LAB - CYTOGENETIC STUDI	NON-COV	08/25/2022	08/25/2022			
STAR	81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	PATH & LAB - MICROBIOLOGY	YES	05/14/2023	12/31/2078	Other		
STAR	81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	PATH & LAB - MICROBIOLOGY	YES	05/14/2023	12/31/2078	Other		
STAR	81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	PATH & LAB - MICROBIOLOGY	YES	05/14/2023	12/31/2078	Other		
STAR	81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81243	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (GT or EQU 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary p	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (GT or EQU 14 weeks 0 days), transabdominal approach; single or first gestation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	74710	Pelvimetry, with or without placental localization	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	12/27/2019	12/27/2019			
STAR	67850	Destruction of lesion of lid margin (up to 1 cm)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64585	Revision or removal of peripheral neurostimulator electrode array	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62143	Replacement of bone flap or prosthetic plate of skull	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62142	Removal of bone flap or prosthetic plate of skull	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62141	Cranioplasty for skull defect; larger than 5 cm diameter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62140	Cranioplasty for skull defect; up to 5 cm diameter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42180	Repair, laceration of palate; up to 2 cm	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	40654	Repair lip, full thickness; over one-half vertical height, or complex	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40652	Repair lip, full thickness; up to half vertical height	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40650	Repair lip, full thickness; vermilion only	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3750F	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	36460	Transfusion, intrauterine, fetal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36455	Exchange transfusion, blood; other than newborn	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36450	Exchange transfusion, blood; newborn	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36440	Push transfusion, blood, 2 years or younger	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36430	Transfusion, blood or blood components	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36425	Venipuncture, cutdown; age 1 or over	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36420	Venipuncture, cutdown; younger than age 1 year	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	3455F	TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3284F	Intraocular pressure (IOP) reduced by a value of greater than or equal to 15PCT from the pre-intervention level (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3279F	Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	SURGERY - RESPIRATORY SYSTEM	YES	08/26/2022	12/31/2078			
STAR	31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3084F	Kt/V greater than or equal to 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	30560	Lysis intranasal synechia	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30545	Repair choanal atresia; transpalatine	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30540	Repair choanal atresia; intranasal	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3050F	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3042F	Functional expiratory volume (FEV1) greater than or equal to 40PCT of predicted value (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3035F	Oxygen saturation less than or equal to 88PCT or a PaO2 less than or equal to 55 mm Hg (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3027F	Spirometry test results demonstrate FEV1/FVC greater than or equal to 70PCT or patient does not have COPD symptoms (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3022F	Left ventricular ejection fraction (LVEF) greater than or equal to 40PCT or documentation as normal or mildly depressed left ventricular systolic function (CAD, HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27284	Arthrodesis, hip joint (including obtaining graft);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20694	Removal, under anesthesia, of external fixation system	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20665	Removal of tongs or halo applied by another individual	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	20663	Application of halo, including removal; femoral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20662	Application of halo, including removal; pelvic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20661	Application of halo, including removal; cranial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	2060F	Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	20251	Biopsy, vertebral body, open; lumbar or cervical	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20250	Biopsy, vertebral body, open; thoracic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20206	Biopsy, muscle, percutaneous needle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20200	Biopsy, muscle; superficial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	19030	Injection procedure only for mammary ductogram or galactogram	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19020	Mastotomy with exploration or drainage of abscess, deep	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19000	Puncture aspiration of cyst of breast;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17286	Destruction, malignant lesion (eg, laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	17284	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17283	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17282	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17281	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17280	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17276	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	17274	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17273	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17272	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17271	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17270	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17266	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17264	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12021	Treatment of superficial wound dehiscence; with packing	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12020	Treatment of superficial wound dehiscence; simple closure	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11201	Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11001	Debridement of extensive eczematous or infected skin; each additional 10PCT of the body surface, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11000	Debridement of extensive eczematous or infected skin; up to 10PCT of body surface	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1066F	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	10180	Incision and drainage, complex, postoperative wound infection	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10140	Incision and drainage of hematoma, seroma or fluid collection	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10121	Incision and removal of foreign body, subcutaneous tissues; complicated	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10120	Incision and removal of foreign body, subcutaneous tissues; simple	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10081	Incision and drainage of pilonidal cyst; complicated	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10080	Incision and drainage of pilonidal cyst; simple	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	CATEGORY III CODES	EXPIRED	01/01/2023	01/01/2023		Informational Only	
STAR	0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List	CATEGORY III CODES	EXPIRED	01/01/2023	01/01/2023		Informational Only	
STAR	0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	CATEGORY III CODES	EXPIRED	01/01/2023	01/01/2023		Informational Only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	07/01/2022	07/01/2022		Code is informational only	
STAR	0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	CATEGORY III CODES	EXPIRED	01/01/2010	12/31/2078			
STAR	0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	CATEGORY III CODES	EXPIRED	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0640T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	01999	Unlisted anesthesia procedure (s)	ANESTH - OTHER PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			
STAR	01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			
STAR	01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			
STAR	01966	Anesthesia for induced abortion procedures	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			
STAR	01965	Anesthesia for incomplete or missed abortion procedures	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01963	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			
STAR	01962	Anesthesia for urgent hysterectomy following delivery	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			
STAR	01961	Anesthesia for cesarean delivery only	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			
STAR	01960	Anesthesia for vaginal delivery only	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			
STAR	01958	Anesthesia for external cephalic version procedure	ANESTH - OBSTETRIC	NON-COV	12/27/2019	12/27/2019			
STAR	00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00794	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00792	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00790	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00770	Anesthesia for all procedures on major abdominal blood vessels	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00756	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00754	Anesthesia for hernia repairs in upper abdomen; omphalocele	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00752	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00750	Anesthesia for hernia repairs in upper abdomen; not otherwise specified	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	03/16/2020	12/31/2078			
STAR	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with revi	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiograph	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interp	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)	CATEGORY III CODES	YES	01/01/2010	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	CATEGORY III CODES	YES	01/01/2010	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2001	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2001	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	MEDICINE - CARDIOVASCULAR	YES	01/01/2010	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	MEDICINE - CARDIOVASCULAR	YES	01/01/2010	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	MEDICINE - CARDIOVASCULAR	YES	01/01/2010	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	MEDICINE - CARDIOVASCULAR	YES	01/01/2010	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	MEDICINE- CARDIOVASCULAR	YES	12/09/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	MEDICINE - CARDIOVASCULAR	YES	01/01/2010	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	RADIOLOGY-NUCLEAR MEDICINE	YES	12/09/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	RADIOLOGY-NUCLEAR MEDICINE	YES	12/09/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	RADIOLOGY-NUCLEAR MEDICINE	YES	12/09/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	RADIOLOGY-NUCLEAR MEDICINE	YES	12/09/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	RADIOLOGY-NUCLEAR MEDICINE	YES	12/09/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	RADIOLOGY-NUCLEAR MEDICINE	YES	12/09/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	CATEGORY III CODES	YES	01/01/2021	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	CATEGORY III CODES	YES	01/01/2001	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	CATEGORY III CODES	YES	01/01/2001	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	CATEGORY III CODES	YES	01/01/2001	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	CATEGORY III CODES	YES	01/01/2001	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	90679	Respiratory syncytial virus vaccine, pref, recombinant, subunit, adjuvanted, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	05/03/2023	05/03/2023			
STAR	41899	Unlisted procedure, dentoalveolar structures	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	01/15/2024	Other		
STAR	93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	10/12/2023			
STAR	93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	2009 Code Set	NO	09/01/2023	10/12/2023			
STAR	E1399	Durable medical equipment, miscellaneous	HCPCS - DME	YES	08/01/2023	12/31/2078			
STAR	90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	06/30/2023	06/30/2023		This medication is available through the Texas Vaccines for Children Program (TVFC).	
STAR	90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	06/30/2023	06/30/2023		This medication is available through the Texas Vaccines for Children Program (TVFC).	
STAR	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	MEDICINE - VACCINES, TOXOIDS	NO	09/11/2023	09/11/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	09/11/2023	09/11/2023			
STAR	91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	09/11/2023	09/11/2023			
STAR	91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	09/11/2023	09/11/2023			
STAR	91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	09/11/2023	09/11/2023			
STAR	91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	09/11/2023	09/11/2023			
STAR	A9603	Injection, pafolacianine, 0.1 mg	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	CP001	TX Specific Private HMO Copayment Professional	MEDICINE - E & M	YES	01/01/2010	12/31/2078			
STAR	CP002	TX Specific Private PPO Copayment Professional	MEDICINE - E & M	YES	01/01/2010	12/31/2078			
STAR	CP003	TX Specific Medicare HMO Copayment Professional	MEDICINE - E & M	YES	01/01/2010	12/31/2078			
STAR	CP004	TX Specific Medicare PPO Copayment Professional	MEDICINE - E & M	YES	01/01/2010	12/31/2078			
STAR	CP005	TX Specific Private HMO Copayment Outpatient	MEDICINE - E & M	YES	01/01/2010	12/31/2078			
STAR	CP006	TX Specific Private HMO Copayment Outpatient	MEDICINE - E & M	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	CP007	TX Specific Medicare HMO Copayment Outpatient	MEDICINE - E & M	YES	01/01/2010	12/31/2078			
STAR	CP008	TX Specific Medicare PPO Copayment Outpatient	MEDICINE - E & M	YES	01/01/2010	12/31/2078			
STAR	J9345	Injection, retifanlimab-dlwr, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023	Regulatory Compliance		
STAR	J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023	Regulatory Compliance		
STAR	J9051	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023	Regulatory Compliance		
STAR	95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	11/24/2023	Other		
STAR	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	MEDICINE - NEUROLOGY AND NEURO	NO	07/31/2020	11/24/2023	Other		
STAR	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	MEDICINE - NEUROLOGY AND NEURO	NO	07/31/2020	11/24/2023	Other		
STAR	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	MEDICINE - NEUROLOGY AND NEURO	NO	07/31/2020	11/24/2023	Other		
STAR	J0174	Injection, lecanemab-irmb, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	12/09/2023	12/31/2078			
STAR	Q4159	Affinity, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	10/11/2023	Regulatory Compliance	PA required if request is above the Texas Medicaid Provider Procedures Manual (TMPPM) limit	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	HCPCS - VISION SERVICES	NO	10/01/2023	10/01/2023			
STAR	Q4286	NuDYN SL or NuDYN SLW, per sq cm	HCPCS - TEMP CODES	NO	10/01/2023	10/01/2023			
STAR	Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	HCPCS - TEMP CODES	NO	10/01/2023	10/01/2023			
STAR	L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	HCPCS - Orthotic Devices & Pro	NO	10/01/2023	10/01/2023			
STAR	L1681	Hip orthosis (HO), bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - Orthotic Devices & Pro	NO	10/01/2023	10/01/2023			
STAR	K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	J7519	Injection, mycophenolate mofetil, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023			
STAR	J7353	Anacaulase-bcdb, 8.8PCT gel, 1 gm	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023			
STAR	J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviii), per Factor VIII IU	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023			
STAR	J2781	Injection, pegcetacoplan, intravitreal, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023			
STAR	J2359	Injection, olanzapine, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023			
STAR	J0889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	J0874	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023			
STAR	J0802	Injection, corticotropin (ANI), up to 40 units	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023			
STAR	J0349	Injection, rezafungin, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2023	10/01/2023			
STAR	H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter	HCPCS - MEDICAL SERVICES	NO	10/01/2023	10/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	HCPCS - MEDICAL SERVICES	NO	10/01/2023	10/01/2023			
STAR	E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	HCPCS - DME	NO	10/01/2023	10/01/2023			
STAR	E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	HCPCS - DME	NO	10/01/2023	10/01/2023			
STAR	C9792	Blinded or nonblinded procedure for symptomatic New York Heart Association (NYHA) Class II, III, IVA heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., transesophageal echocardiography (TTE), intracardiac echocardiography (ICE), fluoroscopy), performed under general anesthesia in an approved investigational device exemption (IDE) study	HCPCS - C CODES - OUTPATIENT PP	NO	10/01/2023	10/01/2023			
STAR	C9789	Instillation of antineoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed	HCPCS - C CODES - OUTPATIENT PP	NO	10/01/2023	10/01/2023			
STAR	B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9573	Injection, gadopichlenol, 1 ml	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	A9268	Programmer for transient, orally ingested capsule	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	A2025	Miro3D, per cu cm	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	A2024	Resolve Matrix, per sq cm	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	A2023	InnovaMatrix PD, 1 mg	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	A2022	InnovaBurn or InnovaMatrix XL, per sq cm	HCPCS - MED-SURG SUPPLIES	NO	10/01/2023	10/01/2023			
STAR	0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0415U	Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	0402U	Infectious agent (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Mycoplasma genitalium, multiplex amplified probe technique, vaginal, endocervical, or male urine, each pathogen reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2023	10/01/2023			
STAR	91317	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	12/08/2022	12/08/2022			
STAR	91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	12/08/2022	12/08/2022			
STAR	91315	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	08/31/2022	08/31/2022			
STAR	91314	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	08/31/2022	08/31/2022			
STAR	91313	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	08/31/2022	08/31/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	91312	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	08/31/2022	08/31/2022			
STAR	91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	91310	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/26/2022	04/26/2022			
STAR	91309	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	01/18/2021	01/18/2021			
STAR	91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	12/16/2020	12/16/2020			
STAR	91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0174A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/01/2023	04/01/2023			
STAR	0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstitute	MEDICINE - VACCINES, TOXOIDS	EXPIRED	12/08/2022	12/08/2022			
STAR	0172A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	04/18/2023			
STAR	0171A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	04/18/2023			
STAR	0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, additional dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	12/08/2022	12/08/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	08/31/2022	08/31/2022			
STAR	0151A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	04/18/2023			
STAR	0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; additional dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	08/31/2022	08/31/2022			
STAR	0142A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; second dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	04/18/2023			
STAR	0141A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	04/18/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, additional dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	08/31/2022	08/31/2022			
STAR	0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; additional dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	08/31/2022	08/31/2022			
STAR	0121A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	04/18/2023			
STAR	0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/26/2022	04/26/2022			
STAR	0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; booster dose, when administered to individuals 18 years and over	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL	MEDICINE - VACCINES, TOXOIDS	EXPIRED	10/10/2022	10/10/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	05/04/2021	05/04/2021			
STAR	0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	05/04/2021	05/04/2021			
STAR	0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, single dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	01/18/2021	01/18/2021			
STAR	0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰	MEDICINE - VACCINES, TOXOIDS	EXPIRED	12/16/2020	12/16/2020			
STAR	0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰	MEDICINE - VACCINES, TOXOIDS	EXPIRED	12/16/2020	12/16/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	HCPCS - PATH & LAB	EXPIRED	03/18/2020	03/18/2020			
STAR	U0003	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	HCPCS - PATH & LAB	EXPIRED	03/18/2020	03/18/2020			
STAR	S0169	Calcitriol, 0.25 mcg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0020	Injection, bupivacaine HCl, 30 ml	HCPCS - TEMP NATIONAL CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	Q9995	Injection, emicizumab-kxwh, 0.5 mg	HCPCS - TEMP CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	HCPCS - TEMP CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	Q9989	Ustekinumab, for intravenous injection, 1 mg	HCPCS - TEMP CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	Q9975	Injection, factor VIII, FC fusion protein (recombinant), per IU	HCPCS - TEMP CODES	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4131	EpiFix or Epicord, per sq cm	HCPCS - TEMP CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	Q2040	Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	HCPCS - TEMP CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	P2028	Cephalin flocculation, blood	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	HCPCS - MEDICAL SERVICES	EXPIRED	01/01/2010	01/01/2078			
STAR	K1004	Low frequency ultrasonic diathermy treatment device for home use	HCPCS-K CODES-DMERCS ONLY	YES	01/01/2010	12/31/2078			
STAR	K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	HCPCS - K CODES -DMERCS ONLY	EXPIRED	09/01/2021	12/31/2078	Regulatory Compliance		
STAR	J9315	Injection, romidepsin, 1 mg	HCPCS - CHEMO DRUGS	EXPIRED	12/27/2019	12/27/2019			
STAR	J9310	Injection, rituximab, 100 mg	HCPCS - CHEMO DRUGS	EXPIRED	01/01/2010	01/01/2078			
STAR	J9300	Injection, gemtuzumab ozogamicin, 5 mg	HCPCS - CHEMO DRUGS	EXPIRED	01/01/2010	01/01/2078			
STAR	J9010	Injection, alemtuzumab, 10 mg	HCPCS - CHEMO DRUGS	EXPIRED	01/01/2010	01/01/2078			
STAR	J2505	Injection, pegfilgrastim, 6 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	12/27/2019	12/27/2019			
STAR	J2400	Injection, chlorprocaine HCl, per 30 ml	HCPCS - DRUGS (NOT ORAL)	EXPIRED	12/27/2019	12/27/2019			
STAR	J2370	Injection, phenylephrine HCl, up to 1 ml	HCPCS - DRUGS (NOT ORAL)	EXPIRED	12/27/2019	12/27/2019			
STAR	J1942	Injection, aripiprazole lauroxil, 1 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	12/27/2019	12/27/2019			
STAR	J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0833	Injection, cosyntropin, not otherwise specified, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2010	01/01/2078			
STAR	J0800	Injection, corticotropin, up to 40 units	HCPCS - DRUGS (NOT ORAL)	EXPIRED	12/27/2019	12/27/2019			
STAR	J0610	Injection, calcium gluconate (Fresenius Kabi), per 10 ml	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2020	12/04/2020			
STAR	J0280	Injection, aminophylline, up to 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	G9044	Low vision rehabilitation services, qualified rehabilitation teacher, direct face-to-face one-on-one, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9043	Low vision rehabilitation services, certified low vision therapist, direct face-to-face one-on-one, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G9042	Low vision rehabilitation services, certified orientation and mobility specialist, direct face-to-face one-on-one, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G9041	Low vision rehabilitation services, qualified occupational therapist, direct face-to-face one-on one, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G9018	Zanamivir, inhalation powder, administered through inhaler, per 10 mg (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G6028	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G6027	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G6020	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G6019	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G6018	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0441	Application of tissue cultured allogeneic skin substitute or dermal substitute; for use on lower limb, includes the site preparation and debridement if performed; each additional 25 sq cm	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G0440	Application of tissue cultured allogeneic skin substitute or dermal substitute; for use on lower limb, includes the site preparation and debridement if performed; first 25 sq cm or less	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G0424	Pulmonary rehabilitation, including exercise (includes monitoring), 1 hour, per session, up to two sessions per day	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/31/2078			
STAR	G0419	Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, GT60 specimens	2009 Code Set	EXPIRED	01/01/2010	01/01/2078			
STAR	G0418	Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 41-60 specimens	2009 Code Set	EXPIRED	01/01/2010	01/01/2078			
STAR	G0417	Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 21-40 specimens	2009 Code Set	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0389	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	G0275	Renal angiography, nonselective, one or both kidneys, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of any catheter in the abdominal aorta at or near the origins (ostia) of the renal arteries, injection of dye, flush aortogram, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0206	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0204	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0202	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2010	01/01/2078			
STAR	E0628	Separate seat lift mechanism for use with patient owned furniture - electric	HCPCS - DME	EXPIRED	01/01/2010	01/01/2078			
STAR	E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with noninvasive interface (e.g., mask)	HCPCS - DME	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	HCPCS - DME	EXPIRED	01/01/2010	01/01/2078			
STAR	E0460	Negative pressure ventilator; portable or stationary	HCPCS - DME	EXPIRED	01/01/2010	01/01/2078			
STAR	E0450	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	HCPCS - DME	EXPIRED	01/01/2010	01/01/2078			
STAR	D8693	re-cement or re-bond fixed retainer	HCPCS - DENTAL	EXPIRED	12/27/2019	12/27/2019			
STAR	C9748	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9493	Injection, edaravone, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9492	Injection, durvalumab, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9489	Injection, nusinersen, 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9486	Injection, granisetron extended release, 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9485	Injection, olaratumab, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9484	Injection, eteplirsen, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9483	Injection, atezolizumab, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9468	Injection, Factor IX (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 IU	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9449	Injection, blinatumomab, 1 mcg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9446	Injection, tedizolid phosphate, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9445	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9442	Injection, belinostat, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9275	Injection, hexaminolevulinate HCl, 100 mg, per study dose	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9140	Injection, factor VIII (antihemophilic factor, recombinant) (Afstyla), 1 IU	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9132	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9075	Injection, casimersen, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	12/31/2078			
STAR	C9032	Injection, voretigene neparvovec-rzyl, 1 billion vector genome	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9029	Injection, guselkumab, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9028	Injection, inotuzumab ozogamicin, 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9026		HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9025		HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9016	Injection, triptorelin extended release, 3.75 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9015	Injection, C1 esterase inhibitor (human), Haegarda, 10 units	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9014	Injection, cerliponase alfa, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	B9000	Enteral nutrition infusion pump - without alarm	HCPCS - ENTERAL & PARENTERAL	EXPIRED	01/01/2010	01/01/2078			
STAR	A7011	Corrugated tubing, nondisposable, used with large volume nebulizer, 10 ft	HCPCS - MED-SURG SUPPLIES	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	HCPCS - MED-SURG SUPPLIES	EXPIRED	01/01/2010	01/01/2078			
STAR	A4397	Irrigation supply; sleeve, each	HCPCS - MED-SURG SUPPLIES	EXPIRED	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4344	Indwelling catheter, foley type, two-way, all silicone or polyurethane, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network	2008 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days	E & M - SPECIAL E/M SERVICES	EXPIRED	01/01/2010	01/01/2078			
STAR	99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of ther	E & M - SPECIAL E/M SERVICES	EXPIRED	01/01/2010	01/01/2078			
STAR	99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	E & M - PROLONGED SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)	E & M - PROLONGED SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	E & M - PROLONGED SERVICES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or	E & M - PROLONGED SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	99343	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 face-to-face with the patient and/or family.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	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	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	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.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	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.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	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.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	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.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - HOME SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	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.	E & M - NURSING FACILITY SERVI	EXPIRED	12/27/2019	12/27/2019			

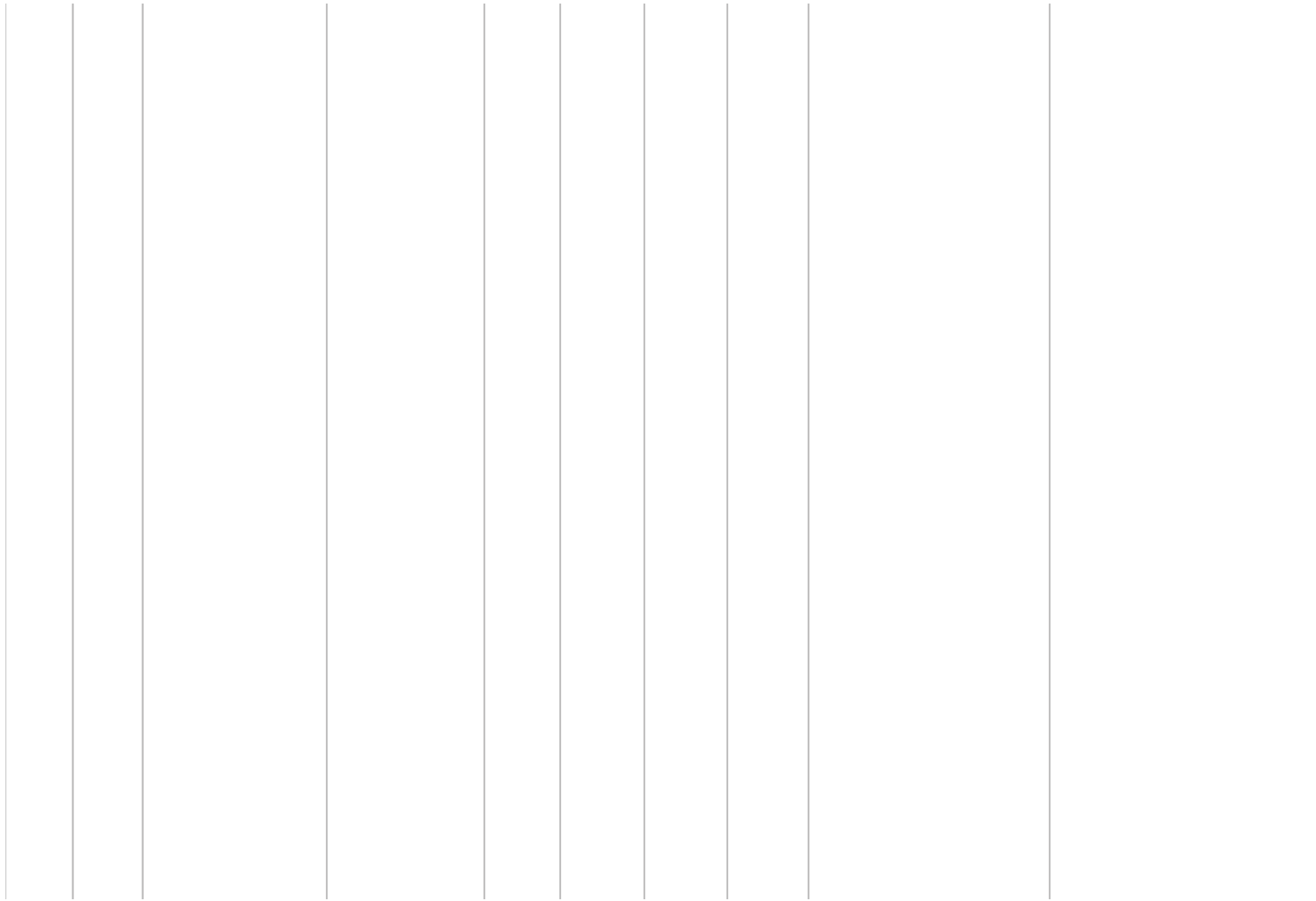
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and 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.	E & M - CONSULTATIONS	EXPIRED	12/27/2019	12/27/2019			
STAR	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.	E & M - CONSULTATIONS	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - HOSPITAL INPATIENT SER	EXPIRED	12/27/2019	12/27/2019			
STAR	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.	E & M - HOSPITAL INPATIENT SER	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - HOSPITAL INPATIENT SER	EXPIRED	12/27/2019	12/27/2019			
STAR	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 severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	E & M - HOSPITAL OBSERVATION S	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - HOSPITAL OBSERVATION S	EXPIRED	12/27/2019	12/27/2019			
STAR	97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	EXPIRED	01/01/2010	01/01/2078			
STAR	96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	MEDICINE - HEALTH AND BEHAVIOR	EXPIRED	12/27/2019	12/27/2019			
STAR	96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	MEDICINE - HEALTH AND BEHAVIOR	EXPIRED	12/27/2019	12/27/2019			
STAR	96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	MEDICINE - HEALTH AND BEHAVIOR	EXPIRED	12/27/2019	12/27/2019			
STAR	96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	MEDICINE - HEALTH AND BEHAVIOR	EXPIRED	12/27/2019	12/27/2019			
STAR	96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	MEDICINE - HEALTH AND BEHAVIOR	EXPIRED	12/27/2019	12/27/2019			
STAR	96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	MEDICINE - HEALTH AND BEHAVIOR	EXPIRED	12/27/2019	12/27/2019			
STAR	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	MEDICINE - CENTRAL NERVOUS SYS	EXPIRED	01/01/2010	01/01/2078			



STAR	96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	MEDICINE - CENTRAL NERVOUS SYS	EXPIRED	01/01/2010	01/01/2078			
STAR	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			
STAR	96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	MEDICINE - CENTRAL NERVOUS SYS	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			
STAR	96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			
STAR	95979	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			
STAR	95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			
STAR	95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			
STAR	95973	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95936	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			
STAR	95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95920	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			
STAR	95904	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			

STAR	95903	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			

STAR	95900	Nerve conduction, amplitude	MEDICINE - NEUROLOGY	EXPIRED	01/01/2010	01/01/2078		
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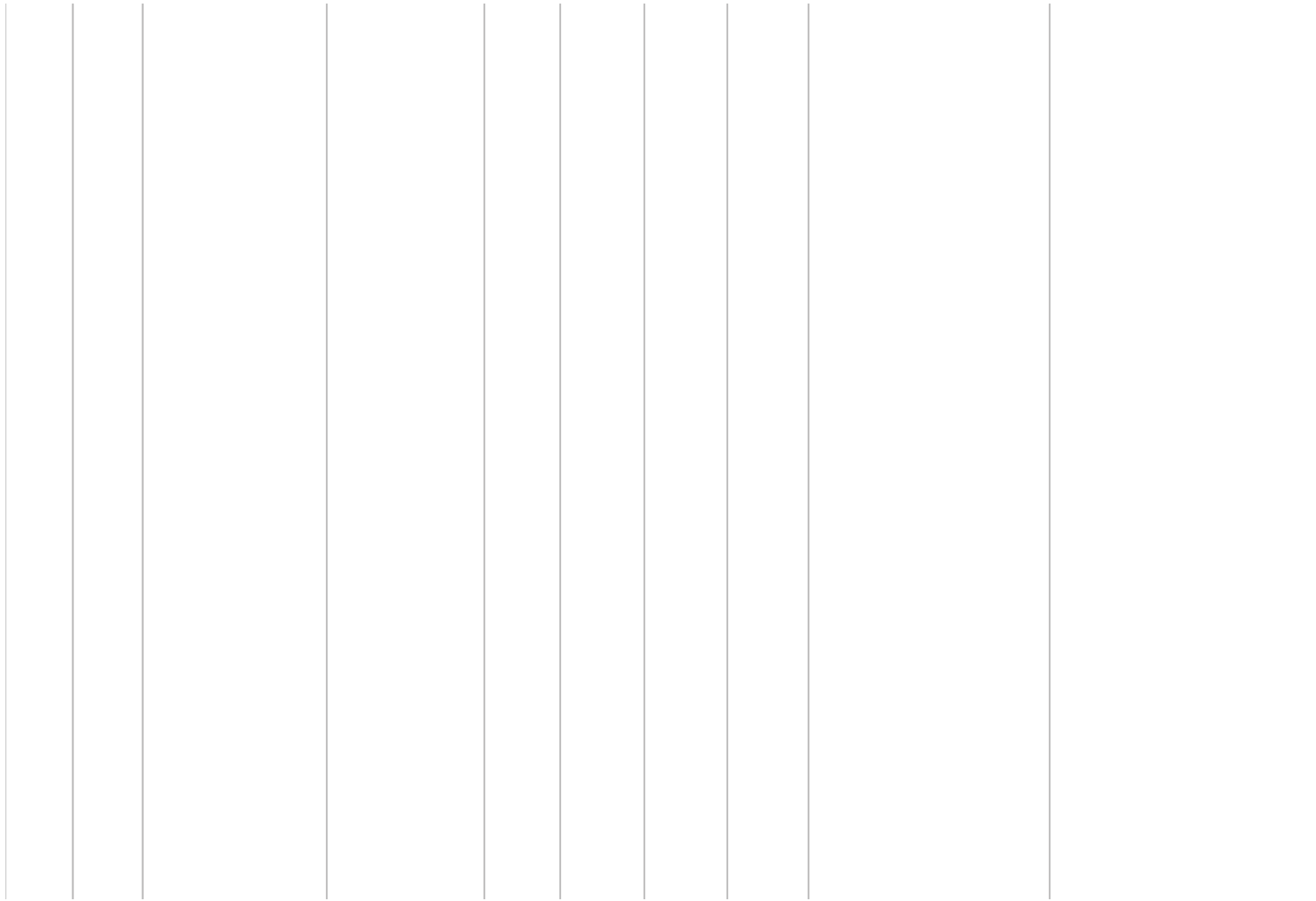
and latency/velocity study,
each nerve; motor, without F-
wave study

AND NEURO

STAR	95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95827	Electroencephalogram (EEG); all night recording	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	12/27/2019	12/27/2019			
STAR	95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	MEDICINE - ALLERGY AND CLINICA	EXPIRED	12/27/2019	12/27/2019			
STAR	95015	Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, specify number of tests	MEDICINE - ALLERGY AND CLINICA	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95010	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests	MEDICINE - ALLERGY AND CLINICA	EXPIRED	01/01/2010	01/01/2078			
STAR	94770	Carbon dioxide, expired gas determination by infrared analyzer	MEDICINE - PULMONARY	EXPIRED	12/27/2019	12/27/2019			
STAR	94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	MEDICINE - PULMONARY	EXPIRED	12/27/2019	12/27/2019			

STAR	94725	Membrane diffusion capacity	MEDICINE - PULMONARY	EXPIRED	01/01/2010	01/01/2078			
STAR	94720	Carbon monoxide diffusing capacity (eg, single breath, steady state)	MEDICINE - PULMONARY	EXPIRED	01/01/2010	01/01/2078			
STAR	94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	MEDICINE - PULMONARY	EXPIRED	01/01/2010	01/01/2078			

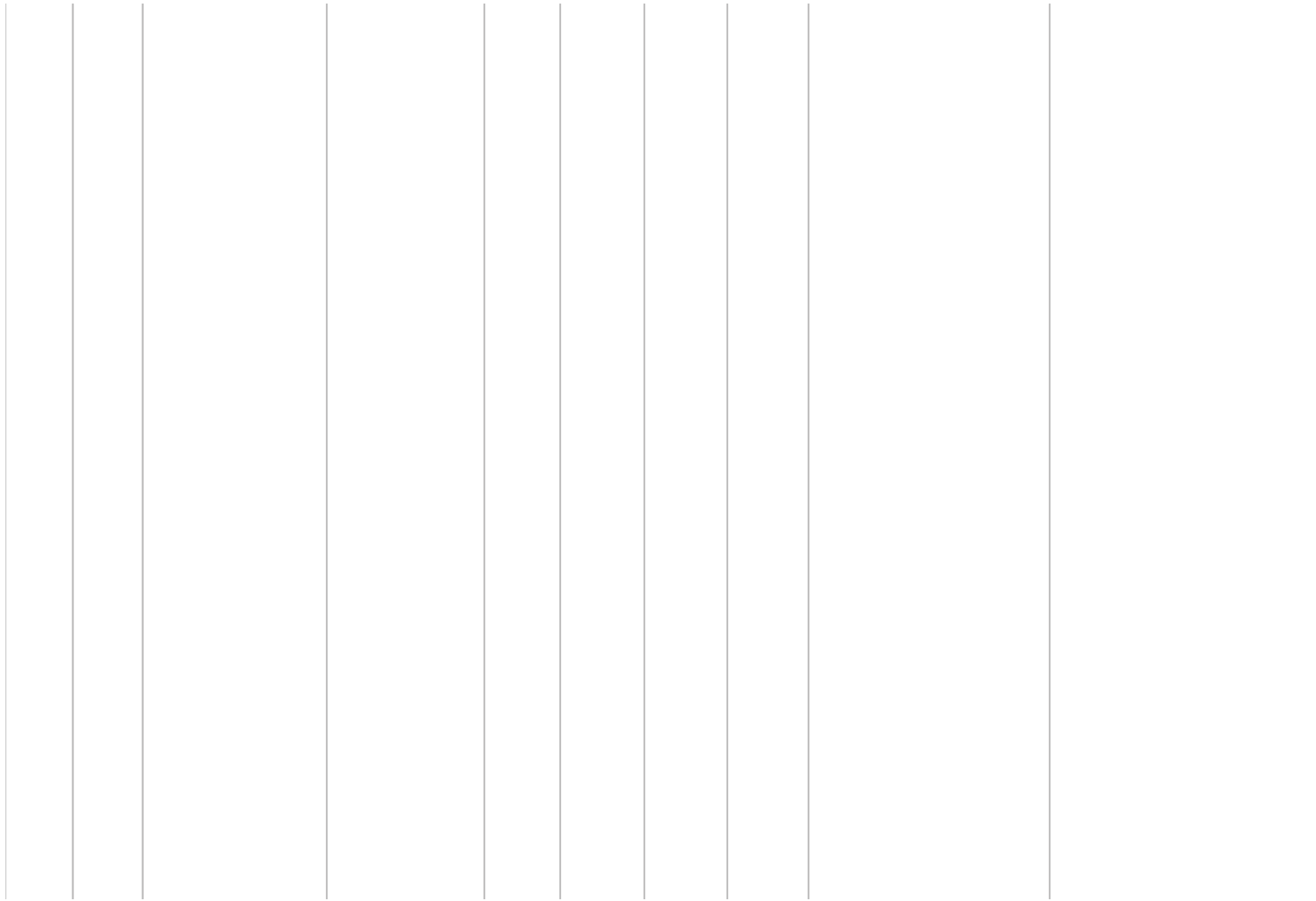


STAR	94400	Breathing response to CO2 (CO2 response curve)	MEDICINE - PULMONARY	EXPIRED	12/27/2019	12/27/2019			
STAR	94370	Determination of airway closing volume, single breath tests	MEDICINE - PULMONARY	EXPIRED	01/01/2010	01/01/2078			
STAR	94360	Determination of resistance to airflow, oscillatory or plethysmographic methods	MEDICINE - PULMONARY	EXPIRED	01/01/2010	01/01/2078			
STAR	94350	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time	MEDICINE - PULMONARY	EXPIRED	01/01/2010	01/01/2078			
STAR	94260	Thoracic gas volume	MEDICINE - PULMONARY	EXPIRED	01/01/2010	01/01/2078			
STAR	94250	Expired gas collection, quantitative, single procedure (separate procedure)	MEDICINE - PULMONARY	EXPIRED	12/27/2019	12/27/2019			
STAR	94240	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method	MEDICINE - PULMONARY	EXPIRED	01/01/2010	01/01/2078			
STAR	93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	MEDICINE - NON-INVASIVE VASCUL	EXPIRED	01/01/2010	01/01/2078			
STAR	93875	Noninvasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)	MEDICINE - NON-INVASIVE VASCUL	EXPIRED	01/01/2010	01/01/2078			
STAR	93720	Plethysmography, total body; with interpretation and report	MEDICINE - CARDIOVASCULAR	EXPIRED	01/01/2010	01/01/2078			
STAR	93652	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	MEDICINE - CARDIOVASCULAR	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93651	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination	MEDICINE - CARDIOVASCULAR	EXPIRED	01/01/2010	01/01/2078			
STAR	93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	MEDICINE - CARDIOVASCULAR	EXPIRED	12/27/2019	12/27/2019			
STAR	93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	MEDICINE - CARDIOVASCULAR	EXPIRED	12/27/2019	12/27/2019			
STAR	93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	MEDICINE - CARDIOVASCULAR	EXPIRED	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	MEDICINE - CARDIOVASCULAR	EXPIRED	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	MEDICINE - CARDIOVASCULAR	EXPIRED	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93530	Right heart catheterization, for congenital cardiac anomalies	MEDICINE - CARDIOVASCULAR	EXPIRED	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

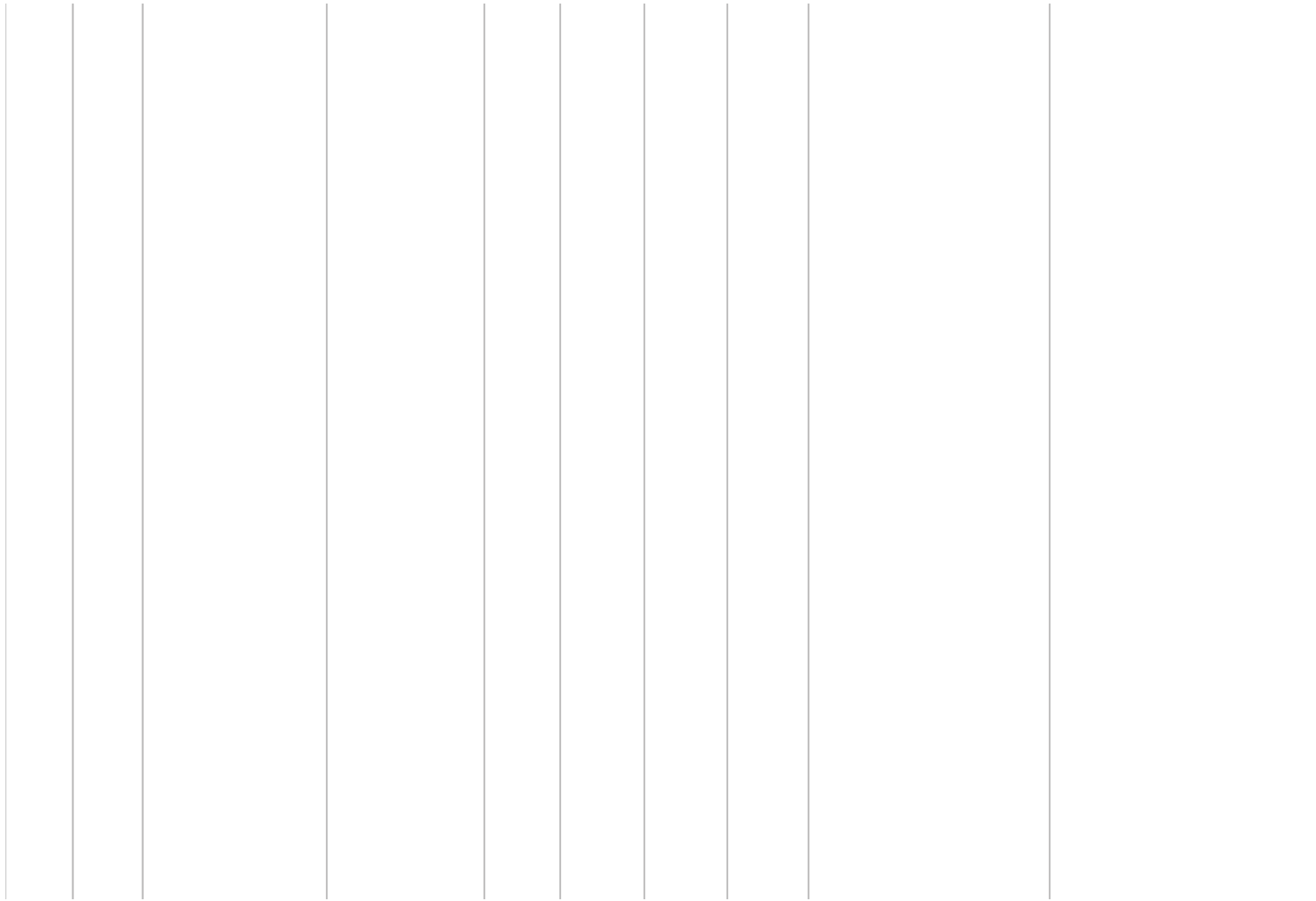
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	MEDICINE - CARDIOVASCULAR	EXPIRED	12/27/2019	12/27/2019			
STAR	92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	EXPIRED	01/01/2010	01/01/2078			

STAR	92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	MEDICINE - CARDIOVASCULAR	EXPIRED	01/01/2010	01/01/2078			



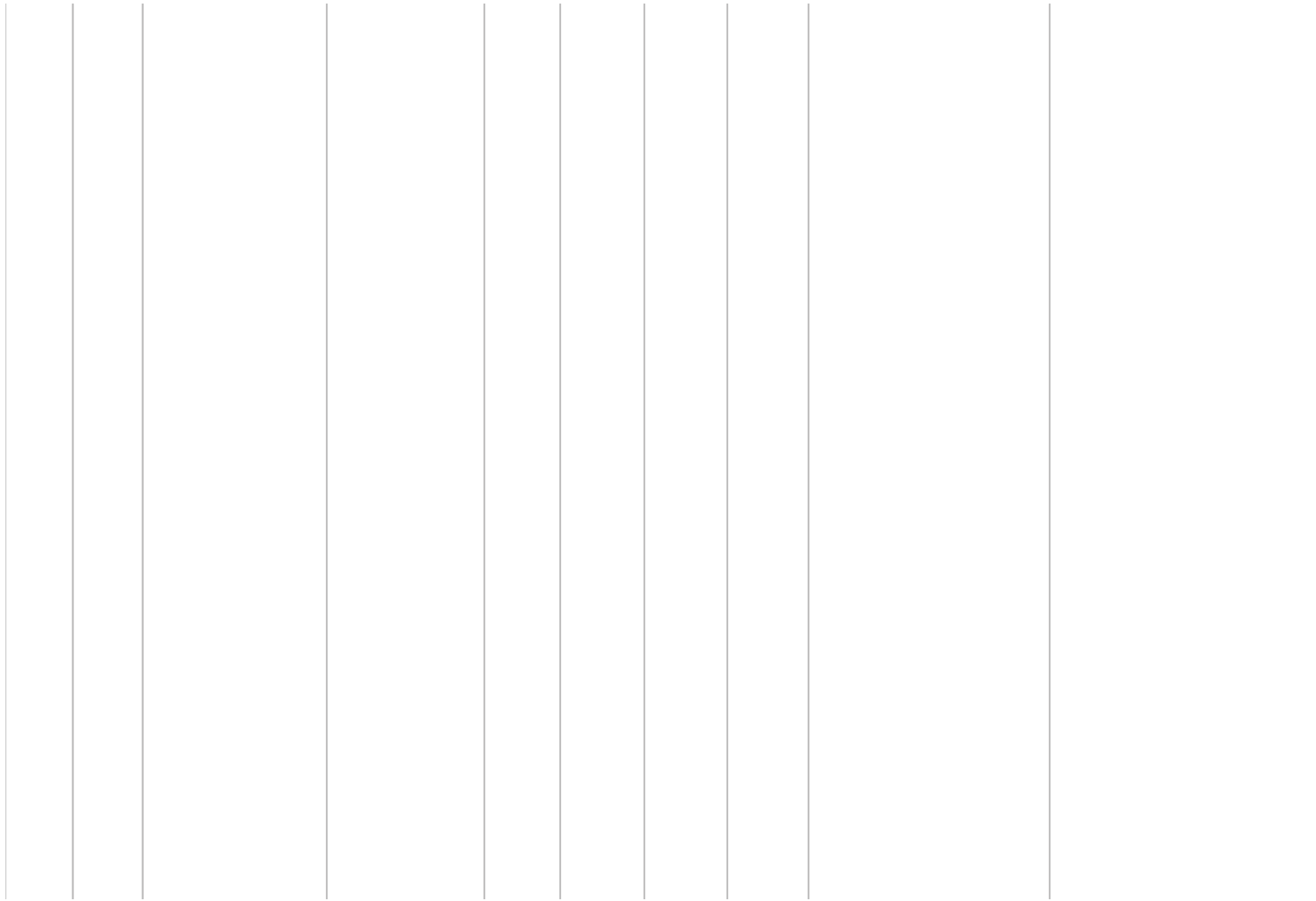
STAR	92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	MEDICINE - CARDIOVASCULAR	EXPIRED	12/27/2019	12/27/2019			
STAR	92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	MEDICINE - CARDIOVASCULAR	EXPIRED	12/27/2019	12/27/2019			
STAR	92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	EXPIRED	01/01/2010	01/01/2078			

STAR	92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	MEDICINE - CARDIOVASCULAR	EXPIRED	01/01/2010	01/01/2078			



STAR	92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	EXPIRED	01/01/2010	01/01/2078
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STAR	92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	MEDICINE - CARDIOVASCULAR	EXPIRED	01/01/2010	01/01/2078			



STAR	92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	MEDICINE - SPECIAL OTORHINOLAR	EXPIRED	12/27/2019	12/27/2019			
STAR	92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	MEDICINE - SPECIAL OTORHINOLAR	EXPIRED	12/27/2019	12/27/2019			
STAR	92564	Short increment sensitivity index (SISI)	MEDICINE - SPECIAL OTORHINOLAR	EXPIRED	12/27/2019	12/27/2019			
STAR	92561	Bekesy audiometry; diagnostic	MEDICINE - SPECIAL OTORHINOLAR	EXPIRED	12/27/2019	12/27/2019			
STAR	92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	MEDICINE - SPECIAL OTORHINOLAR	EXPIRED	01/01/2010	01/01/2078			
STAR	92506	EVAL SPEECH LANG VOICE COMMUNJ &/AUDITORY PROC	MEDICINE - SPECIAL OTORHINOLAR	EXPIRED	01/01/2010	01/01/2078			
STAR	92275	Electroretinography with interpretation and report	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			

STAR

92140

Provocative tests for
glaucoma, with interpretation
and report, without
tonography

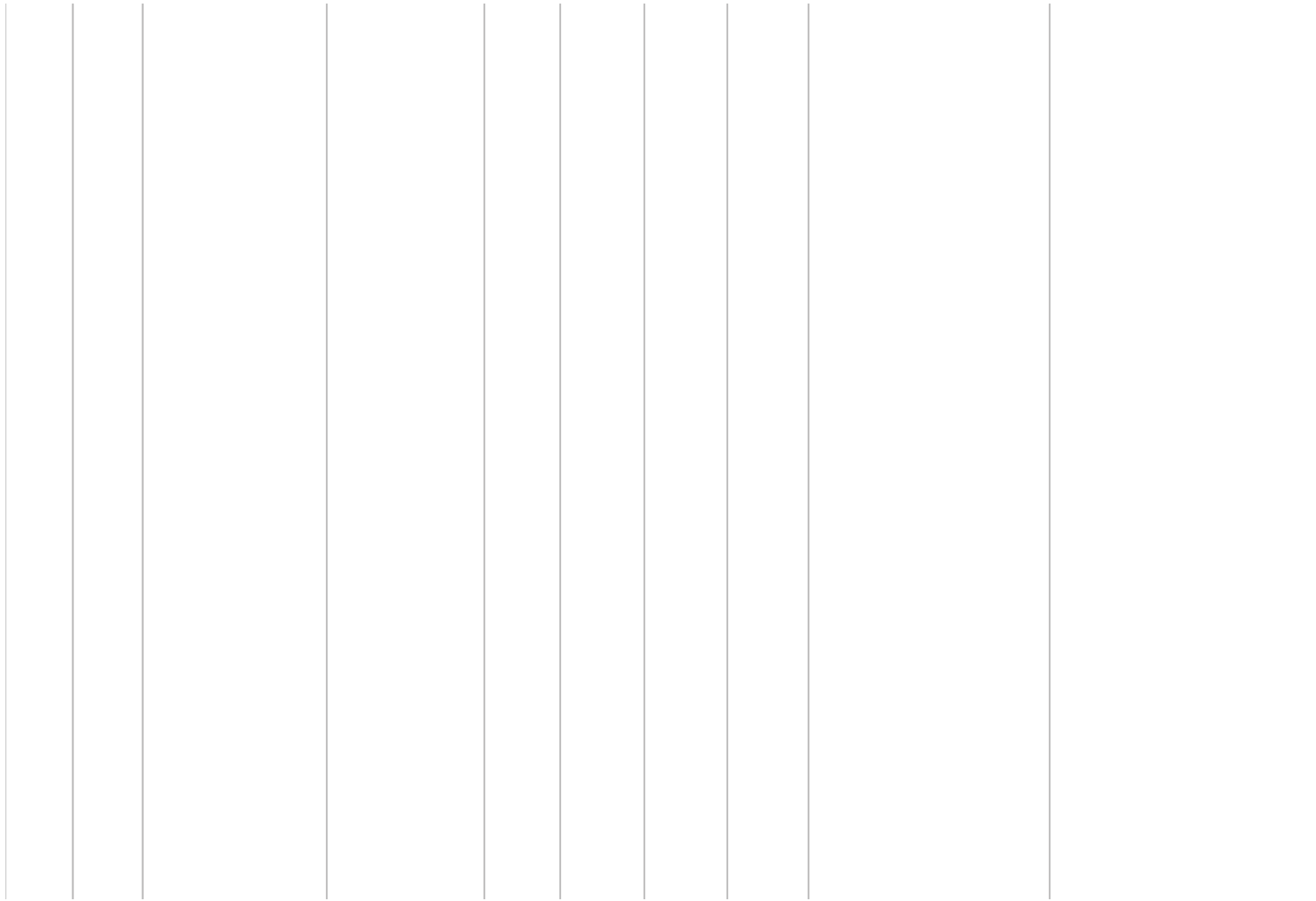
MEDICINE -
OPHTHALMOLOGY

EXPIRED

01/01/2010

01/01/2078

STAR	92130	Tonography with water provocation	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	92120	Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	92070	Fitting of contact lens for treatment of disease, including supply of lens	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	MEDICINE - BIOFEEDBACK	EXPIRED	12/27/2019	12/31/2078			
STAR	90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			



STAR	90857	Interactive group psychotherapy	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
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STAR	90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

STAR	90828	Individual psychotherapy,	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
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interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;

STAR	90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

STAR	90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
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communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;

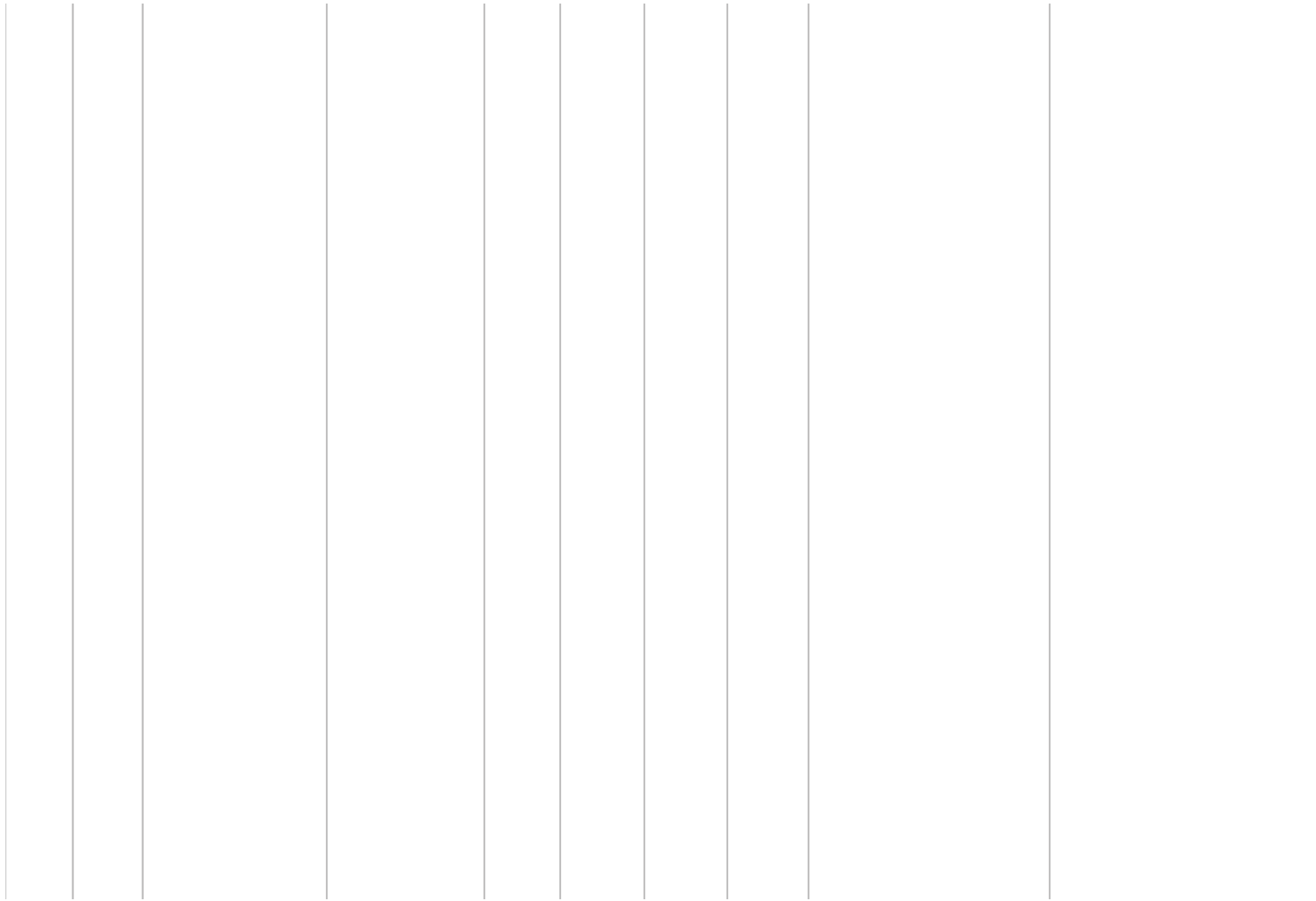
STAR	90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

STAR	90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

30 minutes face-to-face with
the patient;

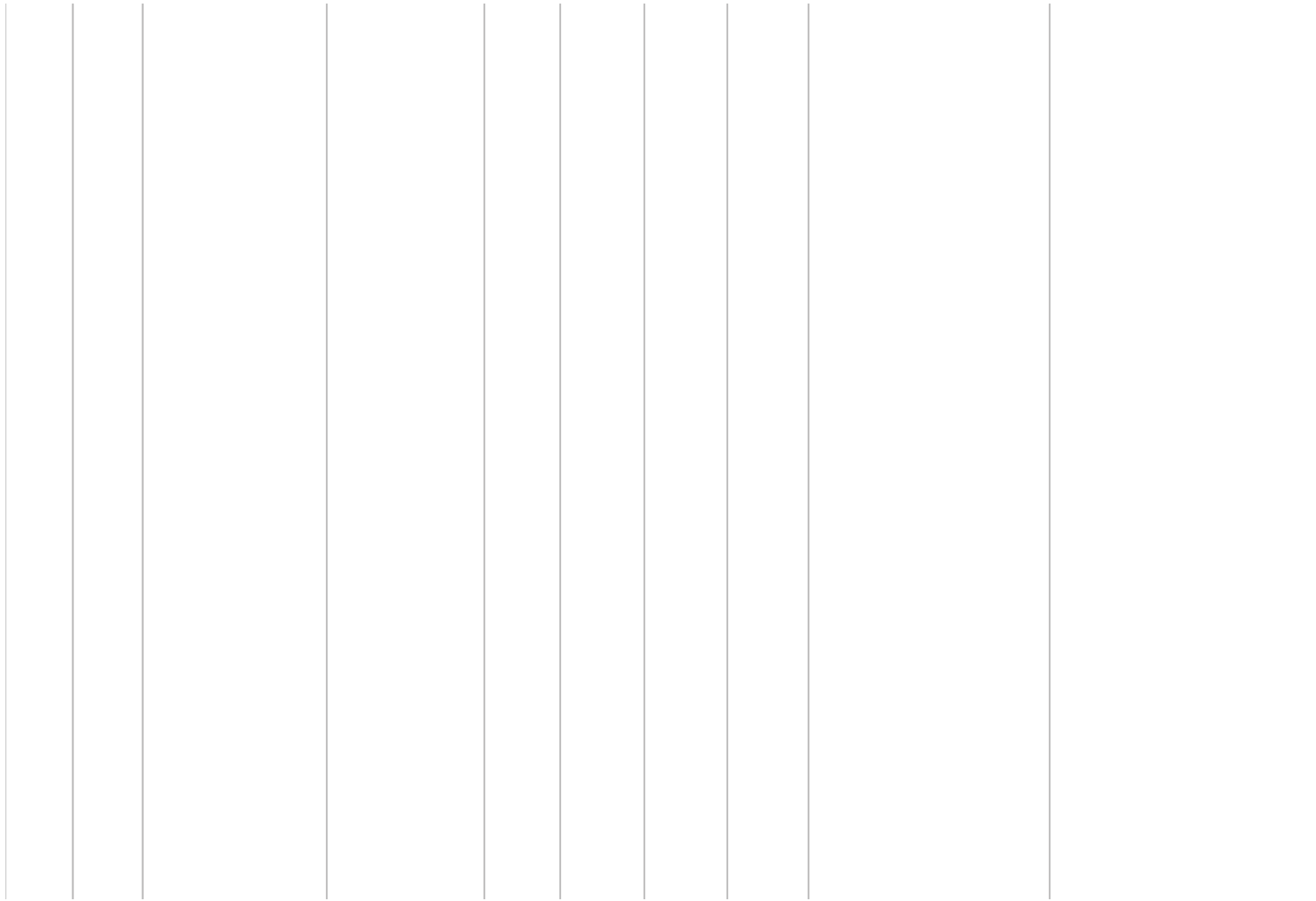
STAR	90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
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STAR	90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			



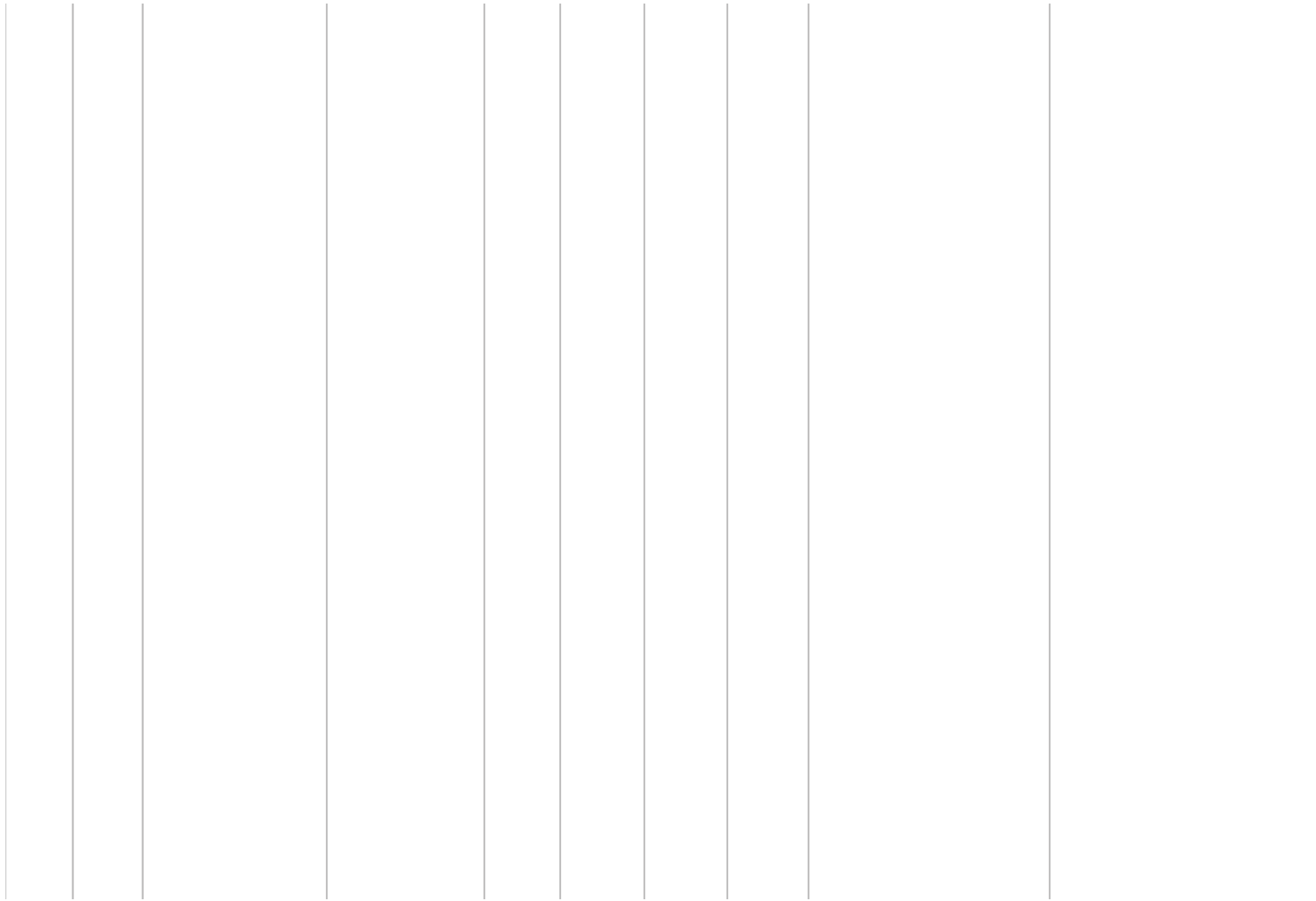
STAR	90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

STAR	90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			



STAR	90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
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STAR	90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			



STAR	90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
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STAR	90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

STAR	90813	Individual psychotherapy, interactive, using play equipment, physical devices,	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
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language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services

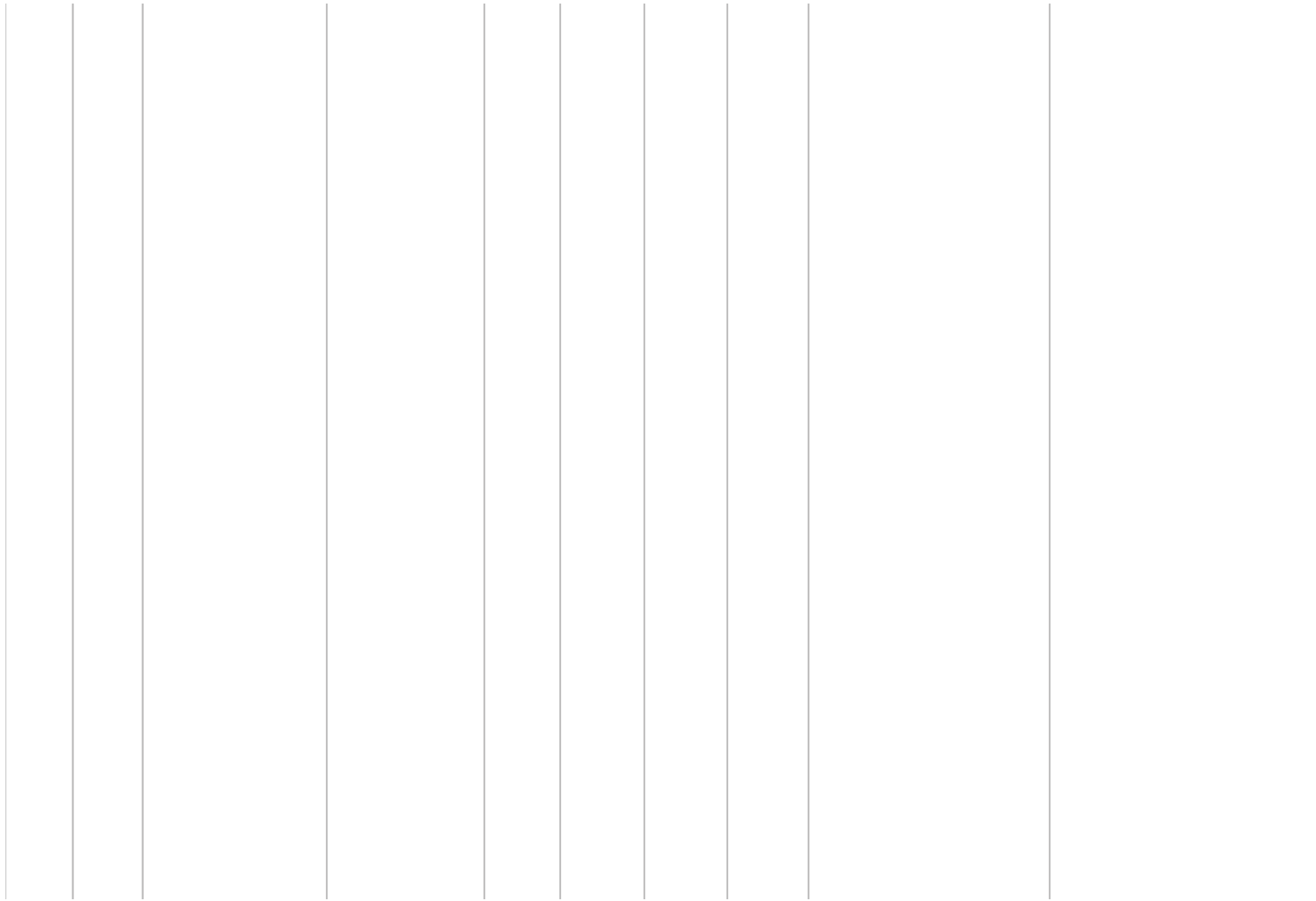
STAR	90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

STAR	90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility,	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

approximately 20 to 30
minutes face-to-face with the
patient; with medical
evaluation and management
services

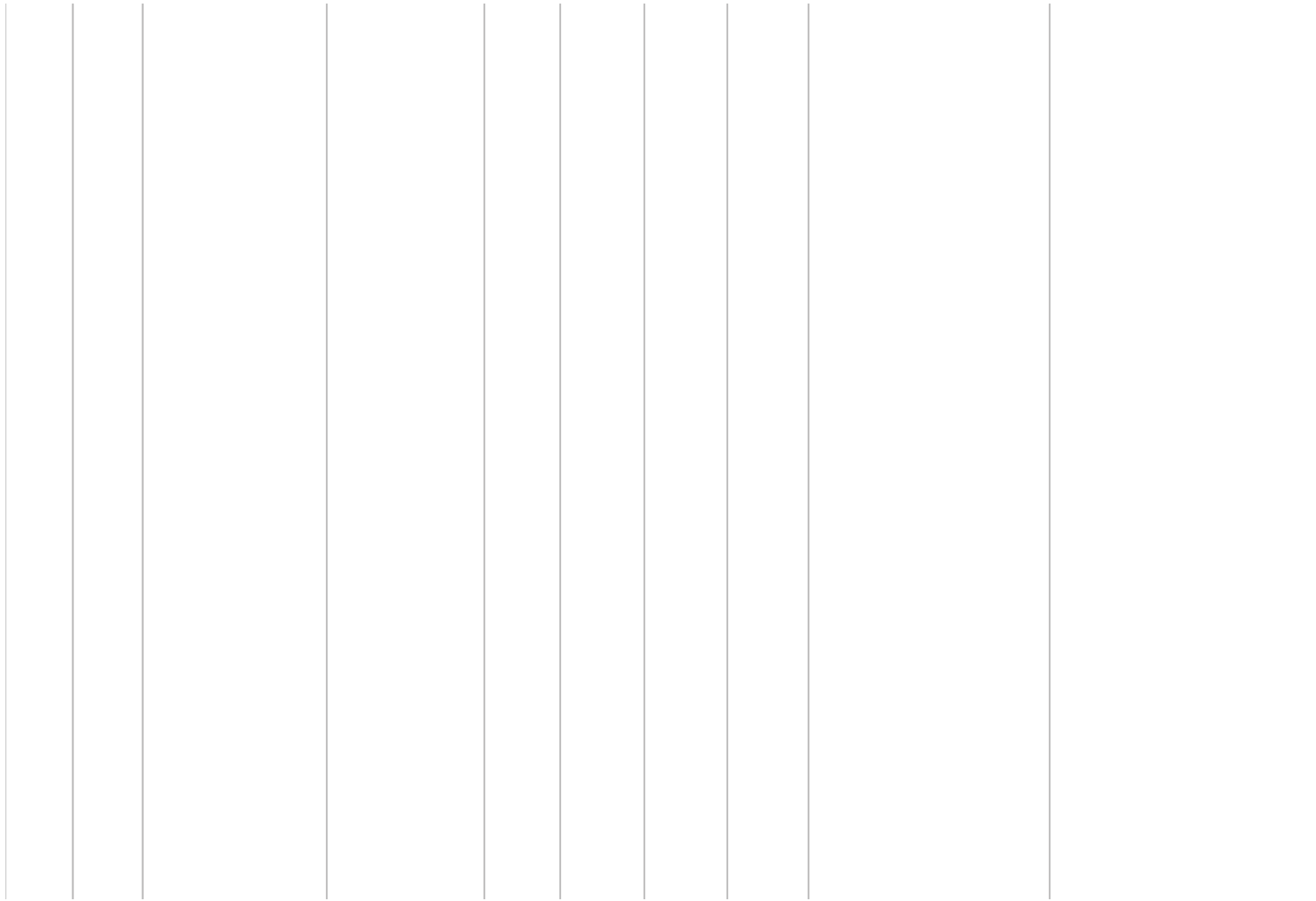
STAR	90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

STAR	90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			



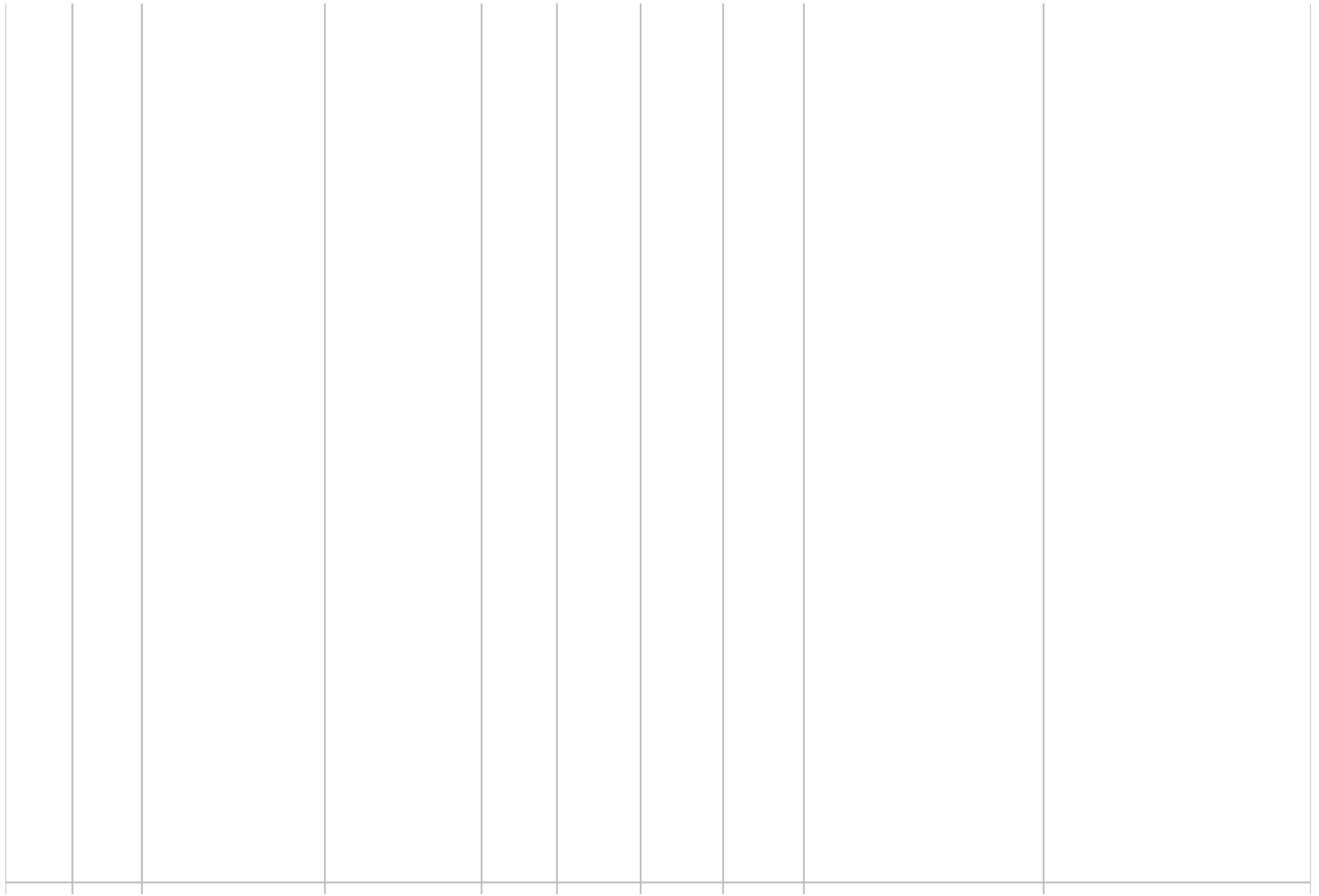
STAR	90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
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STAR	90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			



STAR	90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
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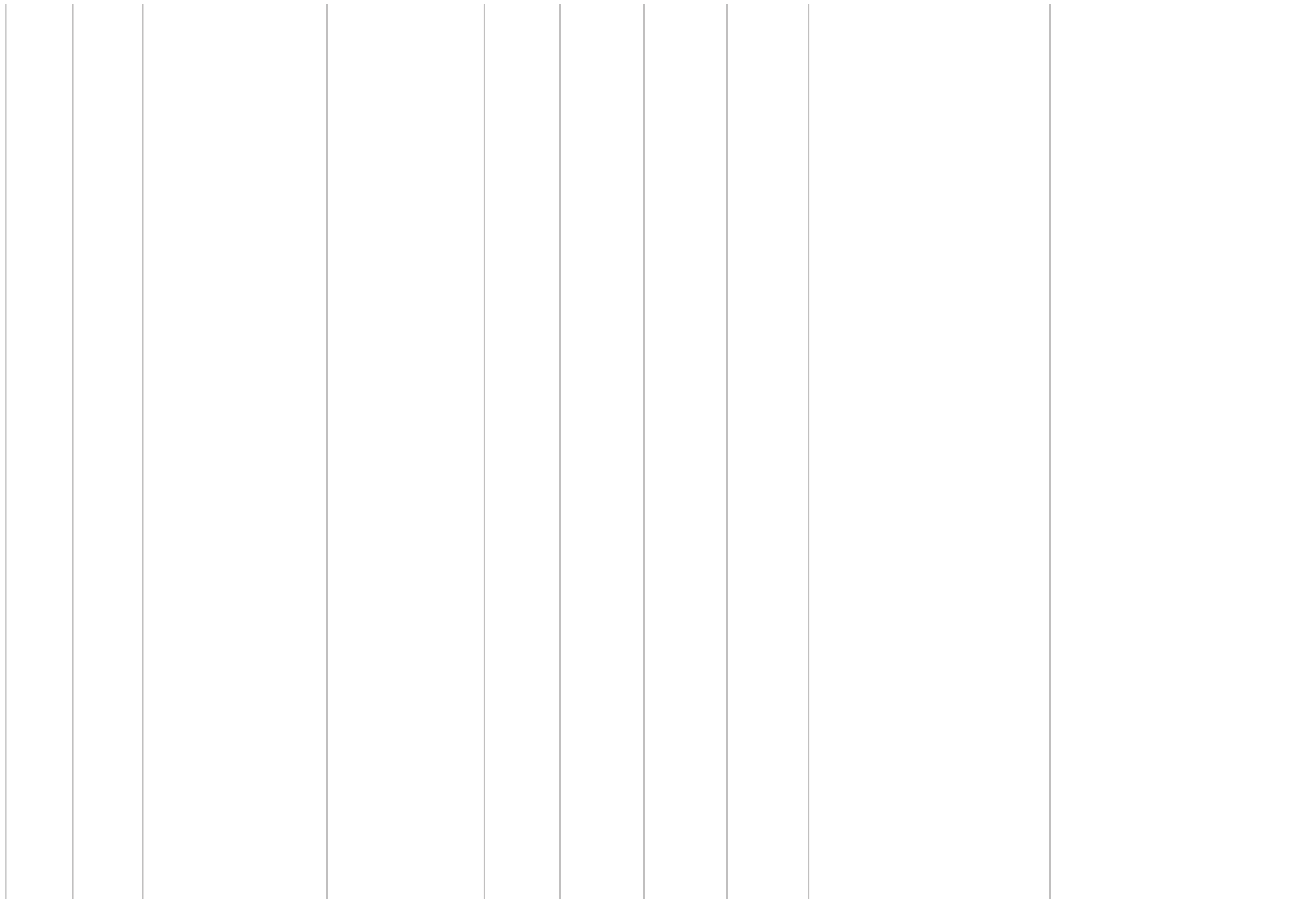
STAR	90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			



STAR	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078
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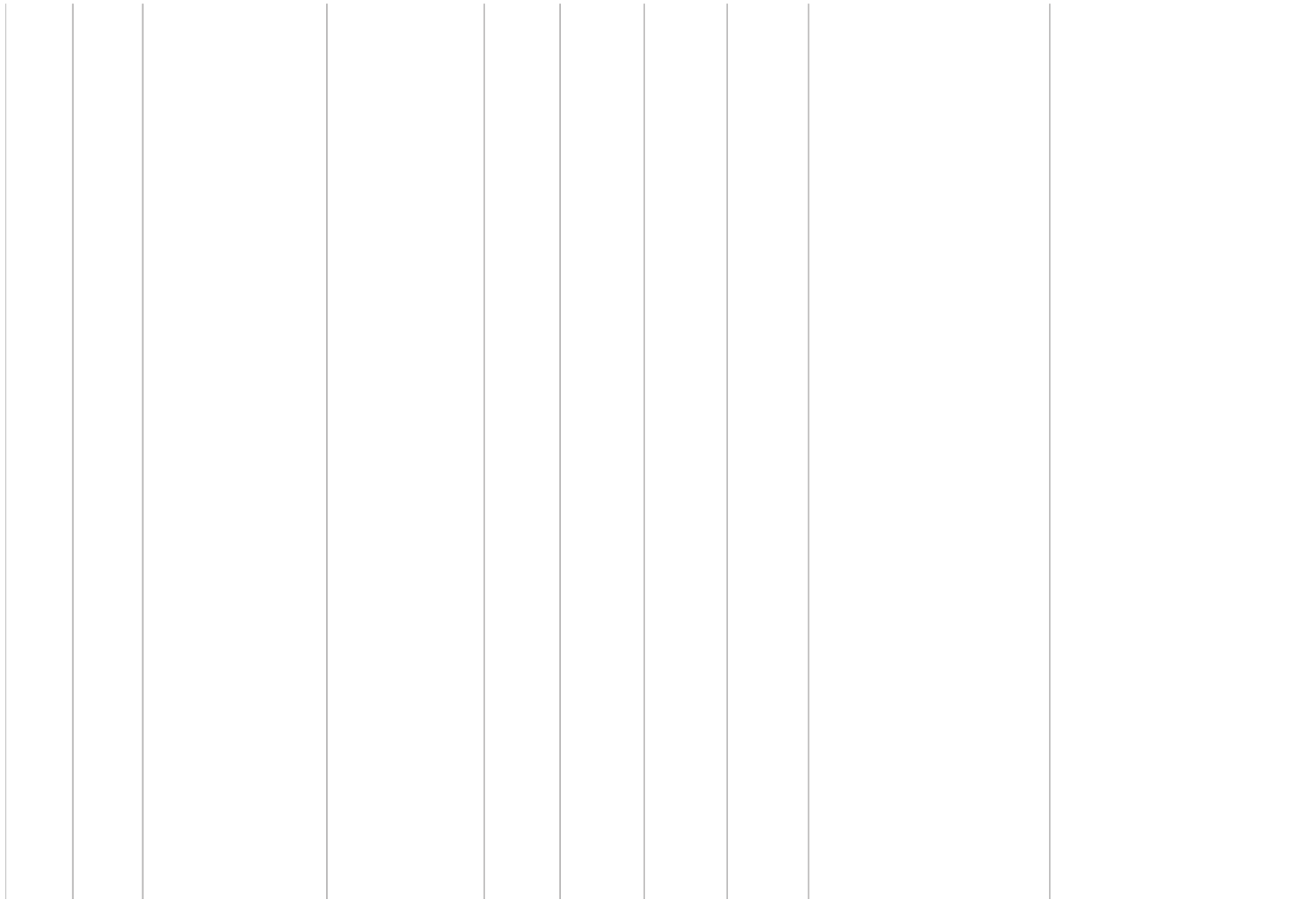
STAR	90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			

STAR	90801	Psychiatric diagnostic interview examination	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			



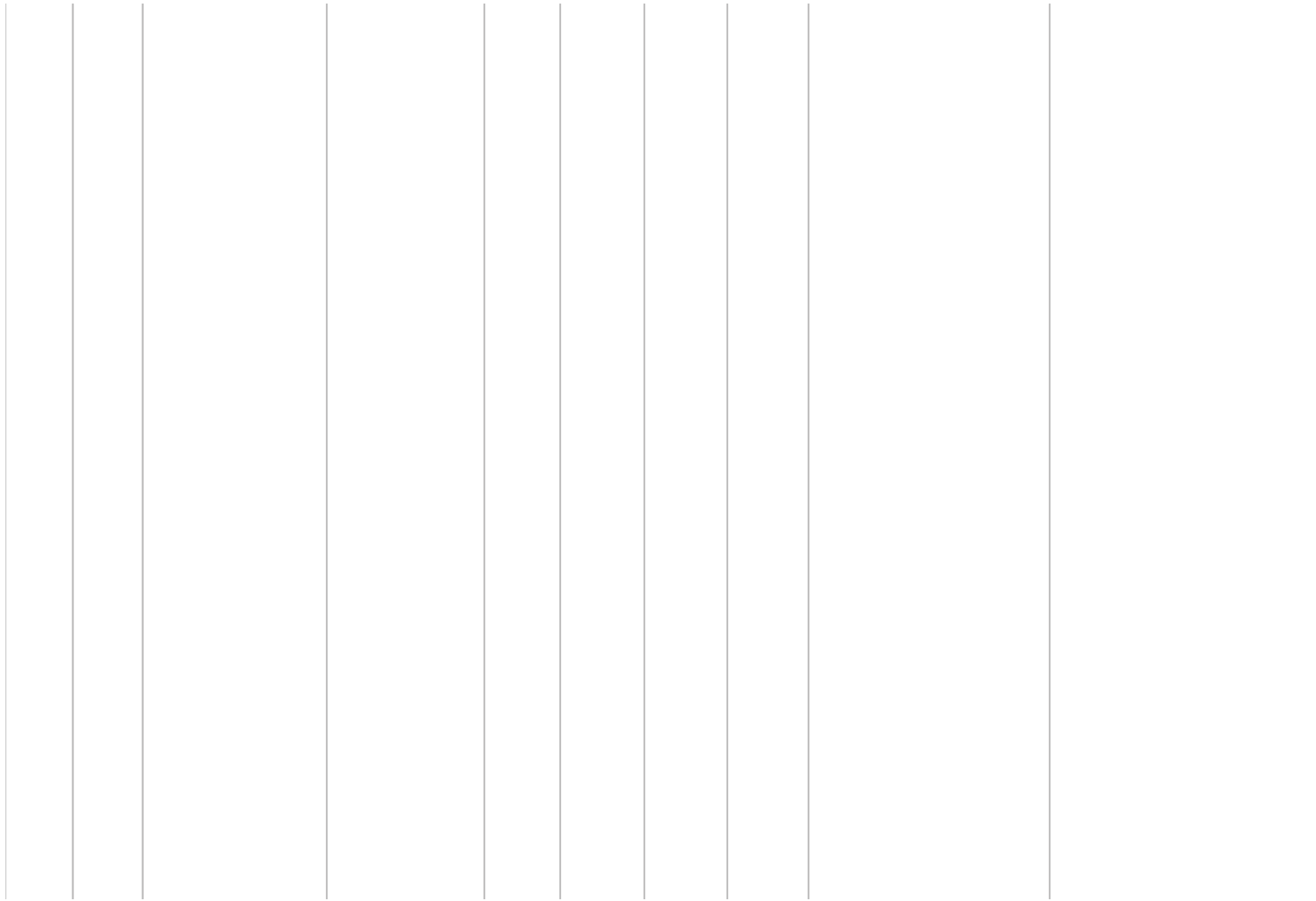
STAR	90703	Tetanus toxoid adsorbed, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	01/01/2010	01/01/2078			
STAR	90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed	MEDICINE - IMMUNIZATION ADMINI	EXPIRED	01/01/2010	01/01/2078			
STAR	88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	PATH & LAB - SURGICAL PATHOLOG	EXPIRED	01/01/2010	01/01/2078			

STAR	88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	PATH & LAB - SURGICAL PATHOLOG	EXPIRED	01/01/2010	01/01/2078			



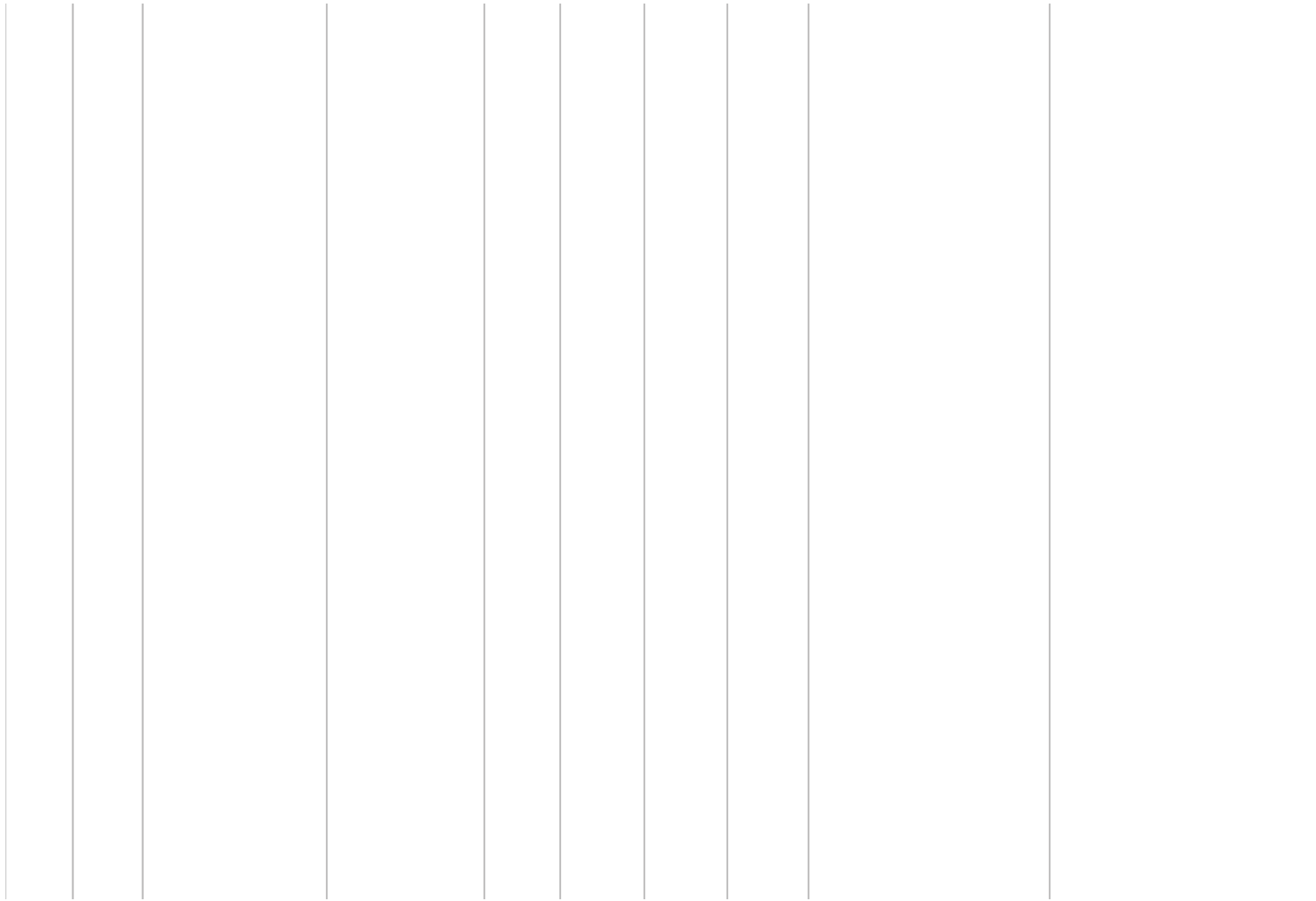
STAR	88349	Electron microscopy; scanning	PATH & LAB - SURGICAL PATHOLOG	EXPIRED	01/01/2010	01/01/2078		
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STAR	88347	Immunofluorescent study, each antibody; indirect method	PATH & LAB - SURGICAL PATHOLOG	EXPIRED	01/01/2010	01/01/2078			



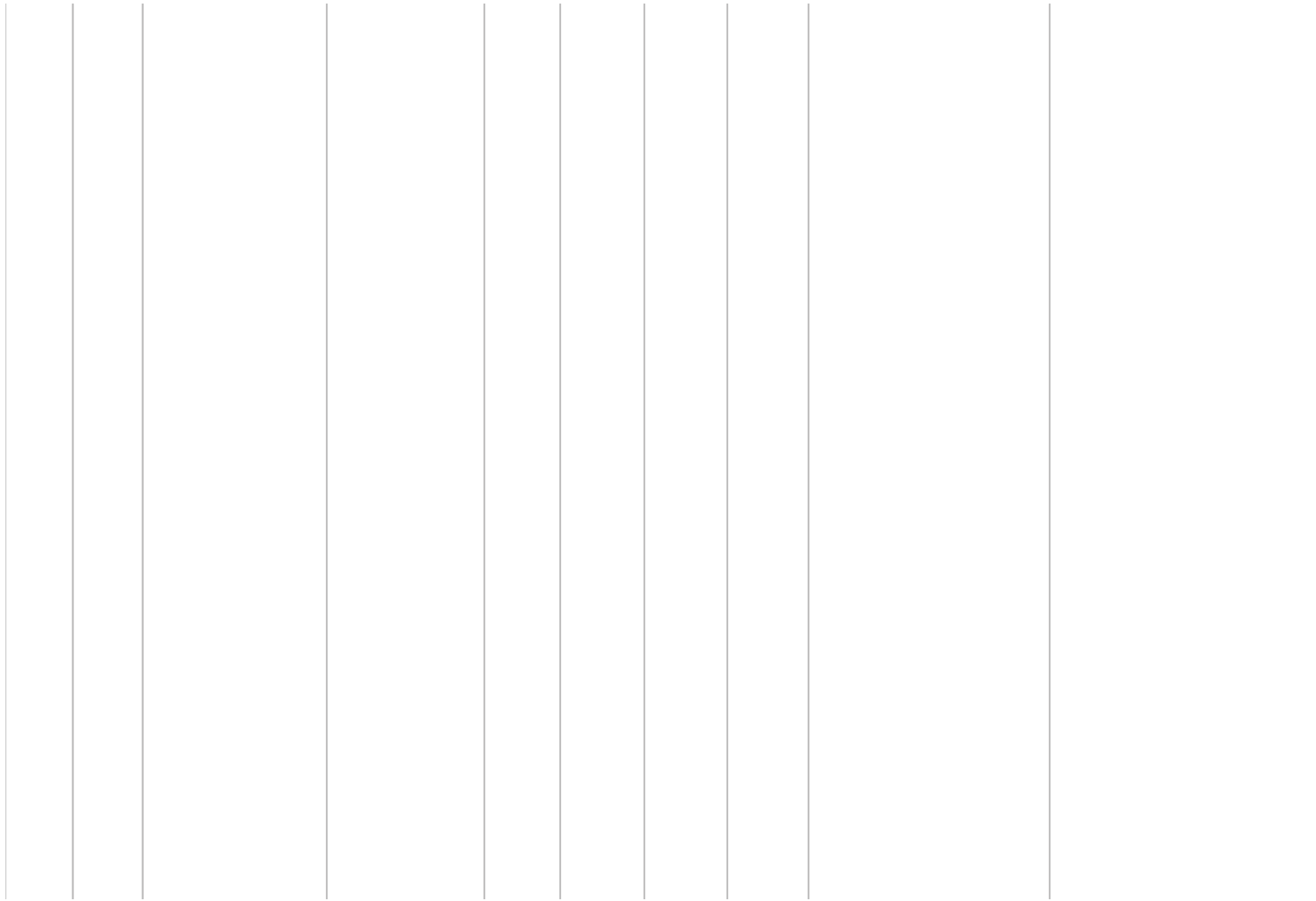
STAR	88318	Determinative histochemistry to identify chemical components (eg, copper, zinc)	PATH & LAB - SURGICAL PATHOLOG	EXPIRED	01/01/2010	01/01/2078			
STAR	88107	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears and simple filter preparation with interpretation	PATH & LAB - CYTOPATHOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	87450	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; single step method, not otherwise specified, each organism	PATH & LAB - MICROBIOLOGY	EXPIRED	12/27/2019	12/27/2019			
STAR	83912	Molecular diagnostics; interpretation and report	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			

STAR	83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			
STAR	82544	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			



STAR	82543	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			
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STAR	82541	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			



STAR	82492	Chromatography, quantitative, column (eg, gas liquid or HPLC); multiple analytes, single stationary and mobile phase	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078
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STAR	82491	Chromatography, quantitative, column (eg, gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			

STAR

82489

Chromatography, qualitative;
thin layer, analyte not
elsewhere specified

PATH & LAB - CHEMISTRY

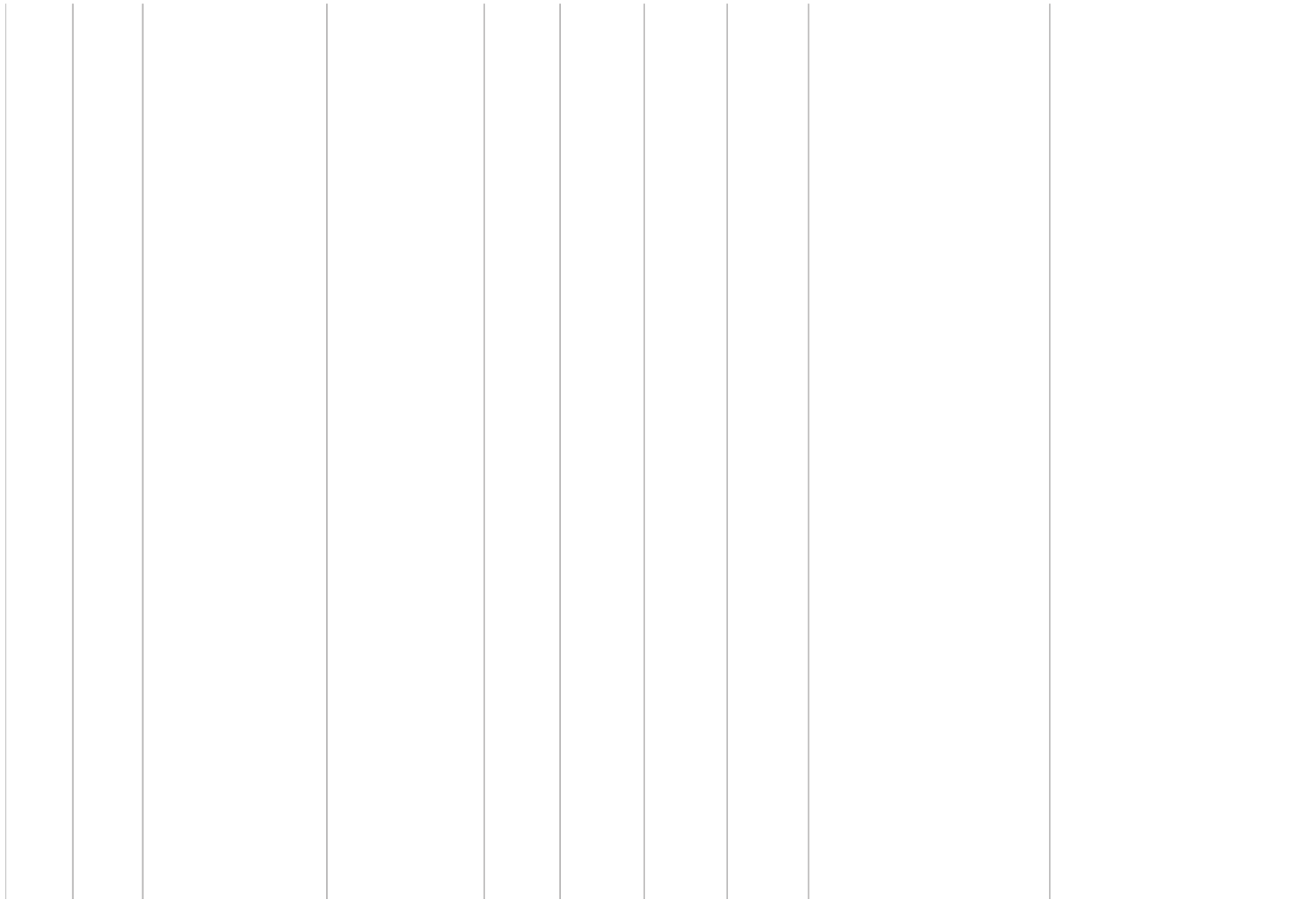
EXPIRED

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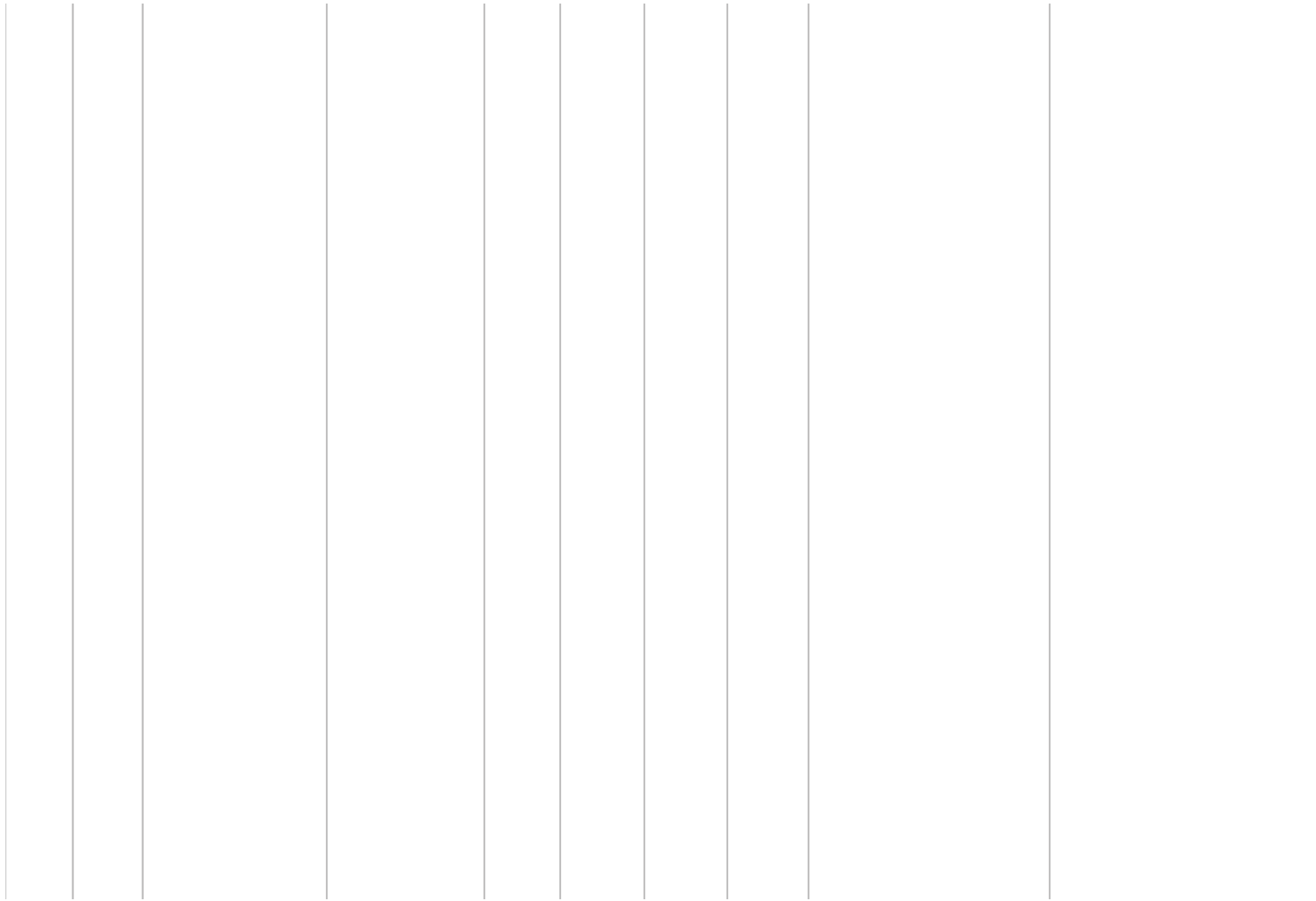
STAR	82488	Chromatography, qualitative; paper, 2-dimensional, analyte not elsewhere specified	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			

STAR	82487	Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			



STAR	82486	Chromatography, qualitative; column (eg, gas liquid or HPLC), analyte not elsewhere specified	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			
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STAR	81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	PATH & LAB - MICROBIOLOGY	EXPIRED	12/27/2019	12/31/2078			
STAR	81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			



STAR	81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			
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STAR	81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			
STAR	80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	PATH & LAB - CONSULTATIONS (CL	EXPIRED	12/27/2019	12/27/2019			
STAR	80500	Clinical pathology consultation; limited, without review of patient's history and medical records	PATH & LAB - CONSULTATIONS (CL	EXPIRED	12/27/2019	12/27/2019			
STAR	78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			

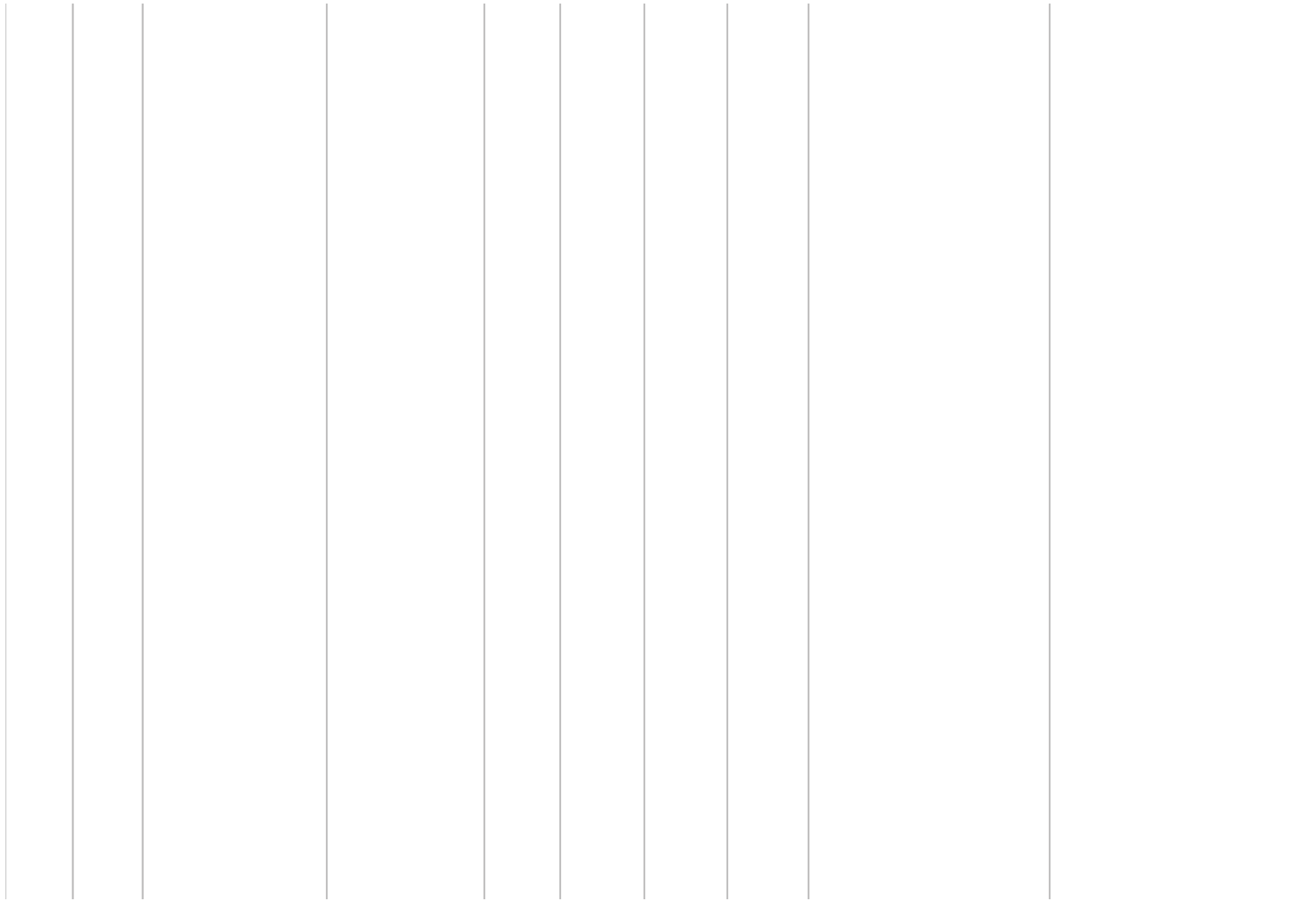
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78806	Radiopharmaceutical localization of inflammatory process; whole body	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			
STAR	78805	Radiopharmaceutical localization of inflammatory process; limited area	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			
STAR	78710	Kidney imaging morphology; tomographic (SPECT)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			
STAR	78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			
STAR	78607	Brain imaging, tomographic (SPECT)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			
STAR	78596	Pulmonary quantitative differential function (ventilation/perfusion) study	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78594	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78593	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78591	Pulmonary ventilation imaging, gaseous, single breath, single projection	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78588	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78587	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78586	Pulmonary ventilation imaging, aerosol; single projection	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78585	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78584	Pulmonary perfusion imaging, particulate, with ventilation; single breath	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78320	Bone and/or joint imaging; tomographic (SPECT)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78272	Vitamin B-12 absorption studies combined, with and without intrinsic factor	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78271	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			

STAR	78270	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78220	Liver function study with hepatobiliary agents, with serial images	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78206	Liver imaging (SPECT); with vascular flow	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			
STAR	78205	Liver imaging (SPECT);	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			
STAR	78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			

STAR	78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	12/27/2019	12/27/2019			
STAR	78011	Thyroid imaging; with vascular flow	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			



STAR	78010	Thyroid imaging; only	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
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STAR	78007	Thyroid imaging, with uptake; multiple determinations	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			

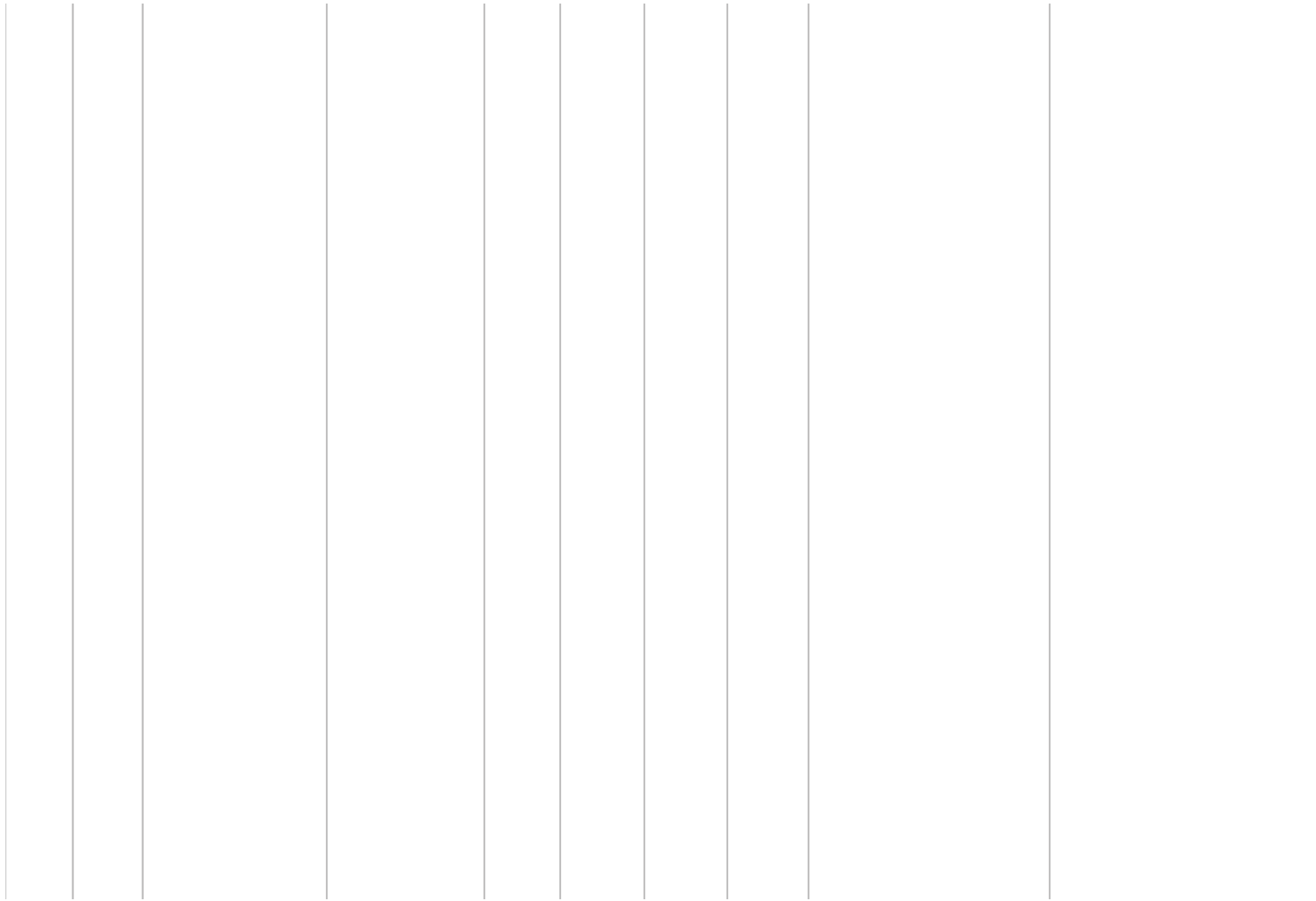
STAR	78006	Thyroid imaging, with uptake;	RADIOLOGY - NUCLEAR	EXPIRED	01/01/2010	01/01/2078		
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single determination

MEDICINE

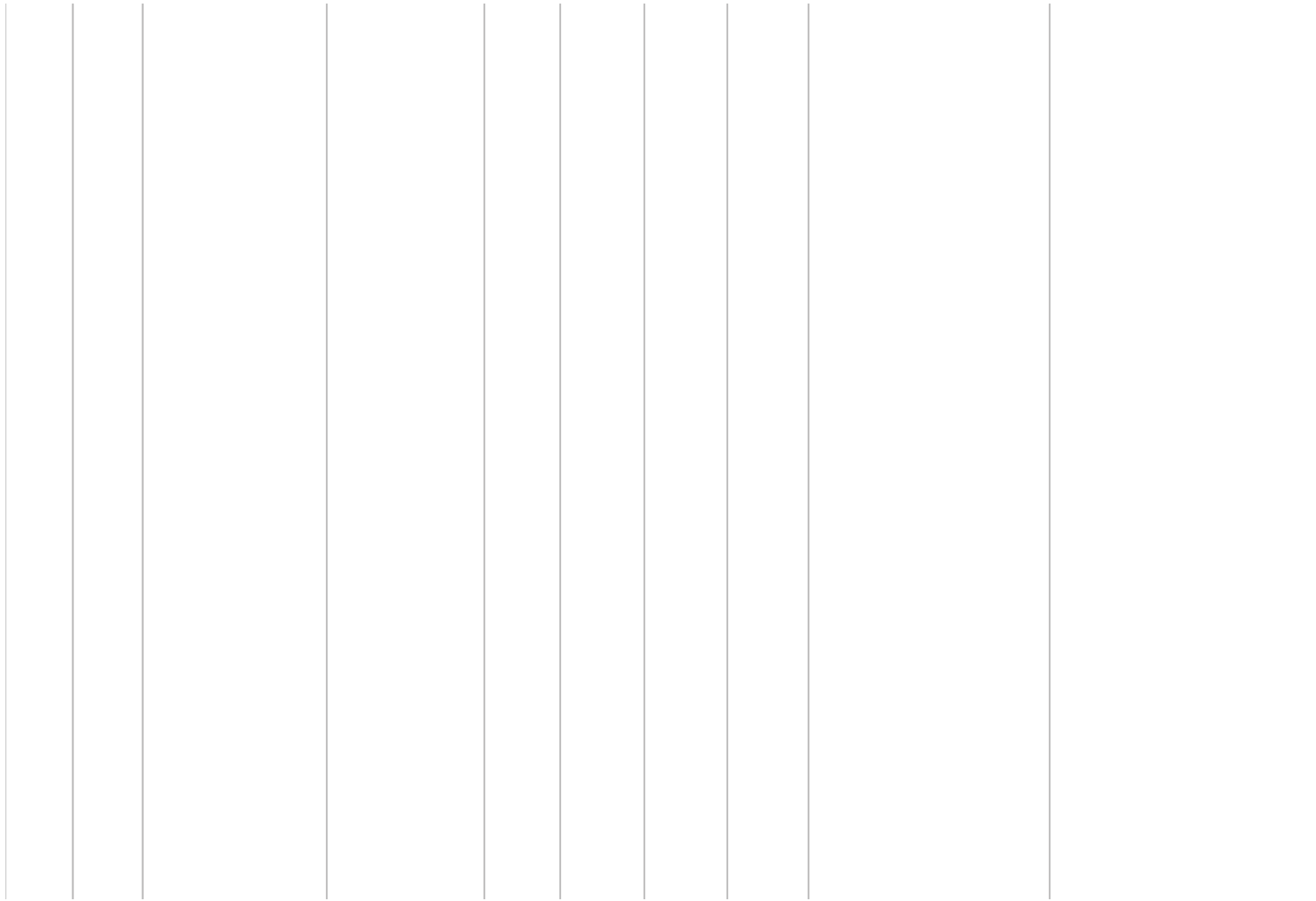
STAR	78003	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			

STAR	78001	Thyroid uptake; multiple determinations	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			



STAR	78000	Thyroid uptake; single determination	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
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STAR	77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	2009 Code Set	EXPIRED	01/01/2010	01/01/2078			
STAR	77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	2009 Code Set	EXPIRED	01/01/2010	01/01/2078			
STAR	77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	2009 Code Set	EXPIRED	01/01/2010	01/01/2078			
STAR	77777	Interstitial radiation source application; intermediate	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	77776	Interstitial radiation source application; simple	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			



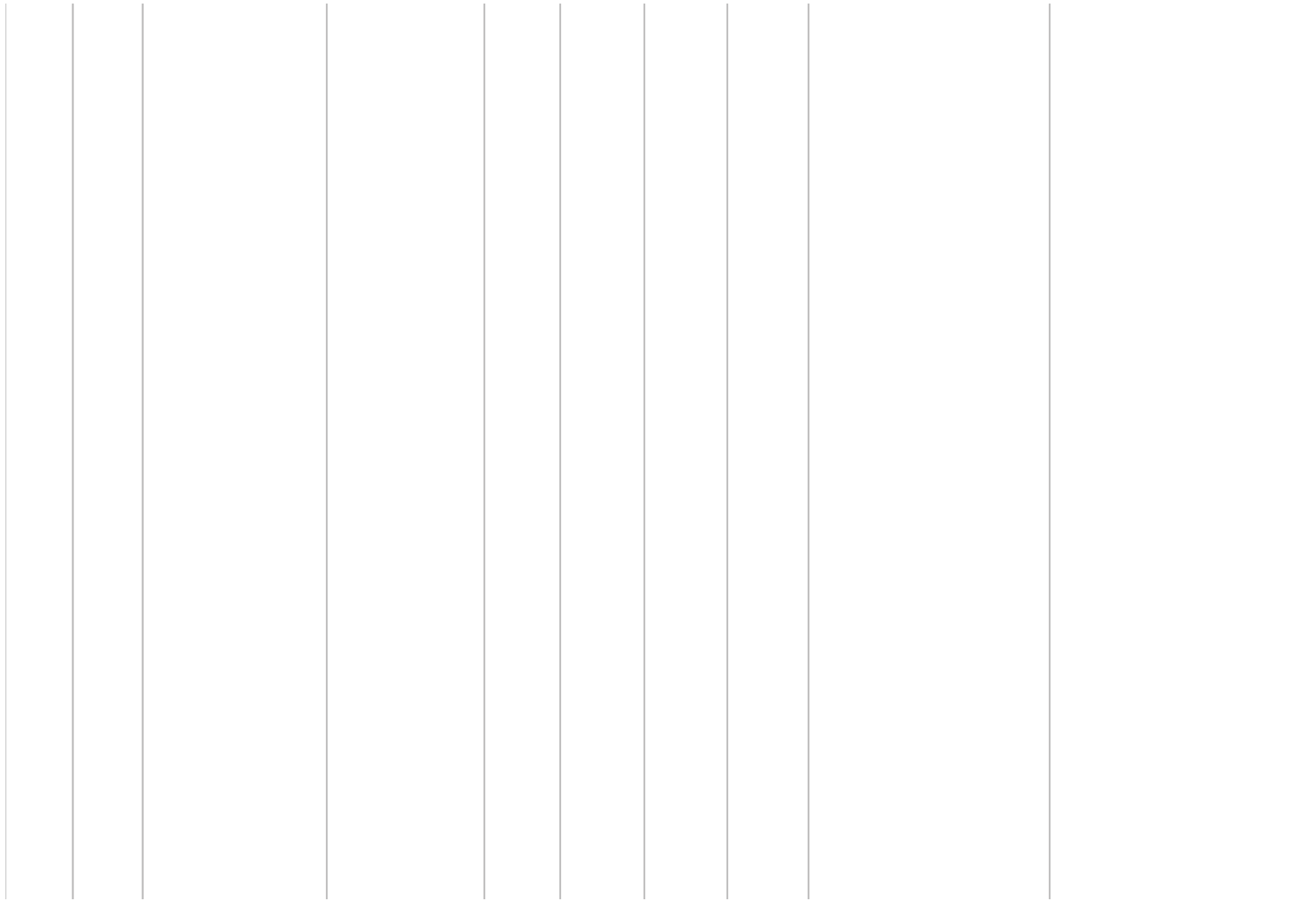
STAR	77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			

STAR	77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			
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afterloading brachytherapy, 9
to 12 sources)

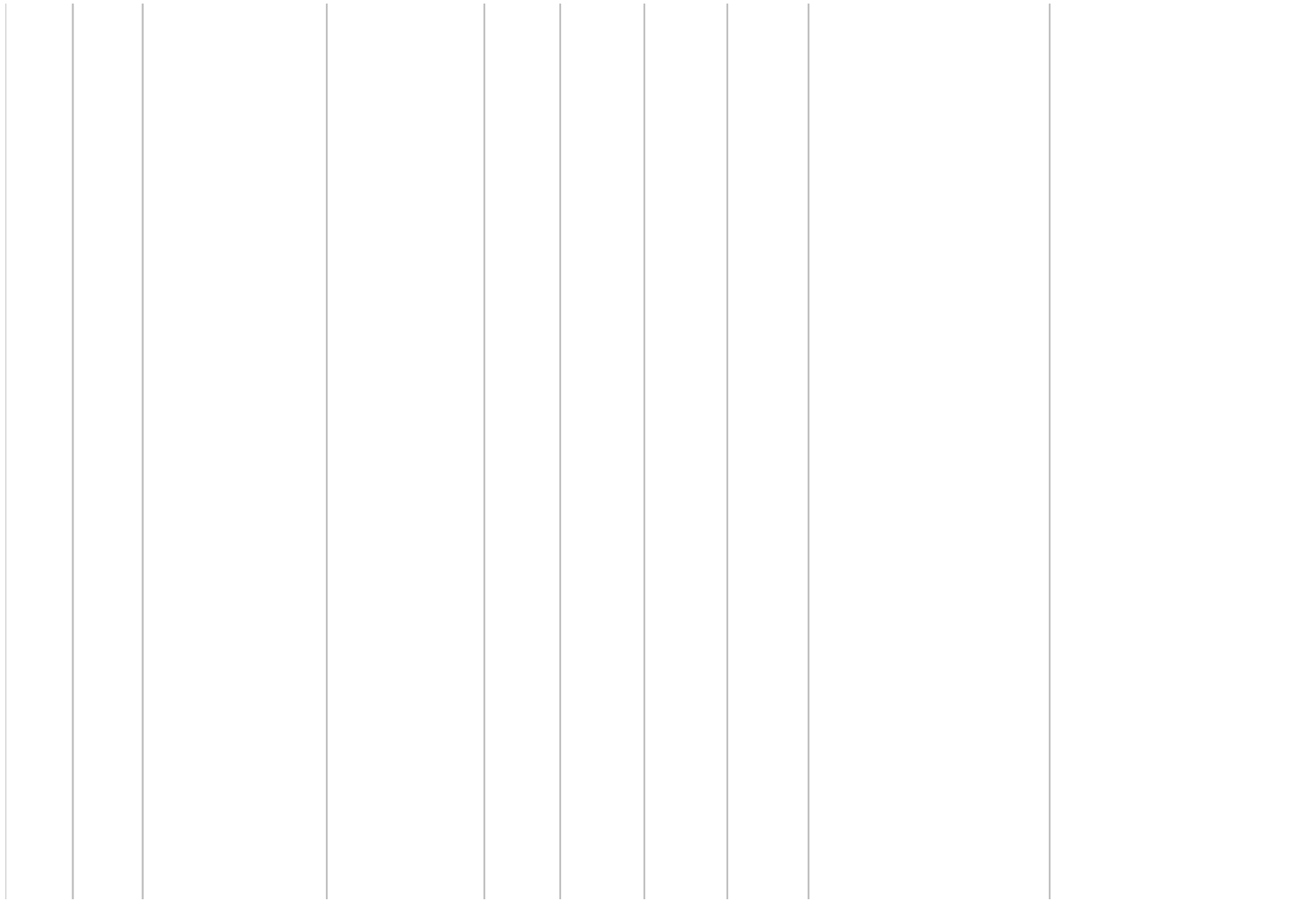
STAR	77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			

STAR	77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			



STAR	77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			
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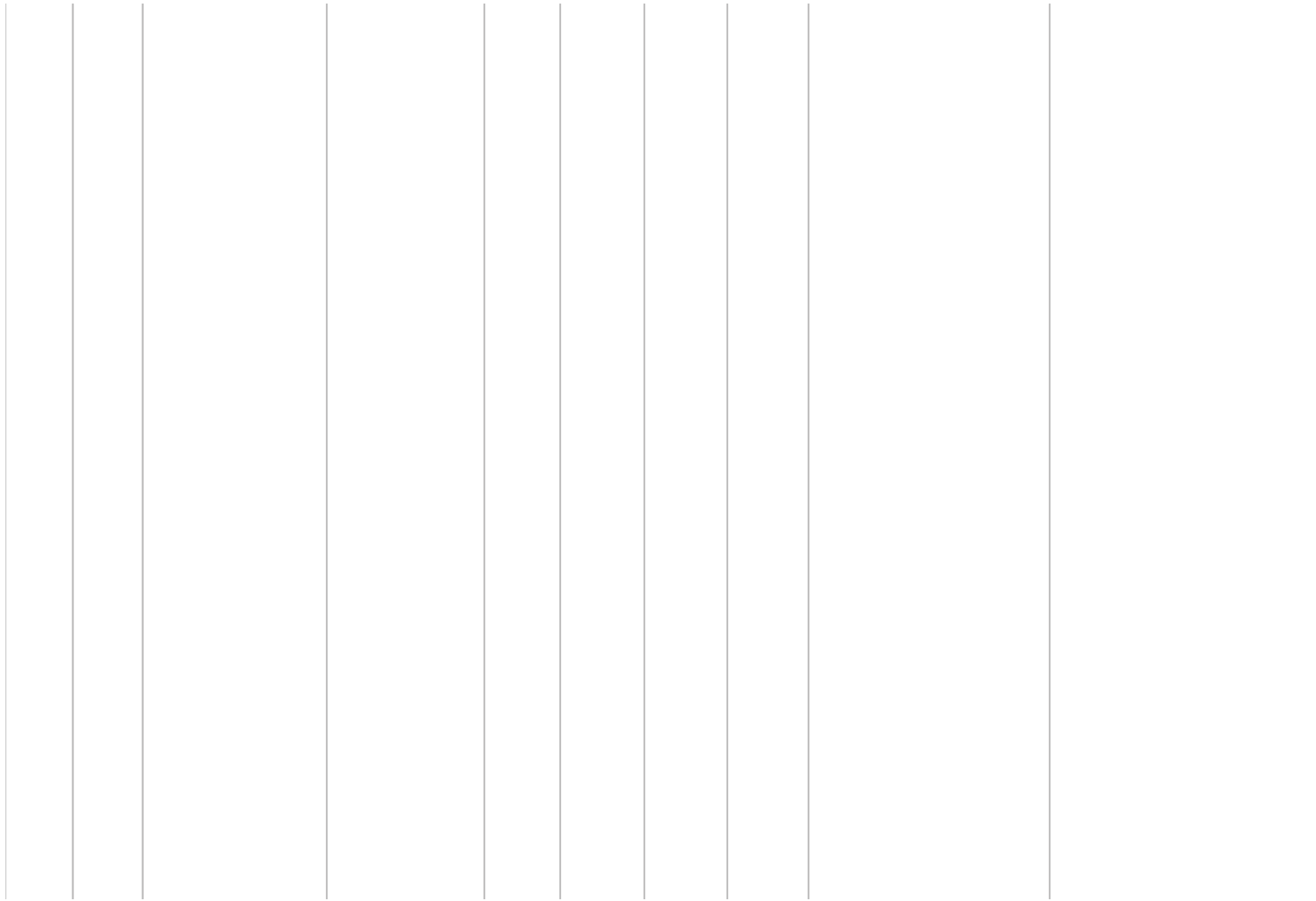
STAR	77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	RADIOLOGY - RADIATION ONCOLOGY	EXPIRED	01/01/2010	01/01/2078			



STAR	77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
STAR	77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
STAR	77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
STAR	77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
STAR	77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
STAR	77057	Screening mammography, bilateral (2-view film study of each breast)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
STAR	77056	Mammography; bilateral	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
STAR	77055	Mammography; unilateral	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
STAR	77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
STAR	77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	77032	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	77031	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	76970	Ultrasound study follow-up (specify)	RADIOLOGY - DIAGNOSTIC ULTRASO	EXPIRED	12/27/2019	12/27/2019			
STAR	76950	Ultrasonic guidance for placement of radiation therapy fields	RADIOLOGY - DIAGNOSTIC ULTRASO	EXPIRED	01/01/2010	01/01/2078			

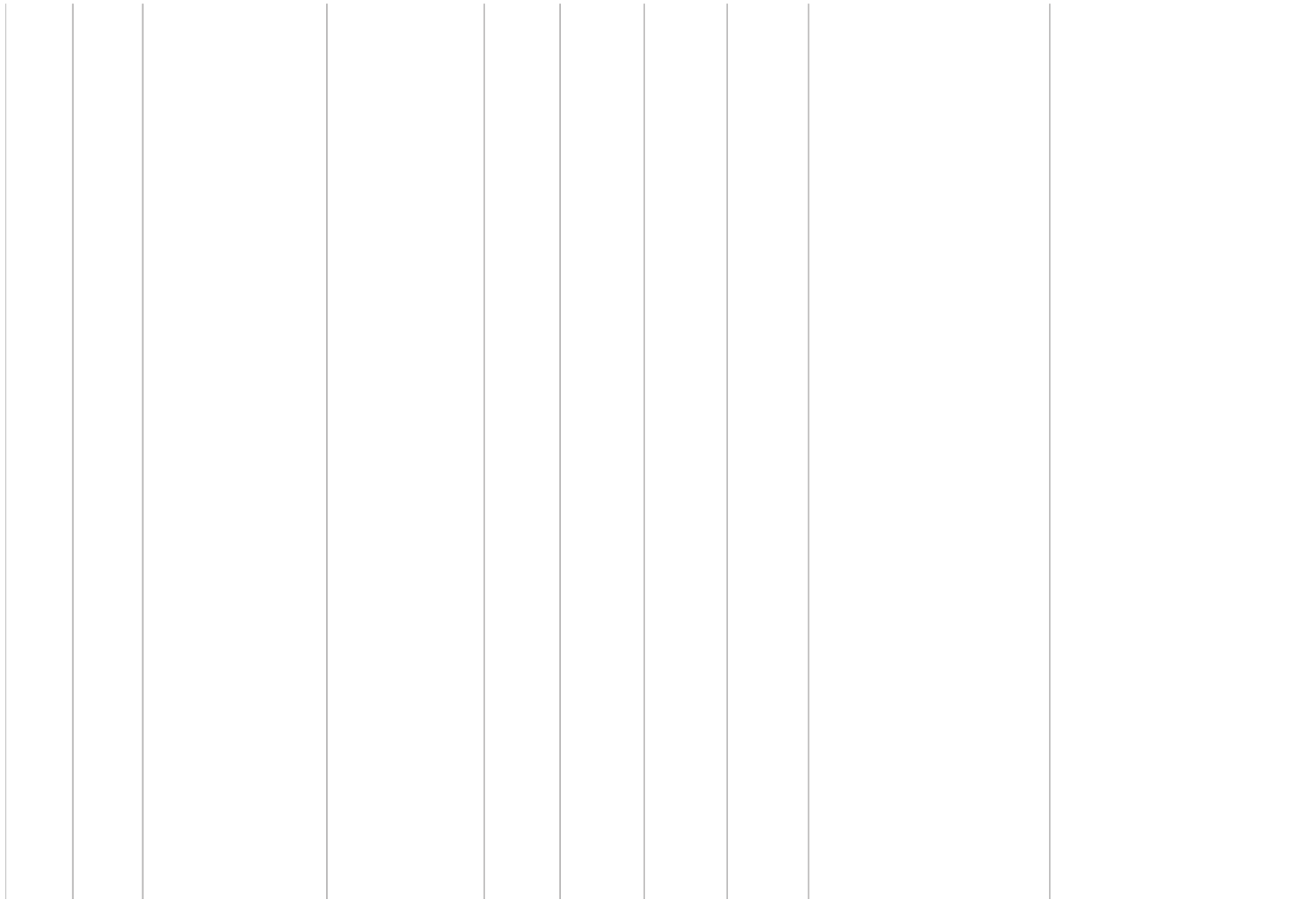
STAR	76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	RADIOLOGY - DIAGNOSTIC ULTRASO	EXPIRED	12/27/2019	12/27/2019			
STAR	76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	RADIOLOGY - DIAGNOSTIC ULTRASO	EXPIRED	01/01/2010	01/01/2078			



STAR	76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	12/27/2019	12/27/2019			
STAR	76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	12/27/2019	12/27/2019			
STAR	76001	Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

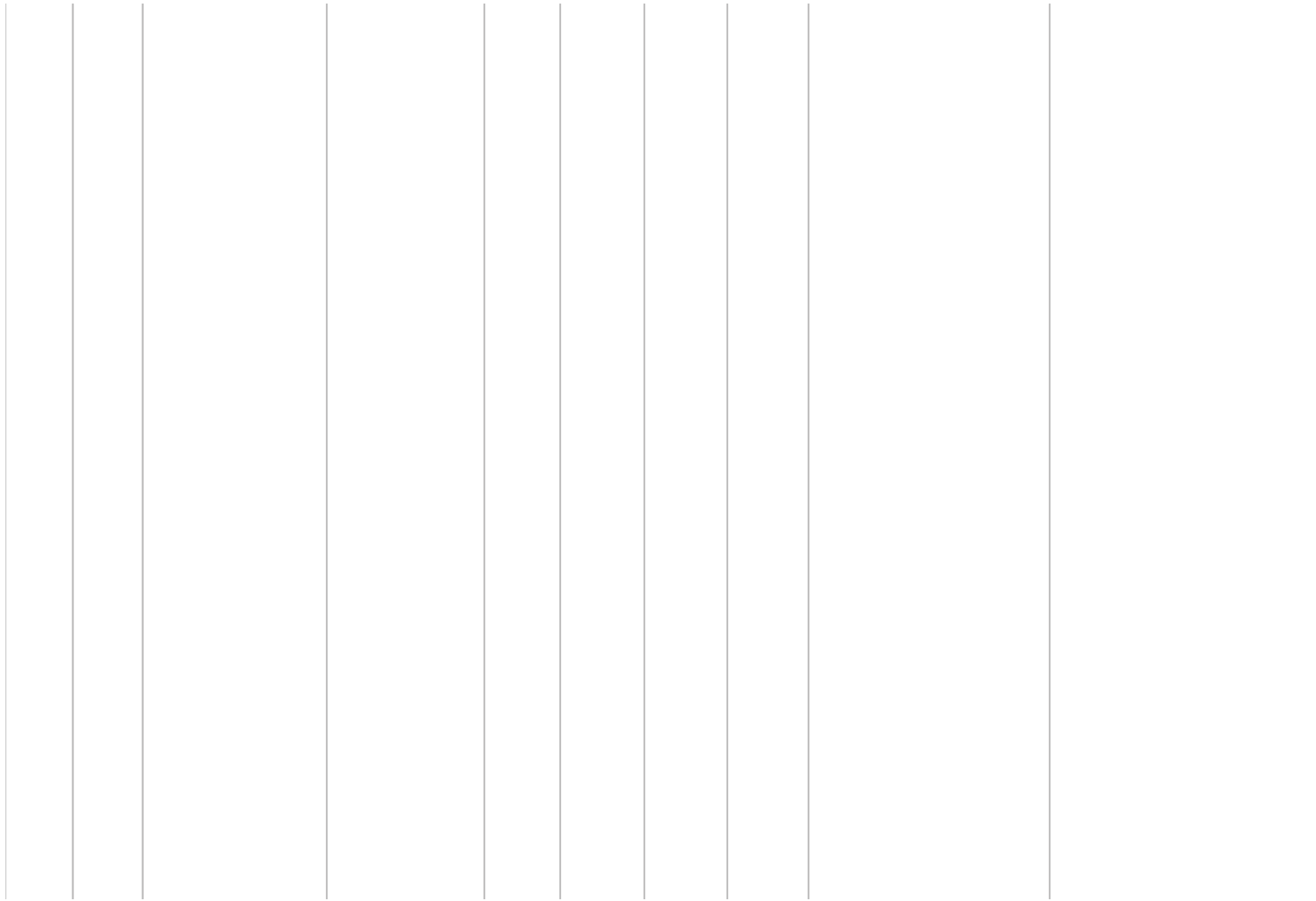
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	75982	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

STAR	75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
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STAR	75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

STAR	75964	Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			



STAR	75962	Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
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STAR	75961	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

STAR	75960	Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
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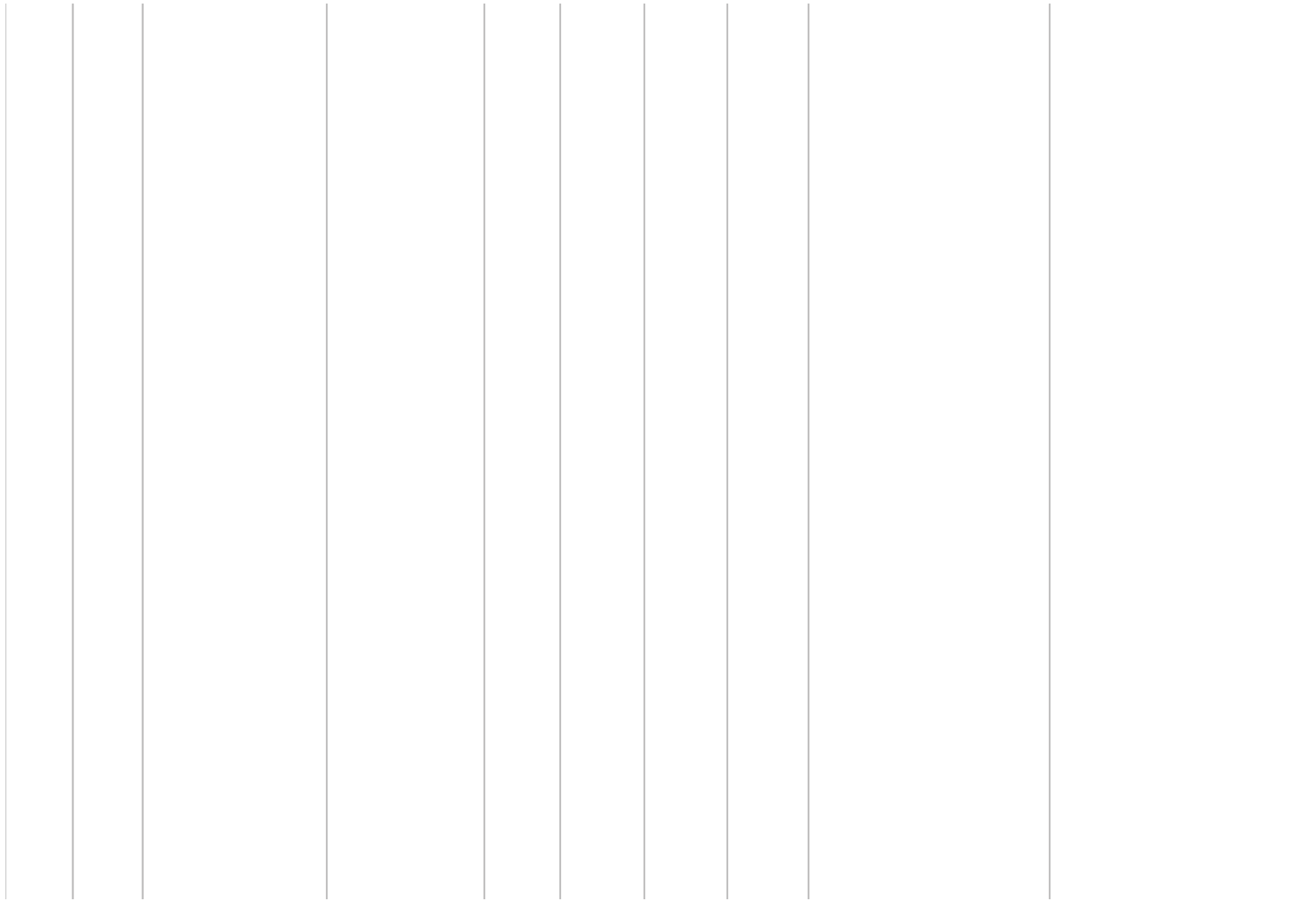
and interpretation, each vessel

STAR	75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

STAR	75946	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	75945	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

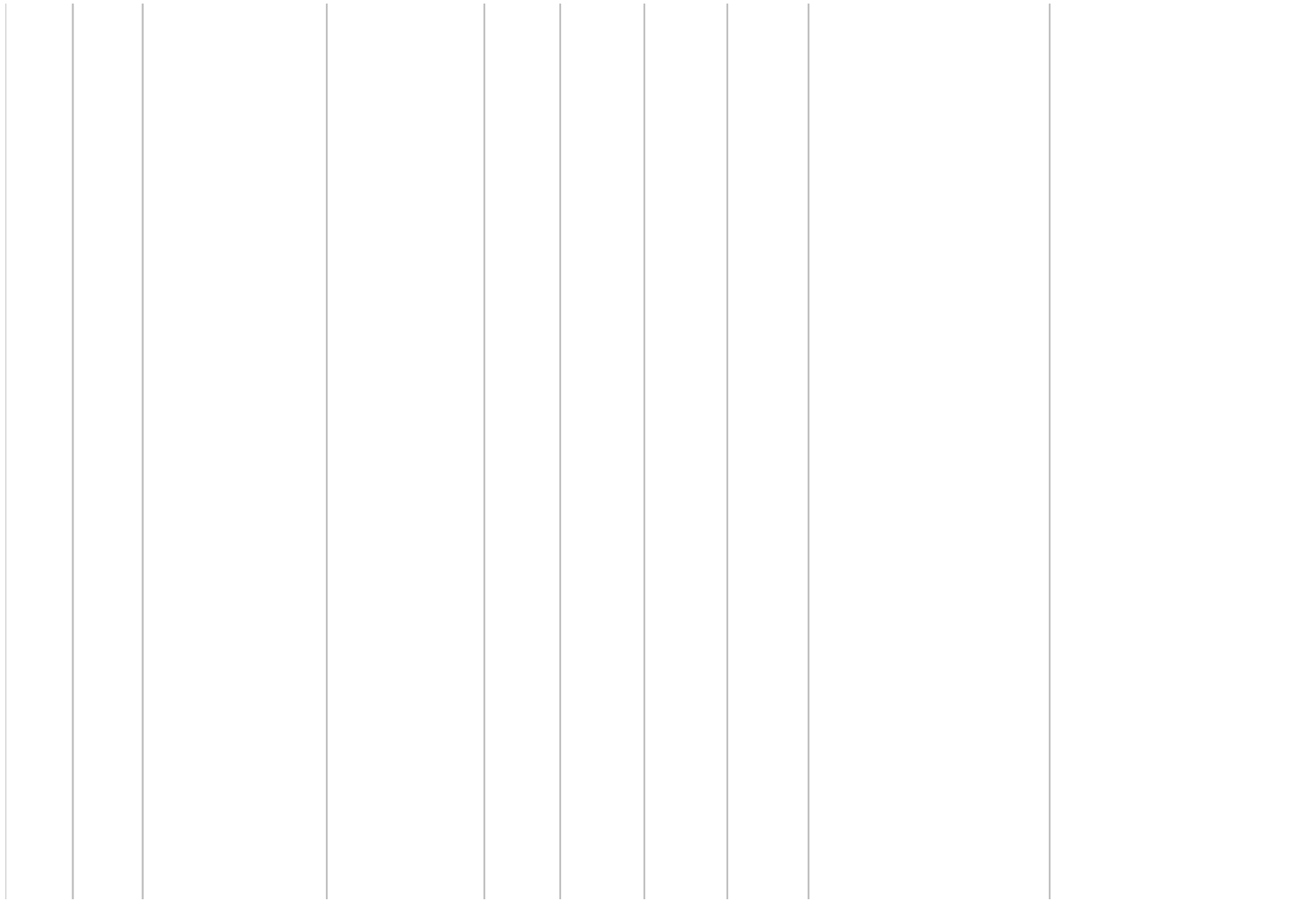
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	75896	Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	75791	Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

STAR	75724	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	75685	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			



STAR	75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
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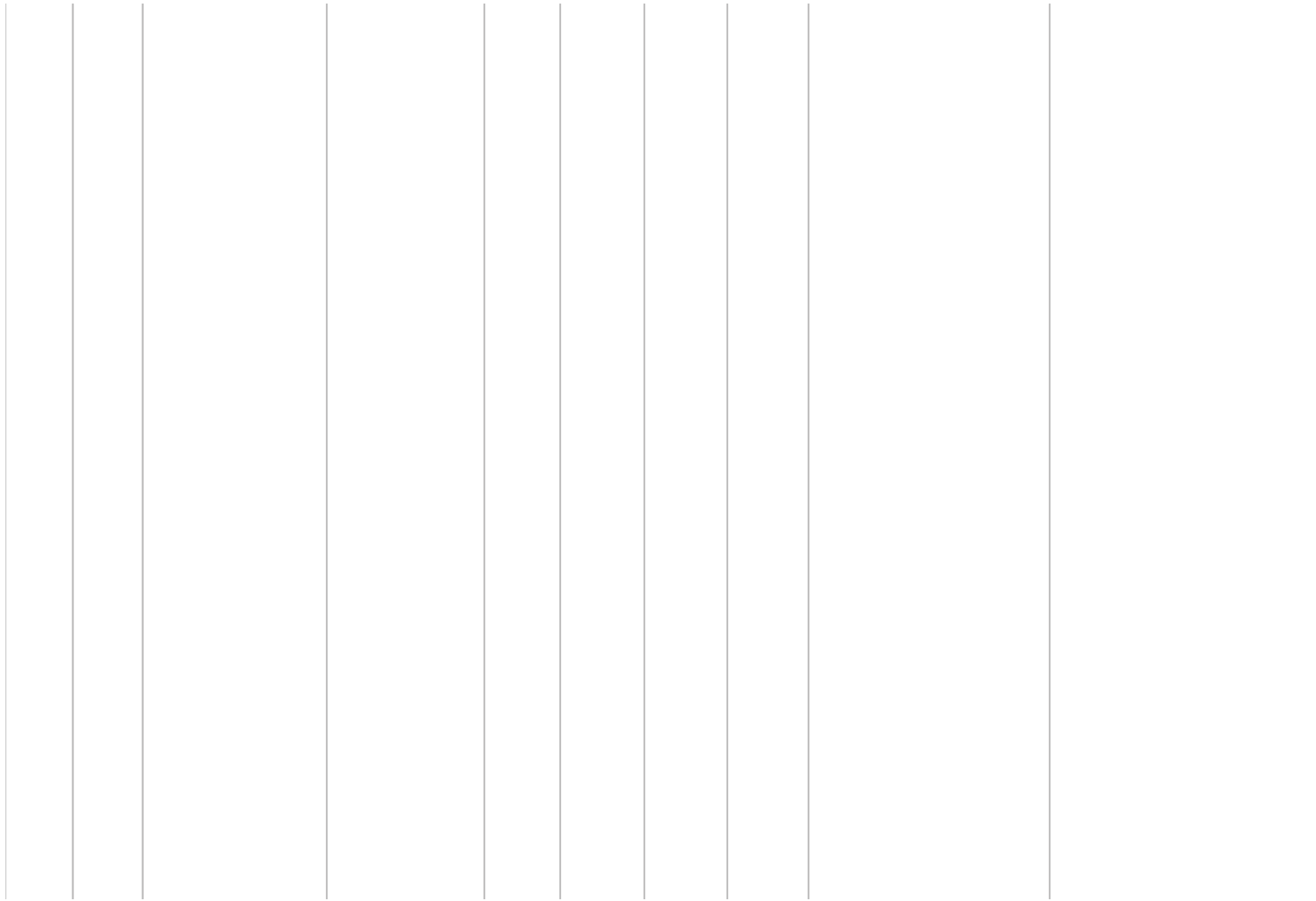
STAR	75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			



STAR	75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078				
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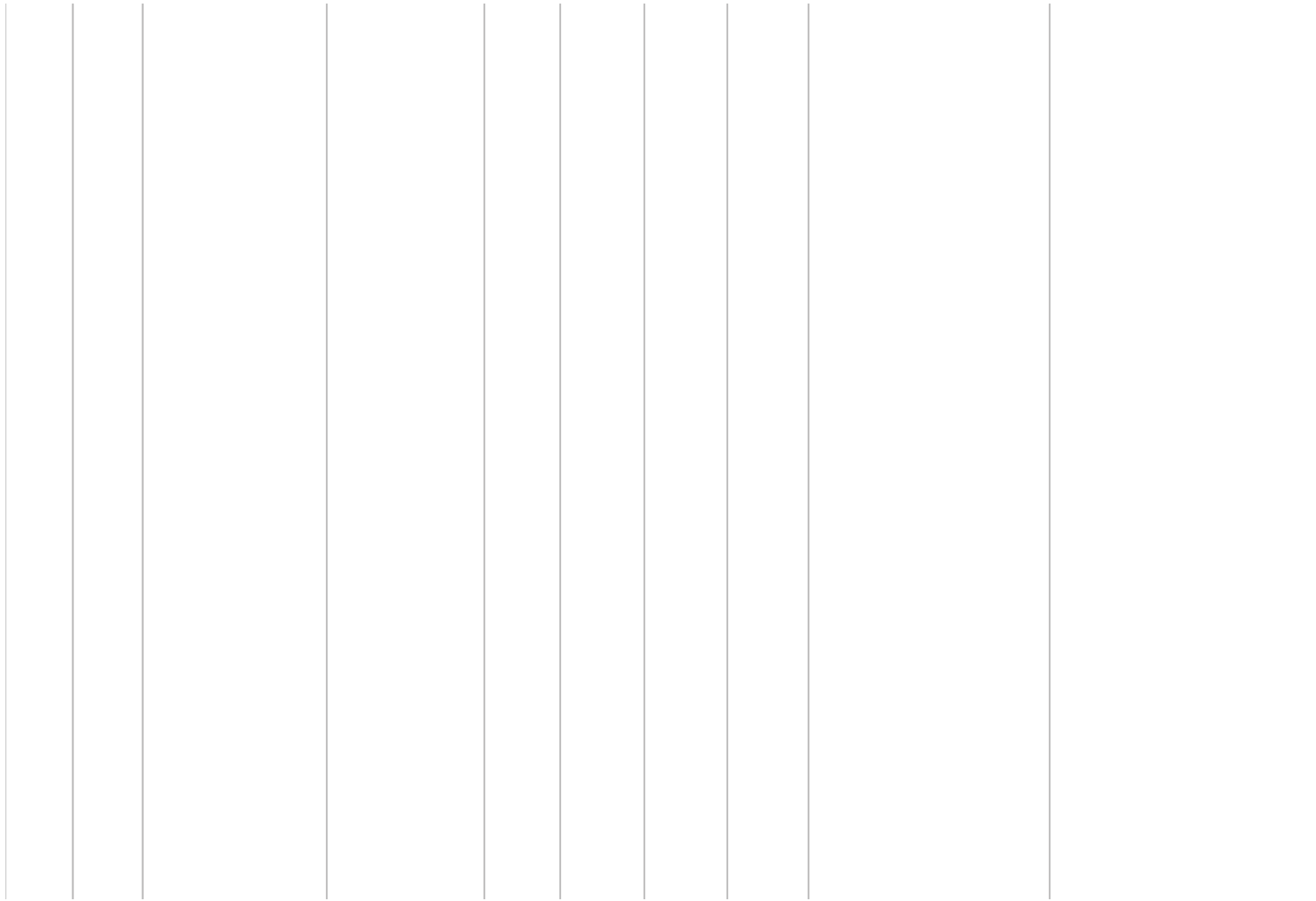
STAR	75665	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

STAR	75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078		
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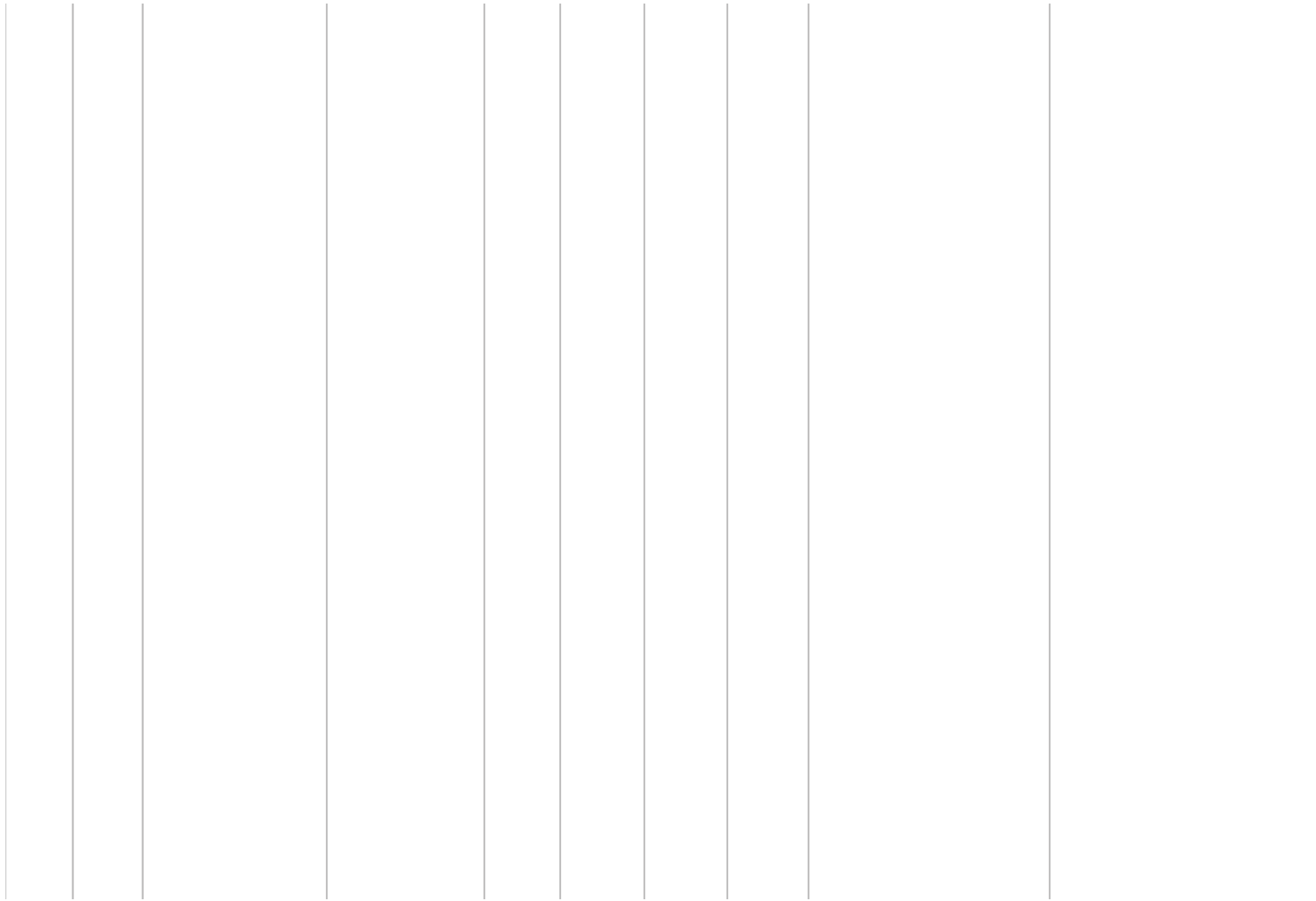
STAR	75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
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STAR	75658	Angiography, brachial, retrograde, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

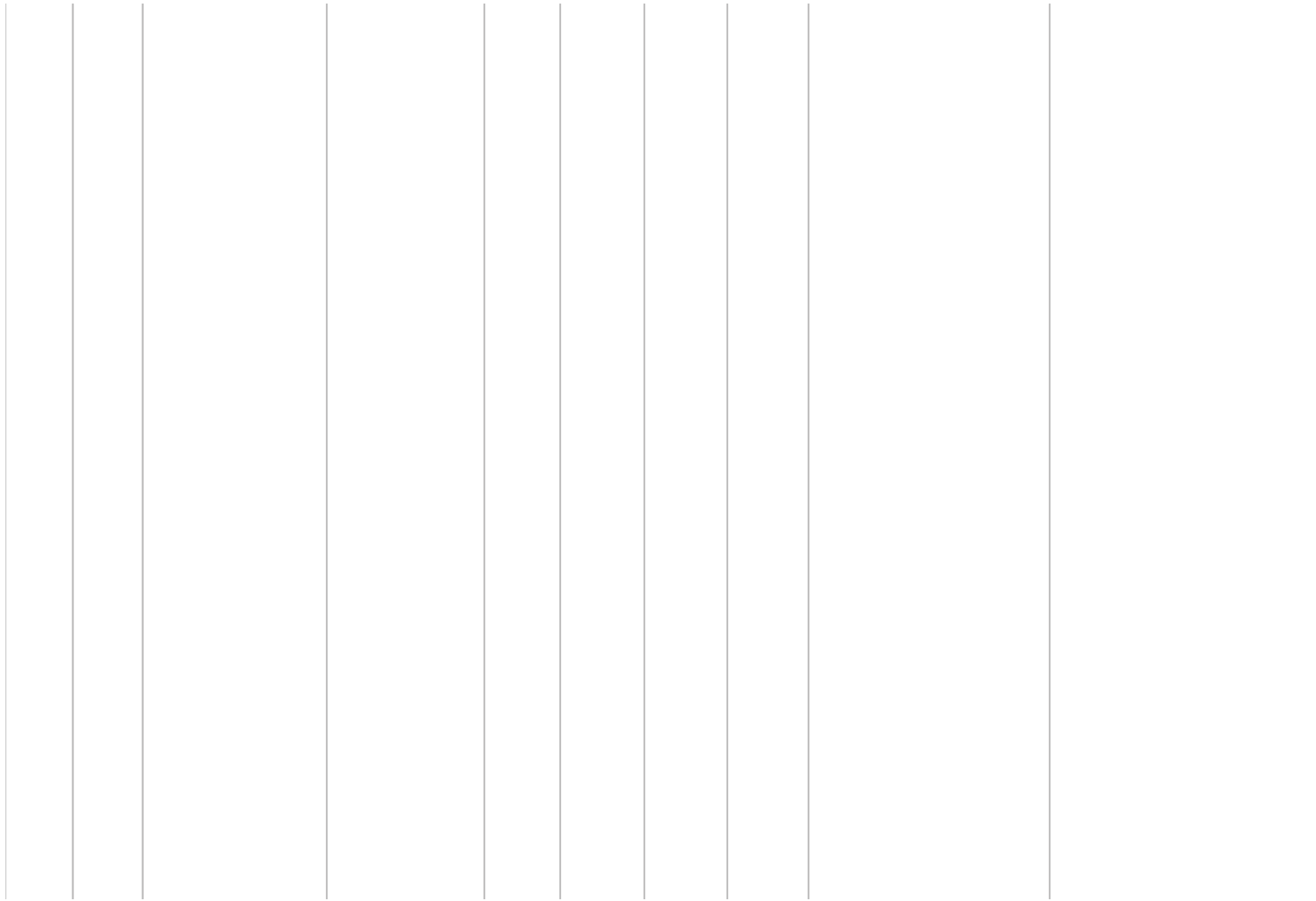


STAR	75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
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STAR	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	74327	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	74320	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	74305	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	74291	Cholecystography, oral contrast; additional or repeat examination or multiple day examination	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			



STAR	74260	Duodenography, hypotonic	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	12/27/2019	12/27/2019			
STAR	74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	12/27/2019	12/27/2019			
STAR	74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	12/27/2019	12/27/2019			
STAR	74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	12/27/2019	12/27/2019			
STAR	74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	12/27/2019	12/27/2019			
STAR	74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

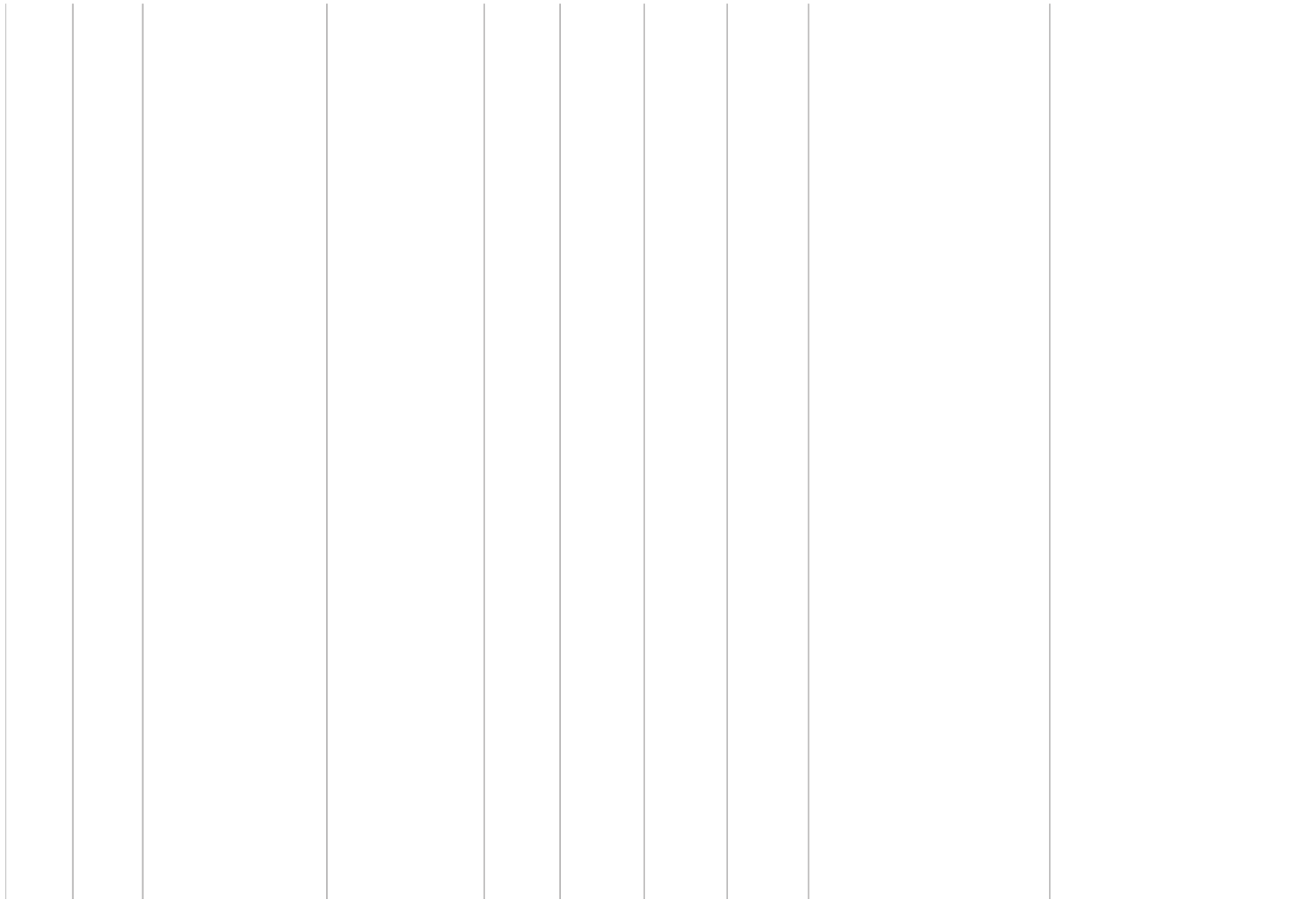


STAR	74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	74000	Radiologic examination, abdomen; single anteroposterior view	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

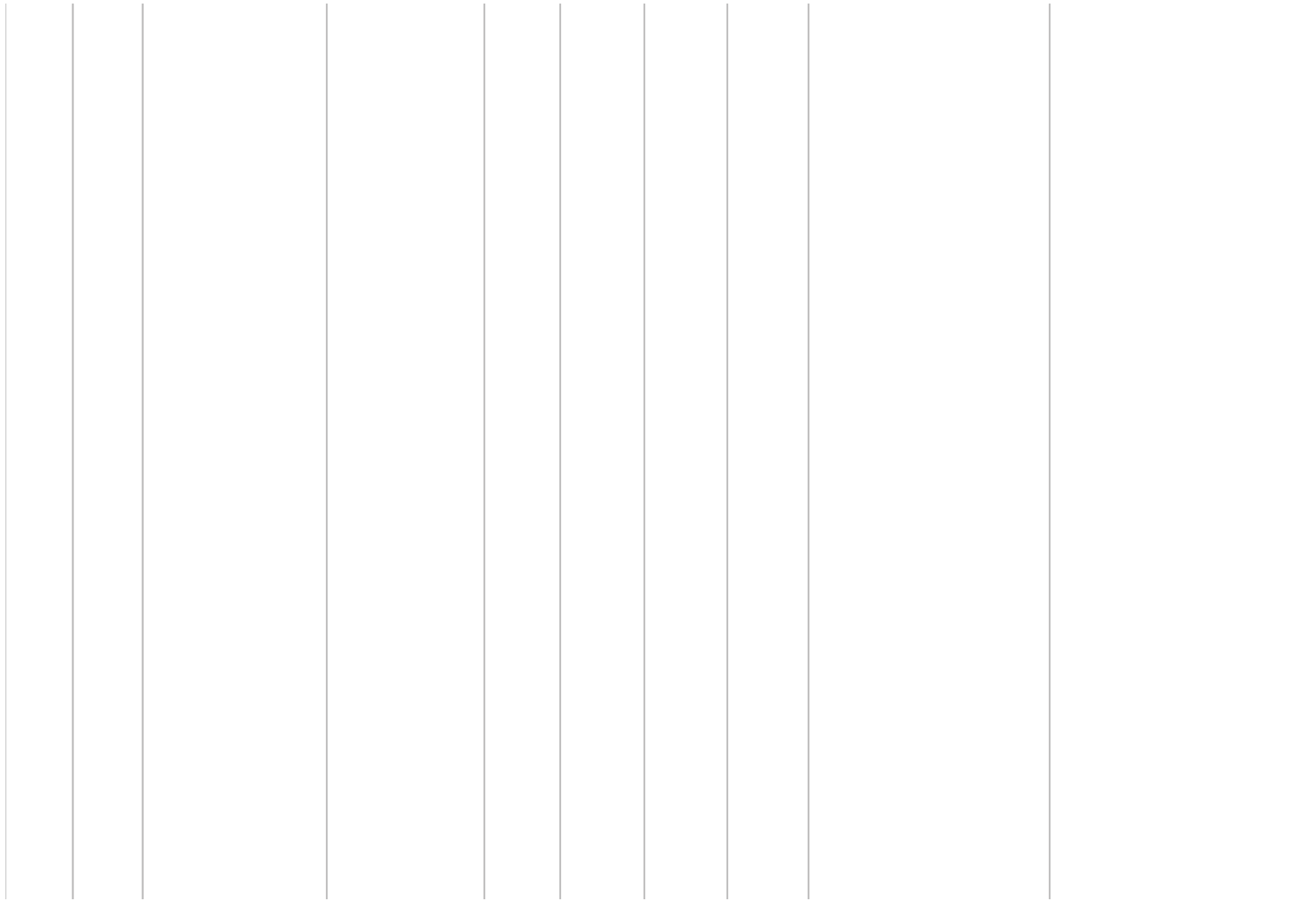
STAR	73550	Radiologic examination, femur, 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	73540	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	73530	Radiologic examination, hip, during operative procedure	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	73520	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	73500	Radiologic examination, hip, unilateral; 1 view	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	72275	Epidurography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	09/01/2020	12/31/2078			
STAR	72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	71060	Bronchography, bilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			

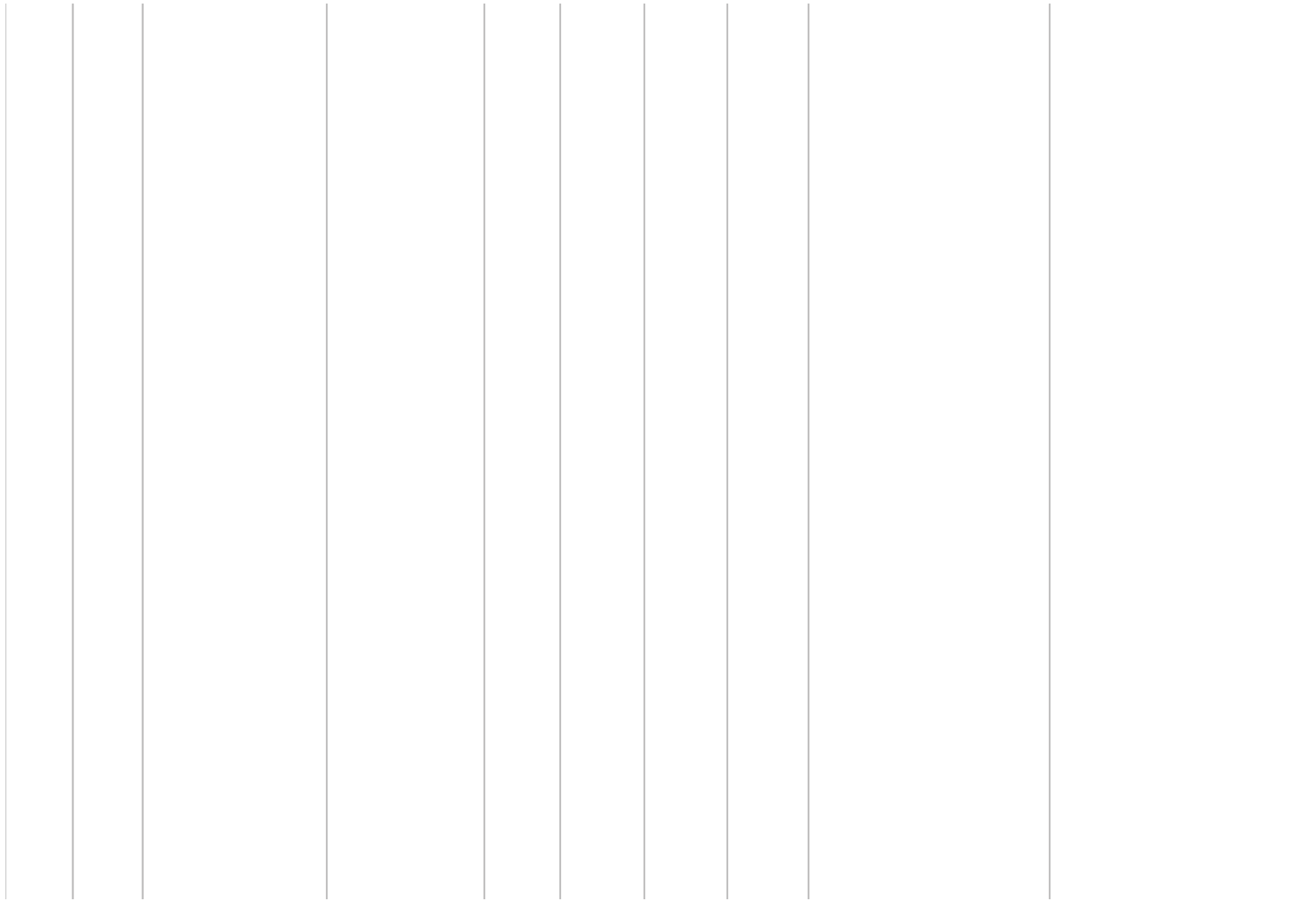
STAR	71040	Bronchography, unilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			



STAR	71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	71034	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	71030	Radiologic examination, chest, complete, minimum of 4 views;	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	71023	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	71022	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	71020	Radiologic examination, chest, 2 views, frontal and lateral;	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	71015	Radiologic examination, chest; stereo, frontal	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	71010	Radiologic examination, chest; single view, frontal	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	70373	Laryngography, contrast, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	69840	Revision fenestration operation	SURGERY - AUDITORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			



STAR	69820	Fenestration semicircular canal	SURGERY - AUDITORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	69802	Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); with mastoidectomy	SURGERY - AUDITORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	SURGERY - AUDITORY SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	SURGERY - AUDITORY SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	69605	Revision mastoidectomy; with apicectomy	SURGERY - AUDITORY SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	69405	Eustachian tube catheterization, transtympanic	SURGERY - AUDITORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	69401	Eustachian tube inflation, transnasal; without catheterization	SURGERY - AUDITORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	69400	Eustachian tube inflation, transnasal; with catheterization	SURGERY - AUDITORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	67112	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	SURGERY - EYE AND OCULAR ADNEX	EXPIRED	01/01/2010	01/01/2078			
STAR	66220	Repair of scleral staphyloma; without graft	SURGERY - EYE AND OCULAR ADNEX	EXPIRED	01/01/2010	01/01/2078			



STAR	65805	Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous	SURGERY - EYE AND OCULAR ADNEX	EXPIRED	01/01/2010	01/01/2078			
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STAR	64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	64614	CHEMODENERVATION EXTREMITY&/TRUNK MUSCLE	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	64613	Chemodenervation of muscle	SURGERY - NERVOUS	EXPIRED	01/01/2010	01/01/2078			

(s); neck muscle(s) (eg, for
spasmodic torticollis,
spasmodic dysphonia)

SYSTEM

STAR	64577	Incision for implantation of neurostimulator electrodes; autonomic nerve	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	64565	Percutaneous implantation of neurostimulator electrode array; neuromuscular	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			

STAR	64560	Percutaneous implantation of neurostimulator electrodes; autonomic nerve	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	64550	Application of surface (transcutaneous) neurostimulator (eg, TENS unit)	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	64508	Injection, anesthetic agent;	SURGERY - NERVOUS	EXPIRED	01/01/2010	01/01/2078			

carotid sinus (separate
procedure)

SYSTEM

STAR	64413	Injection, anesthetic agent; cervical plexus	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	64412	Injection, anesthetic agent; spinal accessory nerve	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	64410	Injection, anesthetic agent; phrenic nerve	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	64402	Injection, anesthetic agent; facial nerve	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	63615	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	62163	Neuroendoscopy, intracranial; with retrieval of foreign body	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical	SURGERY - NERVOUS SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	61610	Transection or ligation, carotid artery in cavernous sinus, with repair by anastomosis or graft (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			

STAR

61490

Craniotomy for lobotomy,
including cingulotomy

SURGERY - NERVOUS
SYSTEM

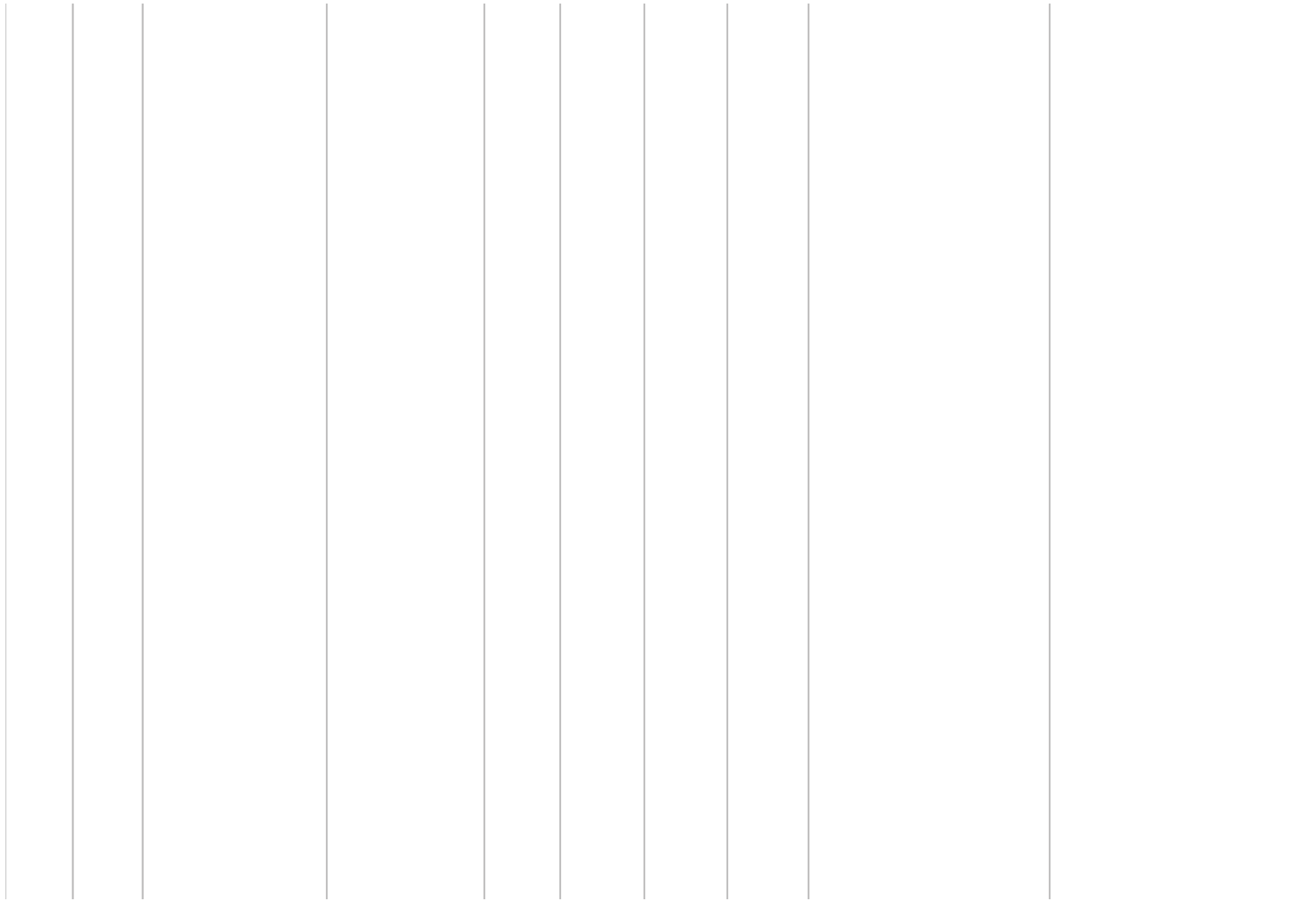
EXPIRED

01/01/2010

01/01/2078

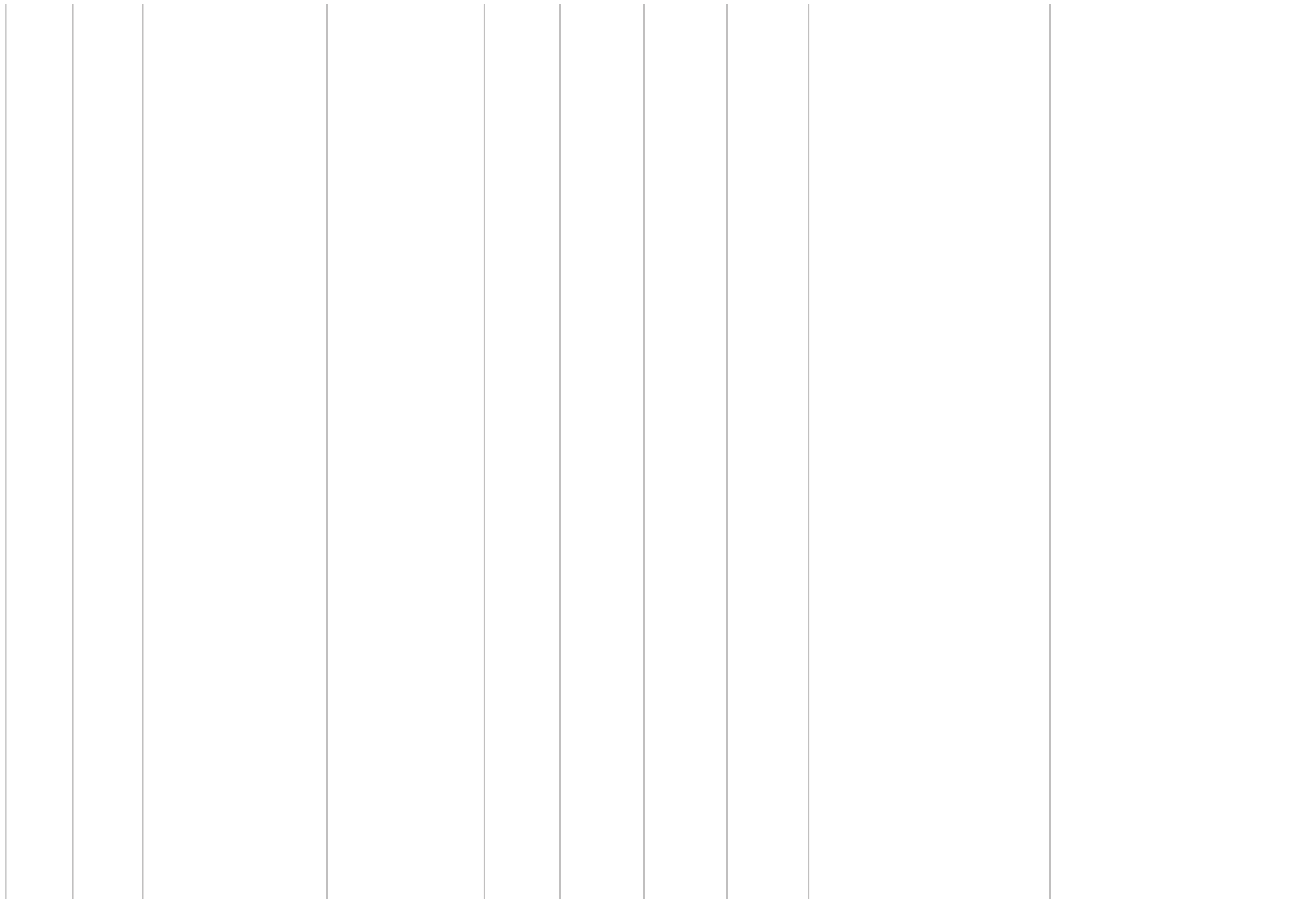
STAR	61480	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			

STAR	61332	Exploration of orbit (transcranial approach); with biopsy	SURGERY - NERVOUS SYSTEM	EXPIRED	01/01/2010	01/01/2078			



STAR	59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	SURGERY - MATERNITY CARE AND D	EXPIRED	12/27/2019	12/27/2019			
STAR	58823	Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)	SURGERY - FEMALE GENITAL SYSTE	EXPIRED	01/01/2010	01/01/2078			

STAR	58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	SURGERY - FEMALE GENITAL SYSTE	EXPIRED	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	SURGERY - FEMALE GENITAL SYSTE	EXPIRED	12/27/2019	12/27/2019			
STAR	55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	SURGERY - MALE GENITAL SYSTEM	EXPIRED	01/01/2010	01/01/2078			



STAR	50398	Change of nephrostomy or pyelostomy tube	SURGERY - URINARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	SURGERY - URINARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

STAR	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	SURGERY - URINARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

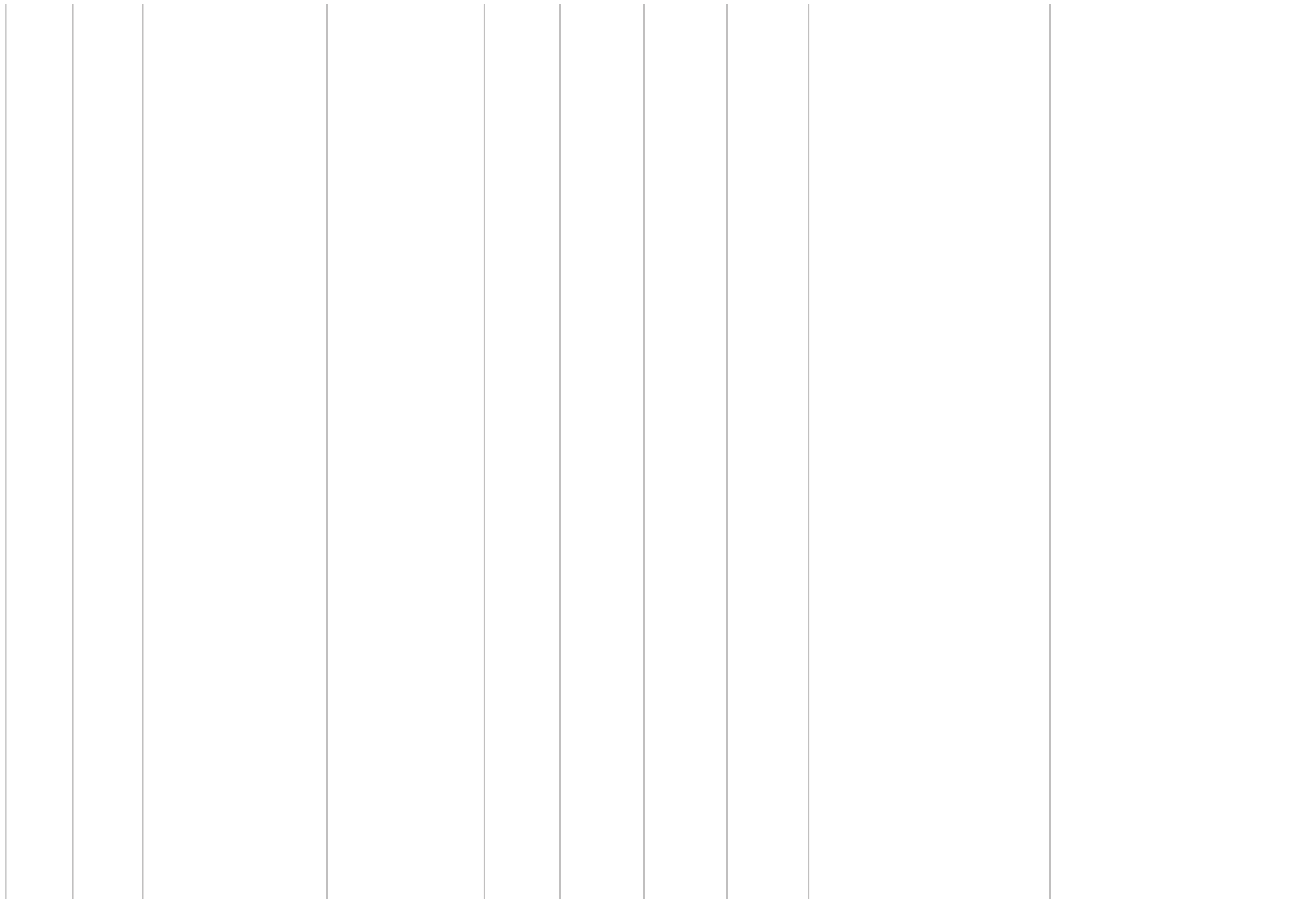
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	SURGERY - URINARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	SURGERY - URINARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	50021	Drainage of perirenal or renal abscess; percutaneous	SURGERY - URINARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

STAR	49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	2009 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	2009 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	2009 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	2009 Code Set	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	2009 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	2009 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	49590	Repair spigelian hernia	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49585	Repair umbilical hernia, age 5 years or older; reducible	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49580	Repair umbilical hernia, younger than age 5 years; reducible	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49565	Repair recurrent incisional or ventral hernia; reducible	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49560	Repair initial incisional or ventral hernia; reducible	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	49081	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	49061	Drainage of retroperitoneal abscess; percutaneous	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			

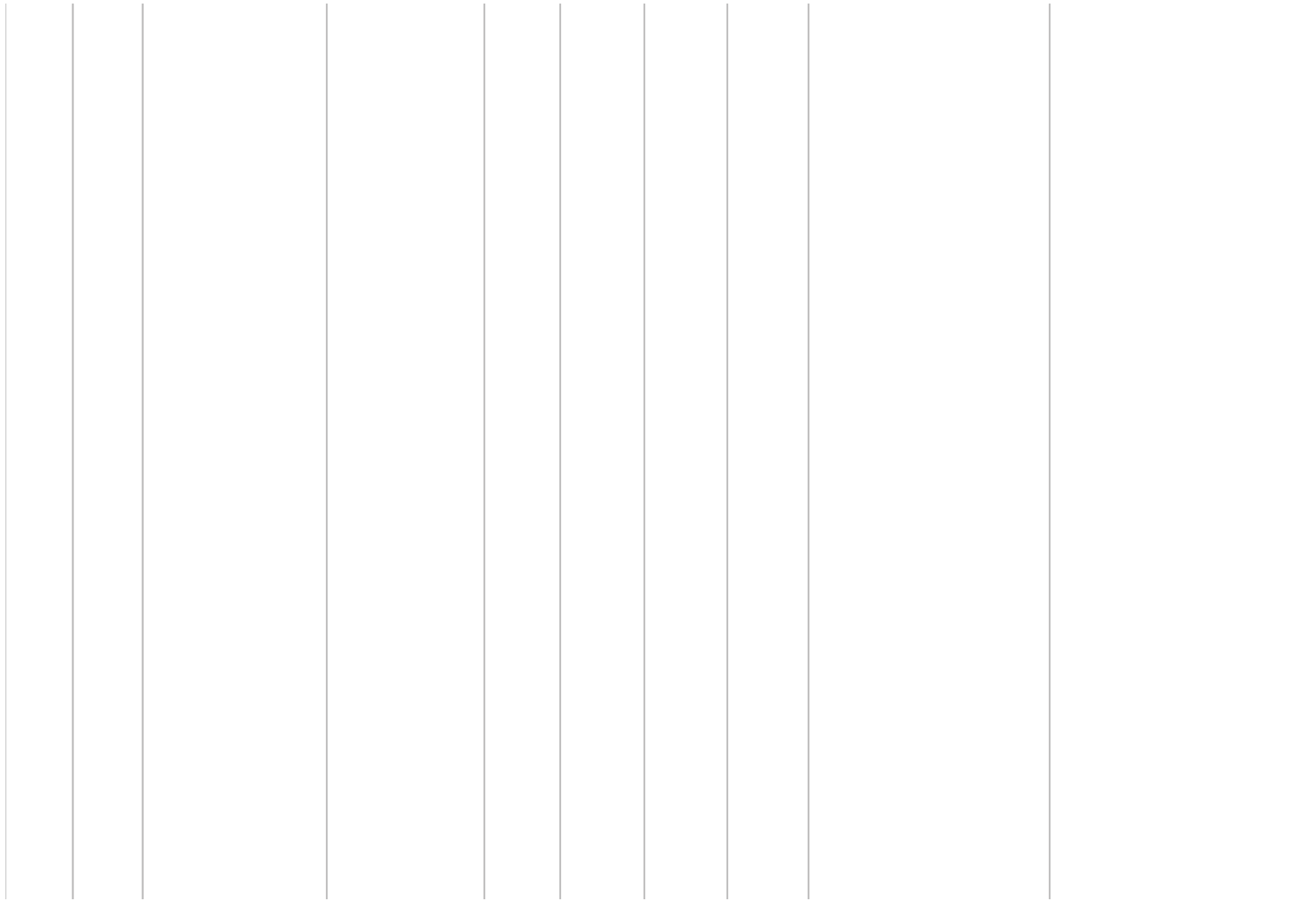
STAR	49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			



STAR	49021	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
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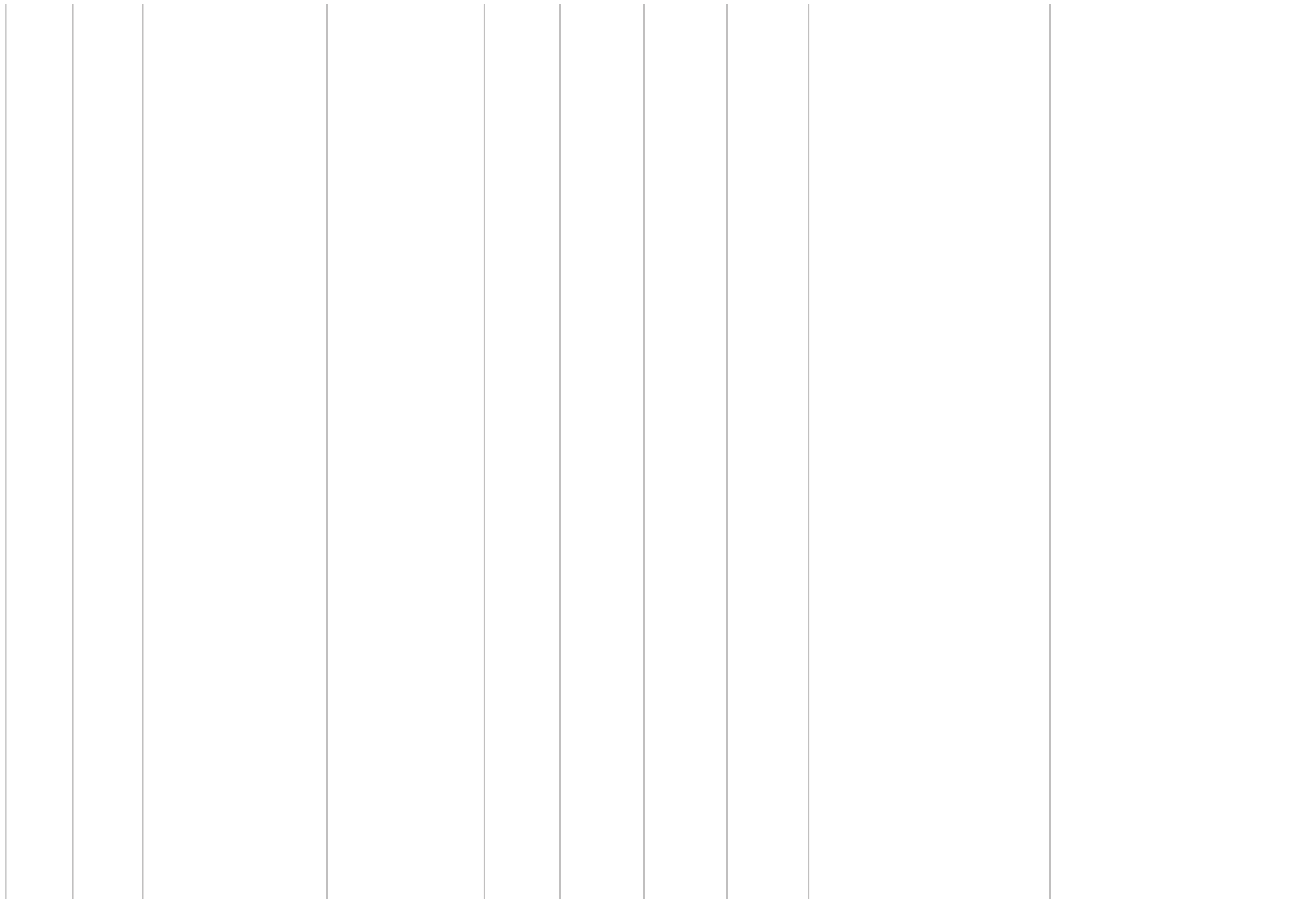
STAR	48511	External drainage, pseudocyst of pancreas; percutaneous	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47561	Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	47530	Revision and/or reinsertion of transhepatic tube	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	47525	Change of percutaneous biliary drainage catheter	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	47510	Introduction of percutaneous transhepatic catheter for biliary drainage	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	47505	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	47500	Injection procedure for percutaneous transhepatic cholangiography	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	47011	Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			



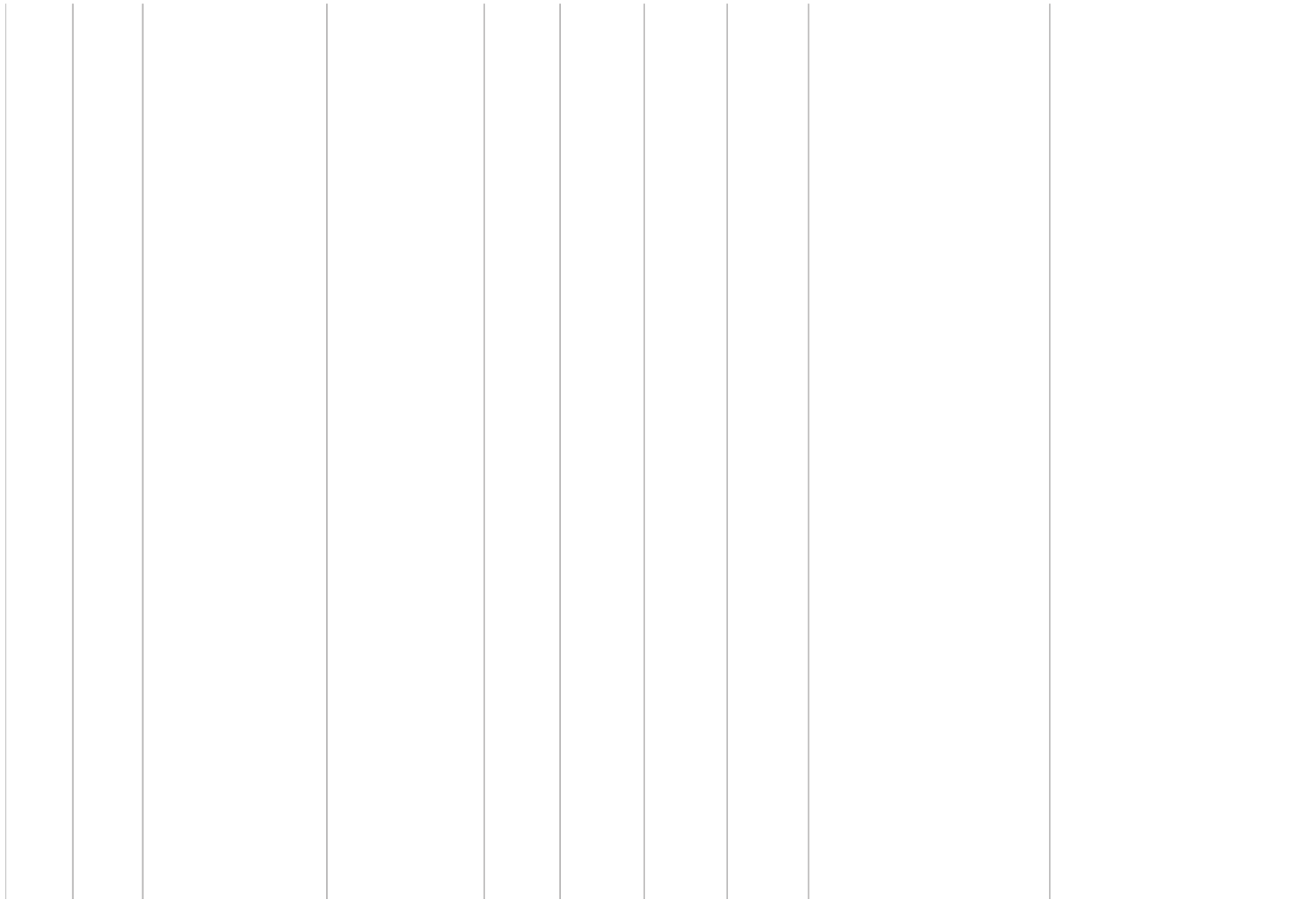
STAR	46762	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	45345	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			

STAR	45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			



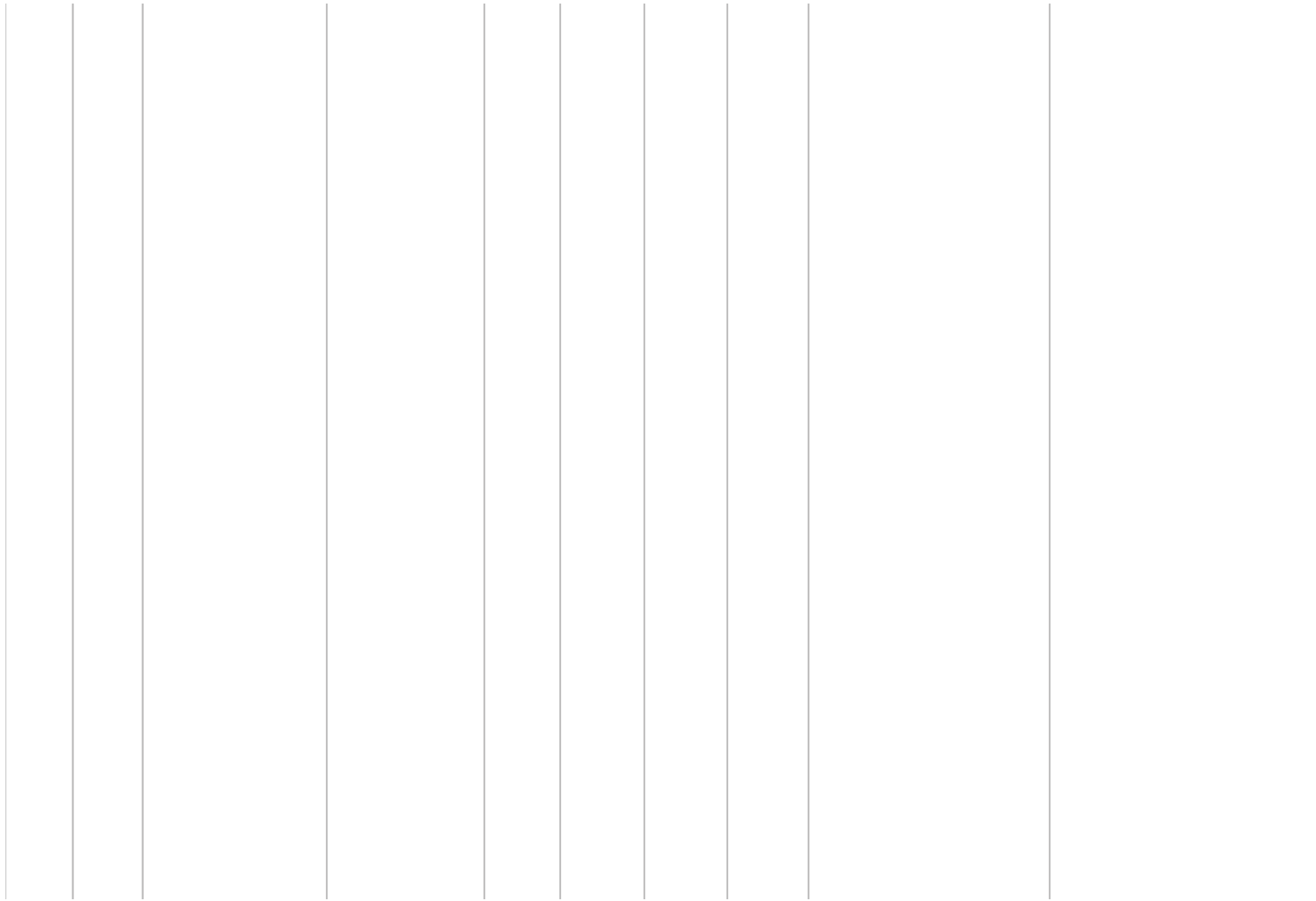
STAR	44901	Incision and drainage of appendiceal abscess; percutaneous	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	44397	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			

STAR	44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cauterly or snare technique	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			



STAR	44383	ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
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STAR	43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			



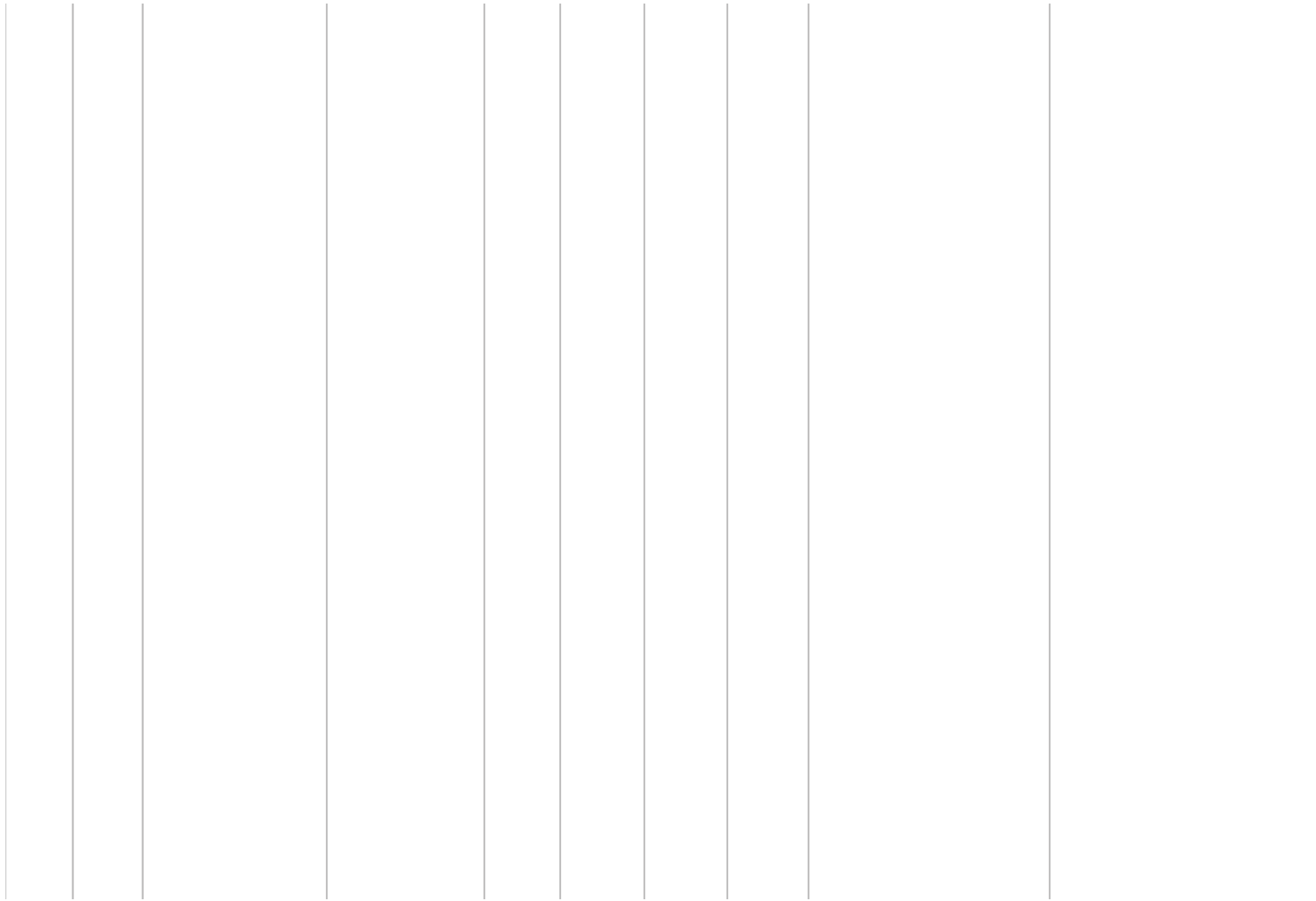
STAR	43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
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STAR	43456	Dilation of esophagus, by balloon or dilator, retrograde	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			

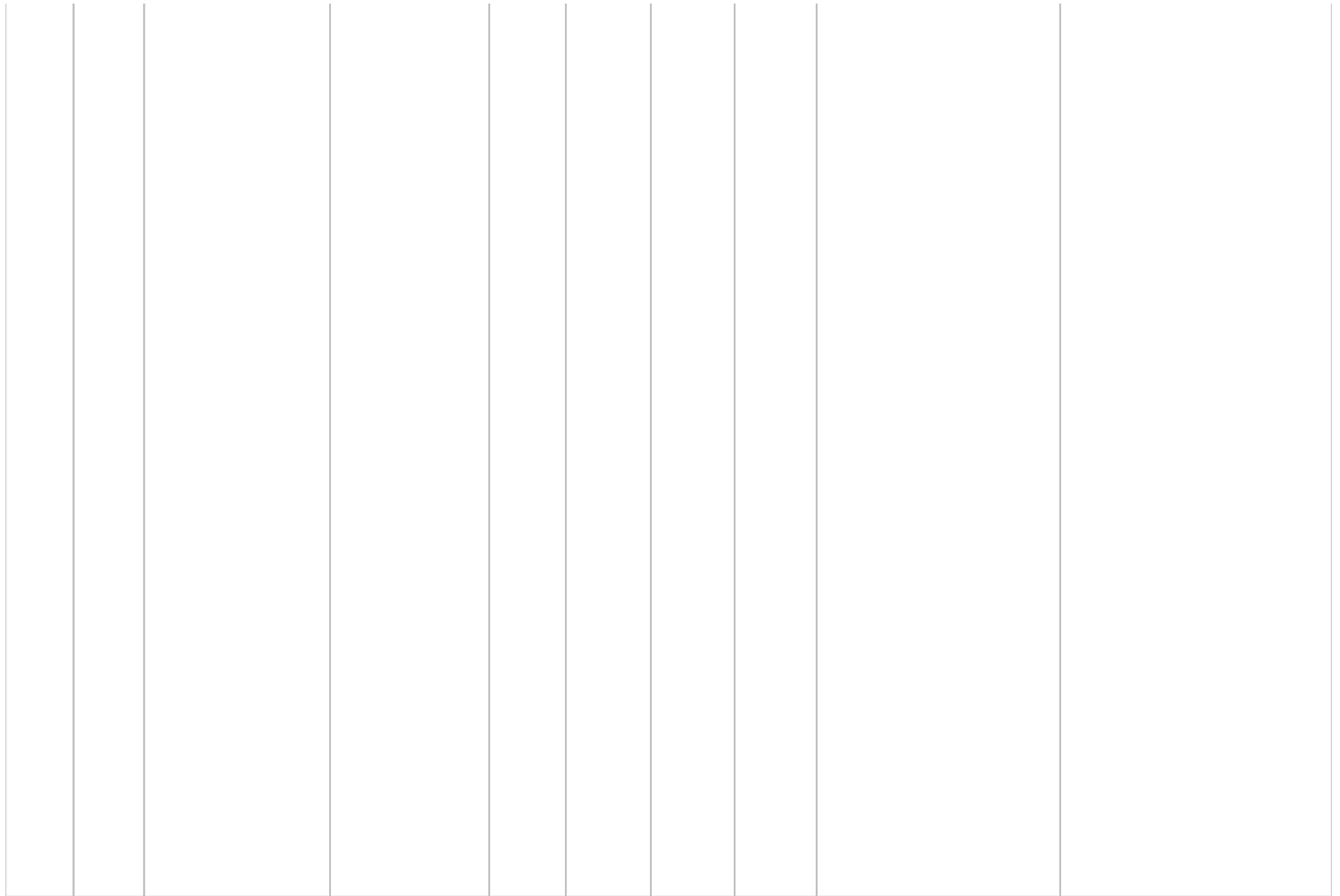
STAR	43401	Transection of esophagus with repair, for esophageal varices	SURGERY - DIGESTIVE SYSTEM	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43272	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor (s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	43271	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	43269	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	43268	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			

STAR	43267	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078		
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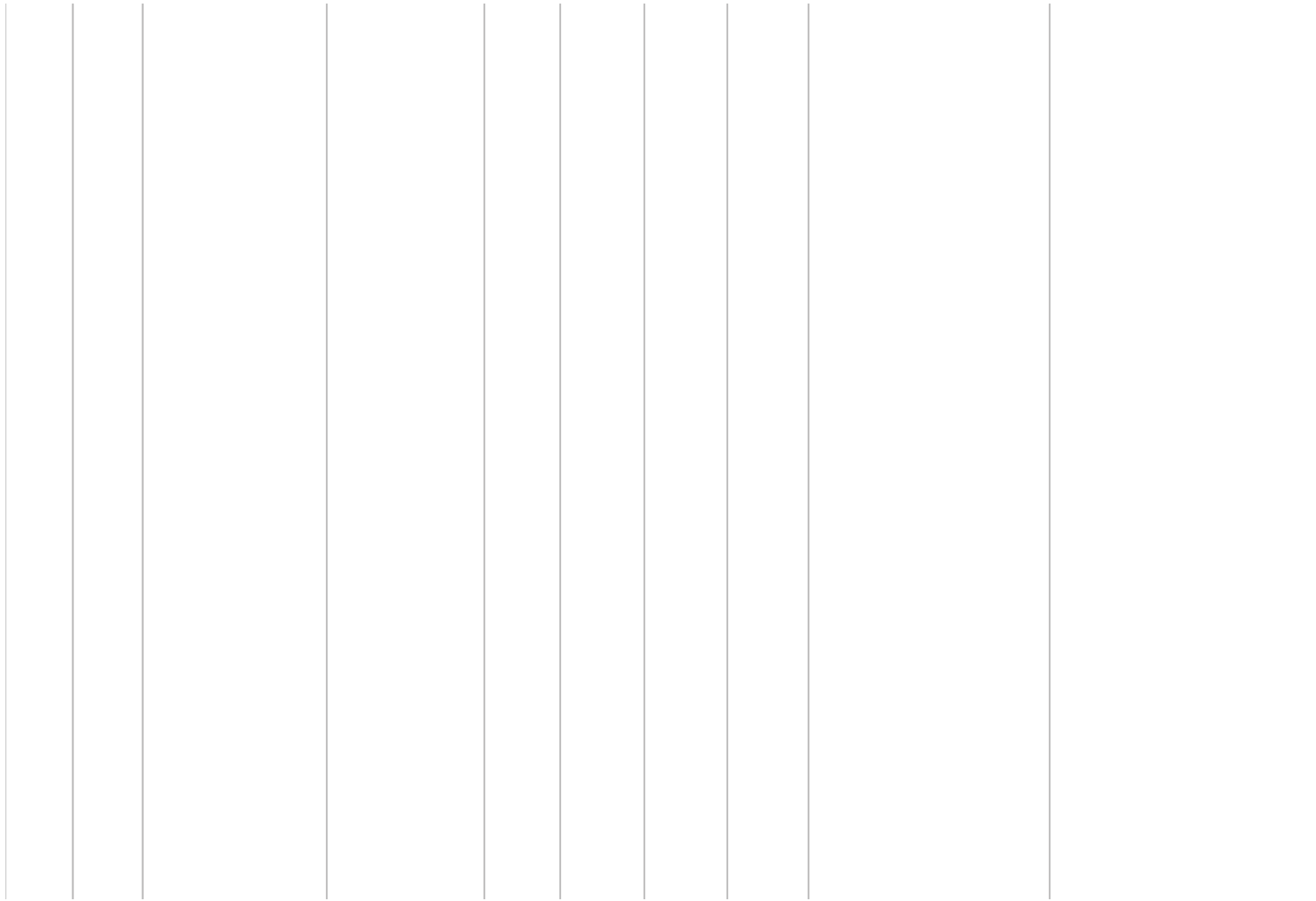


STAR	43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	43256	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	43234	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			



LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	42802	Biopsy; hypopharynx	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			

STAR	42508	Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			

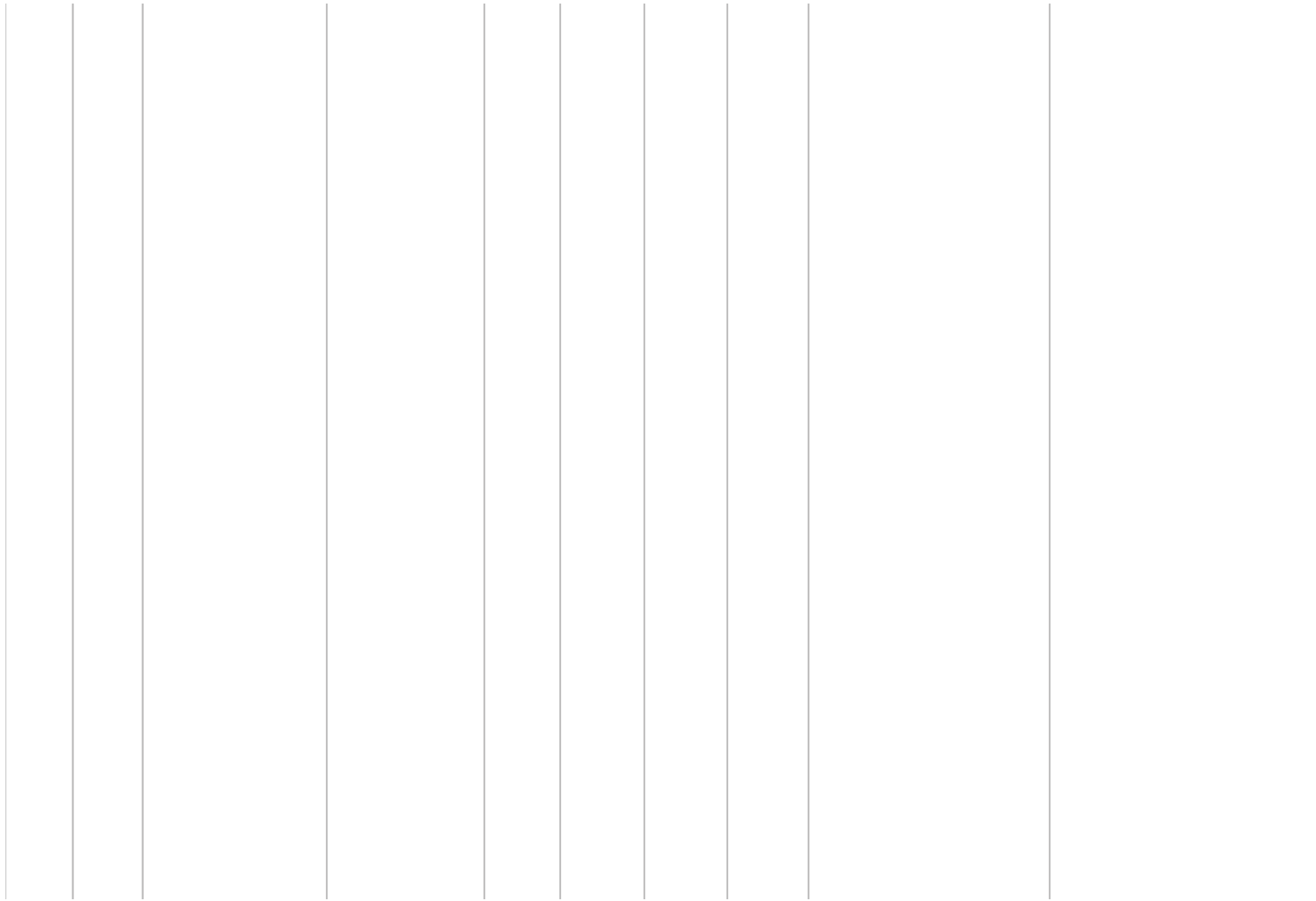


STAR	41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
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STAR	39400	Mediastinoscopy, includes biopsy(ies), when performed	SURGERY - MEDIASTINUM AND DIAP	EXPIRED	01/01/2010	01/01/2078			
STAR	37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			

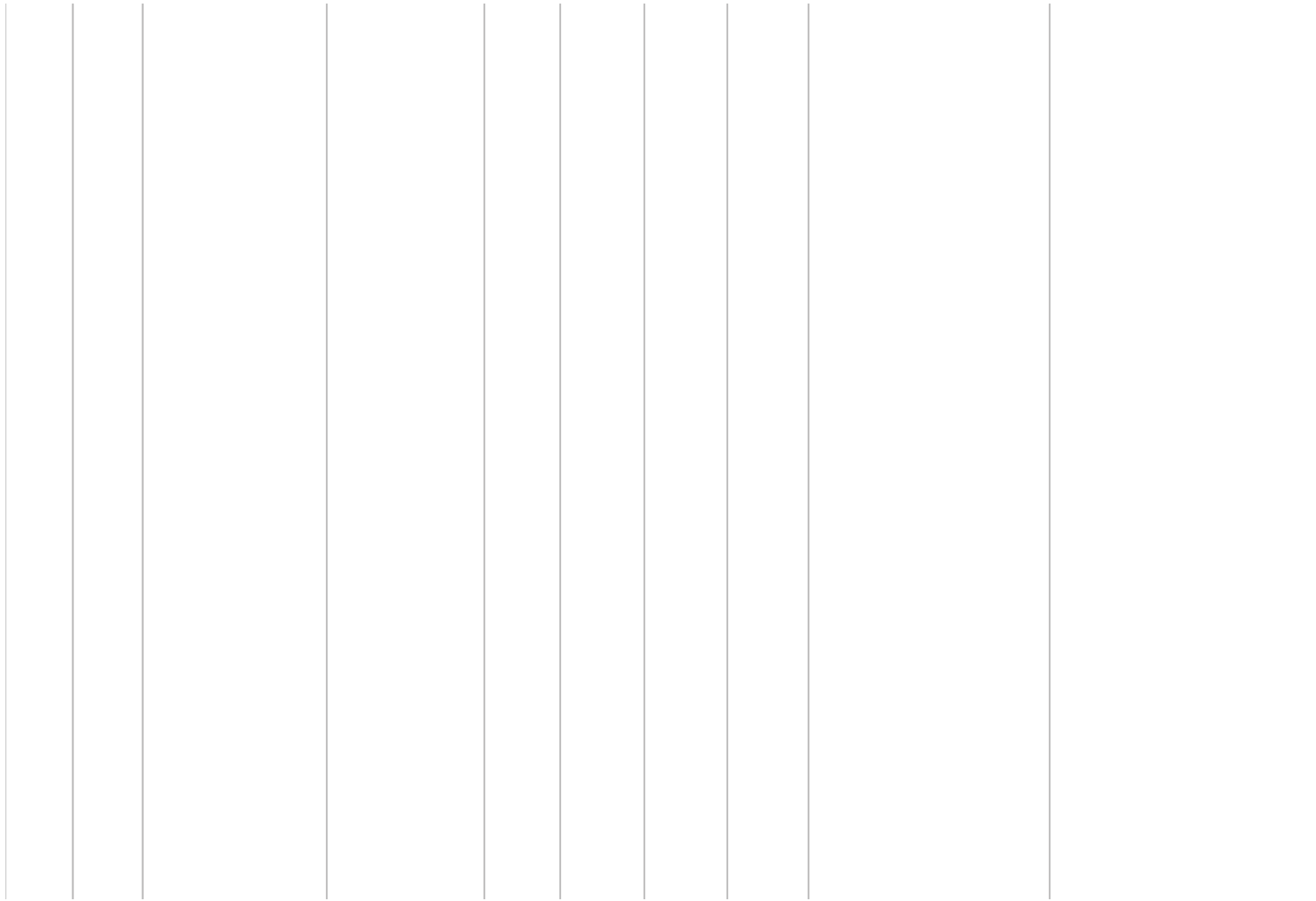
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37210	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	37209	Exchange of a previously placed intravascular catheter during thrombolytic therapy	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	37206	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			

STAR	37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
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STAR	37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	37203	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			

STAR	37202	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	37201	Transcatheter therapy, infusion for thrombolysis other than coronary	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			

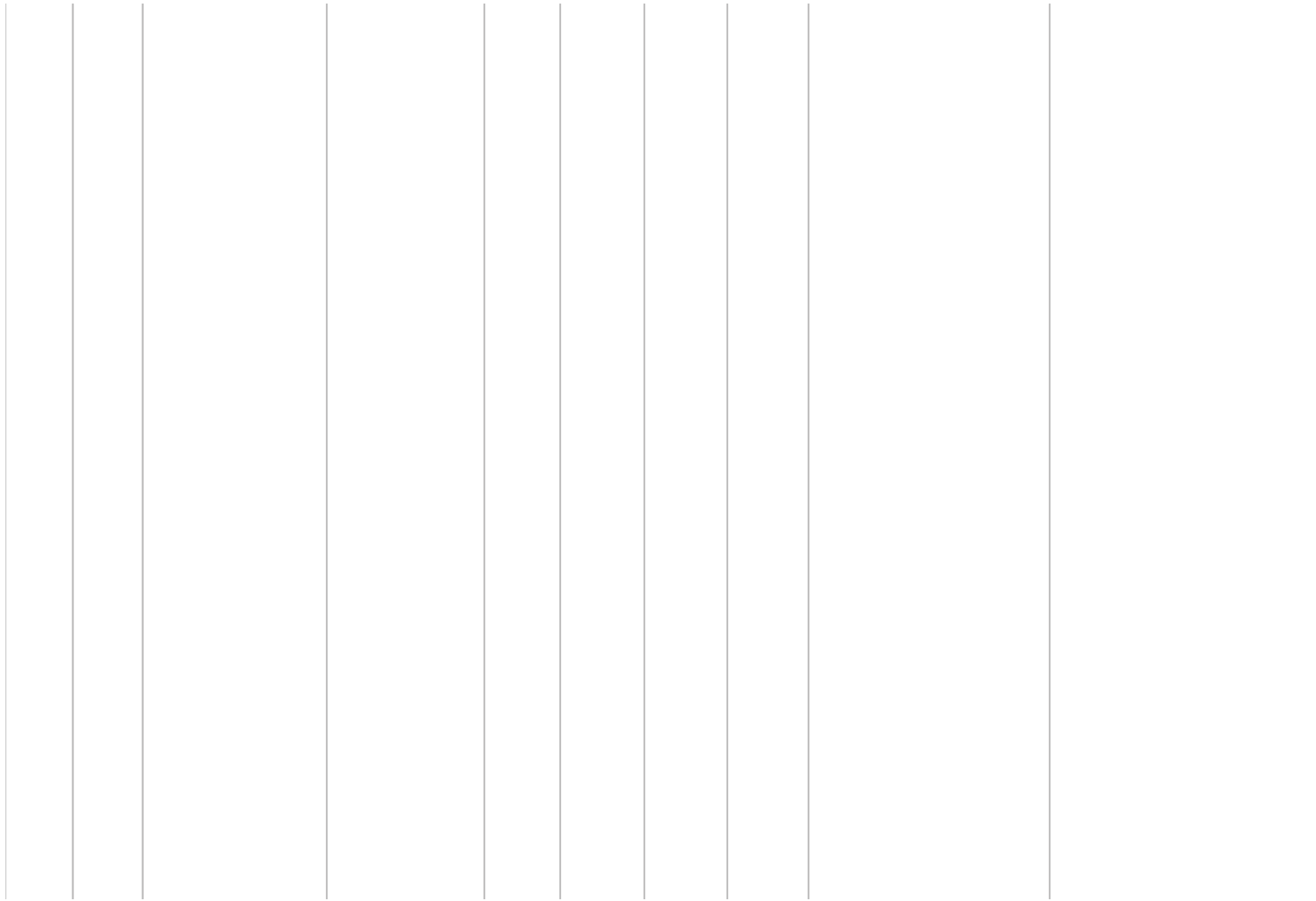


STAR	36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	36120	Introduction of needle or intracatheter; retrograde brachial artery	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			

STAR	35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
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LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
STAR	35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
STAR	35651	Bypass graft, with other than vein; aortofemoral-popliteal	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	35551	Bypass graft, with vein; aortofemoral-popliteal	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	35549	Bypass graft, with vein; aortoiliofemoral, bilateral	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	35548	Bypass graft, with vein; aortoiliofemoral, unilateral	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	35476	Transluminal balloon angioplasty, percutaneous; venous	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			

STAR	35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	35472	Transluminal balloon angioplasty, percutaneous; aortic	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			



STAR	35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
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STAR	35460	Transluminal balloon angioplasty, open; venous	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
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STAR	34900	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
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STAR	34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for pr	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			

STAR	33870	Transverse arch graft, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
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LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
STAR	33722	Closure of aortico-left ventricular tunnel	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
STAR	33470	Valvotomy, pulmonary valve, closed heart; transventricular	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
STAR	33284	Removal of an implantable, patient-activated cardiac event recorder	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	33282	Implantation of patient-activated cardiac event recorder	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	33015	Tube pericardiostomy	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
STAR	33011	Pericardiocentesis; subsequent	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
STAR	33010	Pericardiocentesis; initial	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	12/27/2019	12/27/2019			
STAR	32660	Thoracoscopy, surgical; with total pericardiectomy	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	32657	Thoracoscopy, surgical; with wedge resection of lung, single or multiple	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	32605	Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	32603	Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	32602	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32422	Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)	2008 Code Set	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	2008 Code Set	EXPIRED	01/01/2010	01/01/2078			
STAR	32420	Pneumocentesis, puncture of lung for aspiration	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	32405	Biopsy, lung or mediastinum, percutaneous needle	SURGERY - RESPIRATORY SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	32402	Biopsy, pleura; open	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	32201	Pneumonostomy; with percutaneous drainage of abscess or cyst	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

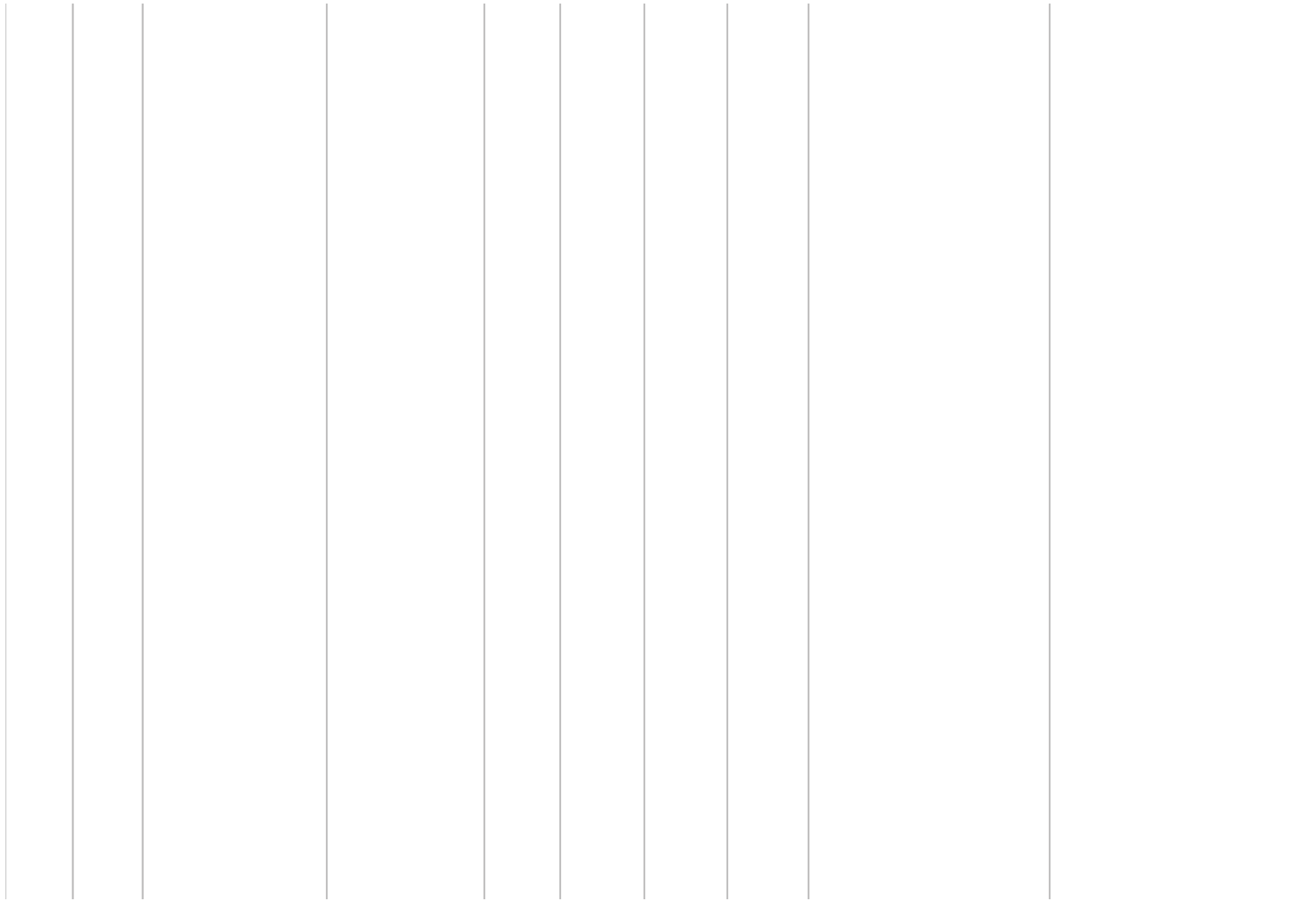
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32095	Thoracotomy, limited, for biopsy of lung or pleura	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	31715	Transtacheal injection for bronchography	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	31656	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with injection of contrast material for segmental bronchography (fiberscope only)	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	31595	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	31320	Laryngotomy (thyrotomy, laryngofissure); diagnostic	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	29715	Removal or bivalving; turnbuckle jacket	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	29590	Denis-Browne splint strapping	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	29583	Application of multi-layer compression system; upper arm and forearm	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			

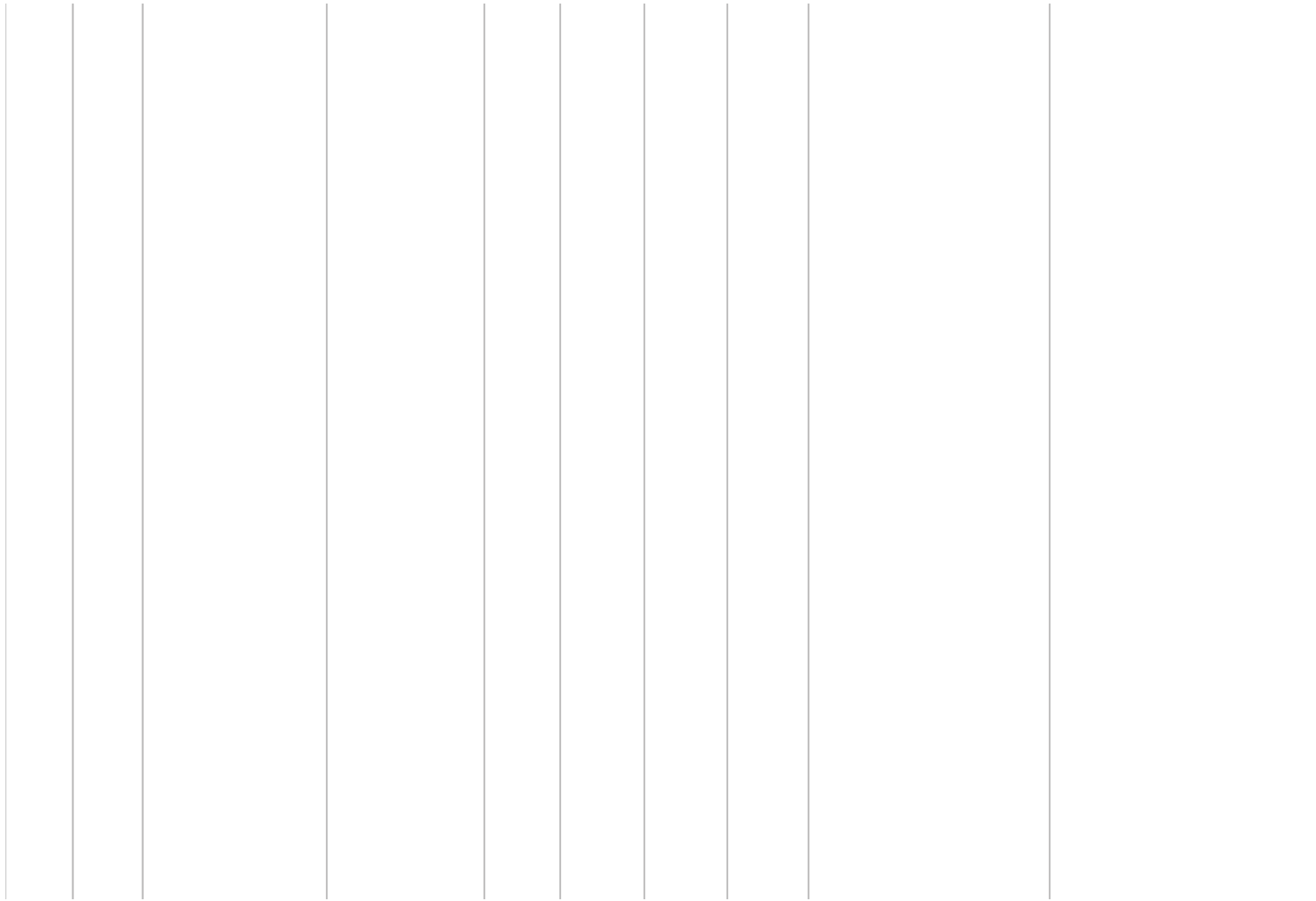
STAR	29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078		
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STAR	27370	Injection of contrast for knee arthrography	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			

STAR	27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			



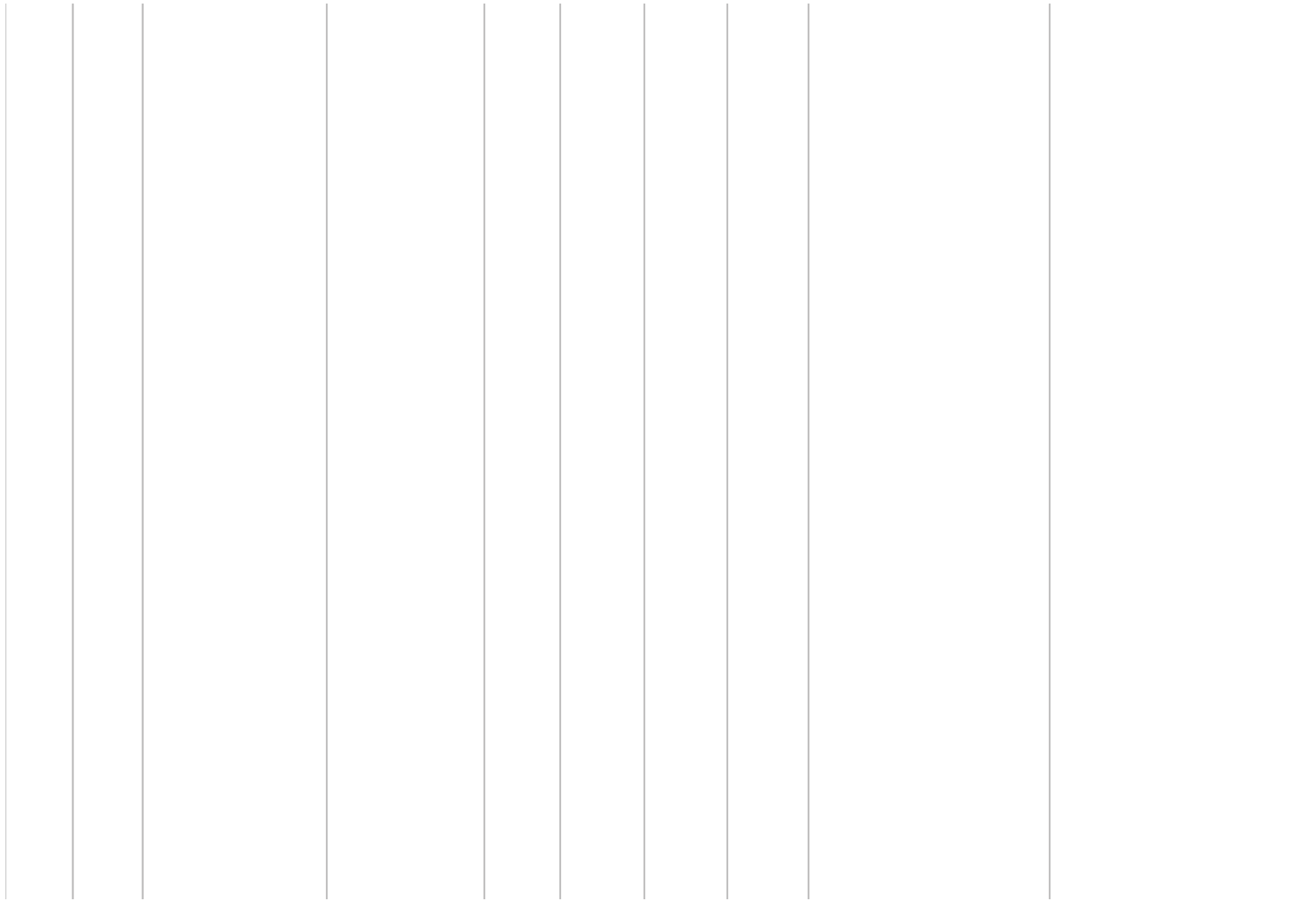
STAR	23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	22522	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			



STAR	22305	Closed treatment of vertebral process fracture(s)	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	21805	Open treatment of rib fracture without fixation, each	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	21800	Closed treatment of rib fracture, uncomplicated, each	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	21495	Open treatment of hyoid fracture	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	21310	Closed treatment of nasal bone fracture without manipulation	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	12/27/2019	12/27/2019			
STAR	20926	Tissue grafts, other (eg, paratenon, fat, dermis)	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	12/27/2019	12/27/2019			
STAR	20005	Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			

STAR	19366	Breast reconstruction with other technique	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	12/27/2019	12/31/2078			
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LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	19324	Mammoplasty, augmentation; without prosthetic implant	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	12/27/2019	12/31/2078			
STAR	19304	Mastectomy, subcutaneous	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			



STAR	19290	Preoperative placement of needle localization wire, breast;	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	19260	Excision of chest wall tumor including ribs	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15850	Removal of sutures under anesthesia (other than local), same surgeon	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	12/27/2019	12/27/2019			
STAR	15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15430	Acellular xenograft implant; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15421	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15420	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15401	Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15400	Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15366	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15365	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15361	Tissue cultured allogeneic dermal substitute, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15360	Tissue cultured allogeneic dermal substitute, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15341	Tissue cultured allogeneic skin substitute; each additional 25 sq cm	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15340	Tissue cultured allogeneic skin substitute; first 25 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15336	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15335	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15331	Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15330	Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15321	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15320	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15301	Allograft skin for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15300	Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15176	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15175	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15171	Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15170	Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	13150	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.0 CM/<	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	11977	Removal with reinsertion, implantable contraceptive capsules	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	11975	Insertion, implantable contraceptive capsules	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	11752	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	04/01/2023	04/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit fr	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2023	01/01/2023		Informational Only	
STAR	0278U	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid, comprehensive	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0271U	Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0128U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk score for preeclampsia	PATH & LAB - CHEMISTRY	EXPIRED	09/13/2019	12/31/2078			
STAR	0127U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	PATH & LAB - CHEMISTRY	EXPIRED	09/13/2019	12/31/2078			
STAR	0126U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk scores for fetal trisomies 13/18, 21, and preeclampsia	PATH & LAB - CHEMISTRY	EXPIRED	09/13/2019	12/31/2078			
STAR	0125U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, maternal serum, algorithm reported as risk scores for fetal trisomies 13/18, 21, and preeclampsia	PATH & LAB - CHEMISTRY	EXPIRED	09/13/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0124U	Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21	PATH & LAB - CHEMISTRY	EXPIRED	09/13/2019	12/31/2078			
STAR	0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	CATEGORY III CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	ANESTH - INTRATHORACIC	EXPIRED	12/27/2019	12/31/2078			
STAR	0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; booster dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	10/20/2021	10/20/2021			
STAR	0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			
STAR	0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/18/2023	12/31/2078		Non-Covered due to Non-FDA approved.	
STAR	0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			
STAR	0006U	Detection of interacting medications, substances, supplements and foods, 120 or more analytes, definitive chromatography with mass spectrometry, urine, description and severity of each interaction identified, per date of service	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			
STAR	J3590	Unclassified biologics	HCPCS - DRUGS (NOT ORAL)	YES	11/08/2023	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	MEDICINE - OPHTHALMOLOGY	NO	01/01/2021	07/23/2023			
STAR	G9012	Other specified case management service not elsewhere classified	HCPCS - PROC/PROF SERVICES (TE	NO	09/01/2022	11/07/2023	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	U0005	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within	HCPCS - PATH & LAB	EXPIRED	12/31/2020	12/31/2020			
STAR	J1920	Injection, labetalol HCl, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	G2024	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	03/30/2020	03/30/2020			
STAR	G2023	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	03/30/2020	03/30/2020			
STAR	J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	HCPCS - DRUGS (NOT ORAL)	YES	09/11/2023	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program	
STAR	T2002	Nonemergency transportation; per diem	HCPCS - STATE MEDICAID AGENCY	YES	12/27/2019	12/31/2078			
STAR	T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	HCPCS - STATE MEDICAID AGENCY	YES	12/27/2019	12/31/2078			
STAR	0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	CATEGORY III CODES	NO	07/01/2023	07/01/2023			
STAR	J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J2598	Injection, vasopressin, 1 unit	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1836	Injection, metronidazole, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J0736	Injection, clindamycin phosphate, 300 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J2305	Injection, nitroglycerin, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J2372	Injection, phenylephrine HCl (Biorphen), 20 mcg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J1805	Injection, esmolol HCl, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	CATEGORY III CODES	NO	07/01/2023	07/01/2023			
STAR	J0737	Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J0457	Injection, aztreonam, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	CATEGORY III CODES	NO	07/01/2023	07/01/2023			
STAR	0792T	Application of silver diamine fluoride 38PCT , by a physician or other qualified health care professional	CATEGORY III CODES	NO	07/01/2023	07/01/2023			
STAR	J0216	Injection, alfentanil HCl, 500 mcg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	J2561	Injection, phenobarbital sodium (Sezaby), 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2371	Injection, phenylephrine HCl, 20 mcg	HCPCS - DRUGS (NOT ORAL)	NO	07/01/2023	07/01/2023			
STAR	S0077	Injection, clindamycin phosphate, 300 mg	HCPCS - TEMP NATIONAL CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	S0073	Injection, aztreonam, 500 mg	HCPCS - TEMP NATIONAL CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	S0030	Injection, metronidazole, 500 mg	HCPCS - TEMP NATIONAL CODES	EXPIRED	01/01/2020	12/04/2020			
STAR	J2426	Injection, paliperidone palmitate extended release (Invega Sustenna), 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0611	Injection, calcium gluconate (WG Critical Care), per 10 ml	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2023	01/01/2023			
STAR	G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	12/31/2078			
STAR	G0460	Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	C9149	Injection, teplizumab-mzwy, 5 mcg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2023	04/01/2023			
STAR	C9148	Injection, teclistamab-cqyv, 0.5 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	C9147	Injection, tremelimumab-actl, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2023	04/01/2023	Regulatory Compliance		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]) with 3 clinical parameters (age, sex, history of cardiac intervention), plasma, algorithm reported as a risk score for obstructive CAD	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	12/31/2078			
STAR	0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	12/31/2078			
STAR	0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	12/31/2078			
STAR	0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	12/31/2078			
STAR	0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	12/31/2078			
STAR	0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	12/31/2078			
STAR	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	12/31/2078			
STAR	G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	01/10/2023	01/10/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	HCPCS-PROC/PROF SERVICES (TE	NON-COV	01/10/2023	01/10/2023			
STAR	G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	HCPCS-PROC/PROF SERVICES (TE	NON-COV	01/10/2023	01/10/2023			
STAR	E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	HCPCS - DME	YES	05/14/2023	12/31/2078	Other		
STAR	E0784	External ambulatory infusion pump, insulin	HCPCS - DME	YES	05/14/2023	12/31/2078	Other		
STAR	E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	HCPCS - DME	YES	05/14/2023	12/31/2078	Other		
STAR	E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	HCPCS - DME	YES	05/14/2023	12/31/2078	Other		
STAR	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078		Code will be reviewed under the Prior Authorization Gene-Based, Cellular and Innovative Therapy (GCIT) Program	
STAR	J9226	Histrelin implant (Supprelin LA), 50 mg	2008 Code Set	YES	08/01/2023	12/31/2078			
STAR	J0218	Injection, olipudase alfa-rpcp, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	08/01/2023	12/31/2078			
STAR	00565	UNKNOWN DESCRIPTION	UNKNOWN	EXPIRED	01/01/2010	01/01/2078			
STAR	02000	UNKNOWN DESCRIPTION	UNKNOWN	EXPIRED	01/01/2010	01/01/2078			
STAR	J2356	Injection, tezepelumab-ekko, 1 mg	HCPCS-DRUGS (NOT ORAL)	YES	07/01/2022	12/31/2078			
STAR	02020	UNKNOWN DESCRIPTION	UNKNOWN	EXPIRED	01/01/2010	01/01/2078			
STAR	01944	UNKNOWN DESCRIPTION	UNKNOWN	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00798	UNKNOWN DESCRIPTION	UNKNOWN	EXPIRED	01/01/2010	01/01/2078			
STAR	99111	UNKNOWN DESCRIPTION	UNKNOWN	EXPIRED	01/01/2010	01/01/2078			
STAR	02010	UNKNOWN DESCRIPTION	UNKNOWN	EXPIRED	01/01/2010	01/01/2078			
STAR	01943	UNKNOWN DESCRIPTION	UNKNOWN	EXPIRED	01/01/2010	01/01/2078			
STAR	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	04/06/2023	12/31/2078			
STAR	J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	04/06/2023	12/31/2078			
STAR	Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	J9297	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	J9196	Injection, gemcitabine HCl (Accord), not therapeutically equivalent to J9201, 200 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	J1449	Injection, eflapegrastim-xnst, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	C9145	Injection, aprepitant, (Aponvie), 1 mg	HCPCS - C CODES - OUTPATIENT PP	NO	04/01/2023	04/01/2023	Regulatory Compliance		
STAR	0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0383U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			
STAR	0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	PATH & LAB-PROPRIETARY LAB ANA	NO	04/01/2023	04/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared	HCPCS-K CODES-DMERCS ONLY	NO	04/01/2023	04/01/2023			
STAR	S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NO	04/01/2023	04/01/2023			
STAR	Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023			
STAR	Q4271	Complete FT, per sq cm	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023			
STAR	Q4270	Complete SL, per sq cm	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023			
STAR	Q4269	SurGraft XT, per sq cm	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023			
STAR	Q4268	SurGraft FT, per sq cm	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023			
STAR	Q4267	NeoStim DL, per sq cm	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023			
STAR	Q4266	NeoStim Membrane, per sq cm	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023			
STAR	Q4265	NeoStim TL, per sq cm	HCPCS - TEMP CODES	NO	04/01/2023	04/01/2023			
STAR	A7049	Expiratory positive airway pressure intranasal resistance valve	HCPCS - MED-SURG SUPPLIES	NO	04/01/2023	04/01/2023			
STAR	A6591	External urinary catheter; non-disposable, for use with suction pump, per month	HCPCS - MED-SURG SUPPLIES	NO	04/01/2023	04/01/2023			
STAR	A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	HCPCS - MED-SURG SUPPLIES	NO	04/01/2023	04/01/2023			
STAR	A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	HCPCS - MED-SURG SUPPLIES	NO	04/01/2023	04/01/2023			
STAR	A2021	NeoMatriX, per sq cm	HCPCS - MED-SURG SUPPLIES	NO	04/01/2023	04/01/2023			
STAR	A2020	AC5 Advanced Wound System (AC5)	HCPCS - MED-SURG SUPPLIES	NO	04/01/2023	04/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A2019	Kerecis Omega3 MariGen Shield, per sq cm	HCPCS - MED-SURG SUPPLIES	NO	04/01/2023	04/01/2023			
STAR	J1747	Injection, spesolimab-sbzo, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023			
STAR	E1905	Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software	HCPCS - DME	NO	04/01/2023	04/01/2023			
STAR	E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	HCPCS - DME	NO	04/01/2023	04/01/2023			
STAR	E0677	Nonpneumatic sequential compression garment, trunk	HCPCS - DME	NO	04/01/2023	04/01/2023			
STAR	K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply EQU 1 Unit of Service	HCPCS - K CODES -DMERCS ONLY	EXPIRED	09/01/2021	12/31/2078	Regulatory Compliance		
STAR	J7303	Contraceptive supply, hormone containing vaginal ring, each	HCPCS - DRUGS (NOT ORAL)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9019	Oseltamivir phosphate, oral, per 75 mg (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	99420	Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)	E & M - PREVENTIVE MEDICINE SE	EXPIRED	04/01/2010	04/01/2010			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - HOSPITAL OBSERVATION S	EXPIRED	12/27/2019	12/27/2019			
STAR	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.]	E & M - HOSPITAL OBSERVATION S	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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.	E & M - OTHER E/M SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report	MEDICINE - CENTRAL NERVOUS SYS	EXPIRED	07/25/2016	12/31/2078			

STAR	A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	HCPCS - MED-SURG SUPPLIES	NO	04/01/2023	04/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	HCPCS - MED-SURG SUPPLIES	NO	04/01/2023	04/01/2023			
STAR	M0010	Enhancing oncology model (EOM) monthly enhanced oncology services (MEOS) payment for EOM enhanced services	HCPCS - MEDICAL SERVICES	NO	04/01/2023	04/01/2023			
STAR	J2403	Chloroprocaine HCl ophthalmic, 3PCT gel, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	04/01/2023	04/01/2023			
STAR	L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	HCPCS - DME	NO	04/01/2023	04/01/2023			
STAR	E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	HCPCS - DME	YES	05/14/2023	12/31/2078	Regulatory Compliance	PA required if billed charge is over \$1000. Limited to 1 per 3 years	
STAR	E2101	Blood glucose monitor with integrated lancing/blood sample	HCPCS - DME	YES	05/14/2023	12/31/2078	Regulatory Compliance	PA Required if Billed Charge is over \$1000	
STAR	69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bo	SURGERY - AUDITORY SYSTEM	YES	05/14/2023	12/31/2078	Regulatory Compliance		
STAR	A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000. Limited to 15 per month.	
STAR	A4239	Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply EQU 1 unit of service	HCPCS - MED-SURG SUPPLIES	NO	01/01/2023	01/01/2023		PA required if billed charge is over \$1000. Limited to one per month.	
STAR	A4238	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply EQU 1 unit of service	HCPCS - MED-SURG SUPPLIES	NO	03/31/2022	03/31/2022		PA required if billed charge is over \$1000. Limited to one per month.	
STAR	E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	HCPCS - DME	NO	03/31/2022	03/31/2022		PA required if billed charge is over \$1000. Limited to one per three years	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9562	Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q5122	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg	HCPCS - TEMP CODES	NO	01/01/2021	12/05/2022	Other		
STAR	Q5120	Injection, pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg	HCPCS - TEMP CODES	NO	06/04/2020	12/05/2022	Other		
STAR	Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	HCPCS - TEMP CODES	NO	12/27/2019	07/09/2022	Other		
STAR	Q5108	Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	M1209	At least two orders for high-risk medications from the same drug class, (Table 4), without appropriate diagnoses	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	HCPCS - CHEMO DRUGS	EXPIRED	12/27/2019	12/27/2019			
STAR	J1954	Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2023	12/31/2078			
STAR	C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2022	12/31/2078			
STAR	A4628	Oral and/or oropharyngeal suction catheter, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	07/01/2022	12/31/2078		Code is informational only	
STAR	0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	07/01/2022	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0095U	Eosinophilic esophagitis (Eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and major basic protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]), enzyme-linked immunosorbent assays (ELISA), specimen obtained by esophageal string test device, algorithm reported as probability of active or inactive eosinophilic esophagitis	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minut	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR pro	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR pro	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an in	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an in	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to cod	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List sepa	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (Li	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0755T	Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0752T	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone s	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone s	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0748T	Injections of stem cell product into perianal perirectal soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, me	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and	CATEGORY III CODES	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	CATEGORY III CODES	NON-COV	01/01/2023	12/31/2078		Informational Only	
STAR	0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a r	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2023	01/01/2023		Informational Only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0358U	Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2023	01/01/2023		Informational Only	
STAR	98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording (s) and/or programmed alert (s) transmission to monitor cognitive behavioral therapy, each 30 days	MEDICINE-NON-FACE-TO-FACE	NON-COV	01/01/2023	01/01/2023			
STAR	96203	Multiple-family group behavior management/modification training for parent(s)/guardian (s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient prese	MEDICINE - NEUROLOGY AND NEURO	NON-COV	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96202	Multiple-family group behavior management/modification training for parent(s)/guardian (s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient prese	MEDICINE - NEUROLOGY AND NEURO	NON-COV	01/01/2023	01/01/2023			
STAR	95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	MEDICINE - NEUROLOGY AND NEURO	NON-COV	01/01/2023	01/01/2023			
STAR	81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include	PATH & LAB - MICROBIOLOGY	NON-COV	01/01/2023	01/01/2023			
STAR	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	PATH & LAB - MICROBIOLOGY	NON-COV	01/01/2023	01/01/2023			
STAR	43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	SURGERY - DIGESTIVE SYSTEM	NON-COV	01/01/2023	01/01/2023			
STAR	43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	SURGERY - DIGESTIVE SYSTEM	NON-COV	01/01/2023	01/01/2023			
STAR	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NON-COV	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2023	01/01/2023			
STAR	90756	Influenza virus vaccine, quadrivalent (ccIIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	MEDICINE - VACCINE/TOXOIDS	NO	12/27/2019	12/27/2019		Limitation: 6 months of age or older	
STAR	90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	07/01/2021	07/01/2021		Limitation: 6 weeks of age or older	
STAR	J2326	Injection, nusinersen, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	08/03/2020	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	HCPCS - DRUGS (NOT ORAL)	YES	12/27/2019	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J1426	Injection, casimersen, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J1427	Injection, viltolarsen, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/01/2021	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J1429	Injection, golodirsen, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J1428	Injection, eteplirsen, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	08/03/2020	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS - TEMP CODES	YES	01/01/2010	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS - TEMP CODES	YES	04/01/2021	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS - TEMP CODES	YES	11/01/2022	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS - TEMP CODES	YES	04/25/2022	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J9216	Injection, interferon, gamma 1-b, 3 million units	HCPCS - CHEMO DRUGS	YES	11/01/2022	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	HCPCS - CHEMO DRUGS	YES	01/01/2022	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J1300	Injection, eculizumab, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	11/01/2022	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	J3490	Unclassified drugs	HCPCS - DRUGS (NOT ORAL)	YES	07/01/2020	12/31/2078		Code will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program.	
STAR	Q4264	Cocoon Membrane, per sq cm	HCPCS - TEMP CODES	NON-COV	01/01/2023	01/01/2023			
STAR	Q4263	SurGraft TL, per sq cm	HCPCS - TEMP CODES	NON-COV	01/01/2023	01/01/2023			
STAR	Q4262	Dual Layer Impax Membrane, per sq cm	HCPCS - TEMP CODES	NON-COV	01/01/2023	01/01/2023			
STAR	Q4236	carePATCH, per sq cm	HCPCS - TEMP CODES	NON-COV	06/04/2020	12/31/2078			
STAR	M1210	At least two orders for high-risk medications from the same drug class, (Table 4), not ordered	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1204	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1203	Ace inhibitor or ARB therapy not prescribed during the measurement period, reason not given	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1202	Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB therapy during the measurement period, (e.g., patient declined, other patient reasons)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1201	Documentation of medical reason(s) for not prescribing ACE inhibitor (ACE-I) or ARB therapy during the measurement period (e.g., pregnancy, history of angioedema to ACE-I, other allergy to ACE-I and ARB, hyperkalemia or history of hyperkalemia while on AC	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1200	Ace inhibitor (ACE-I) or ARB therapy prescribed during the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1199	Patients receiving RRT	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1196	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both, reason not given	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both tests were not included (e.g., patient will no	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1191	Hospice services provided to patient any time during the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR) performed	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1188	Patients with a diagnosis of chronic kidney disease (CKD) Stage 5	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1187	Patients with a diagnosis of end stage renal disease (ESRD)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1186	Patients who have an order for or are receiving hospice or palliative care	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac d	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1182	Patients not eligible due to pre-existing inflammatory bowel disease (IBD) (e.g., ulcerative colitis, Crohn's disease)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1181	Grade 2 or above diarrhea and/or Grade 2 or above colitis	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1180	Patients on immune checkpoint inhibitor therapy	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1173	Patient did not receive at least 1 TD vaccine or 1 TDaP vaccine between 9 years prior to the encounter and the end of the measurement oneperiod	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1172	Documentation of medical reason(s) for not administering TD or TDaP vaccine (e.g., prior anaphylaxis due to the TD or TDaP vaccine or history of encephalopathy within 7 days after a previous dose of a TD-containing vaccine)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1171	Patient received at least 1 TD vaccine or 1 TDaP vaccine between 9 years prior to the encounter and the end of the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1170	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1168	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1167	In hospice or using hospice services during the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1165	Patients who use hospice services any time during the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1164	Patients with dementia any time during the patient's history through the end of the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1163	Patient had anaphylaxis due to the HPV vaccine any time on or before the patient's 13th birthday	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1159	Hospice services provided to patient any time during the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1155	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1154	Hospice services provided to patient any time during the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1153	Patient with diagnosis of osteoporosis on date of encounter	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1152	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1151	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M1150	Left ventricular ejection fraction (LVEF) less than or equal to 40PCT or documentation of moderately or severely depressed left ventricular systolic function	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M0004	Supportive Care for Neurodegenerative Conditions MIPS Value Pathways	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M0003	Optimal Care for Patients with Episodic Neurological Conditions MIPS Value Pathways	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M0002	Optimal Care for Kidney Health MIPS Value Pathways	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			
STAR	M0001	Advancing Cancer Care MIPS Value Pathways	HCPCS - MEDICAL SERVICES	NON-COV	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	SURGERY - AUDITORY SYSTEM	YES	05/14/2023	12/31/2078	Other		
STAR	Q5126	Injection, bevacizumab-maly, biosimilar, (Allymsys), 10 mg	HCPCS - TEMP CODES	YES	05/14/2023	12/31/2078	Other		
STAR	J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J9049	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J9048	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J1456	Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J0899	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J0898	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J0891	Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	J0225	Injection, vutrisiran, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/14/2023	12/31/2078	Other		
STAR	36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including a	SURGERY - CARDIOVASCULAR SYSTE	YES	05/14/2023	12/31/2078	Other		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all	SURGERY - CARDIOVASCULAR SYSTE	YES	05/14/2023	12/31/2078	Other		
STAR	30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	SURGERY - RESPIRATORY SYSTEM	YES	05/14/2023	12/31/2078	Other		
STAR	92066	Orthoptic training; under supervision of a physician or other qualified health care professional	MEDICINE - OPHTHALMOLOGY	YES	05/14/2023	12/31/2078	Other		
STAR	S2142	Cord blood-derived stem-cell transplantation, allogeneic	HCPCS - TEMP NATIONAL CODES	YES	05/14/2023	12/31/2078	Other		
STAR	38232	Bone marrow harvesting for transplantation; autologous	SURGERY - CARDIOVASCULAR SYSTE	YES	05/14/2023	12/31/2078	Other		
STAR	38230	Bone marrow harvesting for transplantation; allogeneic	SURGERY - HEMIC AND LYMPHATIC	YES	05/14/2023	12/31/2078	Other		
STAR	38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	SURGERY - HEMIC AND LYMPHATIC	YES	05/14/2023	12/31/2078	Other		
STAR	38242	Allogeneic lymphocyte infusions	SURGERY - HEMIC AND LYMPHATIC	YES	05/14/2023	12/31/2078	Other		
STAR	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	SURGERY - HEMIC AND LYMPHATIC	YES	05/14/2023	12/31/2078	Other		
STAR	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	SURGERY - HEMIC AND LYMPHATIC	YES	05/14/2023	12/31/2078	Other		
STAR	J0892	Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7533	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left v	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left v	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left v	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left v	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or press	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasou	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, v	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, v	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial,	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at th	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tom	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral o	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C1827	Generator, neurostimulator (implantable), nonrechargeable, with implantable stimulation lead and external paired stimulation controller	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	SURGERY - INTEGUMENTARY SYSTEM	YES	01/01/2010	12/31/2078			
STAR	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/20/2020	12/31/2078			
STAR	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	CATII	NO	09/30/2019	09/30/2019			
STAR	J0291	Injection, plazomicin, 5 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J2798	Injection, risperidone, (Perseris), 0.5 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	CATII	NO	09/30/2019	09/30/2019			
STAR	J0642	Injection, levoleucovorin (Khapzory), 0.5 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/20/2020	12/31/2078			
STAR	J1943	Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J9269	Injection, tagraxofusp-erzs, 10 mcg	HCPCS - DRUGS (NOT ORAL)	YES	04/20/2020	12/31/2078			
STAR	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J1303	Injection, ravulizumab-cwvz, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J0222	Injection, patisiran, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)	CATII	NO	09/30/2019	09/30/2019			
STAR	J0122	Injection, eravacycline, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J9204	Injection, mogamulizumab-kpkc, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/20/2020	12/31/2078			
STAR	J9119	Injection, cemiplimab-rwlc, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/20/2020	12/31/2078			
STAR	J1944	Injection, aripiprazole lauroxil, (Aristada), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J3111	Injection, romosozumab-aqqg, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J9210	Injection, emapalumab-lzsg, 1 mg	HCPCS - CHEMO DRUGS	YES	09/13/2019	12/31/2078			
STAR	J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J0121	Injection, omadacycline, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9118	Injection, calaspargase pegol-mknl, 10 units	HCPCS - DRUGS (NOT ORAL)	YES	04/20/2020	12/31/2078			
STAR	J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	09/13/2019	12/31/2078			
STAR	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	HCPCS - CHEMO DRUGS	YES	10/01/2022	12/31/2078	Regulatory Compliance		
STAR	J9274	Injection, tebentafusp-tebn, 1 mcg	HCPCS - CHEMO DRUGS	YES	10/01/2022	12/31/2078	Regulatory Compliance		
STAR	J1932	Injection, lanreotide, (Cipla), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	10/01/2022	12/31/2078	Regulatory Compliance		
STAR	C9142	Injection, bevacizumab-maly, biosimilar, (Allymsys), 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2022	12/31/2078	Regulatory Compliance		
STAR	A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi	HCPCS - MED-SURG SUPPLIES	YES	10/01/2022	12/31/2078	Regulatory Compliance		
STAR	Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	HCPCS - TEMP CODES	YES	10/01/2022	12/31/2078	Regulatory Compliance		
STAR	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS - TEMP CODES	YES	10/01/2022	12/31/2078	Regulatory Compliance		
STAR	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078	Regulatory Compliance		
STAR	J9273	Injection, tisotumab vedotin-tftv, 1 mg	HCPCS - CHEMO DRUGS	NON-COV	01/01/2010	12/31/2078	Regulatory Compliance		
STAR	J9331	Injection, sirolimus protein-bound particles, 1 mg	HCPCS-DRUGS (NOT ORAL)	YES	07/01/2022	12/31/2078	Regulatory Compliance	Limitations: 18 years of age or older	
STAR	C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (e.g., mapping) of sentinel lymph node(s) including injection of nonradioactive dye when performed	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pa	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, inclu	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)	SURGERY - INTEGUMENTARY SYSTEM	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during c	MEDICINE - CARDIOVASCULAR	NO	01/01/2023	01/01/2023			
STAR	33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	SURGERY - CARDIOVASCULAR SYSTE	NO	01/01/2023	01/01/2023			
STAR	49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral l	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total	E & M - PREVENTIVE MEDICINE SE	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7549	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts (s)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	01/01/2023	01/01/2023			
STAR	87467	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg), quantitative	PATH & LAB - MICROBIOLOGY	NO	01/01/2023	01/01/2023			
STAR	J0689	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6105	removal of implant body not requiring bone removal or flap elevation	HCPCS - DENTAL	NO	01/01/2023	01/01/2023			
STAR	84433	Thiopurine S-methyltransferase (TPMT)	PATH & LAB - CHEMISTRY	NO	01/01/2023	01/01/2023			
STAR	D1781	vaccine administration-human papillomavirus - Dose 1	HCPCS - DENTAL	NO	01/01/2023	01/01/2023			
STAR	33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	01/01/2023	01/01/2023			
STAR	49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7506	Arthrodesis, interphalangeal joints, with or without internal fixation	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C9144	Injection, bupivacaine (Posimir), 1 mg	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); le	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7543	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts (s)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic e	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	01/01/2023	01/01/2023			
STAR	J0283	Injection, amiodarone HCl (Nexterone), 30 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	D1783	vaccine administration-human papillomavirus - Dose 3	HCPCS - DENTAL	NO	01/01/2023	01/01/2023			
STAR	J1611	Injection, glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); grea	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C9143	Cocaine HCl nasal solution (Numbrino), 1 mg	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); le	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7902	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patien	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7550	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7542	Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts (s)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code fo	MEDICINE - CARDIOVASCULAR	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	01/01/2023	01/01/2023			
STAR	87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	01/01/2023	01/01/2023			
STAR	J0877	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	D4286	removal of non-resorbable barrier	HCPCS - DENTAL	NO	01/01/2023	01/01/2023			
STAR	D1782	vaccine administration-human papillomavirus - Dose 2	HCPCS - DENTAL	NO	01/01/2023	01/01/2023			
STAR	49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); grea	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single l	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); gr	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	SURGERY - AUDITORY SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7546	Removal and replacement of externally accessible nephroureteral catheter (e.g., external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	01/01/2023	01/01/2023			
STAR	55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	SURGERY - INTERSEX SURGERY	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded)	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			
STAR	J2401	Injection, chlorprocaine HCl, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J1643	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	SURGERY - CARDIOVASCULAR SYSTE	NO	01/01/2023	01/01/2023			
STAR	49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	HCPCS-DENTAL-Implant Svcs	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7544	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts (s)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	J2311	Injection, naloxone HCl (Zimhi), 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	D9953	reline custom sleep apnea appliance (indirect)	HCPCS - DENTAL	NO	01/01/2023	01/01/2023			
STAR	C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (e.g., subfascial) drug-delivery device(s)	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7545	Percutaneous exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any me	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse gener	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	J0701	Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan th	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			
STAR	J2247	Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	SURGERY - CARDIOVASCULAR SYSTE	NO	01/01/2023	01/01/2023			
STAR	C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for sin	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); gr	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound an	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacem	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			
STAR	C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)	SURGERY - INTEGUMENTARY SYSTEM	NO	01/01/2023	01/01/2023			
STAR	87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	01/01/2023	01/01/2023			
STAR	J0703	Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	J2402	Injection, chloroprocaine HCl (Clorotekal), per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2023	01/01/2023			
STAR	33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	SURGERY - CARDIOVASCULAR SYSTE	NO	01/01/2023	01/01/2023			
STAR	49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less	SURGERY - DIGESTIVE SYSTEM	NO	01/01/2023	01/01/2023			
STAR	M1071	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1052	Leg pain was not measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1017	Patient admitted to palliative care services	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	J0131	Injection, acetaminophen, not otherwise specified, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2020	12/04/2020			
STAR	G9989	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., adverse reaction to vaccine)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	01/01/2022	01/01/2022		Code is informational only	
STAR	G9970	Clinician who referred the patient to another clinician did not receive a report from the clinician to whom the patient was referred	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9969	Clinician who referred the patient to another clinician received a report from the clinician to whom the patient was referred	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9968	Patient was referred to another clinician or specialist during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9949	Leg pain was not measured by the visual analog scale (VAS) or numeric pain scale at three months (6 to 20 weeks) postoperatively	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9948	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9943	Back pain was not measured by the visual analog scale (VAS) or numeric pain scale at three months (6 to 20 weeks) postoperatively	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9942	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9932	Documentation of patient reason(s) for not having records of negative or managed positive TB screen (e.g., patient does not return for Mantoux (PPD) skin test evaluation)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9913	Hepatitis B virus (HBV) status not assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9909	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user (e.g., limited life expectancy, other medical reason)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9908	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9907	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months (e.g., limited life expectancy, other medical reason)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9905	Patient not screened for tobacco use	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9904	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9848	Patient did not receive systemic cancer-directed therapy in the last 14 days of life	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9847	Patient received systemic cancer-directed therapy in the last 14 days of life	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9811	Patient did not achieve a pdc of at least 75PCT for their asthma controller medication	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9810	Patient achieved a pdc of at least 75PCT for their asthma controller medication	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9809	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9808	Any patients who had no asthma controller medications dispensed during the measurement year	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9789	Blood pressure recorded during inpatient stays, emergency room visits, or urgent care visits	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9781	Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are re	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9778	Patients who have a diagnosis of pregnancy at any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9774	Patients who have had a hysterectomy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9718	Hospice services for patient provided any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9663	Any LDL-C laboratory result GT EQU 190 mg/dl	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9662	Previously diagnosed or have a diagnosis of clinical ASCVD, including ASCVD procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9633	Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 30 days postsurgery	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9632	Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from nonmedical causes not related to surgery, patient died during procedure without evidence of ureter injury)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 30 days postsurgery	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9506	Biologic immune response modifier prescribed	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9501	Radiation exposure indices not documented in final report for procedure using fluoroscopy, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9500	Radiation exposure indices documented in final report for procedure using fluoroscopy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9407	Patient did not receive follow-up within 7 days after discharge	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9404	Patient did not receive follow-up within 30 days after discharge	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9360	No documentation of negative or managed positive TB screen	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9359	Documentation of negative or managed positive TB screen with further evidence that TB is not active prior to treatment with a biologic immune response modifier	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9315	Amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9250	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9198	Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9196	Documentation of medical reason(s) for not ordering a first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s))	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8968	Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation or patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8934	Left ventricular ejection fraction (LVEF) LT EQU 40PCT or documentation of moderately or severely depressed left ventricular systolic function	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8923	Left ventricular ejection fraction (LVEF) LT EQU 40PCT or documentation of moderately or severely depressed left ventricular systolic function	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8844	Apnea hypopnea index (AHI), respiratory disturbance index (RDI), or respiratory event index (REI) not documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) within 2 months of initial evaluation for suspected obstructive sleep apnea (e.g., medical, neurological,	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8842	Apnea hypopnea index (AHI), respiratory disturbance index (RDI) or respiratory event index (REI) documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8734	Elder maltreatment screen documented as negative, follow-up is not required	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8711	Prescribed antibiotic on or within 3 days after the episode date	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8710	Patient prescribed antibiotic	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8708	Patient not prescribed antibiotic	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8694	Left ventricular ejection fraction (LVEF) LT EQU 40PCT or documentation of moderate or severe LVSD	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8670	Residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the elbow/wrist/hand FS PROM at initial evaluation and/or near discharge, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8668	Residual score for the elbow, wrist or hand impairment successfully calculated and the score was less than zero (LT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8667	Residual score for the elbow, wrist or hand impairment successfully calculated and the score was equal to zero (0) or greater than zero (GT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8666	Residual score for the shoulder impairment not measured because the patient did not complete the shoulder FS PROM at initial evaluation and/or near discharge, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8664	Residual score for the shoulder impairment successfully calculated and the score was less than zero (LT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8663	Residual score for the shoulder impairment successfully calculated and the score was equal to zero (0) or greater than zero (GT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8662	Residual score for the low back impairment not measured because the patient did not complete the low back FS PROM at initial evaluation and/or near discharge, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8660	Residual score for the low back impairment successfully calculated and the score was less than zero (LT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8659	Residual score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero (GT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8658	Residual score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8656	Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was less than zero (LT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8655	Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was equal to zero (0) or greater than zero (GT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8654	Residual score for the hip impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8652	Residual score for the hip impairment successfully calculated and the score was less than zero (LT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8651	Residual score for the hip impairment successfully calculated and the score was equal to zero (0) or greater than zero (GT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8650	Residual score for the knee impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8648	Residual score for the knee impairment successfully calculated and the score was less than zero (LT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8647	Residual score for the knee impairment successfully calculated and the score was equal to zero (0) or greater than zero (GT 0)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8602	IV thrombolytic therapy not initiated within 4.5 hours (LT EQU 270 minutes) of time last known well, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8600	IV thrombolytic therapy initiated within 4.5 hours (LT EQU 270 minutes) of time last known well	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8543	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented within 2 days of assessment, reason not given	2009 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8539	Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies is documented within 2 days of the functional outcome assessment	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8451	Beta-blocker therapy for LVEF LT EQU 40PCT not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other med	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G4020	Ophthalmology/Optometry MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4013	Mental/behavioral and Psychiatry MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G2210	Residual score for the neck impairment not measured because the patient did not complete the neck FS PROM at initial evaluation and/or near discharge, reason not given	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2204	Patients between 45 and 85 years of age who received a screening colonoscopy during the performance period	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2203	Documentation of medical reason(s) for not providing brief counseling if identified as an unhealthy alcohol user (e.g., limited life expectancy, other medical reasons)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/31/2020	12/31/2020			
STAR	G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2201	Documentation of medical reason(s) for not providing brief counseling (e.g., limited life expectancy, other medical reasons)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/31/2020	12/31/2020			
STAR	G2199	Patient not screened for unhealthy alcohol use using a systematic screening method	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2198	Documentation of medical reason(s) for not screening for unhealthy alcohol use using a systematic screening method (e.g., limited life expectancy, other medical reasons)	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/31/2020	12/31/2020			
STAR	G2182	Patient receiving first-time biologic and/or immune response modifier therapy	HCPCS - PROC/PROF SERVICES (TE)	NO	12/31/2020	12/31/2020			
STAR	G2171	Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, veinography, and/or ultrasound, with radiologic supervision and interpretation, when performed	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	06/04/2020	12/31/2078			
STAR	G2170	Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	06/04/2020	12/31/2078			
STAR	G2167	Residual score for the neck impairment successfully calculated and the score was less than zero (LT 0)	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2152	Residual score for the neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (GT 0)	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2147	Leg pain measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1 y	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2146	Leg pain as measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2141	Leg pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2140	Leg pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively a	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2139	Back pain measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2138	Back pain as measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperative	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2136	Back pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2095	Documentation of system reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., other system reasons)	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G0917	Patient care survey was not completed by patient	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0444	Annual depression screening, 5 to 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0442	Annual alcohol misuse screening, 5 to 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			
STAR	G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			
STAR	G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or quali	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			
STAR	G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418). (Do not report G0317 for any time unit less than 15 minutes)	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			
STAR	G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by t	HCPCS - PROC/PROF SERVICES (TE	NO	01/01/2023	01/01/2023			
STAR	G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	07/01/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	07/01/2022	12/31/2078			
STAR	G0030	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0029	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the 6 months prior to the measurement period	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0028	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	01/01/2022	01/01/2022		Code is informational only	
STAR	D9110	palliative treatment of dental pain - per visit	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7251	coronectomy - intentional partial tooth removal, impacted teeth only	HCPCS-DENTAL-Extractions	NON-COV	12/27/2019	12/27/2019			
STAR	D4921	gingival irrigation with a medicinal agent - per quadrant	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	HCPCS-DENTAL-Perio - Adjunct	NON-COV	12/27/2019	12/27/2019			
STAR	D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D3333	internal root repair of perforation defects	HCPCS-DENTAL-Endo - RCT	NON-COV	12/27/2019	12/27/2019			
STAR	D0709	intraoral - comprehensive series of radiographic images - image capture only	HCPCS- DENTAL- Radiographs	NO	12/31/2020	12/31/2020			
STAR	D0704	3-D photographic image - image capture only	HCPCS- DENTAL- Radiographs	EXPIRED	01/01/2021	12/31/2078			
STAR	D0393	virtual treatment simulation using 3D image volume or surface scan	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D0351	3D photographic image	HCPCS- DENTAL- Radiographs	EXPIRED	12/27/2019	12/31/2078			
STAR	D0210	intraoral - comprehensive series of radiographic images	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	C1849	Skin substitute, synthetic, resorbable, per sq cm	HCPCS-C CODES- OUTPATIENT PP	EXPIRED	06/04/2020	12/31/2078			
STAR	C1842	Retinal prosthesis, includes all internal and external components; add-on to C1841	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C1841	Retinal prosthesis, includes all internal and external components	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C1831	Interbody cage, anterior, lateral or posterior, personalized (implantable)	HCPCS - C CODES - OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	2008 Code Set	YES	12/27/2019	12/31/2078			
STAR	A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	2008 Code Set	YES	12/27/2019	12/31/2078			
STAR	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit EQU 1 day supply	HCPCS - ADMIN MISC & INVEST	YES	09/01/2021	12/31/2078	Regulatory Compliance		
STAR	99600	Unlisted home visit service or procedure	MEDICINE - HOME INFUSION PROCE	NON-COV	12/27/2019	12/27/2019			
STAR	99496	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, High level of medical decision making during the servi	E & M - CARE PLAN OVERSIGHT SE	NON-COV	12/27/2019	12/27/2019			
STAR	99495	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, At least moderate level of medical decision making dur	E & M - CARE PLAN OVERSIGHT SE	NON-COV	12/27/2019	12/27/2019			
STAR	99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List se	E & M - PREVENTIVE MEDICINE SE	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99350	Home or residence 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 total time on the date of the encounter for code s	E & M - HOME SERVICES	NO	12/27/2019	12/27/2019			
STAR	99349	Home or residence 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 total time on the date of the encounter for co	E & M - HOME SERVICES	NO	12/27/2019	12/27/2019			
STAR	99348	Home or residence 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 total time on the date of the encounter for code se	E & M - HOME SERVICES	NO	12/27/2019	12/27/2019			
STAR	99347	Home or residence 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 total time on the date of the encounter for code	E & M - HOME SERVICES	NO	12/27/2019	12/27/2019			
STAR	99345	Home or residence 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 total time on the date of the encounter for code selection,	E & M - HOME SERVICES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99344	Home or residence 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 total time on the date of the encounter for code select	E & M - HOME SERVICES	NO	12/27/2019	12/27/2019			
STAR	99342	Home or residence 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 total time on the date of the encounter for code selection,	E & M - HOME SERVICES	NO	12/27/2019	12/27/2019			
STAR	99341	Home or residence 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 total time on the date of the encounter for code selectio	E & M - HOME SERVICES	NO	12/27/2019	12/27/2019			
STAR	99316	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter	E & M - NURSING FACILITY SERVI	NO	12/27/2019	12/27/2019			
STAR	99315	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter	E & M - NURSING FACILITY SERVI	NO	12/27/2019	12/27/2019			
STAR	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	E & M - NURSING FACILITY SERVI	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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	E & M - NURSING FACILITY SERVI	NO	12/27/2019	12/27/2019			
STAR	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 fo	E & M - NURSING FACILITY SERVI	NO	12/27/2019	12/27/2019			
STAR	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	E & M - NURSING FACILITY SERVI	NO	12/27/2019	12/27/2019			
STAR	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	E & M - NURSING FACILITY SERVI	NO	12/27/2019	12/27/2019			
STAR	99285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	E & M - EMERGENCY DEPARTMENT S	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	E & M - EMERGENCY DEPARTMENT S	NO	12/27/2019	12/27/2019			
STAR	99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making	E & M - EMERGENCY DEPARTMENT S	NO	12/27/2019	12/27/2019			
STAR	99282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	E & M - EMERGENCY DEPARTMENT S	NO	12/27/2019	12/27/2019			
STAR	99281	Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional	E & M - EMERGENCY DEPARTMENT S	NO	12/27/2019	12/27/2019			
STAR	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	E & M - CONSULTATIONS	NO	12/27/2019	12/27/2019			
STAR	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,	E & M - CONSULTATIONS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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 m	E & M - CONSULTATIONS	NO	12/27/2019	12/27/2019			
STAR	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, 3	E & M - CONSULTATIONS	NO	12/27/2019	12/27/2019			
STAR	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, 5	E & M - CONSULTATIONS	NO	12/27/2019	12/27/2019			
STAR	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 selectio	E & M - CONSULTATIONS	NO	12/27/2019	12/27/2019			
STAR	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	E & M - CONSULTATIONS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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,	E & M - CONSULTATIONS	NO	12/27/2019	12/27/2019			
STAR	99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			
STAR	99238	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			
STAR	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 us	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			
STAR	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. Whe	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			
STAR	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 decisi	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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 t	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			
STAR	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	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			
STAR	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 tim	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			
STAR	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	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			
STAR	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	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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 t	E & M - HOSPITAL INPATIENT SER	NO	12/27/2019	12/27/2019			
STAR	99199	Unlisted special service, procedure or report	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	97799	Unlisted physical medicine/rehabilitation service or procedure	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97139	Unlisted therapeutic procedure (specify)	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/27/2019			
STAR	97039	Unlisted modality (specify type and time if constant attendance)	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/27/2019			
STAR	96999	Unlisted special dermatological service or procedure	MEDICINE - SPECIAL DERMATOLOGI	NON-COV	12/27/2019	12/27/2019			
STAR	96549	Unlisted chemotherapy procedure	MEDICINE - CHEMOTHERAPY ADMINI	NON-COV	12/27/2019	12/27/2019			
STAR	96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	95999	Unlisted neurological or neuromuscular diagnostic procedure	MEDICINE - NEUROLOGY AND NEURO	NON-COV	12/27/2019	12/27/2019			
STAR	95199	Unlisted allergy/clinical immunologic service or procedure	MEDICINE - ALLERGY AND CLINICA	NON-COV	12/27/2019	12/27/2019			
STAR	94799	Unlisted pulmonary service or procedure	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			
STAR	93998	Unlisted noninvasive vascular diagnostic study	MEDICINE - NON-INVASIVE VASCUL	NON-COV	12/27/2019	12/27/2019			
STAR	93799	Unlisted cardiovascular service or procedure	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			
STAR	93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-avalvular aortography (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free ma	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92700	Unlisted otorhinolaryngological service or procedure	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92499	Unlisted ophthalmological service or procedure	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92284	Diagnostic dark adaptation examination with interpretation and report	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92065	Orthoptic training; performed by a physician or other qualified health care professional	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	91299	Unlisted diagnostic gastroenterology procedure	MEDICINE - GASTROENTEROLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	90899	Unlisted psychiatric service or procedure	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90749	Unlisted vaccine/toxoid	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90399	Unlisted immune globulin	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	89240	Unlisted miscellaneous pathology test	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	88749	Unlisted in vivo (eg, transcutaneous) laboratory service	PATH & LAB - TRANSCUTANEOUS PR	NON-COV	12/27/2019	12/27/2019			
STAR	88399	Unlisted surgical pathology procedure	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88299	Unlisted cytogenetic study	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	88199	Unlisted cytopathology procedure	PATH & LAB - CYTOPATHOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	88099	Unlisted necropsy (autopsy) procedure	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	87999	Unlisted microbiology procedure	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	86999	Unlisted transfusion medicine procedure	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86486	Skin test; unlisted antigen, each	2008 Code Set	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	85999	Unlisted hematology and coagulation procedure	PATH & LAB - HEMATOLOGY AND CO	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	84999	Unlisted chemistry procedure	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/27/2019			
STAR	83498	Hydroxyprogesterone, 17-d	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83491	Hydroxycorticosteroids, 17-(17-OHCS)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83080	b-Hexosaminidase, each assay	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83069	Hemoglobin; urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83068	Hemoglobin; unstable, screen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83065	Hemoglobin; thermolabile	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83060	Hemoglobin; sulfhemoglobin, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83051	Hemoglobin; plasma	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83050	Hemoglobin; methemoglobin, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83045	Hemoglobin; methemoglobin, qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83036	Hemoglobin; glycosylated (A1C)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83033	Hemoglobin; F (fetal), qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83030	Hemoglobin; F (fetal), chemical	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81099	Unlisted urinalysis procedure	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	79999	Radiopharmaceutical therapy, unlisted procedure	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	78699	Unlisted nervous system procedure, diagnostic nuclear medicine	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78599	Unlisted respiratory procedure, diagnostic nuclear medicine	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	78099	Unlisted endocrine procedure, diagnostic nuclear medicine	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	77799	Unlisted procedure, clinical brachytherapy	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77499	Unlisted procedure, therapeutic radiology treatment management	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77299	Unlisted procedure, therapeutic radiology clinical treatment planning	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76499	Unlisted diagnostic radiographic procedure	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	69979	Unlisted procedure, temporal bone, middle fossa approach	SURGERY - AUDITORY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	69949	Unlisted procedure, inner ear	SURGERY - AUDITORY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	69799	Unlisted procedure, middle ear	SURGERY - AUDITORY SYSTEM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	SURGERY - AUDITORY SYSTEM	YES	07/10/2022	12/31/2078	Regulatory Compliance	Age Limitation 5 years of age or older.	
STAR	69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	SURGERY - AUDITORY SYSTEM	YES	07/10/2022	12/31/2078	Regulatory Compliance	Age Limitation 5 years of age or older.	
STAR	69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to th	SURGERY - AUDITORY SYSTEM	YES	07/10/2022	12/31/2078	Regulatory Compliance	Age Limitation 5 years of age or older.	
STAR	69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	SURGERY - AUDITORY SYSTEM	YES	01/01/2010	12/31/2078		Age Limitation 5 years of age or older.	
STAR	69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69399	Unlisted procedure, external ear	SURGERY - AUDITORY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	68899	Unlisted procedure, lacrimal system	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			
STAR	68399	Unlisted procedure, conjunctiva	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			
STAR	67999	Unlisted procedure, eyelids	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			
STAR	67599	Unlisted procedure, orbit	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67299	Unlisted procedure, posterior segment	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			
STAR	66999	Unlisted procedure, anterior segment of eye	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			
STAR	66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			
STAR	66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			
STAR	64448	Injection(s), anesthetic agent (s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64447	Injection(s), anesthetic agent (s) and/or steroid; femoral nerve, including imaging guidance, when performed	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64446	Injection(s), anesthetic agent (s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64445	Injection(s), anesthetic agent (s) and/or steroid; sciatic nerve, including imaging guidance, when performed	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64417	Injection(s), anesthetic agent (s) and/or steroid; axillary nerve, including imaging guidance, when performed	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64416	Injection(s), anesthetic agent (s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64415	Injection(s), anesthetic agent (s) and/or steroid; brachial plexus, including imaging guidance, when performed	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60699	Unlisted procedure, endocrine system	SURGERY - ENDOCRINE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	60659	Unlisted laparoscopy procedure, endocrine system	SURGERY - ENDOCRINE SYSTEM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	59899	Unlisted procedure, maternity care and delivery	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/27/2019			
STAR	59898	Unlisted laparoscopy procedure, maternity care and delivery	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/27/2019			
STAR	59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/27/2019			
STAR	58999	Unlisted procedure, female genital system (nonobstetrical)	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	58679	Unlisted laparoscopy procedure, oviduct, ovary	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	58579	Unlisted hysteroscopy procedure, uterus	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	58578	Unlisted laparoscopy procedure, uterus	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	55899	Unlisted procedure, male genital system	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	55559	Unlisted laparoscopy procedure, spermatic cord	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	54699	Unlisted laparoscopy procedure, testis	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	53899	Unlisted procedure, urinary system	SURGERY - URINARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	51999	Unlisted laparoscopy procedure, bladder	SURGERY - URINARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	50949	Unlisted laparoscopy procedure, ureter	SURGERY - URINARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	50549	Unlisted laparoscopy procedure, renal	SURGERY - URINARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	50205	Renal biopsy; by surgical exposure of kidney	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulium pyelolithotomy)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50125	Pyelotomy; with drainage, pyelostomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50120	Pyelotomy; with exploration	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50100	Transection or repositioning of aberrant renal vessels (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone [s] GT 2 cm, branching	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50070	Nephrolithotomy; complicated by congenital kidney abnormality	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50065	Nephrolithotomy; secondary surgical operation for calculus	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50060	Nephrolithotomy; removal of calculus	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50045	Nephrotomy, with exploration	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50040	Nephrostomy, nephrotomy with drainage	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49999	Unlisted procedure, abdomen, peritoneum and omentum	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	48999	Unlisted procedure, pancreas	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	47999	Unlisted procedure, biliary tract	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	47579	Unlisted laparoscopy procedure, biliary tract	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47399	Unlisted procedure, liver	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	47379	Unlisted laparoscopic procedure, liver	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	46999	Unlisted procedure, anus	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	45999	Unlisted procedure, rectum	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	44979	Unlisted laparoscopy procedure, appendix	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	44899	Unlisted procedure, Meckel's diverticulum and the mesentery	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	44238	Unlisted laparoscopy procedure, intestine (except rectum)	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	43999	Unlisted procedure, stomach	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	43499	Unlisted procedure, esophagus	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	43289	Unlisted laparoscopy procedure, esophagus	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	42999	Unlisted procedure, pharynx, adenoids, or tonsils	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	42699	Unlisted procedure, salivary glands or ducts	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	42299	Unlisted procedure, palate, uvula	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	41599	Unlisted procedure, tongue, floor of mouth	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	40899	Unlisted procedure, vestibule of mouth	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	40799	Unlisted procedure, lips	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	39599	Unlisted procedure, diaphragm	SURGERY - MEDIASTINUM AND DIAP	NON-COV	12/27/2019	12/27/2019			
STAR	39499	Unlisted procedure, mediastinum	SURGERY - MEDIASTINUM AND DIAP	NON-COV	12/27/2019	12/27/2019			
STAR	38999	Unlisted procedure, hemic or lymphatic system	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/27/2019			
STAR	38589	Unlisted laparoscopy procedure, lymphatic system	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/27/2019			
STAR	38129	Unlisted laparoscopy procedure, spleen	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/27/2019			

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STAR	37799	Unlisted procedure, vascular surgery	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	37501	Unlisted vascular endoscopy procedure	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	36299	Unlisted procedure, vascular injection	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33999	Unlisted procedure, cardiac surgery	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	32999	Unlisted procedure, lungs and pleura	SURGERY - RESPIRATORY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	31899	Unlisted procedure, trachea, bronchi	SURGERY - RESPIRATORY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	31299	Unlisted procedure, accessory sinuses	SURGERY - RESPIRATORY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	30999	Unlisted procedure, nose	SURGERY - RESPIRATORY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	29999	Unlisted procedure, arthroscopy	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	29799	Unlisted procedure, casting or strapping	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	28899	Unlisted procedure, foot or toes	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	27899	Unlisted procedure, leg or ankle	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	27299	Unlisted procedure, pelvis or hip joint	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	27282	Arthrodesis, symphysis pubis (including obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			

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STAR	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/31/2078			
STAR	26989	Unlisted procedure, hands or fingers	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	25999	Unlisted procedure, forearm or wrist	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	24999	Unlisted procedure, humerus or elbow	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24340	Tenodesis of biceps tendon at elbow (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24330	Flexor-plasty, elbow (eg, Steindler type advancement);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24310	Tenotomy, open, elbow to shoulder, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24305	Tendon lengthening, upper arm or elbow, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24300	Manipulation, elbow, under anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24220	Injection procedure for elbow arthrography	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24200	Removal of foreign body, upper arm or elbow area; subcutaneous	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24155	Resection of elbow joint (arthrectomy)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24152	Radical resection of tumor, radial head or neck	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24150	Radical resection of tumor, shaft or distal humerus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24130	Excision, radial head	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24110	Excision or curettage of bone cyst or benign tumor, humerus;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24105	Excision, olecranon bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24102	Arthrotomy, elbow; with synovectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24100	Arthrotomy, elbow; with synovial biopsy only	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23931	Incision and drainage, upper arm or elbow area; bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	23929	Unlisted procedure, shoulder	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	23921	Disarticulation of shoulder; secondary closure or scar revision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23920	Disarticulation of shoulder;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23900	Interthoracoscaphular amputation (forequarter)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23800	Arthrodesis, glenohumeral joint;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23660	Open treatment of acute shoulder dislocation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23570	Closed treatment of scapular fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	23550	Open treatment of acromioclavicular dislocation, acute or chronic;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23545	Closed treatment of acromioclavicular dislocation; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23540	Closed treatment of acromioclavicular dislocation; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23530	Open treatment of sternoclavicular dislocation, acute or chronic;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23525	Closed treatment of sternoclavicular dislocation; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23520	Closed treatment of sternoclavicular dislocation; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23515	Open treatment of clavicular fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23505	Closed treatment of clavicular fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23500	Closed treatment of clavicular fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22999	Unlisted procedure, abdomen, musculoskeletal system	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	22899	Unlisted procedure, spine	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	2009 Code Set	YES	08/26/2022	12/31/2078			
STAR	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	2009 Code Set	YES	08/26/2022	12/31/2078			
STAR	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition t	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/31/2078			
STAR	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	22855	Removal of anterior instrumentation	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	21899	Unlisted procedure, neck or thorax	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	21499	Unlisted musculoskeletal procedure, head	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	21299	Unlisted craniofacial and maxillofacial procedure	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	21089	Unlisted maxillofacial prosthetic procedure	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	20999	Unlisted procedure, musculoskeletal system, general	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	19499	Unlisted procedure, breast	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	15999	Unlisted procedure, excision pressure ulcer	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	15851	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	0734T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0733T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0703T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month	CATEGORY III CODES	EXPIRED	01/01/2022	01/01/2022		Code is informational only	
STAR	0702T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	CATEGORY III CODES	EXPIRED	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0493T	Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0487T	Biomechanical mapping, transvaginal, with report	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	Category III Codes	EXPIRED	12/27/2019	12/31/2078			
STAR	0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	Category III Codes	EXPIRED	12/27/2019	12/31/2078			
STAR	0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage	Category III Codes	EXPIRED	12/27/2019	12/31/2078			
STAR	0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	Category III Codes	EXPIRED	12/27/2019	12/31/2078			
STAR	0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	Category III Codes	EXPIRED	12/27/2019	12/31/2078			
STAR	0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	Category III Codes	EXPIRED	12/27/2019	12/31/2078			
STAR	0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	T1033	Services performed by a doula birth worker, per diem	HCPCS - STATE MEDICAID AGENCY	NO	10/01/2022	10/01/2022			
STAR	T1032	Services performed by a doula birth worker, per 15 minutes	HCPCS - STATE MEDICAID AGENCY	NO	10/01/2022	10/01/2022			
STAR	J2777	Injection, faricimab-svoa, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	10/01/2022	12/31/2078			
STAR	J1302	Injection, sutimlimab-jome, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	10/01/2022	12/31/2078			
STAR	E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	HCPCS - DME	YES	10/01/2022	12/31/2078			
STAR	C9101	Injection, oliceridine, 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	YES	10/01/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	HCPCS - MED-SURG SUPPLIES	YES	10/01/2022	12/31/2078			
STAR	A9602	Fluorodopa f-18, diagnostic, per mCi	HCPCS - MED-SURG SUPPLIES	YES	10/01/2022	12/31/2078			
STAR	A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	HCPCS - MED-SURG SUPPLIES	YES	10/01/2022	12/31/2078			
STAR	A2018	PermeaDerm C, per sq cm	HCPCS - MED-SURG SUPPLIES	YES	10/01/2022	12/31/2078			
STAR	A2017	PermeaDerm glove, each	HCPCS - MED-SURG SUPPLIES	YES	10/01/2022	12/31/2078			
STAR	A2016	PermeaDerm B, per sq cm	HCPCS - MED-SURG SUPPLIES	YES	10/01/2022	12/31/2078			
STAR	A2015	Phoenix wound matrix, per sq cm	HCPCS - MED-SURG SUPPLIES	YES	10/01/2022	12/31/2078			
STAR	A2014	Omeza Collagen Matrix, per 100 mg	HCPCS - MED-SURG SUPPLIES	YES	10/01/2022	12/31/2078			
STAR	0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphaera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, or venous whole blood, algorithm reported as likelihood of bacterial infection	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0346U	Beta amyloid, AB40 and AB42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2022	12/31/2078			
STAR	90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use	MEDICINE - VACCINES, TOXOIDS	NO	07/26/2022	07/26/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	PATH & LAB - MICROBIOLOGY	NO	07/26/2022	07/26/2022			
STAR	90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	MEDICINE - VACCINES, TOXOIDS	NO	07/26/2022	07/26/2022			
STAR	V5220	Hearing aid, BICROS, behind the ear	HCPCS - HEARING SERVICES	EXPIRED	04/01/2012	04/03/2012			
STAR	V5210	Hearing aid, BICROS, in the ear	HCPCS - HEARING SERVICES	EXPIRED	04/01/2012	04/03/2012			
STAR	V5180	Hearing aid, CROS, behind the ear	HCPCS - HEARING SERVICES	EXPIRED	04/01/2012	04/03/2012			
STAR	V5170	Hearing aid, CROS, in the ear	HCPCS - HEARING SERVICES	EXPIRED	04/01/2012	04/03/2012			
STAR	S5011	5% dextrose in lactated ringer's, 1000 ml	HCPCS - TEMP NATIONAL CODES	EXPIRED	04/01/2010	04/01/2010			
STAR	S1090	Mometasone furoate sinus implant, 370 micrograms	HCPCS - TEMP NATIONAL CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine	HCPCS - TEMP NATIONAL CODES	EXPIRED	04/01/2010	04/01/2010			
STAR	S0165	Injection abarelix	HCPCS - TEMP NATIONAL CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	S0163	Injection risperidoneLA	HCPCS - TEMP NATIONAL CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	S0162	Injection, efalizumab, 125 mg	HCPCS - TEMP NATIONAL CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	S0159	INJECTION, AGALSIDASE BETA, 35 MG (Not Valid for Medicare)	HCPCS - TEMP NATIONAL CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	S0158	INJECTION, LARONIDASE, 0.58 MG (Not Valid for Medicare)	HCPCS - TEMP NATIONAL CODES	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0144	Injection, Propofol, 10mg	HCPCS - TEMP NATIONAL CODES	EXPIRED	11/04/2014	11/04/2014			
STAR	S0115	BORTEZOMIB, 3.5 MG (Not Valid for Medicare)	HCPCS - TEMP NATIONAL CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	S0016	INJECTION, AMIKACIN SULFATE, 500 MG (Not Valid for Medicare)	HCPCS - TEMP NATIONAL CODES	EXPIRED	01/01/2010	01/01/2078			
STAR	Q9986	Injection, hydroxyprogesterone caproate (Makena), 10 mg	HCPCS - TEMP CODES	EXPIRED	06/15/2017	12/31/2078			
STAR	Q9985	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	HCPCS - TEMP CODES	EXPIRED	06/15/2017	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q9984	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	HCPCS - TEMP CODES	EXPIRED	06/15/2017	06/15/2017			
STAR	Q9979	Injection, Alemtuzumab, 1 mg	HCPCS - TEMP CODES	EXPIRED	12/08/2015	12/08/2015			
STAR	Q9978	Netupitant 300 mg and palonosetron 0.5 mg, oral	HCPCS - TEMP CODES	EXPIRED	07/14/2015	12/31/2078			
STAR	Q9974	Injection, Morphine Sulfate, Preservative-Free For Epidural Or Intrathecal Use, 10 mg	HCPCS - TEMP CODES	EXPIRED	11/04/2014	11/04/2014			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q9970	Injection, Ferric Carboxymaltose, 1mg	HCPCS - TEMP CODES	EXPIRED	07/14/2014	12/31/2078			
STAR	Q9003	Counseling, group, by chaplain services	HCPCS - TEMP CODES	NO	10/01/2020	10/01/2020			
STAR	Q9002	Counseling, individual, by chaplain services	HCPCS - TEMP CODES	NO	10/01/2020	10/01/2020			
STAR	Q9001	Assessment by chaplain services	HCPCS - TEMP CODES	NO	10/01/2020	10/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q5102	Injection, infliximab, biosimilar, 10 mg	HCPCS - TEMP CODES	EXPIRED	08/02/2016	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4172	PuraPly or PuraPly AM, per sq cm	HCPCS - TEMP CODES	EXPIRED	01/27/2017	12/31/2078			
STAR	Q4128	FlexHD, or AllopatchHD, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q3025	Injection, interferon beta-1A, 11 mcg for intramuscular use	HCPCS - TEMP CODES	EXPIRED	04/01/2010	04/01/2010			
STAR	Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	HCPCS - TEMP CODES	EXPIRED	07/01/2012	12/31/2012			
STAR	Q2047	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)	HCPCS - TEMP CODES	EXPIRED	07/01/2012	12/31/2012			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q2046	Injection, aflibercept, 1 mg	HCPCS - TEMP CODES	EXPIRED	07/01/2012	12/31/2012			
STAR	Q2044	Injection, belimumab, 10 mg	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	08/01/2009	12/31/2011			
STAR	Q0179	Ondansetron HCl 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	EXPIRED	04/01/2010	04/01/2010			
STAR	Q0170	Promethazine HCl, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	EXPIRED	04/01/2010	04/01/2010			
STAR	Q0168	Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	EXPIRED	04/01/2010	04/01/2010			
STAR	Q0165	Prochlorperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	EXPIRED	04/01/2010	04/01/2010			
STAR	L7274	Proportional control, 6-12 volt, Liberty, Utah or equal	HCPCS - PROSTHETIC PROCED	EXPIRED	04/01/2010	04/01/2010			
STAR	L7272	Analogue control, UNB or equal	HCPCS - PROSTHETIC PROCED	EXPIRED	04/01/2010	04/01/2010			
STAR	L7266	Servo control, Steeper or equal	HCPCS - PROSTHETIC PROCED	EXPIRED	04/01/2010	04/01/2010			
STAR	L7261	Electronic wrist rotator, for Utah arm	HCPCS - PROSTHETIC PROCED	EXPIRED	04/01/2010	04/01/2010			
STAR	L7260	Electronic wrist rotator, Otto Bock or equal	HCPCS - PROSTHETIC PROCED	EXPIRED	04/01/2010	04/01/2010			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, 2 batteries, charger, myoelectric control of terminal device	HCPCS - PROSTHETIC PROCED	EXPIRED	04/01/2010	01/01/2078			
STAR	L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	HCPCS - PROSTHETIC PROCED	EXPIRED	04/01/2010	04/01/2010			
STAR	L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	EXPIRED	04/01/2010	04/01/2010			
STAR	L1520	THKAO, swivel walker	HCPCS - ORTHOTIC PROCEDURES	EXPIRED	04/01/2010	04/01/2010			
STAR	L1510	THKAO, standing frame, with or without tray and accessories	HCPCS - ORTHOTIC PROCEDURES	EXPIRED	04/01/2010	04/01/2010			
STAR	L1500	Thoracic-hip-knee-ankle orthotic (THKAO), mobility frame (Newington, Parapodium types)	HCPCS - ORTHOTIC PROCEDURES	EXPIRED	04/01/2010	04/01/2010			
STAR	L0430	Spinal orthotic, anterior-posterior-lateral control, with interface material, custom fitted (DeWall Posture Protector only)	HCPCS - ORTHOTIC PROCEDURES	EXPIRED	04/01/2010	04/01/2010			
STAR	K0903	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	HCPCS - DME	EXPIRED	03/31/2018	03/31/2018			
STAR	J9265	Injection, paclitaxel, 30 mg	HCPCS - CHEMO DRUGS	EXPIRED	04/01/2010	04/01/2010			
STAR	J9001	Injection, doxorubicin HCl, all lipid formulations, 10 mg	HCPCS - CHEMO DRUGS	EXPIRED	04/01/2010	12/31/2012			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J8561	Everolimus, oral, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2012	12/31/2012			
STAR	J7619	ALBUTEROL INH SOL U D	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2010	01/01/2078			
STAR	J7618	ALBUTEROL INH SOL CON	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2010	01/01/2078			
STAR	J7506	Prednisone, oral, per 5 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	04/01/2010			
STAR	J7335	Capsaicin 8% patch, per 10 sq cm	HCPCS - DRUGS (NOT ORAL)	EXPIRED	02/01/2011	12/31/2078			
STAR	J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	10/13/2015			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J3488	Injection, zoledronic acid (Reclast), 1 mg	2008 Code Set	EXPIRED	04/01/2010	01/01/2078			
STAR	J3487	Injection, zoledronic acid (Zometa), 1 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	01/01/2078			
STAR	J3395	VERTEPORFIN INJECTION	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2010	01/01/2078			
STAR	J3130	Injection, testosterone enanthate, up to 200 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	01/01/2078			
STAR	J3120	Injection, testosterone enanthate, up to 100 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2275	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	04/01/2010			
STAR	J2271	Injection, morphine sulfate, 100 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	04/01/2010			
STAR	J1446	Injection, TBO-filgrastim, 5 micrograms	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2014	12/31/2078			
STAR	J1441	Injection, filgrastim (G-CSF), 480 mcg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	01/01/2078			
STAR	J1080	Injection, testosterone cypionate, 1 cc, 200 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2014	01/01/2014			
STAR	J1070	Injection, testosterone cypionate, up to 100 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2014	01/01/2014			
STAR	J1051	Injection, medroxyprogesterone acetate, 50 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	12/31/2012			
STAR	J0760	Injection, colchicine, per 1 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	04/01/2010			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0718	Injection, certolizumab pegol, 1 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	01/01/2078			
STAR	J0152	Injection, adenosine for diagnostic use, 30 mg (not to be used to report any adenosine phosphate compounds; instead use A9270)	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	04/01/2010			
STAR	J0151	Injection, adenosine for diagnostic use, 1 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2014	01/01/2014			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0150	Injection, adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	HCPCS - DRUGS (NOT ORAL)	EXPIRED	04/01/2010	04/01/2010			
STAR	G9686	Onsite nursing facility conference, that is separate and distinct from an Evaluation and Management visit, including qualified practitioner and at least one member of the nursing facility interdisciplinary care team	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	11/01/2016	11/01/2016			
STAR	G9678	Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) payment for OCM-enhanced services. G9678 payments may only be made to OCM practitioners for OCM beneficiaries for the furnishment of enhanced services as defined in the OCM participation agreement	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9036	Rimantadine HCl, oral, brand, per 100 mg (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9035	Oseltamivir phosphate, oral, brand, per 75 mg (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9034	Zanamivir, inhalation powder, administered through inhaler, brand, per 10 mg (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9033	Amantadine HCl, oral brand, per 100 mg (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9020	Rimantadine HCl, oral, per 100 mg (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9017	Amantadine HCl, oral, per 100 mg (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G0434	Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	08/01/2009	08/01/2009			
STAR	G0297	Low dose CT scan (LDCT) for lung cancer screening	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/31/2020	12/31/2020			
STAR	E0571	Aerosol compressor, battery powered, for use with small volume nebulizer	HCPCS - DME	EXPIRED	04/01/2010	04/01/2010			
STAR	E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0461	Volume control ventilator, without pressure support mode, may include pressure control mode, used with noninvasive interface (e.g., mask)	HCPCS - DME	EXPIRED	04/01/2010	01/01/2078			
STAR	D9940	Occlusal guard, by report	HCPCS-DENTAL-Misc Svcs	EXPIRED	12/27/2019	12/27/2019			
STAR	D8694	repair of fixed retainers, includes reattachment	HCPCS - DENTAL	EXPIRED	12/27/2019	12/31/2078			
STAR	D8692	replacement of lost or broken retainer	HCPCS-DENTAL-Orthodontics	EXPIRED	12/27/2019	12/27/2019			
STAR	D8691	Repair of orthodontic appliance	HCPCS-DENTAL-Orthodontics	EXPIRED	12/27/2019	12/27/2019			
STAR	D8690	Orthodontic treatment (alternative billing to a contract fee)	HCPCS-DENTAL-Orthodontic Oth	EXPIRED	12/27/2019	12/27/2019			
STAR	D8060	interceptive orthodontic treatment of the transitional dentition	HCPCS-DENTAL-Orthodontic Int	EXPIRED	12/27/2019	12/27/2019			
STAR	D8050	interceptive orthodontic treatment of the primary dentition	HCPCS-DENTAL-Orthodontic Int	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	HCPCS-DENTAL-Procedure Other	EXPIRED	12/27/2019	12/27/2019			
STAR	D6052	semi-precision attachment abutment	HCPCS - DENTAL	EXPIRED	12/27/2019	12/31/2078			
STAR	D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	HCPCS-DENTAL-Denture-Partial	EXPIRED	12/27/2019	12/27/2019			
STAR	D4321	provisional splinting - extracoronal	HCPCS-DENTAL-Perio - Adjunct	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D4320	provisional splinting - intracoronal	HCPCS-DENTAL-Perio - Adjunct	EXPIRED	12/27/2019	12/27/2019			
STAR	D3427	periradicular surgery without apicoectomy	Apicoectomy	EXPIRED	12/27/2019	12/31/2078			
STAR	D1555	REMOVAL OF FIXED SPACE MAINTAINER	HCPCS-DENTAL-Space Maint	EXPIRED	12/27/2019	12/27/2019			
STAR	D1550	re-cement or re-bond space maintainer	HCPCS - DENTAL	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D1525	space maintainer - removable - bilateral	HCPCS-DENTAL-Space Maint.	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D1515	space maintainer - fixed - bilateral	HCPCS-DENTAL-Space Maint.	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9497	Loxapine, inhalation powder, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2014	01/01/2014			
STAR	C9494	Injection, ocrelizumab, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	09/13/2017	12/31/2078			
STAR	C9491	Injection, avelumab, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	09/13/2017	12/31/2078			
STAR	C9490	Injection, bezlotoxumab, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	06/15/2017	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9469	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2018	12/31/2078			
STAR	C9467	Injection, rituximab and hyaluronidase, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2018	04/01/2018			
STAR	C9466	Injection, benralizumab, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2018	12/31/2078			
STAR	C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2018	12/31/2078			
STAR	C9464	Injection, rolapitant, 0.5 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2018	12/31/2078			
STAR	C9463	Injection, aprepitant, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2018	04/01/2018			
STAR	C9456	Injection, isavuconazonium sulfate, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/08/2015	12/08/2015			
STAR	C9455	Injection, siltuximab, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	07/14/2015	12/31/2078			
STAR	C9454	Injection, pasireotide long acting, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	07/14/2015	12/31/2078			
STAR	C9453	Injection, nivolumab, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	07/14/2015	12/31/2078			
STAR	C9452	Injection, ceftolozane 50 mg and tazobactam 25 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2015	04/01/2015			
STAR	C9451	Injection, peramivir, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2015	12/31/2078			
STAR	C9448	Netupitant 300mg and palonosetron 0.5 mg, oral	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2015	12/31/2078			
STAR	C9447	Injection, phenylephrine and ketorolac, 4 ml vial	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9444	Injection, oritavancin, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2015	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9443	Injection, dalbavancin, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2015	12/31/2078			
STAR	C9441	Injection, ferric carboxymaltose, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2014	12/31/2078			
STAR	C9416	BCG LIVE (INTRAVESICAL), PER INSTILLATION, BRAND	HCPCS - K CODES -DMERCS ONLY	EXPIRED	01/01/2010	01/01/2078			
STAR	C9412	Ganciclovir implant, brand	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9367	Skin substitute, Endoform Dermal Template, per sq cm	2009 Code Set	EXPIRED	08/01/2009	08/01/2009			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9268	Capsaicin, patch, 10cm2	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9267	Injection, von Willebrand factor complex (human), Wilate, per 100 IU VWF: RCO	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9266	Injection, collagenase clostridium histolyticum, 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9265	Injection, romidepsin, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9264	Injection, tocilizumab, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9263	Injection, ecallantide, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2010	12/31/2078			
STAR	C9261	Injection, ustekinumab, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2010	12/31/2078			
STAR	C9260	Injection, ofatumumab, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2010	12/31/2078			
STAR	C9259	Injection, pralatrexate, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2010	12/31/2078			
STAR	C9258	Injection, telavancin, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2010	12/31/2078			
STAR	C9217	Injection, omalizumab	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9216	Abarelix, inject suspension	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9215	Injection, cetuximab	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9214	Injection, bevacizumab	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9213	Injection, pemetrexed	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9210	INJECTION, PALONESETRON HYDROCHLORIDE, PER 250 MCG (Special	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9207	INJECTION, BORTEZOMIB, PER 3.5 MG (Special Coverage Instruct	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9136	Injection, factor VIII, Fc fusion protein, (recombinant), per IU	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2015	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9135	Factor IX (antihemophilic factor, recombinant), Alprolix, per 10 IU	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2014	10/01/2014			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9134	Factor XIII (antihemophilic factor, recombinant), Tretten, per 10 i.u.	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	07/14/2014	12/31/2078			
STAR	C9133	Factor ix (antihemophilic factor, recombinant), rixibus, per i.u.	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2014	12/31/2078			
STAR	C9109	TIROFIBAN HCL, 6.25 MG	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9098	Ciltacabtagene autoleucl, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	07/01/2022	12/31/2078			
STAR	C9097	Injection, faricimab-svoa, 0.1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	07/01/2022	12/31/2078			
STAR	C9096	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	07/01/2022	12/31/2078			
STAR	C9095	Injection, tebentafusp-tebn, 1 mcg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	07/01/2022	12/31/2078		Limitations: 18 years of age or older	
STAR	C9094	Injection, sutimlimab-jome, 10 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	07/01/2022	12/31/2078		Limitations: 18 years of age or older	
STAR	C9041	Injection, coagulation Factor Xa (recombinant), inactivated (Andexxa), 10 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9027	Injection, pembrolizumab, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2015	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9023	Injection, testosterone undecanoate, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	10/01/2014	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9022	Injection, elosulfase alfa, 1mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	07/14/2014	12/31/2078			
STAR	C9021	Injection, obinutuzumab, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2014	12/31/2078			
STAR	C8907	Magnetic resonance imaging without contrast, breast; bilateral	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2010	12/31/2078			
STAR	C8904	Magnetic resonance imaging without contrast, breast; unilateral	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	04/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9599	Radiopharmaceutical, diagnostic, for beta-amyloid positron emission tomography (PET) imaging, per study dose, not otherwise specified	HCPCS - Radiopharmaceuticals &	EXPIRED	12/07/2016	12/31/2078			
STAR	A9291	Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2010	12/31/2078			
STAR	A7043	Vacuum drainage bottle and tubing for use with implanted catheter	HCPCS - MED-SURG SUPPLIES	EXPIRED	04/01/2010	04/01/2010			
STAR	A7042	Implanted pleural catheter, each	HCPCS - MED-SURG SUPPLIES	EXPIRED	04/01/2010	04/01/2010			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99333	Domiciliary or rest home visit for the evaluation and manage	E & M - DOMICILIARY, REST HOME	EXPIRED	01/01/2010	01/01/2078			
STAR	99332	Domiciliary or rest home visit for the evaluation and manage	E & M - DOMICILIARY, REST HOME	EXPIRED	01/01/2010	01/01/2078			
STAR	99331	Domiciliary or rest home visit for the evaluation and manage	E & M - DOMICILIARY, REST HOME	EXPIRED	01/01/2010	01/01/2078			
STAR	99323	Domiciliary or rest home visit for the evaluation and manage	E & M - DOMICILIARY, REST HOME	EXPIRED	01/01/2010	01/01/2078			
STAR	99322	Domiciliary or rest home visit for the evaluation and manage	E & M - DOMICILIARY, REST HOME	EXPIRED	01/01/2010	01/01/2078			
STAR	99321	Domiciliary or rest home visit for the evaluation and manage	E & M - DOMICILIARY, REST HOME	EXPIRED	01/01/2010	01/01/2078			
STAR	99313	Subsequent nursing facility care, per day, for the evaluatio	E & M - NURSING FACILITY SERVI	EXPIRED	01/01/2010	01/01/2078			
STAR	99312	Subsequent nursing facility care, per day, for the evaluatio	E & M - NURSING FACILITY SERVI	EXPIRED	01/01/2010	01/01/2078			
STAR	99311	Subsequent nursing facility care, per day, for the evaluatio	E & M - NURSING FACILITY SERVI	EXPIRED	01/01/2010	01/01/2078			
STAR	99303	Evaluation and management of a new or established patient in	E & M - NURSING FACILITY SERVI	EXPIRED	01/01/2010	01/01/2078			
STAR	99302	Evaluation and management of a new or established patient in	E & M - NURSING FACILITY SERVI	EXPIRED	01/01/2010	01/01/2078			
STAR	99301	Evaluation and management of a new or established patient in	E & M - NURSING FACILITY SERVI	EXPIRED	01/01/2010	01/01/2078			
STAR	99275	Confirmatory consultation for a patient, which requires thes	E & M - CONSULTATIONS	EXPIRED	01/01/2010	01/01/2078			
STAR	99274	Confirmatory consultation for a patient, which requires thes	E & M - CONSULTATIONS	EXPIRED	01/01/2010	01/01/2078			
STAR	99273	Confirmatory consultation for a new or established patient,	E & M - CONSULTATIONS	EXPIRED	01/01/2010	01/01/2078			
STAR	99272	Confirmatory consultation for a new or established patient,	E & M - CONSULTATIONS	EXPIRED	01/01/2010	01/01/2078			
STAR	99271	Confirmatory consultation for a new or established patient,	E & M - CONSULTATIONS	EXPIRED	01/01/2010	01/01/2078			
STAR	99263	Follow-up inpatient consultation for an established patient,	E & M - CONSULTATIONS	EXPIRED	01/01/2010	01/01/2078			
STAR	99262	Follow-up inpatient consultation for an established patient,	E & M - CONSULTATIONS	EXPIRED	01/01/2010	01/01/2078			
STAR	99261	Follow-up inpatient consultation for an established patient,	E & M - CONSULTATIONS	EXPIRED	01/01/2010	01/01/2078			

STAR

99090

Analysis of clinical data stored
in computers (eg, ECGs, blood
pressures, hematologic data)

MEDICINE - SPECIAL
SERVICES, P

EXPIRED

04/01/2010

04/01/2010

STAR	99054	Services requested on Sundays and holidays in addition to ba	MEDICINE - SPECIAL SERVICES, P	EXPIRED	01/01/2010	01/01/2078			
STAR	99052	Services requested between 10:00 PM and 8:00 AM in addition	MEDICINE - SPECIAL SERVICES, P	EXPIRED	01/01/2010	01/01/2078			
STAR	98969	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network	MEDICINE - SPECIAL SERVICES, P	EXPIRED	12/27/2019	12/27/2019			
STAR	97520	Prosthetic training, upper and/or lower extremities, each 15	MEDICINE - PHYSICAL MEDICINE A	EXPIRED	01/01/2010	01/01/2078			
STAR	97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact	MEDICINE - PHYSICAL MEDICINE A	EXPIRED	12/27/2019	12/31/2078			

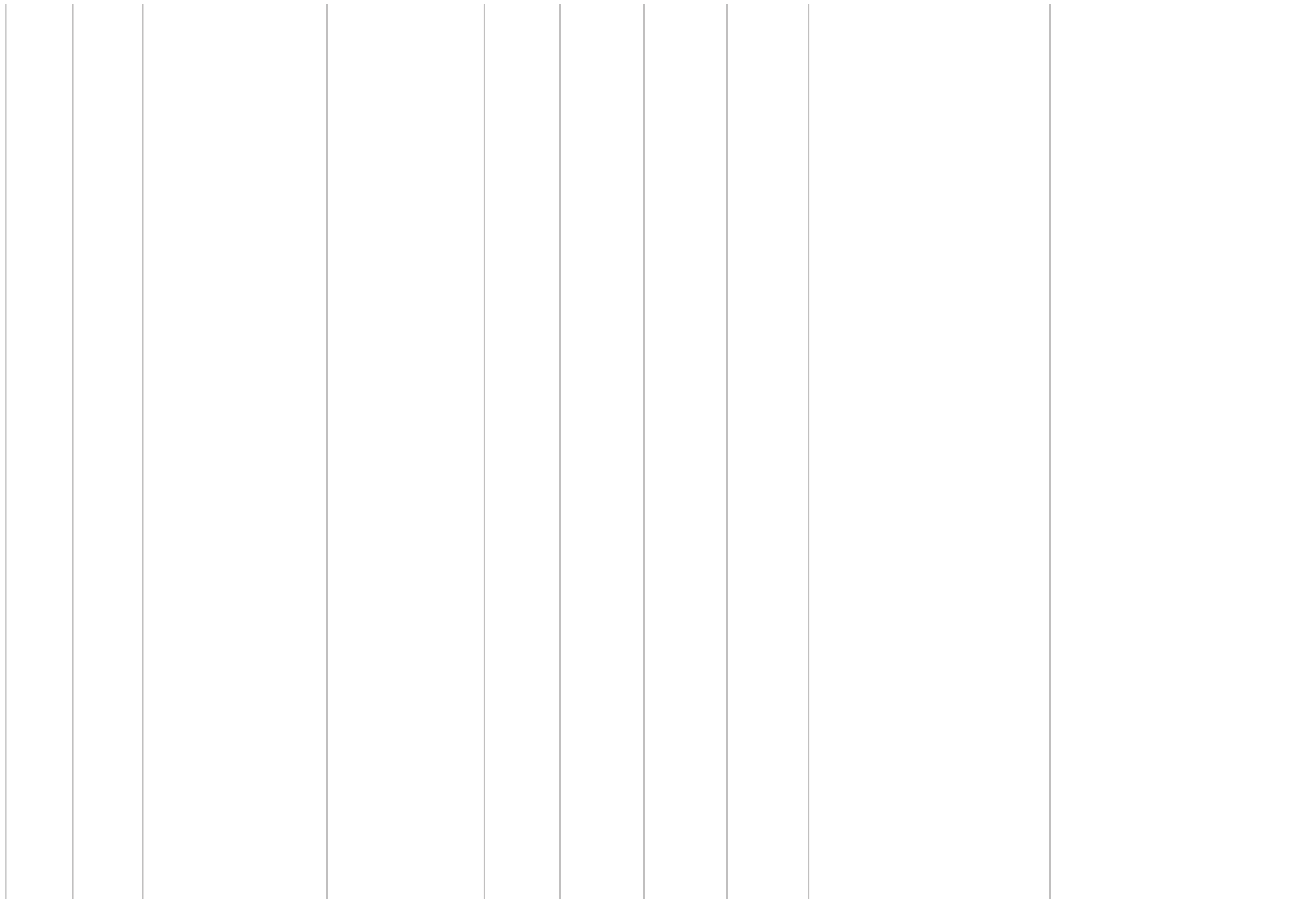
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97020	Application of a modality to one or more areas; microwave	MEDICINE - PHYSICAL MEDICINE A	EXPIRED	01/01/2010	01/01/2078			
STAR	97006	Athletic training re-evaluation	MEDICINE - PHYSICAL MEDICINE A	EXPIRED	04/01/2010	12/31/2078			

STAR	97005	Athletic training evaluation	MEDICINE - PHYSICAL MEDICINE A	EXPIRED	04/01/2010	12/31/2078			

STAR	96530	Refilling and maintenance of implantable pump or reservoir f	MEDICINE - CHEMOTHERAPY ADMINI	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96520	Refilling and maintenance of portable pump	MEDICINE - CHEMOTHERAPY ADMINI	EXPIRED	01/01/2010	01/01/2078			
STAR	96414	Chemotherapy administration, intravenous; infusion technique	MEDICINE - CHEMOTHERAPY ADMINI	EXPIRED	01/01/2010	01/01/2078			
STAR	96412	Chemotherapy administration, intravenous; infusion technique	MEDICINE - CHEMOTHERAPY ADMINI	EXPIRED	01/01/2010	01/01/2078			
STAR	96410	Chemotherapy administration, intravenous; infusion technique	MEDICINE - CHEMOTHERAPY ADMINI	EXPIRED	01/01/2010	01/01/2078			
STAR	96408	Chemotherapy administration, intravenous; push technique	MEDICINE - CHEMOTHERAPY ADMINI	EXPIRED	01/01/2010	01/01/2078			
STAR	96400	Chemotherapy administration, subcutaneous or intramuscular,	MEDICINE - CHEMOTHERAPY ADMINI	EXPIRED	01/01/2010	01/01/2078			
STAR	96115	Neurobehavioral status exam (clinical assessment of thinking	MEDICINE - CENTRAL NERVOUS SYS	EXPIRED	01/01/2010	01/01/2078			
STAR	95858	Tensilon test for myasthenia gravis; with electromyographic	MEDICINE - NEUROLOGY AND NEURO	EXPIRED	01/01/2010	01/01/2078			
STAR	92560	Bekesy audiometry; screening	MEDICINE - SPECIAL OTORHINOLAR	EXPIRED	12/27/2019	12/27/2019			
STAR	92559	Audiometric testing of groups	MEDICINE - SPECIAL OTORHINOLAR	EXPIRED	12/27/2019	12/27/2019			
STAR	92396	Supply of permanent prosthesis for aphakia; contact lenses	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	92395	Supply of permanent prosthesis for aphakia; spectacles	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	92393	Supply of ocular prosthesis (artificial eye)	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	92392	Supply of low vision aids (A low vision aid is any lens or d	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	92391	Supply of contact lenses, except prosthesis for aphakia	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	92390	Supply of spectacles, except prosthesis for aphakia and low	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	92335	Prescription of ocular prosthesis (artificial eye) and direc	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	92330	Prescription, fitting, and supply of ocular prosthesis (arti	MEDICINE - OPHTHALMOLOGY	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	05/04/2021	05/04/2021			
STAR	90871	Electroconvulsive therapy (includes necessary monitoring); m	MEDICINE - PSYCHIATRY	EXPIRED	01/01/2010	01/01/2078			
STAR	90788	Intramuscular injection of antibiotic (specify)	MEDICINE - THERAPEUTIC, PROPHY	EXPIRED	01/01/2010	01/01/2078			
STAR	90784	Therapeutic, prophylactic or diagnostic injection (specify m	MEDICINE - THERAPEUTIC, PROPHY	EXPIRED	01/01/2010	01/01/2078			
STAR	90783	Therapeutic, prophylactic or diagnostic injection (specify m	MEDICINE - THERAPEUTIC, PROPHY	EXPIRED	01/01/2010	01/01/2078			
STAR	90782	Therapeutic, prophylactic or diagnostic injection (specify m	MEDICINE - THERAPEUTIC, PROPHY	EXPIRED	01/01/2010	01/01/2078			
STAR	90781	Intravenous infusion for therapy/diagnosis, administered by	MEDICINE - THERAPEUTIC OR DIAG	EXPIRED	01/01/2010	01/01/2078			
STAR	90780	Intravenous infusion for therapy/diagnosis, administered by	MEDICINE - THERAPEUTIC OR DIAG	EXPIRED	01/01/2010	01/01/2078			
STAR	90735	Japanese encephalitis virus vaccine, for subcutaneous use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/01/2010	04/01/2010			
STAR	90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/01/2010	12/31/2012			



STAR	90669	Pneumococcal conjugate vaccine, 7 valent (PCV7), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	EXPIRED	04/01/2010	04/01/2010				
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STAR	88180	Cell marker study, each	PATH & LAB - CYTOPATHOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	PATH & LAB - CYTOPATHOLOGY	EXPIRED	04/01/2010	04/01/2010			
STAR	87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification	PATH & LAB - MICROBIOLOGY	EXPIRED	04/01/2010	04/01/2010			

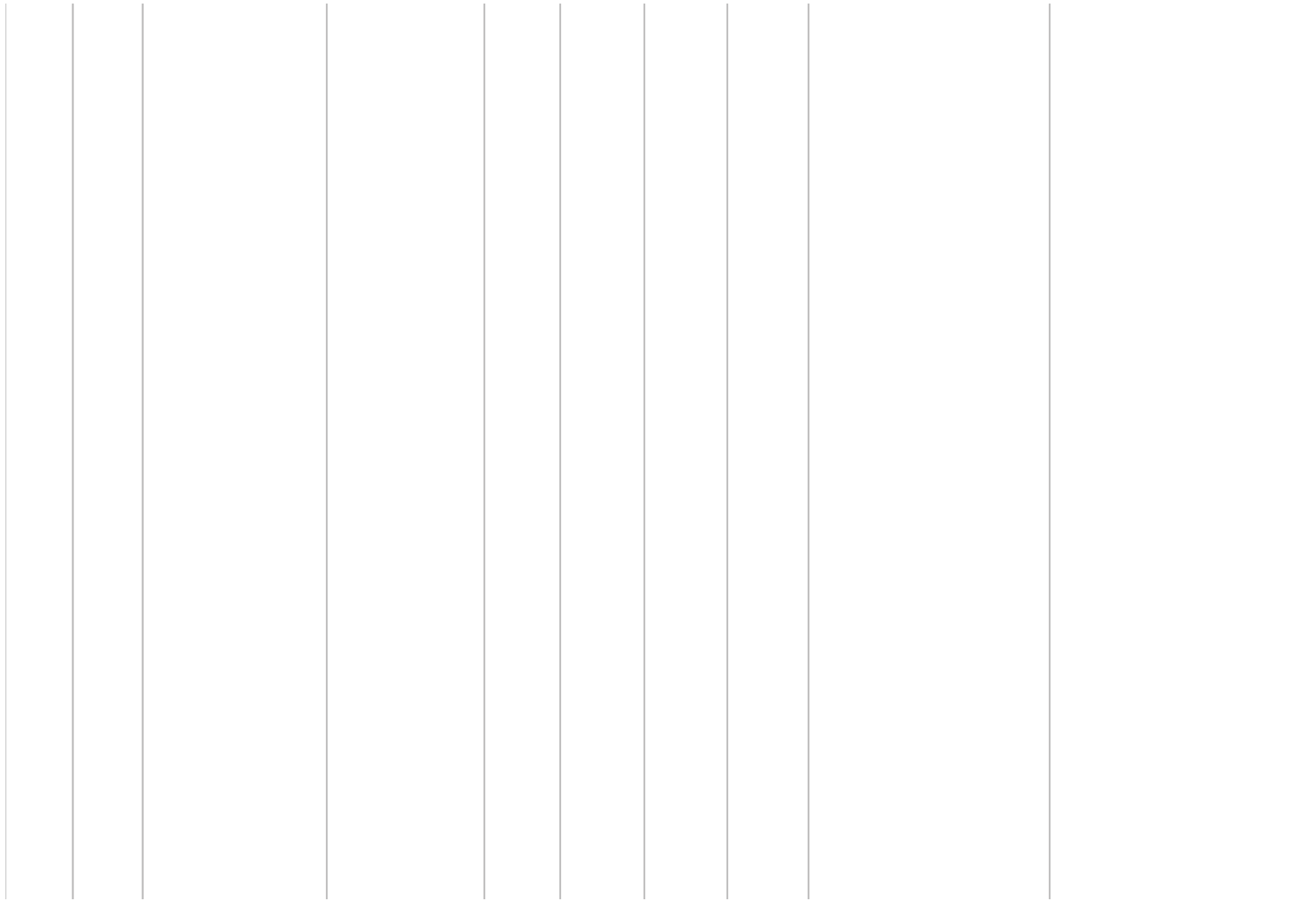
STAR	87621	Infectious agent detection by	PATH & LAB -	EXPIRED	04/01/2010	04/01/2010			
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nucleic acid (DNA or RNA);
papillomavirus, human,
amplified probe technique

MICROBIOLOGY

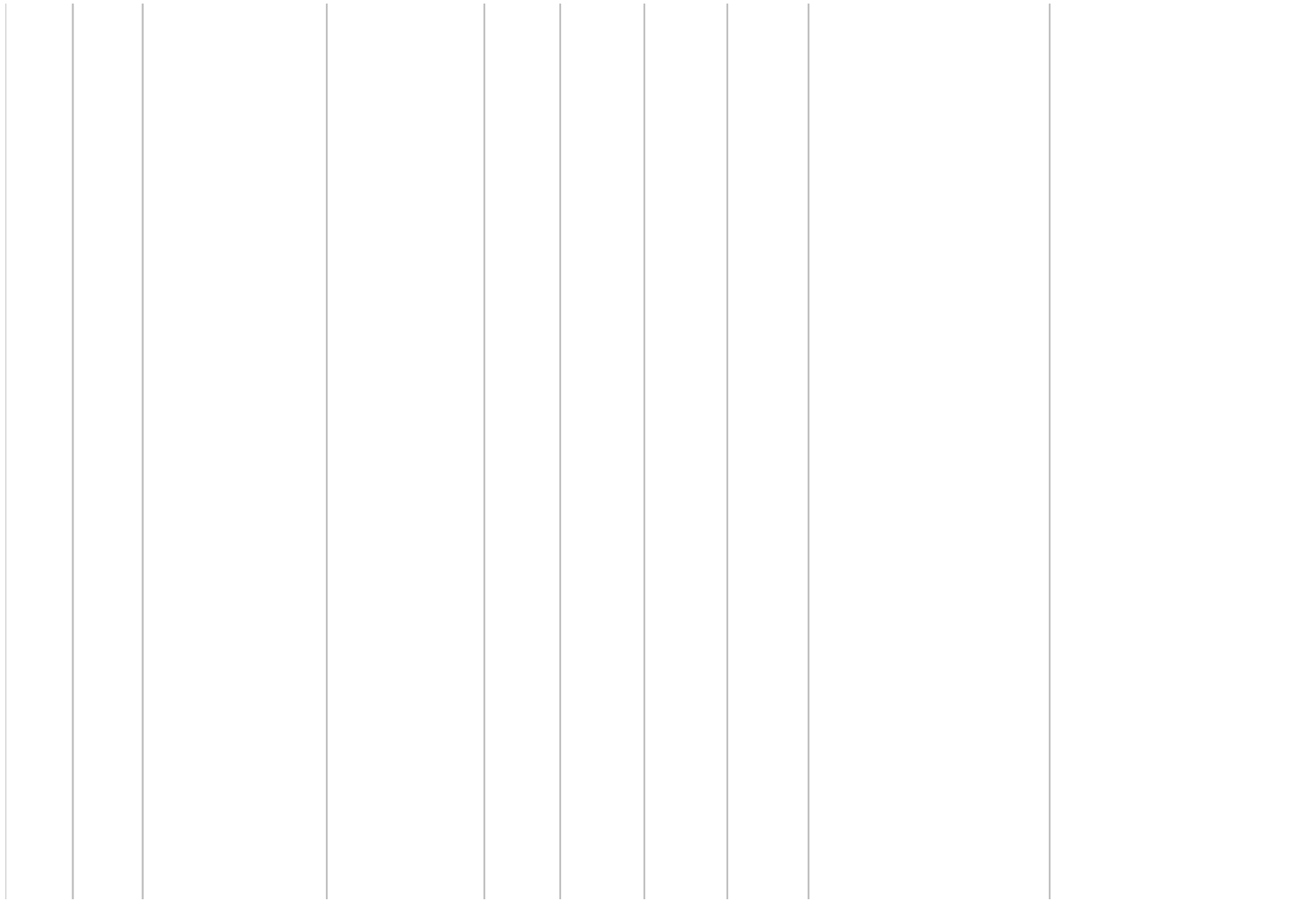
STAR	87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	PATH & LAB - MICROBIOLOGY	EXPIRED	04/01/2010	04/01/2010			
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STAR	87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique	PATH & LAB - MICROBIOLOGY	EXPIRED	04/01/2010	04/01/2010			



STAR	87477	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, quantification	PATH & LAB - MICROBIOLOGY	EXPIRED	04/01/2010	04/01/2010			
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STAR	87470	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique	PATH & LAB - MICROBIOLOGY	EXPIRED	04/01/2010	04/01/2010			



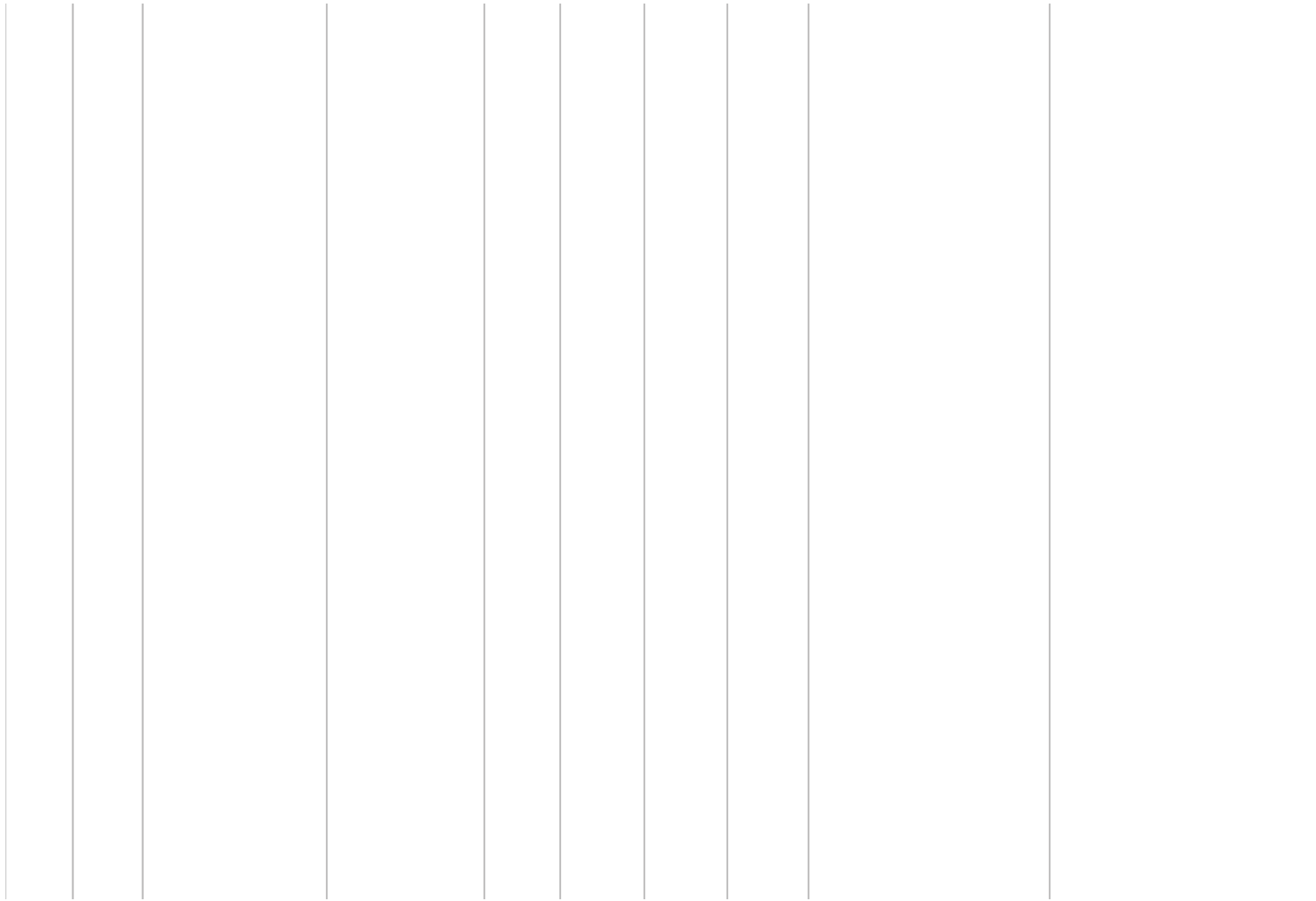
STAR	87277	Infectious agent antigen detection by immunofluorescent technique; Legionella micdadei	PATH & LAB - MICROBIOLOGY	EXPIRED	04/01/2010	04/01/2010			
STAR	87192	SENSITIV ANTIBIOTIC; FUNGI EA DRUG	PATH & LAB - MICROBIOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	87001	Animal inoculation, small animal; with observation	PATH & LAB - MICROBIOLOGY	EXPIRED	04/01/2010	04/01/2010			

STAR	86822	HLA typing; lymphocyte culture, primed (PLC)	PATH & LAB - IMMUNOLOGY	EXPIRED	04/01/2010	04/01/2010			
STAR	86729	Antibody; lymphogranuloma venereum	PATH & LAB - IMMUNOLOGY	EXPIRED	04/01/2010	04/01/2010			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86585	Skin test; tuberculosis, tine test	PATH & LAB - IMMUNOLOGY	EXPIRED	01/01/2010	01/01/2078			
STAR	86378	Migration inhibitory factor test (MIF)	PATH & LAB - IMMUNOLOGY	EXPIRED	04/01/2010	04/01/2010			

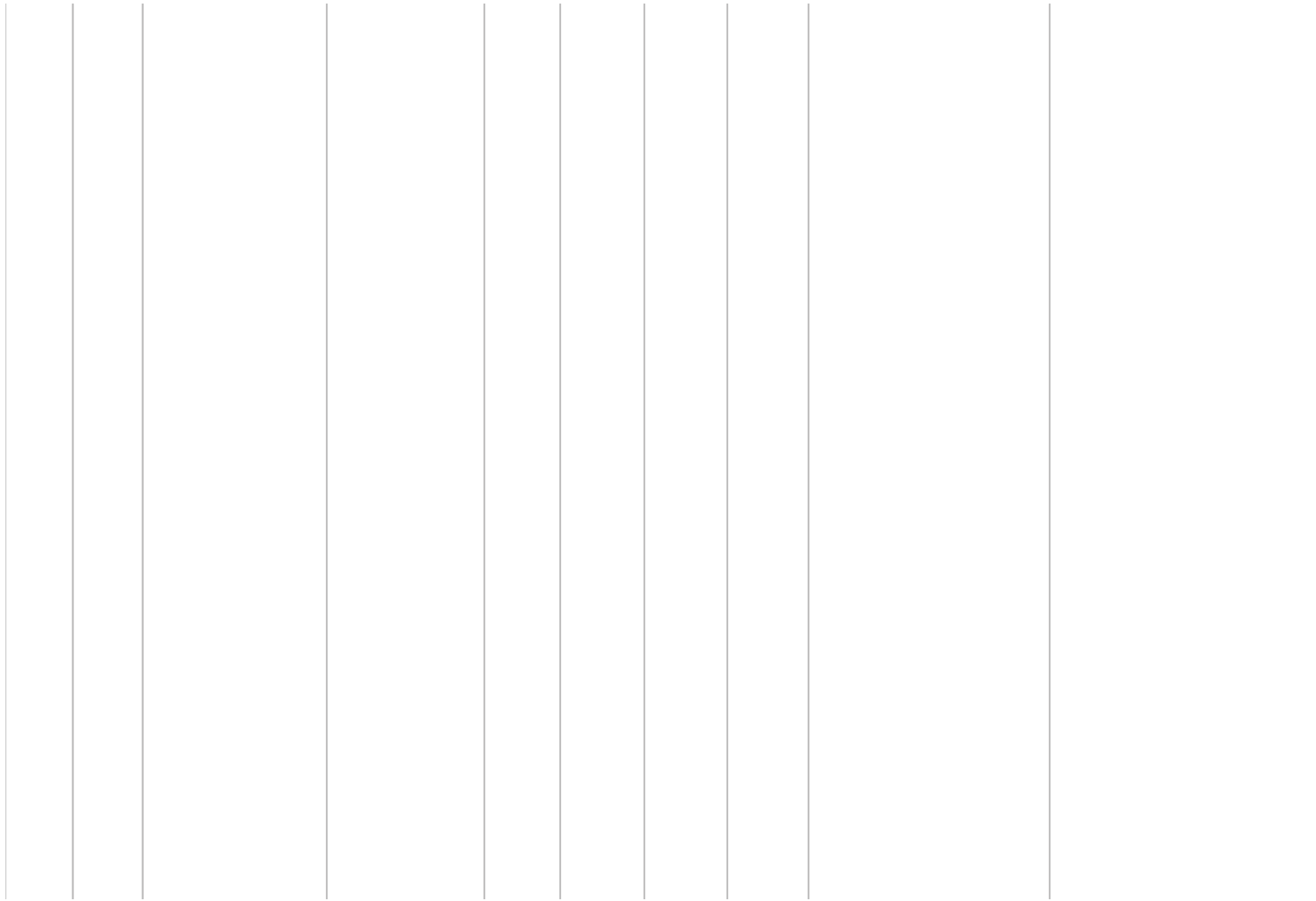
STAR	86243	Fc receptor	PATH & LAB - IMMUNOLOGY	EXPIRED	04/01/2010	04/01/2010				

STAR	86185	Counterimmunoelectrophoresis , each antigen	PATH & LAB - IMMUNOLOGY	EXPIRED	04/01/2010	04/01/2010			



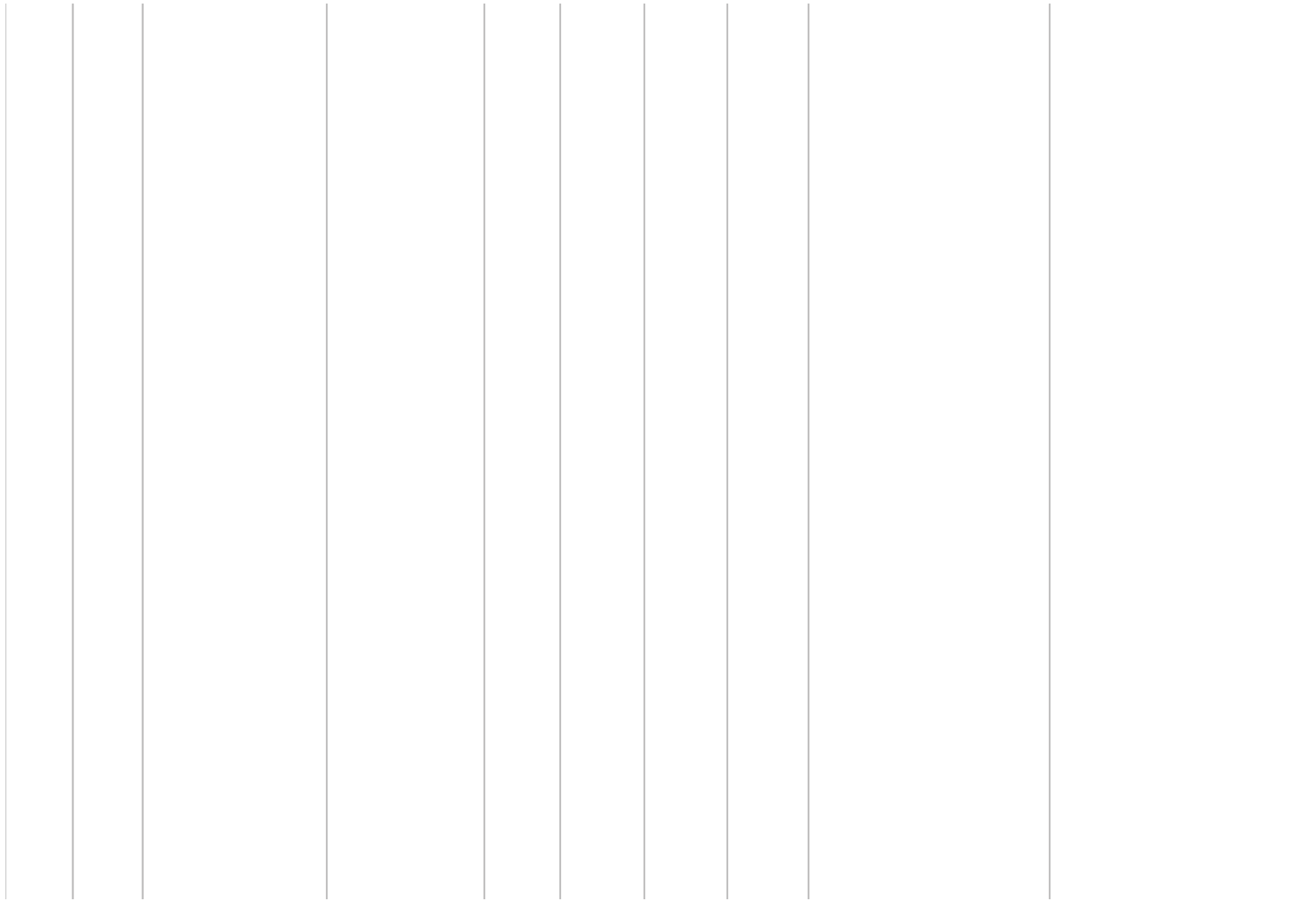
STAR	84127	Porphyrins, feces; qualitative	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			

STAR	84061	Phosphatase, acid; forensic examination	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010				



STAR	84022	Phenothiazine	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	83925	Opiate(s), drug and metabolites, each procedure	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (eg, oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83913	Molecular diagnostics; RNA stabilization	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83909	Molecular diagnostics; separation and identification by high resolution technique (eg, capillary electrophoresis), each nucleic acid preparation	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			

STAR	83908	Molecular diagnostics; amplification, signal, each nucleic acid sequence	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012				



STAR	83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue), each specimen	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
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STAR	83906	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83905	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83903	Molecular diagnostics; mutation scanning, by physical properties (eg, single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			

STAR

83902

Molecular diagnostics; reverse transcription

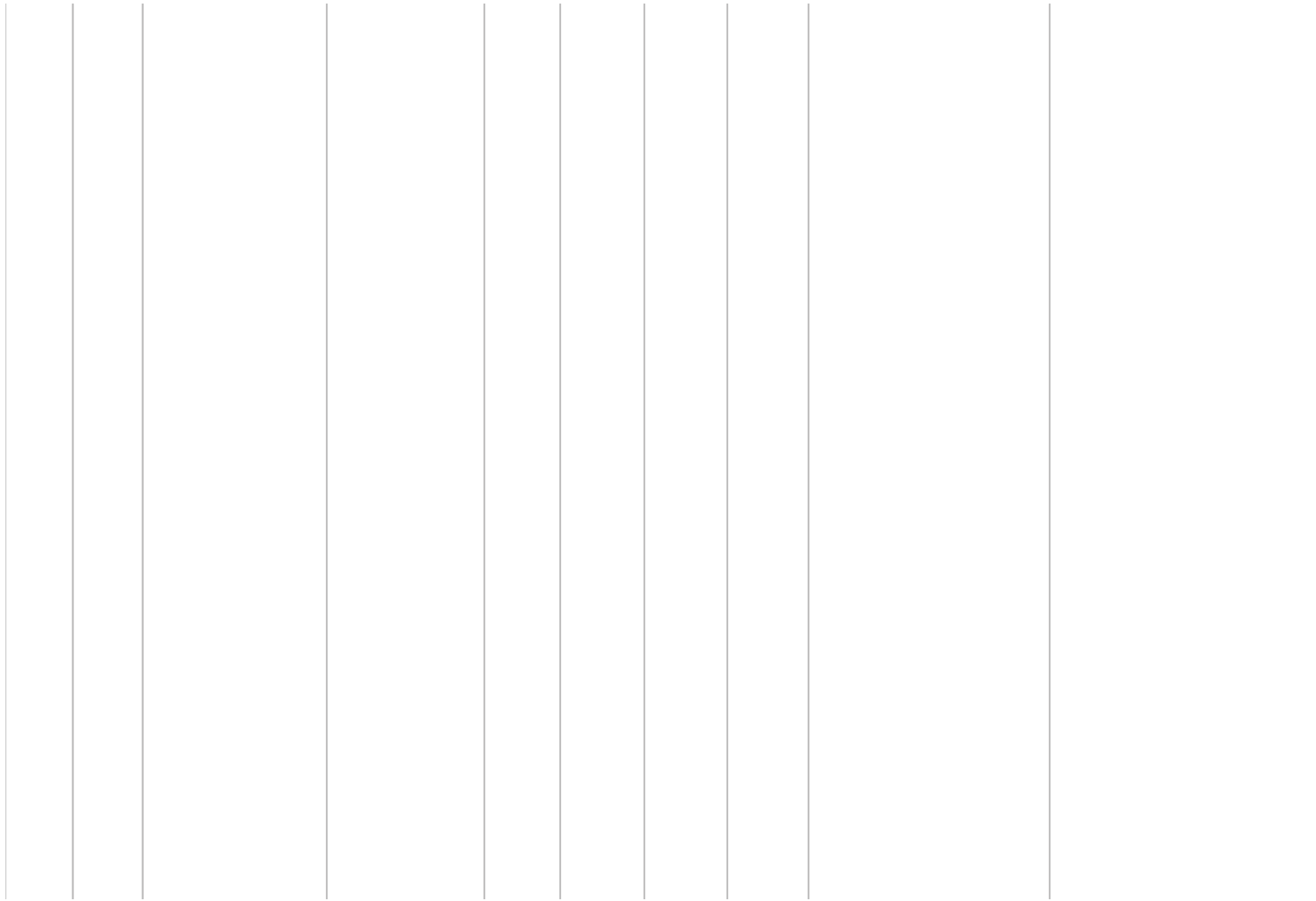
PATH & LAB - CHEMISTRY

EXPIRED

04/01/2010

12/31/2012

STAR	83901	Molecular diagnostics; amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83900	Molecular diagnostics; amplification, target, multiplex, first 2 nucleic acid sequences	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83898	Molecular diagnostics; amplification, target, each nucleic acid sequence	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83897	Molecular diagnostics; nucleic acid transfer (eg, Southern, Northern), each nucleic acid preparation	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83896	Molecular diagnostics; nucleic acid probe, each	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			

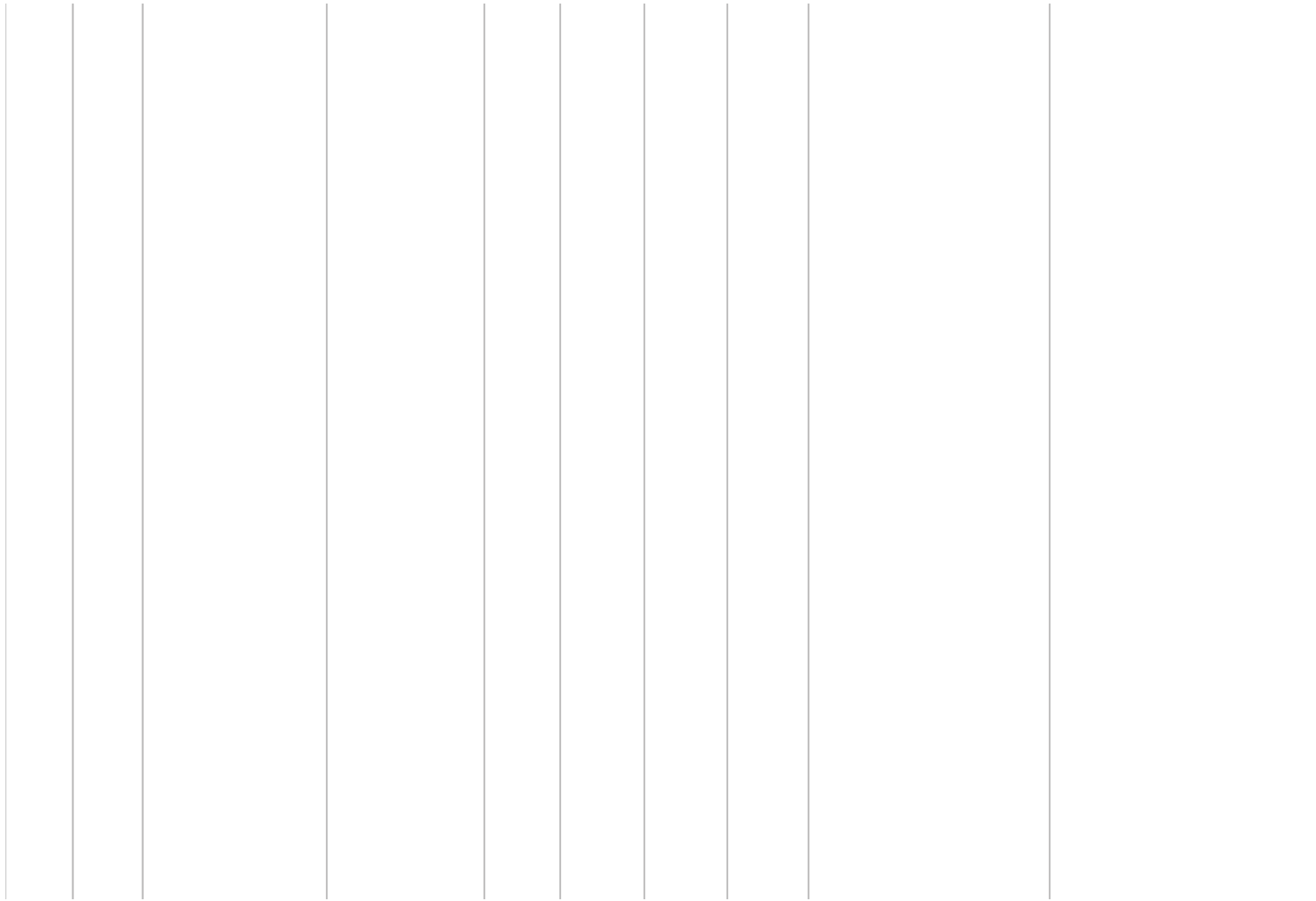


STAR	83894	Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide), each nucleic acid preparation	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83893	Molecular diagnostics; dot/slot blot production, each nucleic acid preparation	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83892	Molecular diagnostics; enzymatic digestion, each enzyme treatment	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type (ie, DNA or RNA)	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83890	Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (ie, DNA or RNA)	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	12/31/2012			
STAR	83887	Nicotine	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	83866	Mucopolysaccharides, acid; screen	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			

STAR	83858	Methsuximide	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	83840	Methadone	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	83805	Meprobamate	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	83715	Lipoprotein, blood; electrophoretic separation and quantitat	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			
STAR	83634	Lactose, urine; quantitative	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			

STAR	83499	Hydroxyprogesterone, 20-	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	83071	Hemosiderin; quantitative	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	83055	Hemoglobin; sulfhemoglobin, qualitative	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			



STAR	83008	Guanosine monophosphate (GMP), cyclic	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82980	Glutethimide	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82975	Glutamine (glutamic acid amide)	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82953	Glucose; tolbutamide tolerance test	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82742	Flurazepam	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82690	Ethchlorvynol	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82666	Epiandrosterone	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82654	Dimethadione	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82651	Dihydrotestosterone (DHT)	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82649	Dihydromorphinone	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82646	Dihydrocodeinone	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82520	Cocaine or metabolite	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82273	Blood, occult, by peroxidase activity (eg, guaiac), qualitat	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2010	01/01/2078			
STAR	82205	Barbiturates, not elsewhere specified	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			

STAR	82145	Amphetamine or methamphetamine	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			

STAR

82101

Alkaloids, urine, quantitative

PATH & LAB - CHEMISTRY

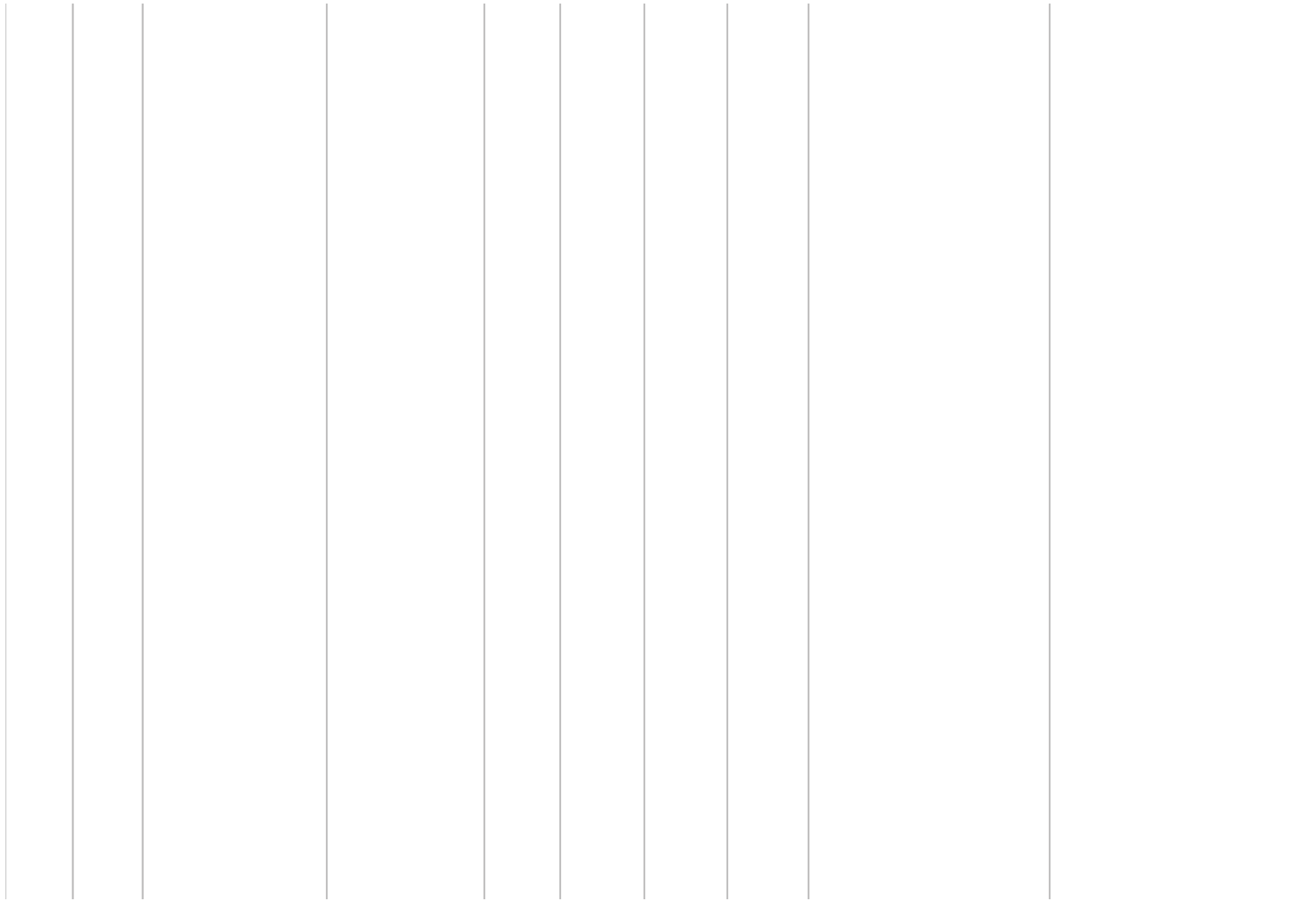
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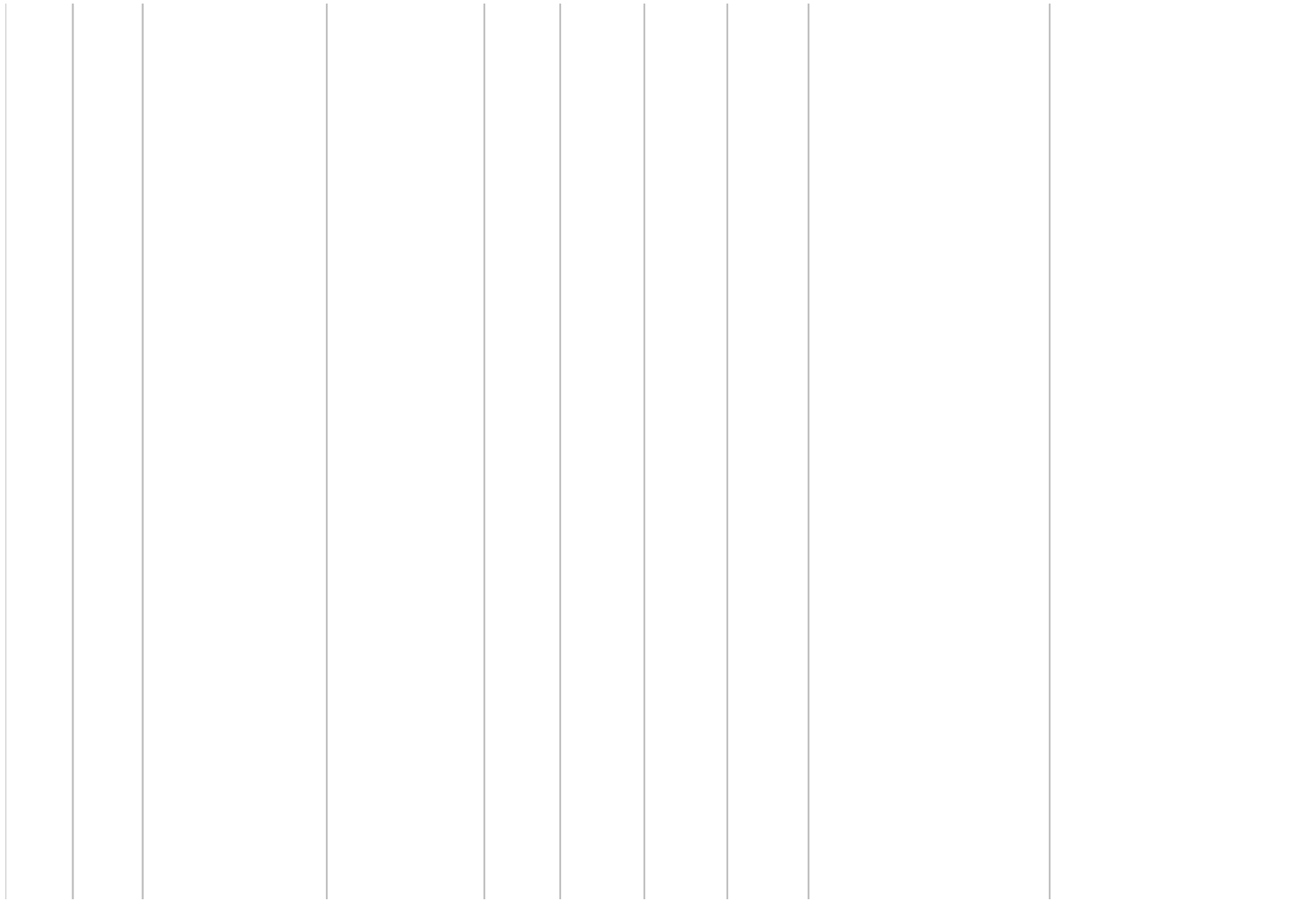
STAR	82055	Alcohol (ethanol); any specimen except breath	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			

STAR	82003	Acetaminophen	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	82000	Acetaldehyde, blood	PATH & LAB - CHEMISTRY	EXPIRED	04/01/2010	04/01/2010			
STAR	81282	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); duplication/deletion variants	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2012	12/31/2078			



STAR	81280	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); full sequence analysis	PATH & LAB - CHEMISTRY	EXPIRED	01/01/2012	12/31/2078			

STAR	80440	Thyrotropin releasing hormone (TRH) stimulation panel; for hyperprolactinemia This panel must include the following: Prolactin (84146 x 3)	PATH & LAB - EVOCATIVE/SUPPRES	EXPIRED	04/01/2010	04/01/2010			



STAR	80196	Salicylate	PATH & LAB - THERAPEUTIC DRUG	EXPIRED	04/01/2010	04/01/2010			
STAR	80182	Nortriptyline	PATH & LAB - THERAPEUTIC DRUG	EXPIRED	04/01/2010	04/01/2010			
STAR	80174	Imipramine	PATH & LAB - THERAPEUTIC DRUG	EXPIRED	04/01/2010	04/01/2010			
STAR	80172	Gold	PATH & LAB - THERAPEUTIC DRUG	EXPIRED	04/01/2010	04/01/2010			
STAR	80166	Doxepin	PATH & LAB - THERAPEUTIC DRUG	EXPIRED	04/01/2010	04/01/2010			
STAR	80160	Desipramine	PATH & LAB - THERAPEUTIC DRUG	EXPIRED	04/01/2010	04/01/2010			
STAR	80154	Benzodiazepines	PATH & LAB - THERAPEUTIC DRUG	EXPIRED	04/01/2010	04/01/2010			
STAR	80152	Amitriptyline	PATH & LAB - THERAPEUTIC DRUG	EXPIRED	04/01/2010	04/01/2010			
STAR	80102	Drug confirmation, each procedure	PATH & LAB - DRUG TESTING	EXPIRED	04/01/2010	04/01/2010			

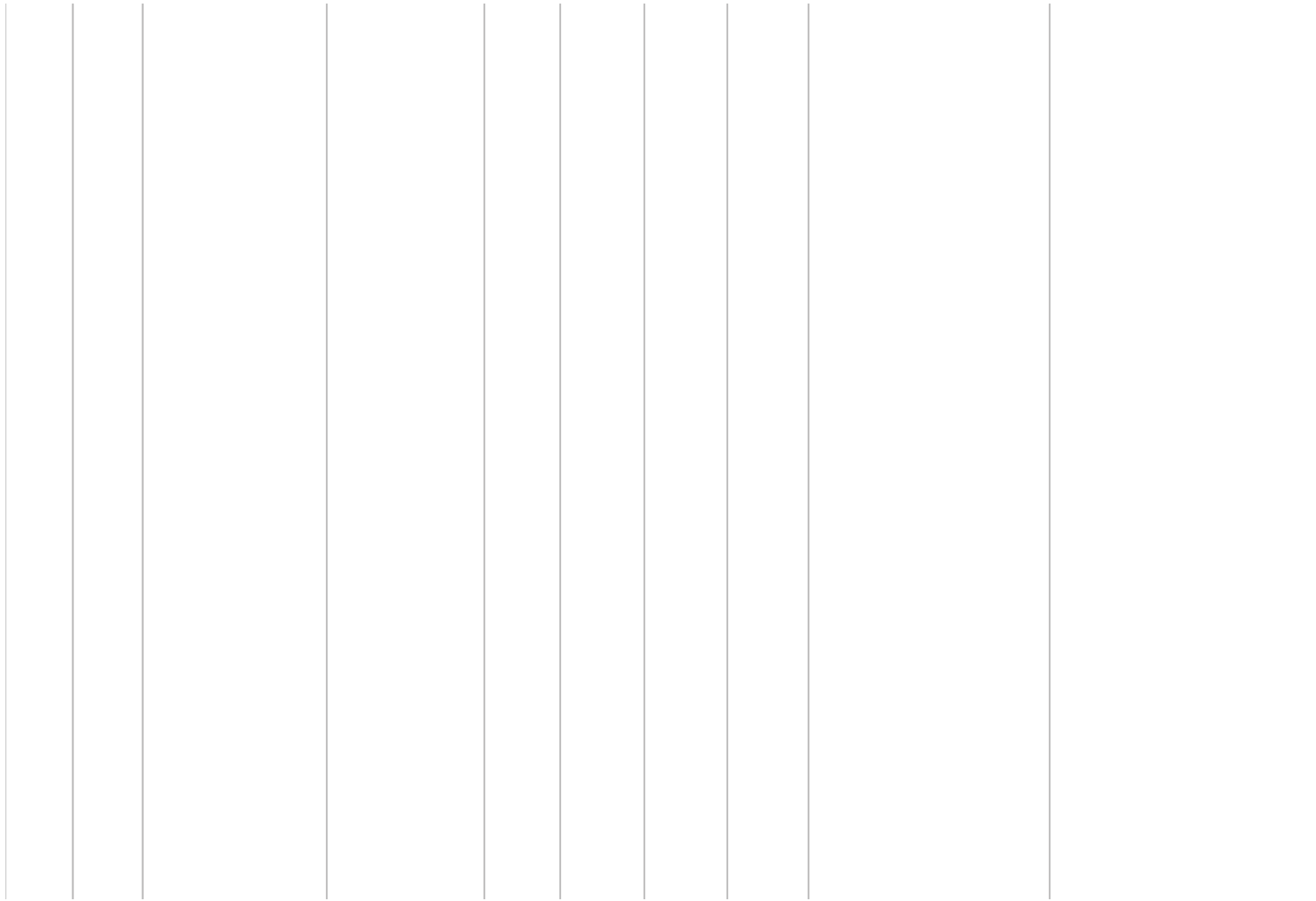
STAR	80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure	PATH & LAB - DRUG TESTING	EXPIRED	04/01/2010	04/01/2010			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78455	Venous thrombosis study (eg, radioactive fibrinogen)	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78172	Chelatable iron for estimation of total body iron	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78170	Radioiron red cell utilization	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78162	Radioiron oral absorption	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	78160	Plasma radioiron disappearance (turnover) rate	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	76375	Coronal, sagittal, multiplanar, oblique, 3-dimensional and/o	RADIOLOGY - DIAGNOSTIC RADIOLO	EXPIRED	01/01/2010	01/01/2078			
STAR	69410	Focal application of phase control substance, middle ear (ba	SURGERY - AUDITORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	43639	Gastrectomy, partial, proximal, thoracic or abdominal approa	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	43638	Gastrectomy, partial, proximal, thoracic or abdominal approa	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	42326	Fistulization of sublingual salivary cyst (ranula); with pro	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	42325	Fistulization of sublingual salivary cyst (ranula);	SURGERY - DIGESTIVE SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	37730	Ligation and division and complete stripping of long and sho	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	37720	Ligation and division and complete stripping of long or shor	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	36491	Insert CVC, cutdown, over age 2	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	36490	Insert CVC, cutdown, 2 yrs or under	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	36489	Insert CVC thru skin, over age 2	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	36488	Insert CVC thru skin,2 yrs or under	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	35494	Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	04/01/2010	04/01/2010			
STAR	33919	Repair of pulmonary atresia with ventricular septal defect,	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33918	Repair of pulmonary atresia with ventricular septal defect,	SURGERY - CARDIOVASCULAR SYSTE	EXPIRED	01/01/2010	01/01/2078			
STAR	32525	Resection of lung; with major reconstruction of chest wall,	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	32522	Resection of lung; with reconstruction of chest wall, withou	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	32520	Resection of lung; with resection of chest wall	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	31586	Treatment of closed laryngeal fracture; with closed manipula	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	31585	Treatment of closed laryngeal fracture; without manipulation	SURGERY - RESPIRATORY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	21494	Closed treatment of hyoid fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	21493	Closed treatment of hyoid fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	EXPIRED	01/01/2010	01/01/2078			
STAR	16015	Dressings and/or debridement, initial or subsequent; under a	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	16010	Dressings and/or debridement, initial or subsequent; under a	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15811	Salabrasion; over 20 sq cm	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15810	Salabrasion; 20 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	15350	Application of allograft, skin; 100 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	EXPIRED	01/01/2010	01/01/2078			
STAR	0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0550T	Transperineal periurethral balloon continence device; removal, each balloon	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			

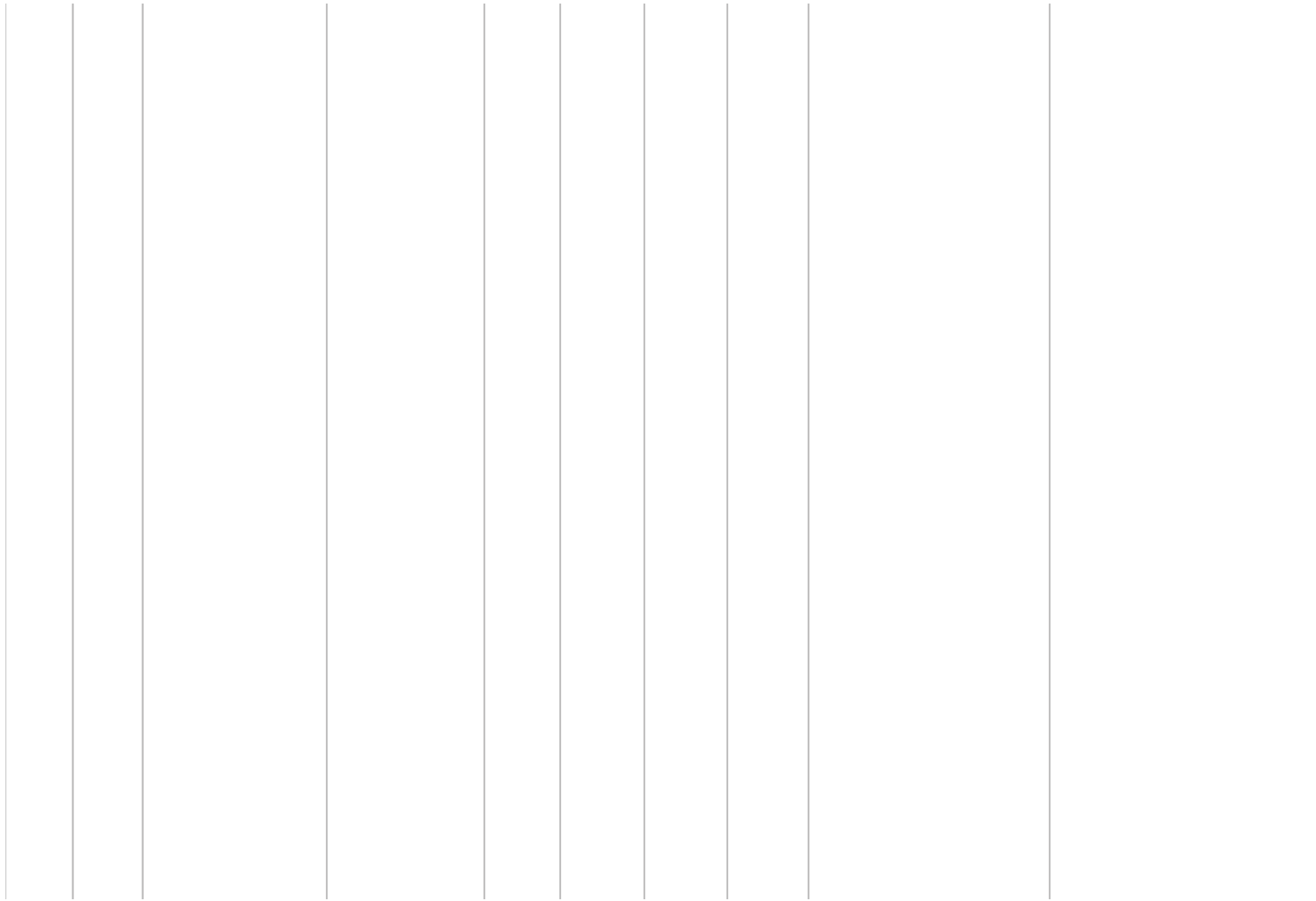
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0468T	Removal of chest wall respiratory sensor electrode or electrode array	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	CATEGORY III CODES	EXPIRED	01/01/2016	12/31/2078			

STAR	0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;	CATEGORY III CODES	EXPIRED	01/01/2016	12/31/2078			



STAR	0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0391T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system	CATEGORY III CODES	EXPIRED	01/01/2015	12/31/2078			

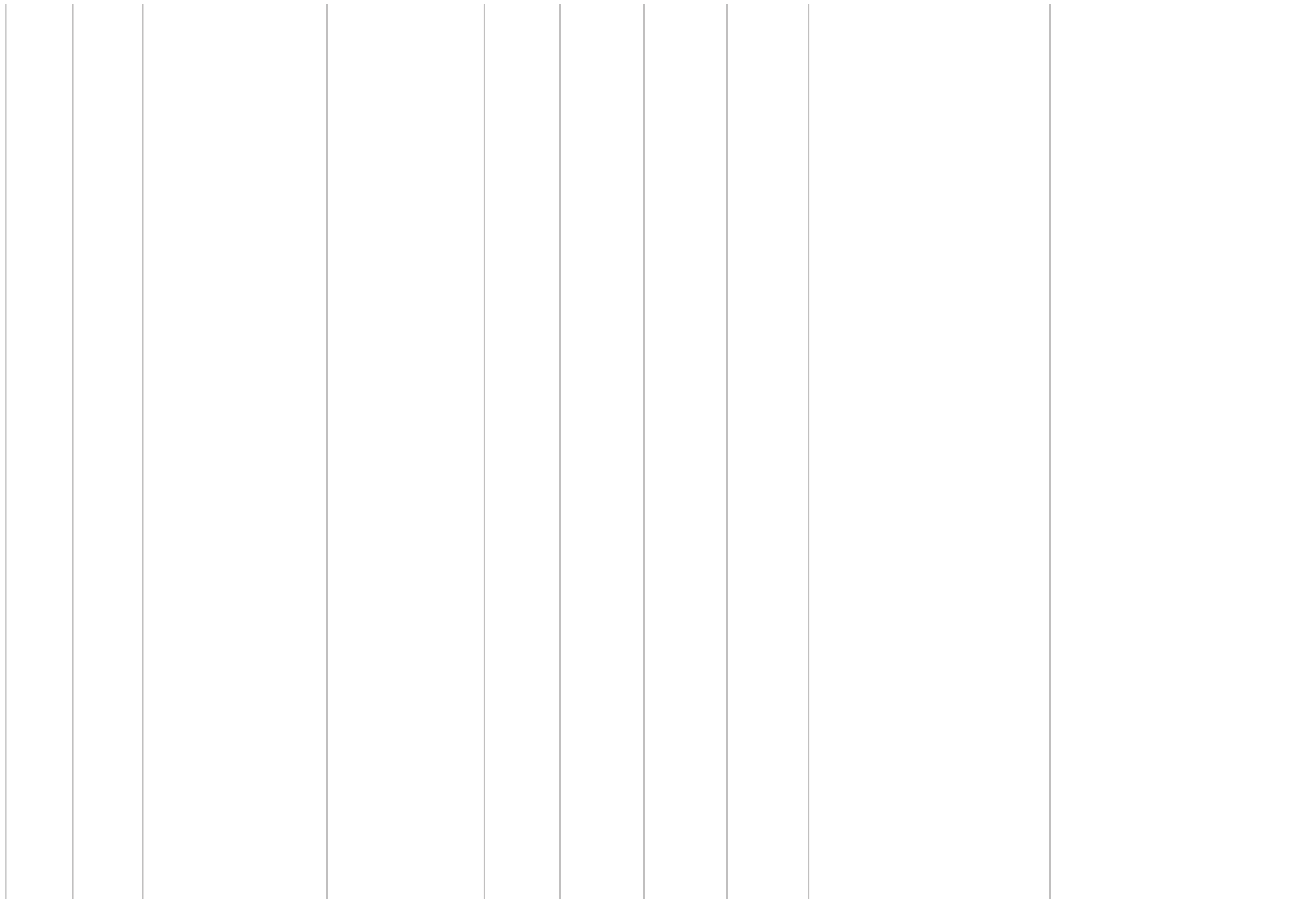
STAR	0390T	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system	CATEGORY III CODES	EXPIRED	01/01/2015	12/31/2078			



STAR	0389T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system	CATEGORY III CODES	EXPIRED	01/01/2015	12/31/2078			
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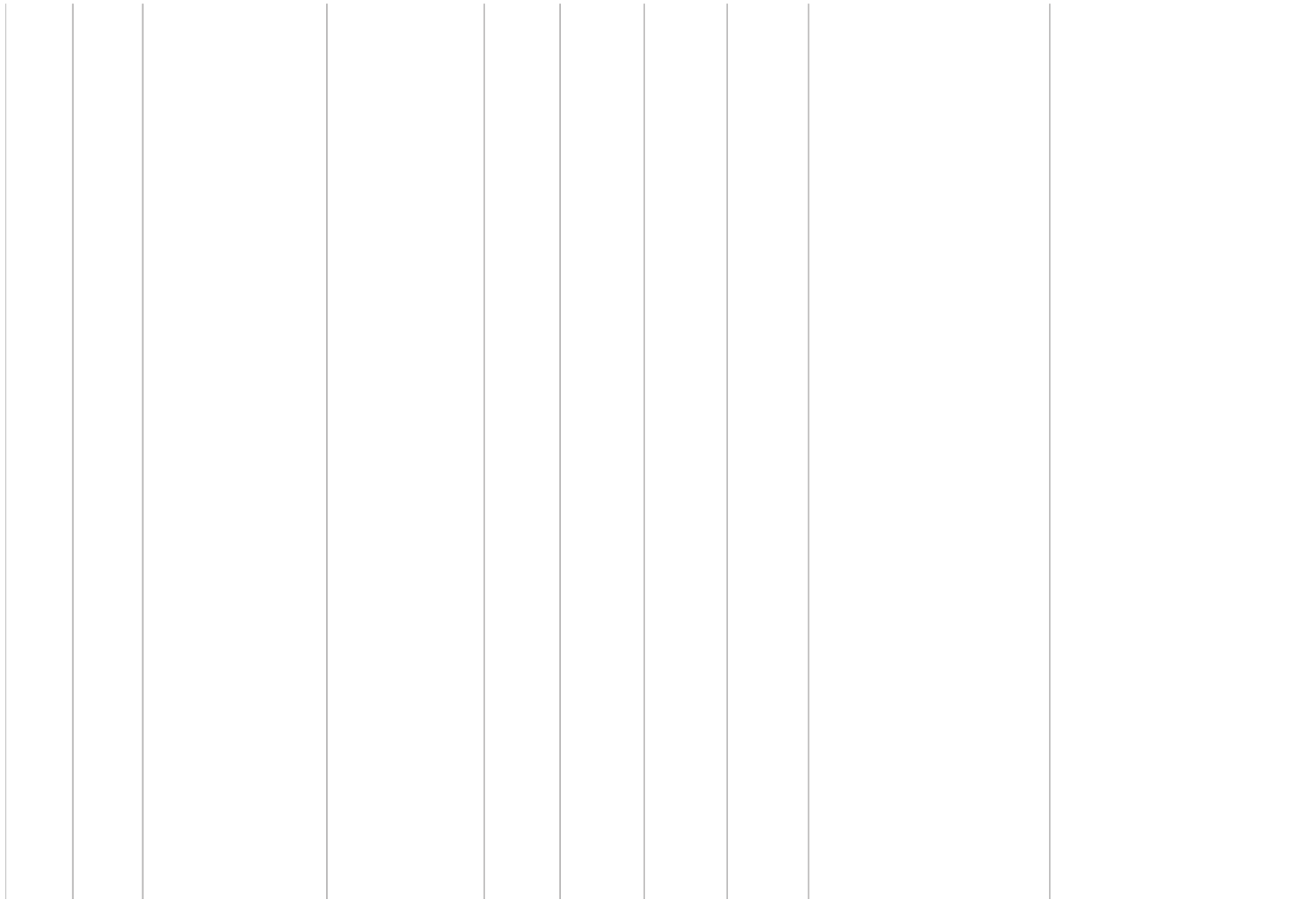
STAR	0388T	Transcatheter removal of permanent leadless pacemaker, ventricular	CATEGORY III CODES	EXPIRED	01/01/2015	12/31/2078			
STAR	0387T	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	CATEGORY III CODES	EXPIRED	01/01/2015	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	08/25/2022	08/25/2022			
STAR	0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			
STAR	0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			



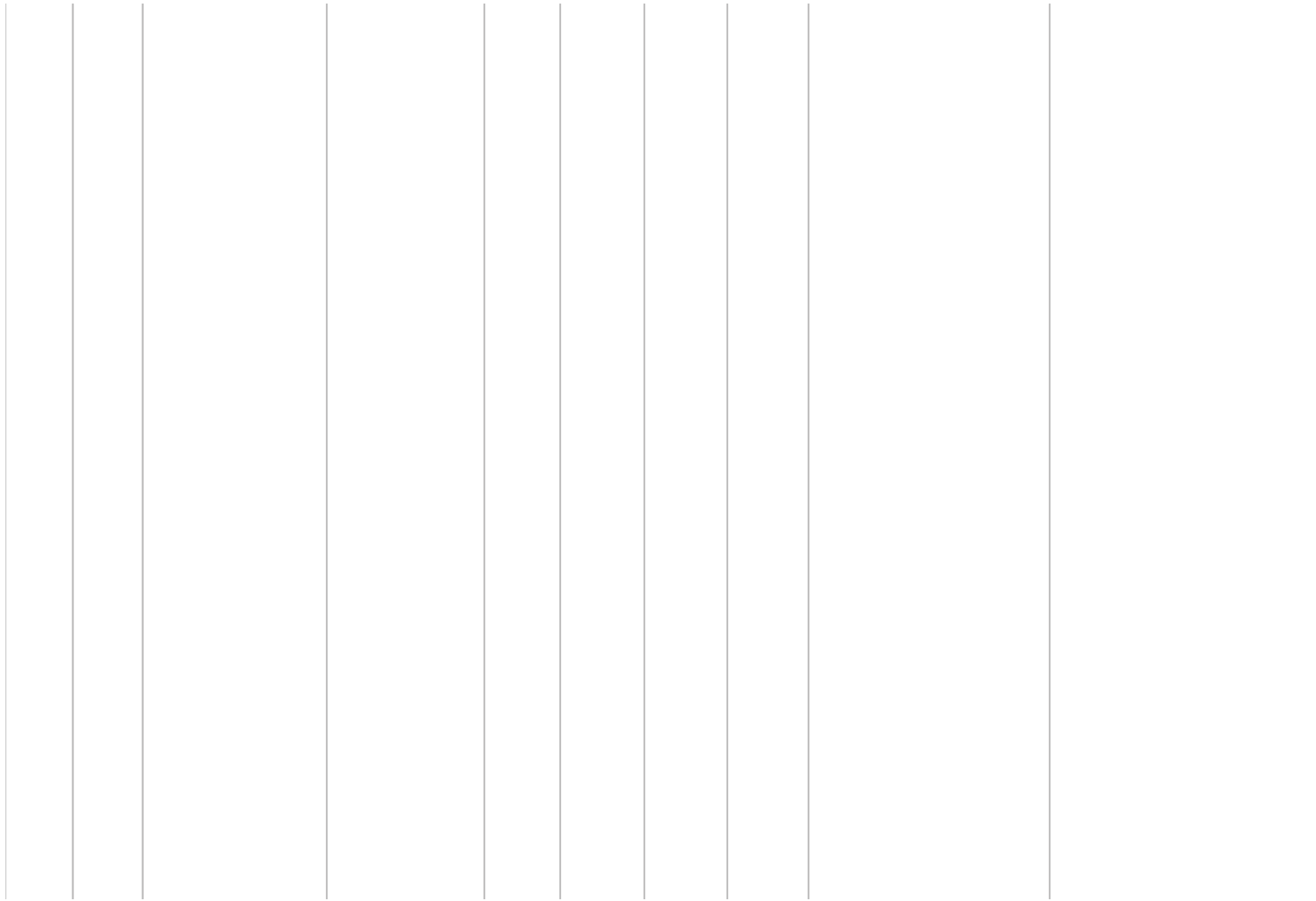
STAR	0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			
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STAR	0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			



STAR	0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			
STAR	0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			
STAR	0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			

STAR	0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078		
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STAR	0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			
STAR	0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			
STAR	0363T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			
STAR	0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			
STAR	0360T	Observational behavioral	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			

follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient

STAR	0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian (s)/caregiver(s), and preparation of report	CATEGORY III CODES	EXPIRED	07/14/2014	12/31/2078			
STAR	0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0346T	Ultrasound, elastography (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	01/01/2014	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral	CATEGORY III CODES	EXPIRED	01/01/2014	12/31/2078			
STAR	0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/31/2020	12/31/2020			
STAR	0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	CATEGORY III CODES	EXPIRED	12/31/2020	12/31/2020			
STAR	0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/31/2020	12/31/2020			
STAR	0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	CATEGORY III CODES	EXPIRED	12/31/2020	12/31/2020			
STAR	02101	Anesthesia for diagnostic or therapeutic nerve blocks and in	ANESTH - MISCELLANEOUS PROCEDU	EXPIRED	01/01/2010	01/01/2078			
STAR	02100	Anesthesia for diagnostic or therapeutic nerve blocks and in	ANESTH - MISCELLANEOUS PROCEDU	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0206T	Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	01997	Daily hospital management of intravenous patient-controlled	ANESTH - MISCELLANEOUS PROCEDU	EXPIRED	01/01/2010	01/01/2078			
STAR	0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	02/05/2013	02/05/2013			
STAR	01964	Anesthesia for abortion procedures (UNITS: 4)	ANESTH - OBSTETRIC	EXPIRED	01/01/2010	01/01/2078			
STAR	0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace	CATEGORY III CODES	EXPIRED	02/05/2013	02/05/2013			
STAR	01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	2008 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	01935	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic	2008 Code Set	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	CATEGORY III CODES	EXPIRED	04/01/2010	04/01/2010			
STAR	0189T	Remote real-time interactive video-conferenced 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)	CATEGORY III CODES	EXPIRED	04/01/2010	04/01/2010			
STAR	0188T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	CATEGORY III CODES	EXPIRED	04/01/2010	04/01/2010			

STAR	01682	Anesthesia for shoulder cast application, removal or repair; shoulder spica	ANESTH - SHOULDER AND AXILLA	EXPIRED	04/01/2010	04/01/2010			
STAR	01632	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; radical resection	ANESTH - SHOULDER AND AXILLA	EXPIRED	08/01/2009	08/01/2009			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	01/01/2017	12/31/2078			
STAR	0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	01190	Anesthesia for obturator neurectomy; intrapelvic	ANESTH - PELVIS (EXCEPT HIP)	EXPIRED	04/01/2010	04/01/2010			
STAR	01180	Anesthesia for obturator neurectomy; extrapelvic	ANESTH - PELVIS (EXCEPT HIP)	EXPIRED	04/01/2010	04/01/2010			
STAR	01175	Anesthesia for open repair of pelvic acetabular fractures"	ANESTH - PELVIS (EXCEPT HIP)	EXPIRED	01/01/2010	01/01/2078			
STAR	0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0085T	Breath test for heart transplant rejection	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	ANESTH - LOWER ABDOMEN	EXPIRED	04/01/2010	04/01/2010			

STAR	00740	Anesthesia for upper gastrointestinal endoscopic	ANESTH - UPPER ABDOMEN	EXPIRED	04/01/2010	04/01/2010			
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procedures, endoscope
introduced proximal to
duodenum

STAR	0009M	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			
STAR	0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	Path & Lab - CHEMISTRY	EXPIRED	07/14/2014	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0001M	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	HCPCS - MEDICAL SERVICES	EXPIRED	09/15/2012	12/31/2078			
STAR	D7250	removal of residual tooth roots (cutting procedure)	HCPCS-DENTAL-Extractions	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7240	removal of impacted tooth - completely bony	HCPCS-DENTAL-Extractions	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D7230	removal of impacted tooth - partially bony	HCPCS-DENTAL-Extractions	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D7220	removal of impacted tooth - soft tissue	HCPCS-DENTAL-Extractions	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	HCPCS-DENTAL-Extractions	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	HCPCS-DENTAL-Extractions	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D2394	resin-based composite - four or more surfaces, posterior	HCPCS-DENTAL-Composites	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D2393	resin-based composite - three surfaces, posterior	HCPCS-DENTAL-Composites	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D2392	resin-based composite - two surfaces, posterior	HCPCS-DENTAL-Composites	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D2391	resin-based composite - one surface, posterior	HCPCS-DENTAL-Composites	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D2332	resin-based composite - three surfaces, anterior	HCPCS-DENTAL-Composites	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D2331	resin-based composite - two surfaces, anterior	HCPCS-DENTAL-Composites	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D2330	resin-based composite - one surface, anterior	HCPCS-DENTAL-Composites	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D1208	topical application of fluoride - excluding varnish	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D1110	Prophylaxis - adult	HCPCS-DENTAL-Prophylaxis	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0603	caries risk assessment and documentation, with a finding of high risk	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0602	caries risk assessment and documentation, with a finding of moderate risk	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0601	caries risk assessment and documentation, with a finding of low risk	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D0274	bitewings - four radiographic images	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0273	bitewings - three radiographic images	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	HCPCS-DENTAL-Radiographs	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0270	bitewing - single radiographic image	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0180	comprehensive periodontal evaluation - new or established patient	HCPCS-DENTAL-Exams	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	HCPCS-DENTAL-Exams	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0160	detailed and extensive oral evaluation - problem focused, by report	HCPCS-DENTAL-Exams	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0150	comprehensive oral evaluation - new or established patient	HCPCS-DENTAL-Exams	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0140	limited oral evaluation - problem focused	HCPCS-DENTAL-Exams	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	D0120	periodic oral evaluation - established patient	HCPCS-DENTAL-Exams	NON-COV	12/27/2019	12/27/2019	Carve Out		Please contact Dentaquest at 1-833-493-0635 to determine benefits
STAR	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078	Regulatory Compliance		
STAR	Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	HCPCS - TEMP CODES	YES	12/27/2019	12/31/2078	Regulatory Compliance		
STAR	A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	HCPCS - MED-SURG SUPPLIES	YES	02/07/2023	12/31/2078	Regulatory Compliance		
STAR	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2022	12/05/2022	Other		
STAR	63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63190	Laminectomy with rhizotomy; more than 2 segments	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63185	Laminectomy with rhizotomy; 1 or 2 segments	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63044	Laminotomy (hemilaminectomy), with decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63043	Laminotomy (hemilaminectomy), with decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63042	Laminotomy (hemilaminectomy), with decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63040	Laminotomy (hemilaminectomy), with decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63035	Laminotomy (hemilaminectomy), with decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63030	Laminotomy (hemilaminectomy), with decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63020	Laminotomy (hemilaminectomy), with decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	2009 Code Set	YES	08/26/2022	12/31/2078			
STAR	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22849	Reinsertion of spinal fixation device	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	01/01/2021	10/17/2022			
STAR	T2029	Specialized medical equipment, not otherwise specified, waiver	HCPCS - STATE MEDICAID AGENCY	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	J1551	Injection, immune globulin (Cutaquig), 100 mg	HCPCS-DRUGS (NOT ORAL)	YES	07/01/2022	12/31/2078		Limitations: 2 years of age or older	
STAR	J9332	Injection, efgartigimod alfa-fcab, 2 mg	HCPCS-DRUGS (NOT ORAL)	YES	07/01/2022	12/31/2078		Limitations: 18 years of age or older	
STAR	J1306	Injection, inclisiran, 1 mg	HCPCS-DRUGS (NOT ORAL)	YES	07/01/2022	12/31/2078		Limitations: 18 years of age or older	
STAR	Q4261	TAG, per sq cm	HCPCS - TEMP CODES	NON-COV	07/01/2022	12/31/2078			
STAR	Q4260	Signature APatch, per sq cm	HCPCS - TEMP CODES	NON-COV	07/01/2022	12/31/2078			
STAR	Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	HCPCS - TEMP CODES	NON-COV	07/01/2022	12/31/2078			
STAR	A9601	Flortaucipir F 18 injection, diagnostic, 1 mCi	HCPCS-ADMIN MISC & INVEST	NON-COV	07/01/2022	12/31/2078			
STAR	A9596	Gallium Ga-68 gozetotide, diagnostic, (Ilucix), 1 mCi	HCPCS-ADMIN MISC & INVEST	NON-COV	07/01/2022	12/31/2078			
STAR	0737T	Xenograft implantation into the articular surface	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	CATEGORY III CODES	NON-COV	07/01/2022	07/01/2022		Code is informational only	
STAR	0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0732T	Immunotherapy administration with electroporation, intramuscular	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0731T	Augmentative AI-based facial phenotype analysis with report	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0727T	Removal and replacement of implanted vestibular device, unilateral	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0726T	Removal of implanted vestibular device, unilateral	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0725T	Vestibular device implantation, unilateral	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	CATEGORY III CODES	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	07/01/2022	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	07/01/2022	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	07/01/2022	12/31/2078		Code is informational only	
STAR	90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	MEDICINE - VACCINES, TOXOIDS	NON-COV	07/01/2022	12/31/2078			
STAR	V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type	HCPCS - HEARING SERVICES	NON-COV	08/25/2022	08/25/2022			
STAR	V2520	Contact lens, hydrophilic, spherical, per lens	HCPCS - VISION SERVICES	NO	08/25/2022	08/25/2022			
STAR	T2025	Waiver services; not otherwise specified (NOS)	HCPCS - STATE MEDICAID AGENCY	NON-COV	08/25/2022	08/25/2022			
STAR	S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9365	Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S9127	Social work visit, in the home, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	HCPCS - TEMP NATIONAL CODES	NON-COV	08/25/2022	08/25/2022			
STAR	Q5004	Hospice care provided in skilled nursing facility (SNF)	HCPCS - TEMP CODES	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q5002	Hospice or home health care provided in assisted living facility	HCPCS - TEMP CODES	NON-COV	08/25/2022	08/25/2022			
STAR	L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	HCPCS - PROSTHETIC PROCED	NO	08/25/2022	08/25/2022		Limited to Ages 5 years and older. PA Required if Billed Charge is over \$1000	
STAR	L8613	Ossicula implant	HCPCS - PROSTHETIC PROCED	NON-COV	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	2009 Code Set	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	HCPCS - PROSTHETIC PROCED	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	HCPCS - PROSTHETIC PROCED	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	K0051	Cam release assembly, footrest or legrest, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	K0044	Footrest, upper hanger bracket, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	K0041	Large size footplate, each	HCPCS - K CODES -DMERCS ONLY	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	K0039	Leg strap, H style, each	HCPCS - K CODES -DMERCS ONLY	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	08/25/2022	08/25/2022			
STAR	H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	08/25/2022	08/25/2022			
STAR	H0023	Behavioral health outreach service (planned approach to reach a targeted population)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	08/25/2022	08/25/2022			
STAR	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	08/25/2022	08/25/2022			
STAR	G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	08/25/2022	08/25/2022			
STAR	E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	HCPCS - DME	NON-COV	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 1 per year. PA Required if Billed Charge is over \$1000	
STAR	E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 2 per year. PA Required if Billed Charge is over \$1000	
STAR	E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 2 per year. PA Required if Billed Charge is over \$1000	
STAR	E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 2 per year. PA Required if Billed Charge is over \$1000	
STAR	E2378	Power wheelchair component, actuator, replacement only	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 1 per 5 years. PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 1 per 5 years. PA Required if Billed Charge is over \$1000	
STAR	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 1 per 5 years. PA Required if Billed Charge is over \$1000	
STAR	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 2 per year. PA Required if Billed Charge is over \$1000	
STAR	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 2 per year. PA Required if Billed Charge is over \$1000	
STAR	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 2 per year. PA Required if Billed Charge is over \$1000	
STAR	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 2 per year. PA Required if Billed Charge is over \$1000	
STAR	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 2 per year. PA Required if Billed Charge is over \$1000	
STAR	E2100	Blood glucose monitor with integrated voice synthesizer	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E1297	Special wheelchair seat depth, by upholstery	HCPCS - DME	NO	08/25/2022	08/25/2022		Payable to Medical supplier (DME) and custom DME in a Home setting. PA Required if Billed Charge is over \$1000	
STAR	E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E1222	Wheelchair with fixed arm, elevating legrests	HCPCS - DME	NON-COV	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 1 per month. PA Required if Billed Charge is over \$1000	
STAR	E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E0982	Wheelchair accessory, back upholstery, replacement only, each	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E0959	Manual wheelchair accessory, adapter for amputee, each	HCPCS - DME	NO	08/25/2022	08/25/2022		Limitation: As needed; 1 per month. PA Required if Billed Charge is over \$1000	
STAR	E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	2009 Code Set	NON-COV	08/25/2022	08/25/2022			
STAR	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E0480	Percussor, electric or pneumatic, home model	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 1 per rolling 5 years for purchase. 1 per calendar month for rental. PA Required if Billed Charge is over \$1000	
STAR	E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	E0444	Portable oxygen contents, liquid, 1 month's supply EQU 1 unit	HCPCS - DME	NO	08/25/2022	08/25/2022		Limited to 1 per calendar month. PA Required if Billed Charge is over \$1000	
STAR	E0316	Safety enclosure frame/canopy for use with hospital bed, any type	HCPCS - DME	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	HCPCS-DENTAL-Anesthesia	NON-COV	08/25/2022	08/25/2022		Please contact the member's dental vendor for this service	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	HCPCS-DENTAL-UNKNOWN	NON-COV	08/25/2022	08/25/2022		Please contact the member's dental vendor for this service	
STAR	D9222	deep sedation/general anesthesia - first 15 minutes	HCPCS-DENTAL-Anesthesia	NON-COV	08/25/2022	08/25/2022		Please contact the member's dental vendor for this service	
STAR	C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants	HCPCS - C CODES - OUTPATIENT PP	NO	08/25/2022	08/25/2022		Limit of 45 years of age and older. 1 per lifetime	
STAR	C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	HCPCS - C CODES - OUTPATIENT PP	NON-COV	08/25/2022	08/25/2022			
STAR	B4104	Additive for enteral formula (e.g., fiber)	HCPCS - ENTERAL & PARENTERAL	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	HCPCS - MED-SURG SUPPLIES	NO	08/25/2022	08/25/2022		PA Required if Billed Charge is over \$1000	
STAR	0511T	Removal and reinsertion of sinus tarsi implant	CATEGORY III CODES	NON-COV	08/25/2022	08/25/2022			
STAR	0335T	Insertion of sinus tarsi implant	CATEGORY III CODES	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter [C. jejuni/C. coli/C. upsaliensis], Clostridium difficile [C. difficile] toxin A/B, Plesiomonas shigelloides, Salmonella, Vibrio [V. parahaemolyticus/V. vulnificus/V. cholerae], including specific identification of Vibrio cholerae, Yersinia enterocolitica, Enteroaggregative Escherichia coli [EAEC], Enteropathogenic Escherichia coli [EPEC], Enterotoxigenic Escherichia coli [ETEC] lt/st, Shiga-like toxin-producing Escherichia coli [STEC] stx1/stx2 [including specific identification of the E. coli O157 serogroup within STEC], Shigella/Enteroinvasive Escherichia coli [EIEC], Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia [also known as G. intestinalis and G. duodenalis], adenovirus F 40/41, astrovirus, norovirus GI/GII, rotavirus A, sapovirus [Genogroups I, II, IV, and V])	PATH & LAB - CHEMISTRY	EXPIRED	08/25/2022	08/25/2022			
STAR	0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	CATEGORY III CODES	NON-COV	08/25/2022	08/25/2022			
STAR	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	PATH & LAB - CHEMISTRY	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472GGT A (rs4680) variant	Pathology & Laboratory	NON-COV	08/25/2022	08/25/2022			
STAR	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Pathology & Laboratory	NON-COV	08/25/2022	08/25/2022			
STAR	99502	Home visit for newborn care and assessment	MEDICINE - HOME HEALTH PROCEDU	NON-COV	08/25/2022	08/25/2022			
STAR	99501	Home visit for postnatal assessment and follow-up care	MEDICINE - HOME HEALTH PROCEDU	NON-COV	08/25/2022	08/25/2022			
STAR	99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	MEDICINE - HOME HEALTH PROCEDU	NON-COV	08/25/2022	08/25/2022			
STAR	93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	MEDICINE - CARDIOVASCULAR	NO	08/25/2022	08/25/2022			
STAR	92633	Auditory rehabilitation; postlingual hearing loss	MEDICINE - SPECIAL OTORHINOLAR	NO	08/25/2022	08/25/2022		Limit of 12 visits per 180 day period. Additional visits during a six rolling month period for clients who are 12 months of age through 20 years of age require prior authorization.	
STAR	92630	Auditory rehabilitation; prelingual hearing loss	MEDICINE - SPECIAL OTORHINOLAR	NO	08/25/2022	08/25/2022		Limit of 12 visits per 180 day period. Additional visits during a six rolling month period for clients who are 12 months of age through 20 years of age require prior authorization.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	MEDICINE - PSYCHIATRY	NON-COV	08/25/2022	08/25/2022			
STAR	88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	PATH & LAB - IMMUNOLOGY	NO	08/25/2022	08/25/2022			
STAR	88291	Cytogenetics and molecular cytogenetics, interpretation and report	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	88289	Chromosome analysis; additional high resolution study	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022		Limit of 1 per day any provider	
STAR	88285	Chromosome analysis; additional cells counted, each study	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	88280	Chromosome analysis; additional karyotypes, each study	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022		Limit of 5 per day any provider	
STAR	88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022		Limit of 10 per day any provider	
STAR	88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022		Limit of 16 per provider per day	
STAR	88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022		Limit of 1 per day any provider	
STAR	87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	86794	Antibody; Zika virus, IgM	PATH & LAB - IMMUNOLOGY	NO	08/25/2022	08/25/2022		Limitation: 1 per day	
STAR	81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	PATH & LAB - CYTOGENETIC STUDI	NON-COV	08/25/2022	08/25/2022			
STAR	81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	PATH & LAB - MICROBIOLOGY	NON-COV	08/25/2022	08/25/2022			
STAR	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loays Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loays Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81408	Molecular pathology procedure, Level 9 (eg, analysis of GT 50 exons in a single gene by DNA sequence analysis)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of GT 50 exons, sequence analysis of multiple genes on one platform)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639GGT A, c.173+1000CGT T)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81342	TRG (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81340	TRB (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	PATH & LAB - CHEMISTRY	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81330	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	PATH & LAB - CYTOGENETIC STUDI	NON-COV	08/25/2022	08/25/2022			
STAR	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81319	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81317	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	PATH & LAB - CHEMISTRY	NON-COV	08/25/2022	08/25/2022			
STAR	81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2AGT G, del6.4kb)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	PATH & LAB - CHEMISTRY	NON-COV	08/25/2022	08/25/2022			
STAR	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			
STAR	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6TGT C, R696P)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1GGT C, G269S)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1GGT A)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4AGT T)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210GGT A variant	PATH & LAB - MICROBIOLOGY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	PATH & LAB - CYTOGENETIC STUDI	NON-COV	08/25/2022	08/25/2022			
STAR	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	PATH & LAB - CHEMISTRY	NON-COV	08/25/2022	08/25/2022			
STAR	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	PATH & LAB - CHEMISTRY	NON-COV	08/25/2022	08/25/2022			
STAR	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	PATH & LAB - CHEMISTRY	NON-COV	08/25/2022	08/25/2022			
STAR	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	PATH & LAB - CHEMISTRY	NON-COV	08/25/2022	08/25/2022			
STAR	81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	PATH & LAB - CHEMISTRY	NO	08/25/2022	08/25/2022			
STAR	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	PATH & LAB - CYTOGENETIC STUDI	NON-COV	08/25/2022	08/25/2022			
STAR	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	PATH & LAB - CYTOGENETIC STUDI	NON-COV	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	PATH & LAB - CYTOGENETIC STUDI	NO	08/25/2022	08/25/2022			
STAR	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	RADIOLOGY - RADIATION ONCOLOGY	NO	08/25/2022	08/25/2022			
STAR	67916	Repair of ectropion; excision tarsal wedge	SURGERY - EYE AND OCULAR ADNEX	NO	08/25/2022	08/25/2022			
STAR	67911	Correction of lid retraction	SURGERY - EYE AND OCULAR ADNEX	NO	08/25/2022	08/25/2022			
STAR	65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	SURGERY - EYE AND OCULAR ADNEX	NON-COV	08/25/2022	08/25/2022			
STAR	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	SURGERY - EYE AND OCULAR ADNEX	NO	08/25/2022	08/25/2022			
STAR	65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	SURGERY - EYE AND OCULAR ADNEX	NO	08/25/2022	08/25/2022			
STAR	65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	2009 Code Set	NO	08/25/2022	08/25/2022			
STAR	65756	Keratoplasty (corneal transplant); endothelial	2009 Code Set	NO	08/25/2022	08/25/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	SURGERY - EYE AND OCULAR ADNEX	NO	08/25/2022	08/25/2022			
STAR	65710	Keratoplasty (corneal transplant); anterior lamellar	SURGERY - EYE AND OCULAR ADNEX	NO	08/25/2022	08/25/2022			
STAR	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	SURGERY - DIGESTIVE SYSTEM	NO	08/25/2022	08/25/2022			
STAR	36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	SURGERY - CARDIOVASCULAR SYSTE	NO	08/25/2022	08/25/2022			
STAR	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	SURGERY - CARDIOVASCULAR	NON-COV	08/25/2022	08/25/2022			
STAR	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	08/25/2022	08/25/2022			
STAR	29126	Application of short arm splint (forearm to hand); dynamic	SURGERY - MUSCULOSKELETAL SYST	NO	08/25/2022	08/25/2022			
STAR	21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	SURGERY - MUSCULOSKELETAL SYST	NO	08/25/2022	08/25/2022			
STAR	21740	Reconstructive repair of pectus excavatum or carinatum; open	SURGERY - MUSCULOSKELETAL SYST	NO	08/25/2022	08/25/2022			
STAR	J0841	Injection, crotalidae immune F (ab') ₂ (equine), 120 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4163	WoundEx, BioSkin, per sq cm	HCPCS - TEMP CODES	YES	12/27/2019	12/31/2078			
STAR	0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	CATEGORY III CODES	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0572T	Insertion of substernal implantable defibrillator electrode	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	CATEGORY III CODES	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	CATEGORY III CODES	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0591T	Health and well-being coaching face-to-face; individual, initial assessment	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	C1839	Iris prosthesis	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	C1824	Generator, cardiac contractility modulation (implantable)	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	C2596	Probe, image guided, robotic, waterjet ablation	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root (s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	C9758	Blind procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	D6784	retainer crown 3/4 - titanium and titanium alloys	HCPCS-DENTAL-Bridge-Abuts	YES	01/01/2010	12/31/2078			
STAR	D6753	retainer crown - porcelain fused to titanium and titanium alloys	HCPCS-DENTAL-Bridge-Abuts	YES	01/01/2010	12/31/2078			
STAR	D6243	pontic - porcelain fused to titanium and titanium alloys	HCPCS-DENTAL-Bridge-Pontic	YES	01/01/2010	12/31/2078			
STAR	D2753	crown - porcelain fused to titanium and titanium alloys	HCPCS-DENTAL-Crowns - Single	YES	01/01/2010	12/31/2078			
STAR	D6097	abutment supported crown - porcelain fused to titanium and titanium alloys	HCPCS-DENTAL-Implant Svcs	YES	01/01/2010	12/31/2078			
STAR	D6121	implant supported retainer for metal FPD - predominantly base alloys	HCPCS-DENTAL-Implant Svcs	YES	01/01/2010	12/31/2078			
STAR	D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	HCPCS-DENTAL-Implant Svcs	YES	01/01/2010	12/31/2078			
STAR	D6099	implant supported retainer for FPD - porcelain fused to noble alloys	HCPCS-DENTAL-Implant Svcs	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6123	implant supported retainer for metal FPD - titanium and titanium alloys	HCPCS-DENTAL-Implant Svcs	YES	01/01/2010	12/31/2078			
STAR	D6122	implant supported retainer for metal FPD - noble alloys	HCPCS-DENTAL-Implant Svcs	YES	01/01/2010	12/31/2078			
STAR	D8696	repair of orthodontic appliance - maxillary	HCPCS-DENTAL-Orthodontic	YES	01/01/2010	12/31/2078			
STAR	D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	HCPCS-DENTAL-Implant Svcs	YES	01/01/2010	12/31/2078			
STAR	D8699	re-cement or re-bond fixed retainer - mandibular	HCPCS-DENTAL-Orthodontic	YES	01/01/2010	12/31/2078			
STAR	D8698	re-cement or re-bond fixed retainer - maxillary	HCPCS-DENTAL-Orthodontic	YES	01/01/2010	12/31/2078			
STAR	D8697	repair of orthodontic appliance - mandibular	HCPCS-DENTAL-Orthodontic	YES	01/01/2010	12/31/2078			
STAR	D8701	repair of fixed retainer, includes reattachment - maxillary	HCPCS-DENTAL-Orthodontic	YES	01/01/2010	12/31/2078			
STAR	D8704	replacement of lost or broken retainer - mandibular	HCPCS-DENTAL-Orthodontic	YES	01/01/2010	12/31/2078			
STAR	D8703	replacement of lost or broken retainer - maxillary	HCPCS-DENTAL-Orthodontic	YES	01/01/2010	12/31/2078			
STAR	D8702	repair of fixed retainer, includes reattachment - mandibular	HCPCS-DENTAL-Orthodontic	YES	01/01/2010	12/31/2078			
STAR	D1556	removal of fixed unilateral space maintainer - per quadrant	HCPCS-DENTAL-Space Maint.	YES	01/01/2010	12/31/2078			
STAR	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	HCPCS-DME	YES	01/01/2010	12/31/2078			
STAR	D9997	dental case management - patients with special health care needs	HCPCS-DENTAL-UNKNOWN	YES	01/01/2010	12/31/2078			
STAR	D0419	assessment of salivary flow by measurement	HCPCS-DENTAL-Tests and Lab	YES	01/01/2010	12/31/2078			
STAR	J0179	Injection, brolocizumab-dbl, 1 mg	HCPCS-DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	E2398	Wheelchair accessory, dynamic positioning hardware for back	HCPCS-DME	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabr	HCPCS-ORTHOTIC PROCEDURES	YES	01/01/2010	12/31/2078			
STAR	G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	HCPCS-PROC/PROF SERVICES (TE	YES	01/01/2010	12/31/2078			
STAR	G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	HCPCS-PROC/PROF SERVICES (TE	YES	01/01/2010	12/31/2078			
STAR	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742CGT T], p.S249C [c.746CGT G], p.G370C [c.1108GGT T], p.Y373C [c.1118AGT G], FGFR3-TACC3v1, and FGFR3-TACC	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635GGT T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H10	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	J9309	Injection, polatuzumab vedotin-piiq, 1 mg	HCPCS-CHEMO DRUGS	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0176U	Cytotoxic distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation (s)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	87842		PATH & LAB - MICROBIOLOGY	YES	01/01/2010	12/31/2078			
STAR	0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	D1557	removal of fixed bilateral space maintainer - maxillary	Space Maint	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D1558	removal of fixed bilateral space maintainer - mandibular	Space Maint	YES	01/01/2010	12/31/2078			
STAR	D5284	removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	HCPCS-DENTAL-Denture-Partial	YES	01/01/2010	12/31/2078			
STAR	D5286	removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	HCPCS-DENTAL-Denture-Partial	YES	01/01/2010	12/31/2078			
STAR	D6098	implant supported retainer - porcelain fused to predominantly base alloys	HCPCS-DENTAL-Implant Svcs	YES	01/01/2010	12/31/2078			
STAR	0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	G0327	Colorectal cancer screening; blood-based biomarker	HCPCS - PROC/PROF SERVICES (TE	YES	01/01/2010	12/31/2078			
STAR	0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	CATEGORY III CODES	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	CATEGORY III CODES	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0665T	Donor hysterectomy (including cold preservation); open, from living donor	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	CATEGORY III CODES	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	C1761	Catheter, transluminal intravascular lithotripsy, coronary	HCPCS - C CODES - OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	CATEGORY III CODES	YES	01/01/2010	12/31/2078			
STAR	J9348	Injection, naxitamab-gqgk, 1 mg	HCPCS - CHEMO DRUGS	YES	01/01/2010	12/31/2078			
STAR	C9778	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)	HCPCS - C CODES - OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	J9353	Injection, margetuximab-cmkb, 5 mg	HCPCS - CHEMO DRUGS	YES	01/01/2010	12/31/2078			
STAR	J0224	Injection, lumasiran, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	J7168	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	HCPCS - TEMP CODES	YES	01/01/2010	12/31/2078			
STAR	A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi	HCPCS-ADMIN MISC & INVEST	YES	01/01/2010	12/31/2078			
STAR	A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi	HCPCS-ADMIN MISC & INVEST	YES	01/01/2010	12/31/2078			
STAR	0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9779	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed	HCPCS - C CODES - OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance	HCPCS - C CODES - OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	J0699	Injection, cefiderocol, 10 mg	HCPCS - C CODES - OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	HCPCS - C CODES - OUTPATIENT PP	YES	01/01/2010	12/31/2078			
STAR	J1445	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	J1448	Injection, trilaciclib, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	J2406	Injection, oritavancin (Kymyrsa), 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	J9247	Injection, melphalan flufenamide, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	J9319	Injection, romidepsin, lyophilized, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	P9026	Cryoprecipitated fibrinogen complex, pathogen reduced, each unit	HCPCS - PATH & LAB	YES	01/01/2010	12/31/2078			
STAR	Q4251	Vim, per sq cm	HCPCS - TEMP CODES	YES	01/01/2010	12/31/2078			
STAR	Q4252	Vendaje, per sq cm	HCPCS - TEMP CODES	YES	01/01/2010	12/31/2078			
STAR	Q4253	Zenith Amniotic Membrane, per sq cm	HCPCS - TEMP CODES	YES	01/01/2010	12/31/2078			
STAR	Q9004	Department of Veterans Affairs Whole Health Partner Services	HCPCS - TEMP CODES	YES	01/01/2010	12/31/2078			
STAR	S9432	Medical foods for noninborn errors of metabolism	HCPCS - TEMP NATIONAL CODES	YES	01/01/2010	12/31/2078			
STAR	K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	HCPCS-K CODES-DMERCS ONLY	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0279U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0280U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0281U	Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	SURGERY - URINARY SYSTEM	YES	01/01/2010	12/31/2078			
STAR	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	SURGERY - NERVOUS SYSTEM	YES	01/01/2010	12/31/2078			
STAR	83529	Interleukin-6 (IL-6)	PATH & LAB - CHEMISTRY	YES	01/01/2010	12/31/2078			
STAR	86364	Tissue transglutaminase, each immunoglobulin (Ig) class	PATH & LAB - IMMUNOLOGY	YES	01/01/2010	12/31/2078			
STAR	86037	Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody	PATH & LAB - IMMUNOLOGY	YES	01/01/2010	12/31/2078			
STAR	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	SURGERY - URINARY SYSTEM	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	SURGERY - DIGESTIVE SYSTEM	YES	01/01/2010	12/31/2078			
STAR	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	SURGERY - URINARY SYSTEM	YES	01/01/2010	12/31/2078			
STAR	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	PATH & LAB - MULTIANALYTE ASSAYS	YES	01/01/2010	12/31/2078			
STAR	86036	Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	PATH & LAB - IMMUNOLOGY	YES	01/01/2010	12/31/2078			
STAR	86231	Endomysial antibody (EMA), each immunoglobulin (Ig) class	PATH & LAB - IMMUNOLOGY	YES	01/01/2010	12/31/2078			
STAR	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	SURGERY - URINARY SYSTEM	YES	01/01/2010	12/31/2078			
STAR	64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	SURGERY - NERVOUS SYSTEM	YES	01/01/2010	12/31/2078			
STAR	43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	SURGERY - DIGESTIVE SYSTEM	YES	01/01/2010	12/31/2078			
STAR	81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	PATH & LAB - MICROBIOLOGY	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	RADIOLOGY - RADIOLOGIC GUIDANC	YES	01/01/2010	12/31/2078			
STAR	77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	RADIOLOGY - RADIOLOGIC GUIDANC	YES	01/01/2010	12/31/2078			
STAR	86258	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class	PATH & LAB - IMMUNOLOGY	YES	01/01/2010	12/31/2078			
STAR	77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	RADIOLOGY - RADIOLOGIC GUIDANC	YES	01/01/2010	12/31/2078			
STAR	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	MEDICINE - GASTROENTEROLOGY	YES	01/01/2010	12/31/2078			
STAR	77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	RADIOLOGY - RADIOLOGIC GUIDANC	YES	01/01/2010	12/31/2078			
STAR	68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	SURGERY - EYE AND OCULAR ADNEX	YES	01/01/2010	12/31/2078			
STAR	86381	Mitochondrial antibody (eg, M2), each	PATH & LAB - IMMUNOLOGY	YES	01/01/2010	12/31/2078			
STAR	86596	Voltage-gated calcium channel antibody, each	PATH & LAB - IMMUNOLOGY	YES	01/01/2010	12/31/2078			
STAR	83521	Immunoglobulin light chains (ie, kappa, lambda), free, each	PATH & LAB - CHEMISTRY	YES	01/01/2010	12/31/2078			
STAR	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	SURGERY - NERVOUS SYSTEM	YES	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2010	12/31/2078			
STAR	J0491	Injection, anifrolumab-fnia, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2010	12/31/2078			
STAR	A9595	Piflufolostat f-18, diagnostic, 1 mCi	HCPCS-ADMIN MISC & INVEST	NON-COV	01/01/2010	12/31/2078			
STAR	0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organism identified	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	PATH & LAB-PROPRIETARY LAB ANA	NON-COV	01/01/2010	12/31/2078			
STAR	A2011	Supra SDRM, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A2012	SUPRATHEL, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2010	12/31/2078			
STAR	A2013	Innovamatrix FS, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2010	12/31/2078			
STAR	A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2010	12/31/2078			
STAR	C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	HCPCS - C CODES - OUTPATIENT PP	NON-COV	01/01/2010	12/31/2078			
STAR	C9782	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	HCPCS - C CODES - OUTPATIENT PP	NON-COV	01/01/2010	12/31/2078			
STAR	C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study	HCPCS - C CODES - OUTPATIENT PP	NON-COV	01/01/2010	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	H2038	Skills training and development, per diem	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2010	12/31/2078			
STAR	J0879	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2010	12/31/2078			
STAR	Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	HCPCS - TEMP CODES	NON-COV	01/01/2010	12/31/2078			
STAR	Q4256	MLG-Complete, per sq cm	HCPCS - TEMP CODES	NON-COV	01/01/2010	12/31/2078			
STAR	Q4257	Release, per sq cm	HCPCS - TEMP CODES	NON-COV	01/01/2010	12/31/2078			
STAR	Q4258	Enverse, per sq cm	HCPCS - TEMP CODES	NON-COV	01/01/2010	12/31/2078			
STAR	Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	HCPCS - TEMP CODES	NON-COV	01/01/2010	12/31/2078			
STAR	T2050	Financial management, self-directed, waiver; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	01/01/2010	12/31/2078			
STAR	T2051	Supports brokerage, self-directed, waiver; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	01/01/2010	12/31/2078			
STAR	V2525	Contact lens, hydrophilic, dual focus, per lens	HCPCS - VISION SERVICES	NON-COV	01/01/2010	12/31/2078			
STAR	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	SURGERY - NERVOUS SYSTEM	YES	01/01/2010	12/31/2078		Age Limitation 21 year of age or older. Limited to two services per lifetime.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	SURGERY - EYE AND OCULAR ADNEX	YES	01/01/2010	12/31/2078		Age Limitation 21 year of age or older. Limited to two services per lifetime.	
STAR	0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0692T	Therapeutic ultrafiltration	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0707T	Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	CATEGORY III CODES	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	PATH & LAB - CHEMISTRY	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	MEDICINE - CARDIOVASCULAR	NON-COV	01/01/2010	12/31/2078		Code is informational only	For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0286U	CEP72 (centrosomal protein, 72-kDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enhancement	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index	HCPCS - PATH & LAB	NON-COV	01/01/2010	12/31/2078		Code is informational only	
STAR	J2020	Injection, linezolid, 200 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/19/2020	09/11/2022	Other		
STAR	V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	HCPCS - HEARING SERVICES	YES	08/26/2022	12/31/2078	Regulatory Compliance	Prior Authorization required for 20 years of age and younger	
STAR	S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	HCPCS - TEMP NATIONAL CODES	YES	08/26/2022	12/31/2078	Regulatory Compliance		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	YES	08/26/2022	12/31/2078	Regulatory Compliance		
STAR	41830	Alveolectomy, including curettage of osteitis or sequestrectomy	SURGERY - DIGESTIVE SYSTEM	YES	08/26/2022	12/31/2078	Regulatory Compliance		
STAR	41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	SURGERY - DIGESTIVE SYSTEM	YES	08/26/2022	12/31/2078	Regulatory Compliance		
STAR	41872	Gingivoplasty, each quadrant (specify)	SURGERY - DIGESTIVE SYSTEM	YES	08/26/2022	12/31/2078	Regulatory Compliance		
STAR	41823	Excision of osseous tuberosities, dentoalveolar structures	SURGERY - DIGESTIVE SYSTEM	YES	08/26/2022	12/31/2078	Regulatory Compliance		
STAR	41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	SURGERY - DIGESTIVE SYSTEM	YES	08/26/2022	12/31/2078	Regulatory Compliance		
STAR	41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	SURGERY - DIGESTIVE SYSTEM	YES	08/26/2022	12/31/2078	Regulatory Compliance		
STAR	G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	HCPCS - PROC/PROF SERVICES (TE	NO	05/11/2022	05/11/2022			
STAR	G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	HCPCS - PROC/PROF SERVICES (TE	NO	05/11/2022	05/11/2022			
STAR	G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 minutes time (This code is used for Medicaid billing purposes)	HCPCS - PROC/PROF SERVICES (TE	NO	05/11/2022	05/11/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5-15 minutes time (This code is used for Medicaid billing purposes)	HCPCS - PROC/PROF SERVICES (TE)	NO	05/11/2022	05/11/2022			
STAR	G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 minutes time (This code is used for Medicaid billing purposes)	HCPCS - PROC/PROF SERVICES (TE)	NO	05/11/2022	05/11/2022			
STAR	G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5-15 minutes time (This code is used for Medicaid billing purposes)	HCPCS - PROC/PROF SERVICES (TE)	NO	05/11/2022	05/11/2022			
STAR	E1629	Tablo hemodialysis system for the billable dialysis service	HCPCS - DME	YES	01/01/2022	12/31/2078			
STAR	52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	SURGERY - URINARY SYSTEM	YES	08/26/2022	12/31/2078			
STAR	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	SURGERY - MALE GENITAL SYSTEM	NON-COV	08/26/2022	12/31/2078			
STAR	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	SURGERY - MALE GENITAL SYSTEM	NON-COV	08/26/2022	12/31/2078			
STAR	54401	Insertion of penile prosthesis; inflatable (self-contained)	SURGERY - MALE GENITAL SYSTEM	NON-COV	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11970	Replacement of tissue expander with permanent implant	SURGERY - INTEGUMENTARY SYSTEM	YES	08/26/2022	12/31/2078			
STAR	Q4116	AlloDerm, per sq cm	2009 Code Set	NON-COV	08/26/2022	12/31/2078			
STAR	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	2009 Code Set	NON-COV	08/26/2022	12/31/2078			
STAR	Q4104	Integra bilayer matrix wound dressing (BMWWD), per sq cm	2009 Code Set	NON-COV	08/26/2022	12/31/2078			
STAR	C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm	2009 Code Set	NON-COV	08/26/2022	12/31/2078			
STAR	L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	HCPCS - PROSTHETIC PROCED	YES	08/26/2022	12/31/2078		PA Required if Billed Charge is over \$1000	
STAR	C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	HCPCS - C CODES - OUTPATIENT PP	NON-COV	08/26/2022	12/31/2078			
STAR	C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	HCPCS - C CODES - OUTPATIENT PP	NON-COV	08/26/2022	12/31/2078			
STAR	27437	Arthroplasty, patella; without prosthesis	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	27330	Arthrotomy, knee; with synovial biopsy only	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	SURGERY - AUDITORY SYSTEM	YES	08/26/2022	12/31/2078			
STAR	69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	SURGERY - AUDITORY SYSTEM	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	SURGERY - AUDITORY SYSTEM	YES	08/26/2022	12/31/2078			
STAR	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	C1821	Interspinous process distraction device (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	08/26/2022	12/31/2078			
STAR	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral seg	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	SURGERY - NERVOUS SYSTEM	YES	08/26/2022	12/31/2078			
STAR	38220	Diagnostic bone marrow; aspiration(s)	SURGERY - HEMIC AND LYMPHATIC	YES	08/26/2022	12/31/2078			
STAR	22852	Removal of posterior segmental instrumentation	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NON-COV	08/26/2022	12/31/2078			
STAR	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22325	Open treatment and/or reduction of vertebral fracture (s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	08/26/2022	12/31/2078			
STAR	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NON-COV	08/26/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	PATH & LAB - MICROBIOLOGY	NO	05/08/2022	05/08/2022			
STAR	M1105		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1104		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1103		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1102		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1101		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1100		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1099		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1098		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1097		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1096		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1095		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1094		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1089		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1088		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1087		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1086		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1085		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1084		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1083		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1082		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1081		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1080		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1079		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1078		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1077		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1076		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1075		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1074		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1073		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	M1072		HCPCS - MEDICAL SERVICES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G9999	Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G9998	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or sessile serrated polyps GT EQU 20 mm in si	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G9997	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G9996	Documentation stating the patient has received or is currently receiving palliative or hospice care	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9994	Patient is using palliative care services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G9993	Patient was provided palliative care services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G9992	Palliative care services used by patient any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G9988	Palliative care services provided to patient any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4038	Vascular Surgery MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4037	Urology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4036	Urgent Care MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4035	Thoracic Surgery MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4034	Speech Language Pathology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4033	Skilled Nursing Facility MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4032	Rheumatology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4031	Radiation Oncology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4030	Pulmonology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4029	Preventive Medicine MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4028	Podiatry MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4027	Plastic Surgery MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4026	Physical Therapy/Occupational Therapy MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4025	Physical Medicine MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4024	Pediatrics MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4023	Pathology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G4022	Otolaryngology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4021	Orthopedic surgery MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4019	Oncology/Hematology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4018	Obstetrics/Gynecology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4017	Nutrition/Dietician MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4016	Neurosurgical MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4015	Neurology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4014	Nephrology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4012	Interventional Radiology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4011	Internal Medicine MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4010	Infectious Disease MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4009	Hospitalists MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4008	Geriatrics MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4007	General Surgery MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4006	Gastroenterology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4005	Family Medicine MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4004	Endocrinology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4003	Emergency Medicine MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4002	Electrophysiology Cardiac Specialist MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4001	Diagnostic Radiology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G4000	Dermatology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G1027	The number of adult patient-months in the denominator who were on maintenance hemodialysis under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than 3 months	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G1026	The number of adult patient-months in the denominator who were on maintenance hemodialysis using a catheter continuously for 3 months or longer under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G1025	Patient-months where there are more than one Medicare capitated payment (MCP) provider listed for the month	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G1024	Clinical decision support mechanism Radrite, as defined by the Medicare Appropriate Use Criteria Program	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0067	Dentistry MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0066	Clinical Social Work MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0065	Chiropractic Medicine MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0064	Certified Nurse Midwife MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0063	Cardiology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0062	Audiology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0061	Anesthesiology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0060	Allergy/Immunology MIPS specialty set	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0059	Patient safety and support of positive experiences with anesthesia MIPS value pathways	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0058	Improving care for lower extremity joint repair MIPS value pathways	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0057	Proposed adopting best practices and promoting patient safety within emergency medicine MIPS value pathways	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0055	Advancing care for heart disease MIPS value pathways	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0054	Coordinating stroke care to promote prevention and cultivate positive outcomes MIPS value pathways	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0053	Advancing rheumatology patient care MIPS value pathways	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0052	Patients on peritoneal dialysis for any portion of the reporting month	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0051	Patients under hospice care in the current reporting month	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0050	Patients with a catheter that have limited life expectancy	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0049	With maintenance hemodialysis (in-center and home HD) for the complete reporting month	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0048	Patients who receive palliative care services any time during the intake period through the end of the measurement year	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0047	Pediatric patient with minor blunt head trauma and PECARN prediction criteria are not assessed	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0046	Clinical follow-up and MRS score not assessed at 90 days following endovascular stroke intervention	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0045	Clinical follow-up and MRS score assessed at 90 days following endovascular stroke intervention	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0044	Patients with moderate or severe mitral stenosis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0043	Patients with mechanical prosthetic heart valve	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0042	Referral to physical, occupational, speech, or recreational therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0041	Patient and/or care partner decline referral	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0040	Patient already receiving physical/occupational/speech/recreational therapy during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0039	Patient not referred, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0038	Clinician determines patient does not require referral	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0037	On date of encounter, patient is not able to participate in assessment or screening, including nonverbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0036	Patient or care partner decline assessment	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0035	Patient has any emergency department encounter during the performance period with place of service indicator 23	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0034	Patients receiving palliative care during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0033	Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0032	Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the index prescription start date (IPSD) for antipsychotics	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	G0031	Palliative care services given to patient any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	HCPCS - PATH & LAB	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	HCPCS - PATH & LAB	NON-COV	01/01/2022	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	HCPCS - PATH & LAB	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score	HCPCS - PATH & LAB	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	HCPCS - PATH & LAB	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	HCPCS - PATH & LAB	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	HCPCS - PATH & LAB	NON-COV	01/01/2022	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0708T	Intradermal cancer immunotherapy; preparation and initial injection	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0699T	Injection, posterior chamber of eye, medication	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	CATEGORY III CODES	NON-COV	01/01/2022	12/31/2078		Code is informational only	
STAR	0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	CATEGORY III CODES	NON-COV	01/01/2022	01/01/2022		Code is informational only	
STAR	J2998	Injection, plasminogen, human-tvmh, 1 mg	HCPCS-DRUGS (NOT ORAL)	YES	07/01/2022	12/31/2078			
STAR	J3299	Injection, triamcinolone acetonide (Xipere), 1 mg	HCPCS-DRUGS (NOT ORAL)	YES	07/01/2022	12/31/2078			
STAR	J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	HCPCS-DRUGS (NOT ORAL)	YES	07/01/2022	12/31/2078			
STAR	C9093	Injection, ranibizumab, via sustained release intravitreal implant (Susvimo), 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9092	Injection, triamcinolone acetonide, suprachoroidal (Xipere), 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9091	Injection, sirolimus protein-bound particles, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9090	Injection, plasminogen, human-tvmh, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	A9574	Air poly intrauterine foam, 0.1ml	HCPCS - MED-SURG SUPPLIES	EXPIRED	01/01/2010	01/01/2078			
STAR	90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	07/01/2021	07/01/2021		Limitation: 18 years of age or older.	
STAR	82653	Elastase, pancreatic (EL-1), fecal; quantitative	PATH & LAB - CHEMISTRY	NO	01/01/2022	01/01/2022		Limited to once per day	
STAR	E0986	Manual wheelchair accessory, push-rim activated power assist system	HCPCS - DME	YES	07/10/2022	12/31/2078		PA Required if Billed Charge is over \$1000	
STAR	J3385	Injection, velaglucerase alfa, 100 units	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		
STAR	J3060	Injection, taliglucerase alfa, 10 units	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2840	Injection, sebelipase alfa, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		
STAR	J2724	Injection, protein C concentrate, intravenous, human, 10 IU	2008 Code Set	YES	06/14/2022	12/31/2078	Regulatory Compliance		
STAR	J1931	Injection, laronidase, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		
STAR	J1786	Injection, imiglucerase, 10 units	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1743	Injection, idursulfase, 1 mg	2008 Code Set	YES	06/14/2022	12/31/2078	Regulatory Compliance		
STAR	J1458	Injection, galsulfase, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1322	Injection, elosulfase alfa, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		
STAR	J0567	Injection, certiponase alfa, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		
STAR	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		
STAR	J0180	Injection, agalsidase beta, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078	Regulatory Compliance		
STAR	J0490	Injection, belimumab, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/14/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count	PATH & LAB - MICROBIOLOGY	NO	04/04/2022	04/04/2022			
STAR	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	HCPCS - TEMP CODES	YES	10/12/2021	12/31/2078			
STAR	Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	HCPCS - TEMP CODES	YES	04/20/2020	12/31/2078			
STAR	Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4222	ProgenaMatrix, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4221	Amnio Wrap2, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4220	BellaCell HD or Surederm, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4219	SurgiGRAFT-DUAL, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4218	SurgiCORD, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4216	Artacent Cord, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4214	Cellesta Cord, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4213	Ascent, 0.5 mg	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4212	AlloGen, per cc	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4211	Amnion Bio or AxoBioMembrane, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4209	SurGraft, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4208	Novafix, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4206	Fluid Flow or Fluid GF, 1 cc	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4205	Membrane Graft or Membrane Wrap, per sq cm	HCPCS - TEMP CODES	YES	09/13/2019	12/31/2078			
STAR	Q4199	Cygnus matrix, per sq cm	HCPCS - TEMP CODES	NON-COV	01/01/2022	12/31/2078			
STAR	J1952	Leuprolide injectable, camcevi, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2022	12/31/2078			
STAR	C9089	Bupivacaine, collagen-matrix implant, 1 mg	HCPCS - C CODES - OUTPATIENT PP	NON-COV	01/01/2022	01/01/2022			
STAR	C9087	Injection, cyclophosphamide, (AuroMedics), 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2022	12/31/2078			
STAR	C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	01/01/2022	12/31/2078			
STAR	C1832	Autograft suspension, including cell processing and application, and all system components	HCPCS - C CODES - OUTPATIENT PP	NON-COV	01/01/2022	12/31/2078			
STAR	A2010	Apis, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			
STAR	A2009	Symphony, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			
STAR	A2008	TheraGenesis, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			
STAR	A2007	Restrata, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			
STAR	A2006	NovoSorb SynPath dermal matrix, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			
STAR	A2005	Microlyte Matrix, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			
STAR	A2004	XCelliStem, 1 mg	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			
STAR	A2003		HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			
STAR	A2002	Mirragen Advanced Wound Matrix, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			
STAR	A2001	InnovaMatrix AC, per sq cm	HCPCS - MED-SURG SUPPLIES	NON-COV	01/01/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	MEDICINE-NON-FACE-TO-FACE	NON-COV	01/01/2022	01/01/2022			
STAR	99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	E & M-PREVENTIVE MEDICINE SE	NON-COV	01/01/2022	01/01/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	E & M-PREVENTIVE MEDICINE SE	NON-COV	01/01/2022	01/01/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	E & M-PREVENTIVE MEDICINE SE	NON-COV	01/01/2022	01/01/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	E & M-PREVENTIVE MEDICINE SE	NON-COV	01/01/2022	01/01/2022			
STAR	98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	MEDICINE-NON-FACE-TO-FACE	NON-COV	01/01/2022	01/01/2022			
STAR	98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	MEDICINE-NON-FACE-TO-FACE	NON-COV	01/01/2022	01/01/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording (s) and/or programmed alert (s) transmission to monitor musculoskeletal system, each 30 days	MEDICINE-NON-FACE-TO-FACE	NON-COV	01/01/2022	01/01/2022			
STAR	98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording (s) and/or programmed alert (s) transmission to monitor respiratory system, each 30 days	MEDICINE-NON-FACE-TO-FACE	NON-COV	01/01/2022	01/01/2022			
STAR	98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment	MEDICINE-NON-FACE-TO-FACE	NON-COV	01/01/2022	01/01/2022			
STAR	94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	MEDICINE - PULMONARY	NON-COV	01/01/2022	01/01/2022			
STAR	94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	MEDICINE - PULMONARY	NON-COV	01/01/2022	01/01/2022			
STAR	D9949	repair of custom sleep apnea appliance	HCPCS-DENTAL-Misc Svcs	NON-COV	01/01/2022	01/01/2022		Please contact the member's Dental Vendor.	
STAR	D9948	adjustment of custom sleep apnea appliance	HCPCS-DENTAL-Misc Svcs	NON-COV	01/01/2022	01/01/2022		Please contact the member's Dental Vendor.	
STAR	D9947	custom sleep apnea appliance fabrication and placement	HCPCS- DENTAL-Misc Svcs	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D9912	pre-visit patient screening	HCPCS-DENTAL-Oral Surg-Other	NON-COV	01/01/2022	01/01/2022		Please contact the member's Dental Vendor.	
STAR	D7300	removal of temporary anchorage device without flap	HCPCS-DENTAL-Oral Surg-Other	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D7299	removal of temporary anchorage device, requiring flap	HCPCS-DENTAL-Oral Surg-Other	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D7298	removal of temporary anchorage device [screw retained plate], requiring flap	HCPCS-DENTAL-Oral Surg-Other	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6198	remove interim implant component	HCPCS-DENTAL-Implant Svcs	NON-COV	01/01/2022	01/01/2022		Please contact the member's Dental Vendor.	
STAR	D5765	soft liner for complete or partial removable denture - indirect	HCPCS- DENTAL-Denture Reline	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D5725	rebase hybrid prosthesis	HCPCS- DENTAL-Denture-Partial	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	HCPCS- DENTAL-Denture-Partial	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	HCPCS- DENTAL-Denture-Partial	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D4323	splint - extra-coronal; natural teeth or prosthetic crowns	HCPCS- DENTAL-UNKNOWN	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D4322	splint - intra-coronal; natural teeth or prosthetic crowns	HCPCS- DENTAL-UNKNOWN	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D3921	decoration or submergence of an erupted tooth	HCPCS- DENTAL-UNKNOWN	NON-COV	01/01/2022	12/31/2078		Please contact the member's Dental Vendor.	
STAR	D3911	intraorifice barrier	HCPCS- DENTAL-UNKNOWN	NON-COV	01/01/2022	01/01/2022		Please contact the member's Dental Vendor.	
STAR	K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	HCPCS-K CODES-DMERCS ONLY	NO	03/31/2022	03/31/2022			
STAR	T1017	Targeted case management, each 15 minutes	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	05/08/2022			
STAR	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	MEDICINE - HEALTH AND BEHAVIOR	NO	07/31/2020	05/08/2022		Limited to eight hours per person, per calendar year. Additional hours require prior authorization.	
STAR	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	MEDICINE - HEALTH AND BEHAVIOR	NO	07/31/2020	05/08/2022		Limited to eight hours per person, per calendar year. Additional hours require prior authorization.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver (s), when performed; each additional hour (List separately in addition to code for primary procedure)	MEDICINE - HEALTH AND BEHAVIOR	NO	07/31/2020	05/08/2022		Limited to eight hours per person, per calendar year. Additional hours require prior authorization.	
STAR	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver (s), when performed; first hour	MEDICINE - HEALTH AND BEHAVIOR	NO	07/31/2020	05/08/2022		Limited to eight hours per person, per calendar year. Additional hours require prior authorization.	
STAR	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver (s), when performed; each additional hour (List separately in addition to code for primary procedure)	MEDICINE - HEALTH AND BEHAVIOR	NO	07/31/2020	05/08/2022		Limited to eight hours per person, per calendar year. Additional hours require prior authorization.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver (s), when performed; first hour	MEDICINE - HEALTH AND BEHAVIOR	NO	07/31/2020	05/08/2022		Limited to eight hours per person, per calendar year. Additional hours require prior authorization.	
STAR	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	MEDICINE - CENTRAL NERVOUS SYS	NO	07/31/2020	05/08/2022		Limited to four hours per person, per day and eight hours per person, per calendar year. Additional hours require prior authorization.	
STAR	0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	07/01/2021	07/01/2021			
STAR	0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	CATEGORY III CODES	NON-COV	07/01/2021	07/01/2021			
STAR	90758	Zaire ebolavirus vaccine, live, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	07/01/2021	07/01/2021			
STAR	90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	07/01/2021	07/01/2021			
STAR	90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	07/01/2021	07/01/2021			
STAR	M1145	Most favored nation (MFN) model drug add-on amount, per dose, (do not bill with line items that have the JW modifier)	HCPCS-MEDICAL SERVICES	EXPIRED	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G1009	Clinical Decision Support Mechanism Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9086	Injection, anifrolumab-fnia, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2022	12/31/2078			
STAR	C9085	Injection, avalglucosidase alfa-ngpt, 4 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2022	12/31/2078			
STAR	C9084	Injection, loncastuximab tesirine-lpyl, 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	MEDICINE - NEUROLOGY AND NEURO	NO	10/12/2020	10/12/2020		Limited to four hours per person, per day and eight hours per person, per calendar year. Additional hours require prior authorization.	
STAR	Q0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine (s) and/or COVID-19 vaccine component(s), 600 mg	HCPCS - TEMP CODES	NO	02/24/2022	02/24/2022			
STAR	87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)	PATH & LAB-CHEMISTRY	NO	02/21/2022	02/21/2022			
STAR	90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	03/08/2022	03/08/2022			
STAR	V5080	Glasses, bone conduction	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5070	Glasses, air conduction	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2797	Vision supply, accessory and/or service component of another HCPCS vision code	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2790	Amniotic membrane for surgical reconstruction, per procedure	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V2788	Presbyopia correcting function of intraocular lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2787	Astigmatism correcting function of intraocular lens	2008 Code Set	YES	12/27/2019	12/31/2078			
STAR	V2786	Specialty occupational multifocal lens, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2785	Processing, preserving and transporting corneal tissue	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2781	Progressive lens, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2762	Polarization, any lens material, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2760	Scratch resistant coating, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2756	Eye glass case	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2750	Antireflective coating, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2744	Tint, photochromatic, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2702	Deluxe lens feature	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2631	Iris supported intraocular lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2629	Prosthetic eye, other type	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2610	Single lens spectacle mounted low vision aids	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2600	Hand held low vision aids and other nonspectacle mounted aids	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	V2503	Contact lens, PMMA, color vision deficiency, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			

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STAR	V2499	Variable sphericity lens, other type	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078			
STAR	S0596	Phakic intraocular lens for correction of refractive error	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078			
STAR	S0595	Dispensing new spectacle lenses for patient supplied frame	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	S0518	Sunglasses frames	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0516	Safety eyeglass frames	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0515	Scleral lens, liquid bandage device, per lens	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0514	Color contact lens, per lens	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0512	Daily wear specialty contact lens, per lens	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0510	Nonprescription lens (safety, athletic, or sunglass), per lens	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0500	Disposable contact lens, per lens	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	HCPCS - TRANSPORTATION (INCL A	YES	05/09/2022	12/31/2078			
STAR	A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	HCPCS - TRANSPORTATION (INCL A	NO	03/02/2022	05/08/2022		Emergent/Non-Emergent is specified by the modifier - ET	
STAR	A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	HCPCS - TRANSPORTATION (INCL A	NO	03/02/2022	05/08/2022		Emergent/Non-Emergent is specified by the modifier - ET	

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STAR	A0398	ALS routine disposable supplies	HCPCS - TRANSPORTATION (INCL A)	NO	03/02/2022	05/08/2022		Emergent/Non-Emergent is specified by the modifier - ET	
STAR	A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	HCPCS - TRANSPORTATION (INCL A)	NO	03/02/2022	05/08/2022		Emergent/Non-Emergent is specified by the modifier - ET	
STAR	A0382	BLS routine disposable supplies	HCPCS - TRANSPORTATION (INCL A)	NO	03/02/2022	05/08/2022		Emergent/Non-Emergent is specified by the modifier - ET	
STAR	J2182	Injection, mepolizumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/01/2022	12/31/2078			
STAR	J0584	Injection, burosumab-twza, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/25/2022	12/31/2078			

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STAR	Q0222	Injection, bebtelovimab, 175 mg	HCPCS - TEMP CODES	NO	02/11/2022	02/11/2022			
STAR	M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	HCPCS - MEDICAL SERVICES	NO	02/11/2022	02/11/2022			
STAR	M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	HCPCS - MEDICAL SERVICES	NO	02/11/2022	02/11/2022			
STAR	C9507	Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit	HCPCS - C CODES - OUTPATIENT PP	NO	12/28/2021	12/28/2021			
STAR	70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70460	Computed tomography, head or brain; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70450	Computed tomography, head or brain; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material (s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70487	Computed tomography, maxillofacial area; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

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STAR	70486	Computed tomography, maxillofacial area; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70490	Computed tomography, soft tissue neck; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70491	Computed tomography, soft tissue neck; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70544	Magnetic resonance angiography, head; without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70547	Magnetic resonance angiography, neck; without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

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STAR	70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70545	Magnetic resonance angiography, head; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70548	Magnetic resonance angiography, neck; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72125	Computed tomography, cervical spine; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72129	Computed tomography, thoracic spine; with contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72128	Computed tomography, thoracic spine; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72126	Computed tomography, cervical spine; with contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72132	Computed tomography, lumbar spine; with contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	72131	Computed tomography, lumbar spine; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72192	Computed tomography, pelvis; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72194	Computed tomography, pelvis; without contrast material, followed by contrast material (s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72193	Computed tomography, pelvis; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material (s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73200	Computed tomography, upper extremity; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73201	Computed tomography, upper extremity; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material (s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73700	Computed tomography, lower extremity; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73701	Computed tomography, lower extremity; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material (s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74160	Computed tomography, abdomen; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74150	Computed tomography, abdomen; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material (s), including noncontrast images, if performed, and image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	74176	Computed tomography, abdomen and pelvis; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	2008 Code Set	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	2008 Code Set	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	2008 Code Set	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	2008 Code Set	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	76390	Magnetic resonance spectroscopy	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	76380	Computed tomography, limited or localized follow-up study	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	76391	Magnetic resonance (eg, vibration) elastography	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77011	Computed tomography guidance for stereotactic localization	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	RADIOLOGY-IMAGING GUIDANCE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	RADIOLOGY-IMAGING GUIDANCE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	RADIOLOGY-IMAGING GUIDANCE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	RADIOLOGY-IMAGING GUIDANCE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78813	Positron emission tomography (PET) imaging; whole body	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	RADIOLOGY - NUCLEAR MEDICINE	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	2009 Code Set	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	MEDICINE - CARDIOVASCULAR	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	71250	Computed tomography, thorax, diagnostic; without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	RADIOLOGY - DIAGNOSTIC RADIOLO	YES	12/27/2019	12/31/2078	Carve Out		For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862
STAR	A4649	Surgical supply; miscellaneous	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			
STAR	A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			
STAR	A4221	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			
STAR	Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	HCPCS - TEMP CODES	YES	12/27/2019	12/31/2078			
STAR	Q4173	PalinGen or PalinGen XPlus, per sq cm	HCPCS - TEMP CODES	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine (s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring	HCPCS - MEDICAL SERVICES	NO	01/01/2022	01/01/2022			
STAR	J0248	Injection, remdesivir, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/23/2021	12/23/2021			
STAR	M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine (s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	HCPCS - MEDICAL SERVICES	NO	01/01/2022	01/01/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine (s) and/or COVID-19 vaccine component(s), 300 mg	HCPCS - MEDICAL SERVICES	NO	01/01/2022	01/01/2022			
STAR	01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	ANESTH - RADIOLOGICAL PROCEDUR	NO	01/01/2022	01/01/2022			
STAR	01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic	ANESTH - RADIOLOGICAL PROCEDUR	NO	01/01/2022	01/01/2022			
STAR	01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral	ANESTH - RADIOLOGICAL PROCEDUR	NO	01/01/2022	01/01/2022			
STAR	01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic	ANESTH - RADIOLOGICAL PROCEDUR	NO	01/01/2022	01/01/2022			
STAR	01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral	ANESTH - RADIOLOGICAL PROCEDUR	NO	01/01/2022	01/01/2022			
STAR	01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic	ANESTH - RADIOLOGICAL PROCEDUR	NO	01/01/2022	01/01/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	HCPCS - K CODES -DMERCS ONLY	YES	12/27/2019	12/31/2078			
STAR	V5298	Hearing aid, not otherwise classified	HCPCS - HEARING SERVICES	YES	12/27/2019	12/31/2078			
STAR	V5260	Hearing aid, digital, binaural, ITE	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5259	Hearing aid, digital, binaural, ITC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5258	Hearing aid, digital, binaural, CIC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5257	Hearing aid, digital, monaural, BTE	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5256	Hearing aid, digital, monaural, ITE	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5255	Hearing aid, digital, monaural, ITC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5254	Hearing aid, digital, monaural, CIC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5253	Hearing aid, digitally programmable, binaural, BTE	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5252	Hearing aid, digitally programmable, binaural, ITE	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5251	Hearing aid, digitally programmable analog, binaural, ITC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5250	Hearing aid, digitally programmable analog, binaural, CIC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5249	Hearing aid, analog, binaural, ITC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5245	Hearing aid, digitally programmable, analog, monaural, ITC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V5244	Hearing aid, digitally programmable analog, monaural, CIC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5100	Hearing aid, bilateral, body worn	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5040	Hearing aid, monaural, body worn, bone conduction	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5030	Hearing aid, monaural, body worn, air conduction	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	HCPCS - C CODES - OUTPATIENT PP	NO	01/01/2022	01/01/2022			
STAR	A4437	Irrigation supply; sleeve, disposable, per month	HCPCS - MED-SURG SUPPLIES	NO	01/01/2022	01/01/2022			
STAR	A4436	Irrigation supply; sleeve, reusable, per month	HCPCS - MED-SURG SUPPLIES	NO	01/01/2022	01/01/2022			
STAR	93598	Cardiac output measurement (s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	01/01/2022	01/01/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	01/01/2022	01/01/2022			
STAR	87154	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets	PATH & LAB - MICROBIOLOGY	NO	01/01/2022	01/01/2022			
STAR	86363	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each	PATH & LAB - IMMUNOLOGY	NO	01/01/2022	01/01/2022			
STAR	86362	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based immunofluorescence assay (CBA), each	PATH & LAB - IMMUNOLOGY	NO	01/01/2022	01/01/2022			
STAR	86053	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each	PATH & LAB - IMMUNOLOGY	NO	01/01/2022	01/01/2022			
STAR	86052	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based immunofluorescence assay (CBA), each	PATH & LAB - IMMUNOLOGY	NO	01/01/2022	01/01/2022			
STAR	86051	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked immunosorbent immunoassay (ELISA)	PATH & LAB - IMMUNOLOGY	NO	01/01/2022	01/01/2022			
STAR	86015	Actin (smooth muscle) antibody (ASMA), each	PATH & LAB - IMMUNOLOGY	NO	01/01/2022	01/01/2022			
STAR	80506	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)	PATH & LAB - CONSULTATIONS (CL	NO	01/01/2022	01/01/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making. When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.	PATH & LAB - CONSULTATIONS (CL	NO	01/01/2022	01/01/2022			
STAR	80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making. When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.	PATH & LAB - CONSULTATIONS (CL	NO	01/01/2022	01/01/2022			
STAR	80503	Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making. When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.	PATH & LAB - CONSULTATIONS (CL	NO	01/01/2022	01/01/2022			
STAR	80220	Hydroxychloroquine	PATH & LAB - CONSULTATIONS (CL	NO	01/01/2022	01/01/2022			
STAR	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	01/01/2022	01/01/2022			
STAR	33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	SURGERY - CARDIOVASCULAR SYSTE	NO	01/01/2022	01/01/2022			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	01/01/2022	01/01/2022			
STAR	64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	SURGERY - NERVOUS SYSTEM	NO	01/01/2022	01/01/2022			
STAR	J0172	Injection, aducanumab-awwa, 2 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2022	12/31/2078			
STAR	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	SURGERY - CARDIOVASCULAR SYSTE	YES	01/01/2022	12/31/2078			
STAR	61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	SURGERY - NERVOUS SYSTEM	YES	01/01/2022	12/31/2078			
STAR	61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	SURGERY - NERVOUS SYSTEM	YES	01/01/2022	12/31/2078			
STAR	33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta	SURGERY - CARDIOVASCULAR SYSTE	YES	01/01/2022	12/31/2078			
STAR	33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches	SURGERY - CARDIOVASCULAR SYSTE	YES	01/01/2022	12/31/2078			
STAR	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	SURGERY - CARDIOVASCULAR SYSTE	YES	01/01/2022	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9061	Injection, amivantamab-vmjw, 2 mg	HCPCS - CHEMO DRUGS	YES	01/01/2022	12/31/2078			
STAR	J9272	Injection, dostarlimab-gxly, 10 mg	HCPCS - CHEMO DRUGS	YES	01/01/2022	12/31/2078			
STAR	33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches	SURGERY - CARDIOVASCULAR SYSTE	YES	01/01/2022	12/31/2078			
STAR	S0201	Partial hospitalization services, less than 24 hours, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	M1031	Patients with no clinical indications for imaging of the head	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1026	Patients who were in hospice at any time during the performance period	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1025	Patients who were in hospice at any time during the performance period	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1022	Patients who were in hospice at any time during the performance period	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	J0693	Injection, cefiderocol, 5 mg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	01/01/2021	12/31/2078			
STAR	G9928	FDA-approved anticoagulant not prescribed, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9906	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9822	Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9783	Documentation of patients with diabetes who have a most recent fasting or direct ldl- c laboratory test result LT 70 mg/dl and are not taking statin therapy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9782	History of or active diagnosis of familial hypercholesterolemia	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9780	Patients who have a diagnosis of rhabdomyolysis at any time during the performance period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9779	Patients who are breastfeeding at any time during the performance period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9666	Patient's highest fasting or direct LDL-C laboratory test result in the measurement period or two years prior to the beginning of the measurement period is 70-189 mg/dl	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9647	Patients in whom MRS score could not be obtained at 90 day follow-up	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9641	Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9640	Documentation of planned hybrid or staged procedure	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9639	Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9636	Health-related quality of life not assessed with tool during at least two visits or quality of life score declined	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9635	Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the HRQOL survey, patient has the inability to read and/or write in order to complete the HRQOL questionnaire)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9634	Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9585	Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, SOAAP-R) or patient not interviewed at least once during opioid therapy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient interviewed at least once during opioid therapy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9583	Patients prescribed opiates for longer than six weeks	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9582	Door to puncture time of greater than 90 minutes, no reason given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9580	Door to puncture time of 90 minutes or less	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9579	No documentation of a signed opioid treatment agreement at least once during opioid therapy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9577	Patients prescribed opiates for longer than six weeks	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9563	Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9561	Patients prescribed opiates for longer than six weeks	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9557	Final reports for CT, CTA, MRI or MRA studies of the chest or neck without an incidentally found thyroid nodule LT 1.0 cm noted or no nodule found	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9556	Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9554	Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9450	History of injection drug use	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9449	History of receiving blood transfusions prior to 1992	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9448	Patients who were born in the years 1945 to 1965	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9425	Primary lung carcinoma resection report does not document PT category, PN category and for nonsmall cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9422	Primary lung carcinoma resection report documents PT category, PN category and for nonsmall cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not NSCLC-NOS)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9401	No documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effective	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9400	Documentation of medical or patient reason(s) for not discussing treatment options; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons; patient reasons: patient unable or unwilling to participate in the discussion or other patient reasons	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9399	Documentation in the patient record of a discussion between the physician/clinician and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9368	At least two orders for high risk medications from the same drug class not ordered	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9367	At least two orders for high risk medications from the same drug class	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9361	Medical indication for delivery by Cesarean birth or induction of labor (LT 39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture o	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9356	Elective delivery (without medical indication) by Cesarean birth or induction of labor performed (LT 39 weeks of gestation)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9355	Elective delivery (without medical indication) by Cesarean birth or induction of labor not performed (LT 39 weeks of gestation)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9350	CT scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9349	CT scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9348	CT scan of the paranasal sinuses ordered at the time of diagnosis for documented reasons	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9270	Documentation of patient without one or more complications within 90 days	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9269	Documentation of patient without one or more complications and without mortality within 30 days	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9268	Documentation of patient with one or more complications within 90 days	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9267	Documentation of patient with one or more complications or mortality within 30 days	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8969	Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8967	FDA-approved oral anticoagulant is prescribed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8952	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8950	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8938	BMI is documented as being outside of normal parameters, follow-up plan is not documented, documentation the patient is not eligible	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8926	Spirometry test not performed or documented, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8925	Spirometry test results demonstrate FEV1 GT EQU 60PCT , FEV1/FVC GT EQU 70PCT , predicted or patient does not have COPD symptoms	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8433	Screening for depression not completed, documented patient or medical reason	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8422	BMI not documented, documentation the patient is not eligible for BMI calculation	2008 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	G2215	Take home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2175	Episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2173	URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2150	Multimodal pain management was not used	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2148	Multimodal pain management was used	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2122	Depression, anxiety, apathy, and psychosis not assessed	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2121	Depression, anxiety, apathy, and psychosis assessed	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2097	Episodes where the patient had a competing diagnosis on or within 3 days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2065	Comprehensive care management for a single high risk disease services, e.g., principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2064	Comprehensive care management services for a single high risk disease, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	D9613	infiltration of sustained release therapeutic drug, per quadrant	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7294	placement of temporary anchorage device without flap	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7293	placement of temporary anchorage device requiring flap	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7292	placement of temporary anchorage device [screw retained plate] requiring flap	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6100	surgical removal of implant body	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6085	interim implant crown	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D6051	interim implant abutment placement	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D5867	replacement of replaceable part of semi-precision or precision attachment, per attachment	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D4276	combined connective tissue and pedicle graft, per tooth	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D2971	additional procedures to customize a crown to fit under an existing partial denture framework	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D2799	interim crown-further treatment or completion of diagnosis necessary prior to final impression	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0606	molecular testing for a public health related pathogen, including coronavirus	HCPCS- DENTAL-Tests and Lab	NO	01/01/2021	01/01/2021			
STAR	C9802	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9801	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9083	Injection, amivantamab-vmjw, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9082	Injection, dostarlimab-gxly, 100 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9081	Idecabtagene vicleucel, up to 460 million autologous anti-BCMA CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation , or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation , or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	E & M - PREVENTIVE MEDICINE SE	NO	12/31/2020	12/31/2020			
STAR	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	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	82656	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64580	Open implantation of neurostimulator electrode array; neuromuscular	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54352	Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54348	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54344	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21320	Closed treatment of nasal bone fracture with manipulation; with stabilization	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21315	Closed treatment of nasal bone fracture with manipulation; without stabilization	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0455T	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0454T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0453T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0452T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0451T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	10/01/2020	12/31/2078			
STAR	76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (LT 14 weeks 0 days), transabdominal approach; single or first gestation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (LT 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76818	Fetal biophysical profile; with non-stress testing	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76819	Fetal biophysical profile; without non-stress testing	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76820	Doppler velocimetry, fetal; umbilical artery	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76821	Doppler velocimetry, fetal; middle cerebral artery	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	11/30/2021	11/30/2021			
STAR	64617	Chemodenevation of muscle (s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	SURGERY - NERVOUS SYSTEM	NO	11/15/2021	11/15/2021			
STAR	64616	Chemodenevation of muscle (s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	SURGERY - NERVOUS SYSTEM	NO	11/15/2021	11/15/2021			
STAR	64615	Chemodenevation of muscle (s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	SURGERY - NERVOUS SYSTEM	NO	11/15/2021	11/15/2021			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64612	Chemodenerivation of muscle (s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	SURGERY - NERVOUS SYSTEM	NO	11/15/2021	11/15/2021			
STAR	64611	Chemodenerivation of parotid and submandibular salivary glands, bilateral	SURGERY - NERVOUS SYSTEM	NO	11/15/2021	11/15/2021			
STAR	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078			
STAR	99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078			
STAR	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian (s)/caregiver(s), each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078			
STAR	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078			
STAR	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078			
STAR	P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit	HCPCS - PATH & LAB	NO	10/01/2021	10/01/2021			
STAR	J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2021	10/01/2021			
STAR	J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea	HCPCS - DRUGS (NOT ORAL)	NO	10/01/2021	10/01/2021			
STAR	A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	HCPCS - MED-SURG SUPPLIES	NO	10/01/2021	10/01/2021			
STAR	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application (s), wound assessment, and instruction(s) for ongoing care, per session	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	Q4228	BioNextPATCH, per sq cm	HCPCS - TEMP CODES	EXPIRED	06/04/2020	12/31/2078			
STAR	Q0244	Injection, casirivimab and imdevimab, 1200 mg	HCPCS - TEMP CODES	NO	06/03/2021	06/03/2021			
STAR	M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	HCPCS - MEDICAL SERVICES	EXPIRED	11/09/2020	11/09/2020			
STAR	J2407	Injection, oritavancin (Orbactiv), 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1443	Injection, ferric pyrophosphate citrate solution (Triferic), 0.1 mg of iron	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	C9080	Injection, melphalan flufenamide HCl, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9079	Injection, evinacumab-dgnb, 5 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9078	Injection, trilaciclib, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9077	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9076	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9065	Injection, romidepsin, non-lyophilized (e.g. liquid), 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	10/01/2020	12/31/2078			
STAR	0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	03/11/2020	12/31/2078			
STAR	0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	PATH & LAB-PROPRIETARY LAB ANA	EXPIRED	01/01/2010	01/01/2078			
STAR	0051U	Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	HCPCS - TEMP CODES	NO	06/24/2021	06/24/2021			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	HCPCS - MEDICAL SERVICES	NO	06/24/2021	06/24/2021			
STAR	M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	HCPCS - MEDICAL SERVICES	NO	06/24/2021	06/24/2021			
STAR	C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants	HCPCS - C CODES - OUTPATIENT PP	YES	12/27/2019	12/31/2078			
STAR	53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	Q0240	Injection, casirivimab and imdevimab, 600 mg	HCPCS - TEMP CODES	NO	07/30/2021	07/30/2021			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring in the home or residence. This includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	HCPCS - MEDICAL SERVICES	NO	07/30/2021	07/30/2021			
STAR	M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses	HCPCS - MEDICAL SERVICES	NO	07/30/2021	07/30/2021			
STAR	88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	PATH & LAB - IMMUNOLOGY	NO	09/13/2021	09/13/2021			
STAR	64645	Chemodenerivation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	09/13/2021	09/13/2021		Prior authorization not required when billed with when billed with botulinum toxin type A (J0585).	
STAR	64643	Chemodenerivation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	09/13/2021	09/13/2021		Prior authorization not required when billed with when billed with botulinum toxin type A (J0585).	
STAR	64642	Chemodenerivation of one extremity; 1-4 muscle(s)	SURGERY - NERVOUS SYSTEM	NO	09/13/2021	09/13/2021		Prior authorization not required when billed with when billed with botulinum toxin type A (J0585).	
STAR	J1095	Injection, dexamethasone 9PCT , intraocular, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NON-COV	06/08/2021	06/08/2021			
STAR	95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	HCPCS - MEDICAL SERVICES	NO	05/06/2021	05/06/2021			
STAR	M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring	HCPCS-MEDICAL SERVICES	NO	12/31/2020	12/31/2020			
STAR	Q0239	Injection, bamlanivimab-xxxx, 700 mg	HCPCS - TEMP CODES	EXPIRED	11/09/2020	11/09/2020			
STAR	J7401	Mometasone furoate sinus implant, 10 mcg	HCPCS - DRUGS (NOT ORAL)	EXPIRED	10/01/2019	12/31/2078			
STAR	M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	HCPCS - MEDICAL SERVICES	NO	05/26/2021	05/26/2021			
STAR	M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	HCPCS - MEDICAL SERVICES	NO	05/26/2021	05/26/2021			
STAR	Q0247	Injection, sotrovimab, 500 mg	HCPCS - TEMP CODES	NO	05/26/2021	05/26/2021			
STAR	x7096	UNKNOWN DESCRIPTION	X - Local Codes	EXPIRED	01/01/2010	01/01/2078			
STAR	x7106	Hospital Bed variable height hi-lo	X - Local Codes	EXPIRED	01/01/2010	01/01/2078			
STAR	x7094	UNKNOWN DESCRIPTION	X - Local Codes	EXPIRED	01/01/2010	01/01/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	HCPCS - MEDICAL SERVICES	NO	05/06/2021	05/06/2021			
STAR	C9074	Injection, lumasiran, 0.5 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	04/01/2021	12/31/2078			
STAR	97261	Manipulation, performed by physician; each addtnl area	MEDICINE - PHYSICAL MEDICINE A	EXPIRED	01/01/2010	01/01/2078			
STAR	79000	Nuclear therapy, hyperthyroidism	RADIOLOGY - NUCLEAR MEDICINE	EXPIRED	01/01/2010	01/01/2078			
STAR	J0178	Injection, aflibercept, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	05/01/2021	12/31/2078			
STAR	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	HCPCS - DRUGS (NOT ORAL)	YES	05/01/2021	12/31/2078			
STAR	C9043	Injection, levoleucovorin, 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	PATH & LAB-PROPRIETARY LAB ANA	YES	04/01/2021	12/31/2078			
STAR	0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	PATH & LAB-PROPRIETARY LAB ANA	YES	04/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	PATH & LAB-PROPRIETARY LAB ANA	YES	04/01/2021	12/31/2078			
STAR	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	PATH & LAB-PROPRIETARY LAB ANA	YES	04/01/2021	12/31/2078			
STAR	0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	PATH & LAB-PROPRIETARY LAB ANA	YES	04/01/2021	12/31/2078			
STAR	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	PATH & LAB-PROPRIETARY LAB ANA	YES	04/01/2021	12/31/2078			
STAR	C9777	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy	HCPCS-C CODES-OUTPATIENT PP	YES	04/01/2021	12/31/2078			
STAR	C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (ICG) (list separately in addition to code for primary procedure)	HCPCS-C CODES-OUTPATIENT PP	YES	04/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9592	Copper Cu-64, dotatate, diagnostic, 1 mCi	HCPCS-ADMIN MISC & INVEST	NO	04/01/2021	04/01/2021			
STAR	S1091	Stent, noncoronary, temporary, with delivery system (Propel)	HCPCS - TEMP NATIONAL CODES	YES	04/01/2021	12/31/2078			
STAR	G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project	HCPCS - PROC/PROF SERVICES (TE	NO	04/01/2021	04/01/2021			
STAR	G2020	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the SIP component of the PCF model (do not bill with chronic care management codes)	HCPCS - PROC/PROF SERVICES (TE	NO	04/01/2021	04/01/2021			
STAR	J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg	HCPCS - DRUGS (NOT ORAL)	YES	04/01/2021	12/31/2078			
STAR	J1554	Injection, immune globulin (Asceniv), 500 mg	HCPCS - DRUGS (NOT ORAL)	YES	04/01/2021	12/31/2078			
STAR	J9349	Injection, tafasitamab-cxix, 2 mg	HCPCS - CHEMO DRUGS	YES	04/01/2021	12/31/2078			
STAR	Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	HCPCS - TEMP CODES	NO	02/08/2021	02/08/2021			
STAR	M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	HCPCS - MEDICAL SERVICES	NO	02/08/2021	02/08/2021			
STAR	L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K1012	Charger and base station for intraurethral activation device, replacement only	HCPCS-K CODES-DMERCS ONLY	EXPIRED	10/01/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K1011	Activation device for intraurethral drainage device with valve, replacement only, each	HCPCS-K CODES-DMERCS ONLY	EXPIRED	10/01/2020	12/31/2078			
STAR	K1010	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	HCPCS-K CODES-DMERCS ONLY	EXPIRED	10/01/2020	12/31/2078			
STAR	J7333	Hyaluronan or derivative, Visco-3, for intra-articular injection, per dose	HCPCS - DRUGS (NOT ORAL)	EXPIRED	06/04/2020	12/31/2078			
STAR	G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G0181	Physician or allowed practitioner supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0180	Physician or allowed practitioner certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians or allowed practitioners to affirm the initial implementation of the plan of care	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0179	Physician or allowed practitioner re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement (s), and atherectomy, includes angioplasty within the same vessel(s), when performed	HCPCS-C CODES-OUTPATIENT PP	YES	06/04/2020	12/31/2078			
STAR	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	HCPCS-C CODES-OUTPATIENT PP	YES	06/04/2020	12/31/2078			
STAR	C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement (s), includes angioplasty within the same vessel(s), when performed	HCPCS-C CODES-OUTPATIENT PP	YES	06/04/2020	12/31/2078			
STAR	C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	HCPCS-C CODES-OUTPATIENT PP	YES	06/04/2020	12/31/2078			
STAR	C9122	Mometasone furoate sinus implant, 10 mcg (Sinuva)	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	06/04/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	01/01/2021	12/31/2078			
STAR	C9072	Injection, immune globulin (Asceniv), 500 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	01/01/2021	12/31/2078			
STAR	C9071	Injection, viltolarsen, 10 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	01/01/2021	12/31/2078			
STAR	C9070	Injection, tafasitamab-cxix, 2 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	01/01/2021	12/31/2078			
STAR	C9069	Injection, belantamab mafodotin-blmf, 0.5 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	01/01/2021	12/31/2078			
STAR	C9068	Copper Cu-64, dotatate, diagnostic, 1 mci	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	01/01/2021	12/31/2078			
STAR	C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2021	12/31/2078			
STAR	0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumonia, Mycoplasma pneumoniae)	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			
STAR	0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumoniae, Mycoplasma pneumoniae)	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			
STAR	Q0243	Injection, casirivimab and imdevimab, 2400 mg	HCPCS - TEMP CODES	NO	12/31/2020	12/31/2020			
STAR	G2063	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2062	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2061	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	SURGERY - RESPIRATORY SYSTEM	NO	12/31/2020	12/31/2020			
STAR	30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	SURGERY - RESPIRATORY SYSTEM	YES	01/01/2021	12/31/2078			
STAR	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	SURGERY - CARDIOVASCULAR SYSTE	YES	01/01/2021	12/31/2078			
STAR	33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	SURGERY - CARDIOVASCULAR SYSTE	NO	12/31/2020	12/31/2020			
STAR	55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	SURGERY - MALE GENITAL SYSTEM	YES	01/01/2021	12/31/2078			
STAR	57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	SURGERY - FEMALE GENITAL SYSTE	YES	01/01/2021	12/31/2078			
STAR	33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac cath	SURGERY - CARDIOVASCULAR SYSTE	YES	01/01/2021	12/31/2078			
STAR	33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac cath	SURGERY - CARDIOVASCULAR SYSTE	YES	01/01/2021	12/31/2078			
STAR	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	SURGERY - AUDITORY SYSTEM	YES	01/01/2021	12/31/2078			
STAR	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	SURGERY - AUDITORY SYSTEM	YES	01/01/2021	12/31/2078			
STAR	76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	RADIOLOGY - RADIATION ONCOLOGY	YES	01/01/2021	12/31/2078			
STAR	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regio	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-unique	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expans	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	PATH & LAB-PROPRIETARY LAB ANA	YES	01/01/2021	12/31/2078			
STAR	80210	Rufinamide	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			
STAR	80181	Flecainide	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80189	Itraconazole	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			
STAR	80193	Leflunomide	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			
STAR	80204	Methotrexate	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			
STAR	80151	Amiodarone	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			
STAR	80161	Carbamazepine; -10,11-epoxide	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			
STAR	80167	Felbamate	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			
STAR	80179	Salicylate	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			
STAR	80143	Acetaminophen	PATH & LAB - THERAPEUTIC DRUG	NO	12/31/2020	12/31/2020			
STAR	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	PATH & LAB - MICROBIOLOGY	YES	01/01/2021	12/31/2078			
STAR	81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstiti	PATH & LAB - MICROBIOLOGY	YES	01/01/2021	12/31/2078			
STAR	81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	PATH & LAB - MICROBIOLOGY	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L.	PATH & LAB - CYTOGENETIC STUDI	YES	01/01/2021	12/31/2078			
STAR	81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph	PATH & LAB - MICROBIOLOGY	YES	01/01/2021	12/31/2078			
STAR	81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result fo	PATH & LAB - CYTOGENETIC STUDI	YES	01/01/2021	12/31/2078			
STAR	81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	PATH & LAB - CYTOGENETIC STUDI	YES	01/01/2021	12/31/2078			
STAR	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	PATH & LAB - CYTOGENETIC STUDI	YES	01/01/2021	12/31/2078			
STAR	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	PATH & LAB - CYTOGENETIC STUDI	YES	01/01/2021	12/31/2078			
STAR	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	PATH & LAB - CYTOGENETIC STUDI	YES	01/01/2021	12/31/2078			
STAR	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	PATH & LAB - CYTOGENETIC STUDI	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			
STAR	82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)	PATH & LAB - CHEMISTRY	NO	12/31/2020	12/31/2020			
STAR	82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)	PATH & LAB - CHEMISTRY	NO	12/31/2020	12/31/2020			
STAR	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			
STAR	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			
STAR	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			
STAR	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			
STAR	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			
STAR	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			
STAR	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			
STAR	81278	IGH /BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	PATH & LAB - CHEMISTRY	YES	01/01/2021	12/31/2078			
STAR	92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	MEDICINE - SPECIAL OTORHINOLAR	NO	12/31/2020	12/31/2020			
STAR	92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	MEDICINE - SPECIAL OTORHINOLAR	NO	12/31/2020	12/31/2020			
STAR	92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	MEDICINE - SPECIAL OTORHINOLAR	NO	12/31/2020	12/31/2020			
STAR	92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	MEDICINE - SPECIAL OTORHINOLAR	YES	01/01/2021	12/31/2078			
STAR	92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	MEDICINE - SPECIAL OTORHINOLAR	YES	01/01/2021	12/31/2078			
STAR	92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	MEDICINE - SPECIAL OTORHINOLAR	NO	12/31/2020	12/31/2020			
STAR	90377	Rabies immune globulin, heat- and solvent/detergent-treated (Rlg-HT S/D), human, for intramuscular and/or subcutaneous use	MEDICINE - IMMUNE GLOBULINS	NO	12/31/2020	12/31/2020			
STAR	92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	MEDICINE - SPECIAL OTORHINOLAR	YES	01/01/2021	12/31/2078			
STAR	94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording (s)	MEDICINE - PULMONARY	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	MEDICINE - CARDIOVASCULAR	NO	12/31/2020	12/31/2020			
STAR	93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	MEDICINE - CARDIOVASCULAR	NO	12/31/2020	12/31/2020			
STAR	93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	MEDICINE - CARDIOVASCULAR	NO	12/31/2020	12/31/2020			
STAR	93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	MEDICINE - CARDIOVASCULAR	NO	12/31/2020	12/31/2020			
STAR	93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	MEDICINE - CARDIOVASCULAR	NO	12/31/2020	12/31/2020			
STAR	93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	MEDICINE - CARDIOVASCULAR	NO	12/31/2020	12/31/2020			
STAR	93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	MEDICINE - CARDIOVASCULAR	NO	12/31/2020	12/31/2020			
STAR	93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	MEDICINE - CARDIOVASCULAR	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1148	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	HCPCS-MEDICAL SERVICES	NO	12/31/2020	12/31/2020			
STAR	M1149	Patient unable to complete the neck FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available	HCPCS-MEDICAL SERVICES	NO	12/31/2020	12/31/2020			
STAR	M1147	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	HCPCS-MEDICAL SERVICES	NO	12/31/2020	12/31/2020			
STAR	M1146	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	HCPCS-MEDICAL SERVICES	NO	12/31/2020	12/31/2020			
STAR	D0605	antibody testing for a public health related pathogen, including coronavirus	HCPCS-DENTAL-Tests and Labs	NO	12/31/2020	12/31/2020			
STAR	D0604	antigen testing for a public health related pathogen, including coronavirus	HCPCS-DENTAL-Tests and Labs	NO	12/31/2020	12/31/2020			
STAR	D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	HCPCS-DENTAL-Maxillofacial	YES	01/01/2021	12/31/2078			
STAR	D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	HCPCS-DENTAL-Maxillofacial	YES	01/01/2021	12/31/2078			
STAR	D6192	semi-precision attachment - placement	HCPCS-DENTAL-Implant Svcs	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2021	12/31/2078			
STAR	C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2021	12/31/2078			
STAR	D2928	prefabricated porcelain/ceramic crown - permanent tooth	HCPCS-DENTAL-Crowns - Single	YES	01/01/2021	12/31/2078			
STAR	D6191	semi-precision abutment - placement	HCPCS-DENTAL-Implant Svcs	YES	01/01/2021	12/31/2078			
STAR	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2021	12/31/2078			
STAR	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2021	12/31/2078			
STAR	C1825	Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2021	12/31/2078			
STAR	C1052	Hemostatic agent, gastrointestinal, topical	HCPCS-C CODES-OUTPATIENT PP	YES	01/01/2021	12/31/2078			
STAR	A9591	Fluoroestradiol F-18, diagnostic, 1 mCi	HCPCS-ADMIN MISC & INVEST	YES	01/01/2021	12/31/2078			
STAR	D0708	intraoral - bitewing radiographic image - image capture only	HCPCS- DENTAL-Radiographs	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D0707	intraoral - periapical radiographic image - image capture only	HCPCS- DENTAL- Radiographs	NO	12/31/2020	12/31/2020			
STAR	D0706	intraoral - occlusal radiographic image - image capture only	HCPCS- DENTAL- Radiographs	NO	12/31/2020	12/31/2020			
STAR	D0705	extra-oral posterior dental radiographic image - image capture only	HCPCS- DENTAL- Radiographs	NO	12/31/2020	12/31/2020			
STAR	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	HCPCS- DENTAL- Radiographs	YES	01/01/2021	12/31/2078			
STAR	D0702	2-D cephalometric radiographic image - image capture only	HCPCS- DENTAL- Radiographs	YES	01/01/2021	12/31/2078			
STAR	D0701	panoramic radiographic image - image capture only	HCPCS- DENTAL- Radiographs	NO	12/31/2020	12/31/2020			
STAR	D7962	lingual frenectomy (frenulectomy)	HCPCS- DENTAL- Procedure-Other	YES	01/01/2021	12/31/2078			
STAR	D7961	buccal/labial frenectomy (frenulectomy)	HCPCS- DENTAL- Procedure-Other	YES	01/01/2021	12/31/2078			
STAR	D1355	caries preventive medicament application - per tooth	HCPCS- DENTAL- Preventive Oth	NO	12/31/2020	12/31/2020			
STAR	D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	HCPCS- DENTAL- Preventive Oth	NO	12/31/2020	12/31/2020			
STAR	D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	HCPCS- DENTAL- Apicoectomy	YES	01/01/2021	12/31/2078			
STAR	D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	HCPCS- DENTAL- Apicoectomy	YES	01/01/2021	12/31/2078			
STAR	D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	HCPCS- DENTAL- Apicoectomy	YES	01/01/2021	12/31/2078			
STAR	D3471	surgical repair of root resorption - anterior	HCPCS- DENTAL- Apicoectomy	YES	01/01/2021	12/31/2078			
STAR	D3472	surgical repair of root resorption - premolar	HCPCS- DENTAL- Apicoectomy	YES	01/01/2021	12/31/2078			
STAR	D3473	surgical repair of root resorption - molar	HCPCS- DENTAL- Apicoectomy	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0013	Esketamine, nasal spray, 1 mg	HCPCS - TEMP NATIONAL CODES	YES	01/01/2021	12/31/2078			
STAR	G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related EM service	HCPCS - PROC/PROF SERVICES (TE)	NO	12/31/2020	12/31/2020			
STAR	G2251	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within t	HCPCS - PROC/PROF SERVICES (TE)	NO	12/31/2020	12/31/2020			
STAR	G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	HCPCS - PROC/PROF SERVICES (TE)	YES	01/01/2021	12/31/2078			
STAR	G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)	HCPCS - PROC/PROF SERVICES (TE)	NO	12/31/2020	12/31/2020			
STAR	G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care	HCPCS - PROC/PROF SERVICES (TE)	NO	12/31/2020	12/31/2020			
STAR	G2209	Patient refused to participate	HCPCS - PROC/PROF SERVICES (TE)	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient'	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2206	Patient received adjuvant treatment course including both chemotherapy and HER2-targeted therapy	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2207	Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted therapy (e.g., poor performance status (ECOG 3-4; Karnofsky LT EQU 50), cardiac contraindications, insufficient renal function, insufficient hepatic	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2208	Patient did not receive adjuvant treatment course including both chemotherapy and HER2-targeted therapy	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2205	Patients with pregnancy during adjuvant treatment course	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2200	Patient identified as an unhealthy alcohol user received brief counseling	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2197	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2196	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2195	Patients with clinical indications for imaging of the head: occipital headache in children	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2194	Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2190	Patients with clinical indications for imaging of the head: headache radiating to the neck	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2191	Patients with clinical indications for imaging of the head: positional headaches	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2192	Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2193	Patients with clinical indications for imaging of the head: new onset headache in preschool children or younger (LT 6 years of age)	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2186	Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2187	Patients with clinical indications for imaging of the head: head trauma	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2188	Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2189	Patients with clinical indications for imaging of the head: abnormal neurologic exam	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2183	Documentation patient unable to communicate and informant not available	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2184	Patient does not have a caregiver	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2185	Documentation caregiver is trained and certified in dementia care	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2180	Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2181	BMI not documented due to medical reason or patient refusal of height or weight measurement	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2176	Outpatient, ED, or observation visits that result in an inpatient admission	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	G2178	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, A	HCPCS - PROC/PROF SERVICES (TE	NO	12/31/2020	12/31/2020			
STAR	J7352	Afamelanotide implant, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2021	12/31/2078			
STAR	J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2021	12/31/2078			
STAR	J1823	Injection, inebilizumab-cdon, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	01/01/2021	12/31/2078			
STAR	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	HCPCS - CHEMO DRUGS	YES	01/01/2021	12/31/2078			
STAR	J9223	Injection, lurbinectedin, 0.1 mg	HCPCS - CHEMO DRUGS	YES	01/01/2021	12/31/2078			
STAR	J9281	Mitomycin pyelocalyceal instillation, 1 mg	HCPCS - CHEMO DRUGS	YES	01/01/2021	12/31/2078			
STAR	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	HCPCS - CHEMO DRUGS	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	CATEGORY III CODES	YES	01/01/2021	12/31/2078			
STAR	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	HCPCS - CHEMO DRUGS	YES	01/01/2021	12/31/2078			
STAR	0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	CATEGORY III CODES	YES	01/01/2021	12/31/2078			
STAR	0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	CATEGORY III CODES	YES	01/01/2021	12/31/2078			
STAR	0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	CATEGORY III CODES	YES	01/01/2021	12/31/2078			
STAR	0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	CATEGORY III CODES	YES	01/01/2021	12/31/2078			
STAR	0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	CATEGORY III CODES	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	CATEGORY III CODES	YES	01/01/2021	12/31/2078			
STAR	0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	CATEGORY III CODES	YES	01/01/2021	12/31/2078			
STAR	0621T	Trabeculostomy ab interno by laser	CATEGORY III CODES	YES	01/01/2021	12/31/2078			
STAR	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, a	CATEGORY III CODES	NO	12/31/2020	12/31/2020			
STAR	M1144	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only	HCPCS-MEDICAL SERVICES	EXPIRED	01/01/2020	01/01/2020			
STAR	M1141	Functional status was not measured by the Oxford Knee Score (OKS) or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) at one year (9 to 15 months) postoperatively	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1140	Ongoing care not indicated, patient discharged after only one to two visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	HCPCS-MEDICAL SERVICES	EXPIRED	01/01/2020	01/01/2020			
STAR	M1139	Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	HCPCS-MEDICAL SERVICES	EXPIRED	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1138	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only)	HCPCS-MEDICAL SERVICES	EXPIRED	01/01/2020	01/01/2020			
STAR	M1137	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	HCPCS-MEDICAL SERVICES	EXPIRED	01/01/2020	01/01/2020			
STAR	M1136	The start of an episode of care documented in the medical record	HCPCS-MEDICAL SERVICES	EXPIRED	01/01/2020	01/01/2020			
STAR	M1134	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1133	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1132	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1130	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1129	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1128	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1125	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1124	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1123	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1120	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1119	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1118	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1115	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1114	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1113	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1110	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1109	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1108	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1066	Shingrix vaccine not documented as administered, reason not given	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1065	Shingrix vaccine was not administered for reasons documented by clinician (e.g., patient administered vaccine other than Shingrix, patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1064	Shingrix vaccine documented as administered or previously received	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1063	Patients receiving high doses of immunosuppressive therapy	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1062	Patient immunocompromised	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1061	Patient pregnancy	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1051	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1033	Pharmacotherapy for OUD initiated after June 30th of performance period	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1024	Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at six months as demonstrated by a six month (+/-60 days) PHQ-9 or PHQ-9M score of less than five. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to five	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1023	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at six months as demonstrated by a six month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1015	Discharge/discontinuation of the episode of care documented in the medical record	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9967	Children who were not screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9966	Children who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9937	Diagnostic colonoscopy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9936	Surveillance colonoscopy - personal history of colonic polyps, colon cancer, or other malignant neoplasm of rectum, rectosigmoid junction, and anus	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9935	Adenoma(s) or colorectal cancer not detected during screening colonoscopy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9934	Documentation that neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9933	Adenoma(s) or colorectal cancer detected during screening colonoscopy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9931	Documentation of CHA2DS2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9924	Documentation of medical reason(s) for not providing safety concerns screen or for not providing recommendations, orders or referrals for positive screen (e.g., patient in palliative care, other medical reason)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9901	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9898	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9857	Patient admitted to hospice	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9856	Patient was not admitted to hospice	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9855	Patients who died from cancer	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9851	Patient had one or less emergency department visits in the last 30 days of life	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9850	Patient had more than one emergency department visit in the last 30 days of life	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9849	Patients who died from cancer	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9837	Trastuzumab not administered within 12 months of diagnosis	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9836	Reason for not administering trastuzumab documented (e.g., patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation not complete)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9835	Trastuzumab administered within 12 months of diagnosis	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9834	Patient has metastatic disease at diagnosis	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9833	Patient transfer to practice after initiation of chemotherapy	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9829	Breast adjuvant chemotherapy administered	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9828	HER2-targeted therapies administered during the initial course of treatment	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9827	HER2-targeted therapies not administered during the initial course of treatment	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9826	Patient transferred to practice after initiation of chemotherapy	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9825	HER2/neu negative or undocumented/unknown	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9817	Death did not occur after discharge from the hospital within 30 days post procedure	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9816	Death occurring after discharge from the hospital but within 30 days post procedure	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9815	Death did not occur during the index acute care hospitalization	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9814	Death occurring during the index acute care hospitalization	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9804	Patient was not prescribed at least a 135-day treatment within the 180-day measurement interval with beta-blockers postdischarge for AMI	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9803	Patient prescribed at least a 135-day treatment within the 180-day measurement interval with beta-blockers postdischarge for AMI	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9802	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9801	Hospitalizations in which the patient was transferred directly to a nonacute care facility for any diagnosis	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9800	Patients who are identified as having an intolerance or allergy to beta-blocker therapy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9799	Patients with a medication dispensing event indicator of a history of asthma any time during the patient's history through the end of the measure period	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9798	Discharge(s) for AMI between July 1 of the year prior measurement period to June 30 of the measurement period	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9759	History of preoperative posterior capsule rupture	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9750	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9749	Patient is undergoing palliative dialysis with a catheter	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9748	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9747	Patient is undergoing palliative dialysis with a catheter	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9739	Patient unable to complete the general orthopedic FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9738	Patient refused to participate	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9729	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9727	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9722	Documented history of renal failure or baseline serum creatinine GT EQU 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the CR has been or is 4.0 or higher	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9716	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9703	Episodes where the patient is taking antibiotics (Table 1) in the 30 days prior to the episode date	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9701	Children who are taking antibiotics in the 30 days prior to the date of the encounter during which the diagnosis was established	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9661	Patients greater than or equal to 86 years of age who received a colonoscopy for an assessment of signs/symptoms of GI tract illness, and/or because the patient meets high risk criteria, and/or to follow-up on previously diagnosed advanced lesions	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than or equal to 86 years of age (e.g., iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial history of adenomatou	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9659	Patients greater than or equal to 86 years of age who underwent a screening colonoscopy and did not have a history of colorectal cancer or other valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding,	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9642	Current smoker (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9617	Preoperative assessment not documented, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9616	Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9615	PREOPERATIVE ASSESSMENT DOCUMENTED	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9602	Patient not discharged to home by postoperative day 7	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9601	Patient discharge to home no later than postoperative day 7	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9600	Symptomatic AAAS that required urgent/emergent (nonelective) repair	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9574	Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at six months as demonstrated by a six-month (+/-60 days) PHQ-9 or PHQ-9M score of less than five; either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to five	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9573	Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at six months as demonstrated by a six-month (+/-60 days) PHQ-9 or PHQ-9M score of less than five	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9560	Patient not treated with a beta-lactam antibiotic as definitive therapy, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9559	Documentation of medical reason(s) for not prescribing a beta-lactam antibiotic (e.g., allergy, intolerance to beta-lactam antibiotics)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9558	Patient treated with a beta-lactam antibiotic as definitive therapy	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9550	Final reports for imaging studies with follow-up imaging recommended, or final reports that do not include a specific recommendation of no follow-up	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9537	Imaging needed as part of a clinical trial; or other clinician ordered the study	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9532	Patient had a head CT for trauma ordered by someone other than an emergency care provider or was ordered for a reason other than trauma	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9526	Patient was not referred to hospice care, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9525	Documentation of patient reason(s) for not referring to hospice care (e.g., patient declined, other patient reasons)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9524	Patient was referred to hospice care	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9523	Patient discontinued from hemodialysis or peritoneal dialysis	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9503	Patient taking tamsulosin HCl	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9469	Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 90 or greater consecutive days or a single prescription equating to 900 mg prednisone or greater for all fills	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9415	Patient did not have one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9402	Patient received follow-up within 30 days after discharge	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9390	No unplanned rupture of the posterior capsule requiring vitrectomy during cataract surgery	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9389	Unplanned rupture of the posterior capsule requiring vitrectomy during cataract surgery	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9366	One high-risk medication not ordered	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9365	One high-risk medication ordered	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9340	Final report documented that DICOM format image data available to nonaffiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9329	DICOM format image data available to nonaffiliated external health care facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study not documented in final report, reason not given	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9327	CT studies performed reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9326	CT studies performed not reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements, reason not given	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9304	Operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9303	Operative report does not identify the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant, reason not given	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9302	Prophylactic antibiotic not completely infused prior to the inflation of the proximal tourniquet, reason not given	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9301	Patients who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9300	Documentation of medical reason(s) for not completely infusing the prophylactic antibiotic prior to the inflation of the proximal tourniquet (e.g., a tourniquet was not used)	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9266	Patient receiving maintenance hemodialysis for greater than or equal to 90 days without a catheter as the mode of vascular access	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9265	Patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter as the mode of vascular access	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9264	Documentation of patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter for documented reasons (e.g., other medical reasons, patient declined arteriovenous fistula (AVF)/arteriovenous graft (AVG), other patient reasons)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9263	Documentation of patient discharged alive following endovascular AAA repair	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9262	Documentation of patient death in the hospital following endovascular AAA repair	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9261	Documentation of patient survival and absence of stroke following CEA	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9260	Documentation of patient death following CEA	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9259	Documentation of patient survival and absence of stroke following CAS	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9258	Documentation of patient stroke following CEA	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9257	Documentation of patient stroke following CAS	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9256	Documentation of patient death following CAS	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9241	Patient whose mode of vascular access is not a catheter at the time maintenance hemodialysis is initiated	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9240	Patient whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9239	Documentation of reasons for patient initiating maintenance hemodialysis with a catheter as the mode of vascular access (e.g., patient has a maturing arteriovenous fistula (AVF)/arteriovenous graft (AVG), time limited trial of hemodialysis, other medical reasons, patient declined AVF/AVG, other patient reasons, patient followed by reporting nephrologist for fewer than 90 days, other system reasons)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9232	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition for specified patient reason (e.g., patient is unable to communicate the diagnosis of a comorbid condition; the patient is unwilling to communicate the diagnosis of a comorbid condition; or the patient is unaware of the comorbid condition, or any other specified patient reason)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8976	Most recent hemoglobin (HgB) level GT EQU 10 g/dl	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8975	Documentation of medical reason(s) for patient having a hemoglobin level LT 10 g/dl (e.g., patients who have nonrenal etiologies of anemia [e.g., sickle cell anemia or other hemoglobinopathies, hypersplenism, primary bone marrow disease, anemia r	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8974	Hemoglobin level measurement not documented, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8973	Most recent hemoglobin (hgb) level LT 10 g/dl	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8960	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8959	Clinician treating major depressive disorder communicates to clinician treating comorbid condition	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8939	Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible at the time of the encounter	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8874	Excised tissue not evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8873	Patients with needle localization specimens which are not amenable to intraoperative imaging such as MRI needle wire localization, or targets which are tentatively identified on mammogram or ultrasound which do not contain a biopsy marker but which can be verified on intraoperative inspection or pathology (e.g., needle biopsy site where the biopsy marker is remote from the actual biopsy site)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8872	Excised tissue evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8811	Documentation Rh immunoglobulin (RhoGAM) was not ordered, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8810	Rh-immunoglobulin (RhoGAM) not ordered for reasons documented by clinician (e.g., patient had prior documented receipt of RhoGAM within 12 weeks, patient refusal)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8809	Rh immune globulin (RhoGAM) ordered	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8732	No documentation of pain assessment, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8731	Pain assessment using a standardized tool is documented as negative, no follow-up plan required	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8730	Pain assessment documented as positive using a standardized tool and a follow-up plan is documented	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8709	URI episodes when the patient had competing diagnoses on or three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8674	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment not measured because the patient did not complete the general orthopedic FS PROM at initial evaluation and/or near discharge, reason not given	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8672	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment successfully calculated and the score was less than zero (LT 0)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8671	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment successfully calculated and the score was equal to zero (0) or greater than zero (GT 0)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8628	Surgical procedure not performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power iol, retinal detachment, or wound dehiscence)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8627	Surgical procedure performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power iol, retinal detachment, or wound dehiscence)	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8574	No stroke following isolated CABG surgery	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8573	Stroke following isolated CABG surgery	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8572	No deep sternal wound infection/mediastinitis	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8571	Development of deep sternal wound infection/mediastinitis within 30 days postoperatively	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8509	Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given	2009 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	G8442	Pain assessment not documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool at the time of the encounter	2008 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	G8430	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation)	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8398	Dilated macular or fundus exam not performed	2008 Code Set	EXPIRED	12/27/2019	12/27/2019			
STAR	G2166	Patient refused to participate at admission and/or discharge; patient unable to complete the neck FS PROM at admission or discharge due to cognitive deficit, visual deficit, motor deficit, language barrier, or low reading level, and a suitable proxy/recorder is not available; patient self discharged early; medical reason	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2165	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period; or did not have a prior influenza virus vaccine adverse reaction any time before or during the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2164	Patient had a prior influenza virus vaccine adverse reaction any time before or during the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2163	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2162	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period; or have prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2161	Patient had prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2160	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2159	Patient did not receive both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60 before or during measurement period; or have prior pneumococcal vaccine adverse reaction any time during or before the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2158	Patient had prior pneumococcal vaccine adverse reaction any time during or before the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2157	Patients received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60 before or during the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2156	Patient did not receive at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period; or have history of at least one of the following contraindications any time during or before the measurement period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components; encephalopathy due to Tdap or Td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis)	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2155	Patient had history of at least one of the following contraindications any time during or before the measurement period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components; encephalopathy due to Tdap or Td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis)	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2154	Patient received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2153	In hospice or using hospice services during the measurement period	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2151	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2135	Patients 66 years of age or older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2134	Patients 66 years of age or older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2133	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2132	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2131	Patients 81 years and older with a diagnosis of frailty	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2130	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2127	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2126	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2125	Patients 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through December 31 of the measurement period	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2124	Patients 66-80 years of age and had at least one claim/encounter for frailty during the measurement period and a dispensed dementia medication	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2123	Patients 66-80 years of age and had at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2120	Within the past 2 years, calcium and/or vitamin D optimization has not been ordered or performed	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2119	Within the past 2 years, calcium and/or vitamin D optimization has been ordered or performed	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2118	Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2117	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2116	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2115	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2114	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2104	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			
STAR	G2103	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed	HCPCS-PROC/PROF SERVICES (TE)	EXPIRED	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2102	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2089	Most recent hemoglobin A1c (HbA1c) level 7.0PCT to 9.0PCT	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G2058	Chronic care management services, each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure). (Do not report G2058 for care management services of less than 20 minutes additional to the first 20 minutes of chronic care management services during a calendar month.) (Use G2058 in conjunction with 99490.) (Do not report 99490, G2058 in the same calendar month as 99487, 99489, 99491.)	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G1006	Clinical Decision Support Mechanism Test Appropriate, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G1005	Clinical Decision Support Mechanism National Imaging Associates, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min	HCPCS - PROC/PROF SERVICES (TE	YES	01/01/2021	12/31/2078			
STAR	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min	HCPCS - PROC/PROF SERVICES (TE	YES	01/01/2021	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biologi	HCPCS - PROC/PROF SERVICES (TE	YES	01/01/2021	12/31/2078			
STAR	D9971	odontoplasty - per tooth	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6011	surgical access to an implant body (second stage implant surgery)	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D5994	periodontal medicament carrier with peripheral seal - laboratory processed	HCPCS - DENTAL	EXPIRED	12/27/2019	12/31/2078			
STAR	D5761	reline mandibular partial denture (indirect)	HCPCS-DENTAL-Denture Reline	NON-COV	12/27/2019	12/27/2019			
STAR	D5760	reline maxillary partial denture (indirect)	HCPCS-DENTAL-Denture Reline	NON-COV	12/27/2019	12/27/2019			
STAR	D5751	reline complete mandibular denture (indirect)	HCPCS-DENTAL-Denture Reline	NON-COV	12/27/2019	12/27/2019			
STAR	D5750	reline complete maxillary denture (indirect)	HCPCS-DENTAL-Denture Reline	NON-COV	12/27/2019	12/27/2019			
STAR	D5741	reline mandibular partial denture (direct)	HCPCS-DENTAL-Denture Reline	NON-COV	12/27/2019	12/27/2019			
STAR	D5740	reline maxillary partial denture (direct)	HCPCS-DENTAL-Denture Reline	NON-COV	12/27/2019	12/27/2019			
STAR	D5731	reline complete mandibular denture (direct)	HCPCS-DENTAL-Denture Reline	NON-COV	12/27/2019	12/27/2019			
STAR	D5730	reline complete maxillary denture (direct)	HCPCS-DENTAL-Denture Reline	NON-COV	12/27/2019	12/27/2019			
STAR	D5283	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/27/2019			
STAR	D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/27/2019			
STAR	D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/27/2019			
STAR	D2962	labial veneer (porcelain laminate) - indirect	HCPCS-DENTAL-Veneers	NON-COV	12/27/2019	12/27/2019			
STAR	D2961	labial veneer (resin laminate) - indirect	HCPCS-DENTAL-Veneers	NON-COV	12/27/2019	12/27/2019			
STAR	D2960	labial veneer (resin laminate) - direct	HCPCS-DENTAL-Veneers	NON-COV	12/27/2019	12/27/2019			
STAR	C9760	Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocar	HCPCS-C CODES-OUTPATIENT PP	YES	06/04/2020	12/31/2078			
STAR	C9066	Injection, sacituzumab govitecan-hziy, 2.5 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	10/01/2020	12/31/2078			
STAR	C9064	Mitomycin pyelocalyceal instillation, 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	10/01/2020	12/31/2078			
STAR	C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	10/01/2020	12/31/2078			
STAR	C9060	Fluoroestradiol F18, diagnostic, 1 mci	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	10/01/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation , or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	E & M - CARE PLAN OVERSIGHT SE	NON-COV	12/27/2019	12/27/2019			
STAR	99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation , or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	E & M - CARE PLAN OVERSIGHT SE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each addit	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording (s)	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute resp	PATH & LAB - MICROBIOLOGY	NO	11/09/2020	11/09/2020			
STAR	82670	Estradiol; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	74425	Urography, antegrade, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74420	Urography, retrograde, with or without KUB	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74410	Urography, infusion, drip technique and/or bolus technique;	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64484	Injection(s), anesthetic agent (s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078			
STAR	64455	Injection(s), anesthetic agent (s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	29828	Arthroscopy, shoulder, surgical; biceps tenodesis	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular si	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29821	Arthroscopy, shoulder, surgical; synovectomy, complete	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29820	Arthroscopy, shoulder, surgical; synovectomy, partial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19369	Breast reconstruction; with bipediced transverse rectus abdominis myocutaneous (TRAM) flap	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19368	Breast reconstruction; with single-pediced transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19367	Breast reconstruction; with single-pediced transverse rectus abdominis myocutaneous (TRAM) flap	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19361	Breast reconstruction; with latissimus dorsi flap	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19342	Insertion or replacement of breast implant on separate day from mastectomy	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19328	Removal of intact breast implant	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19318	Breast reduction	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11971	Removal of tissue expander without insertion of implant	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0405T	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0401T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0400T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0058T	Cryopreservation; reproductive tissue, ovarian	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0183	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164)	HCPCS - TEMP NATIONAL CODES	NON-COV	01/01/2020	12/04/2020			
STAR	Q0164	Prochlorperazine maleate, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NO	01/01/2020	12/04/2020			
STAR	J0780	Injection, prochlorperazine, up to 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7512	Prednisone, immediate release or delayed release, oral, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2020	12/04/2020			
STAR	J7510	Prednisolone, oral, per 5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2020	12/04/2020			
STAR	J3480	Injection, potassium chloride, per 2 mEq	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	S0119	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	HCPCS - TEMP NATIONAL CODES	NON-COV	01/01/2020	12/04/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q0162	Ondansetron 1 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NON-COV	01/01/2020	12/04/2020			
STAR	J2405	Injection, ondansetron HCl, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	J2765	Injection, metoclopramide HCl, up to 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	J2175	Injection, meperidine HCl, per 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	S0179	Megestrol acetate, oral, 20 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	01/01/2020	12/04/2020			
STAR	J2150	Injection, mannitol, 25PCT in 50 ml	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	J3475	Injection, magnesium sulfate, per 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	J2060	Injection, lorazepam, 2 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	J1741	Injection, ibuprofen, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	S0176	Hydroxyurea, oral, 500 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	01/01/2020	12/04/2020			
STAR	J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	J1940	Injection, furosemide, up to 20 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	S0028	Injection, famotidine, 20 mg	HCPCS - TEMP NATIONAL CODES	NO	01/01/2020	12/04/2020			
STAR	Q0163	Diphenhydramine HCl, 50 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NO	01/01/2020	12/04/2020			
STAR	J1200	Injection, diphenhydramine HCl, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	J1100	Injection, dexamethasone sodium phosphate, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	J1094	Injection, dexamethasone acetate, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2020	12/04/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J8540	Dexamethasone, oral, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2020	12/04/2020			
STAR	J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	S0074	Injection, cefotetan disodium, 500 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	01/01/2020	12/04/2020			
STAR	J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2020	12/04/2020			
STAR	J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	01/01/2020	12/04/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0461	Injection, atropine sulfate, 0.01 mg	HCPCS - DRUGS (NOT ORAL)	NO	01/01/2020	12/04/2020			
STAR	L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	HCPCS - PROSTHETIC PROCED	YES	09/01/2020	12/31/2078		PA Required if Billed Charge is over \$1000	
STAR	C1897	Lead, neurostimulator test kit (implantable)	HCPCS - C CODES - OUTPATIENT PP	YES	09/01/2020	12/31/2078		PA Required if Billed Charge is over \$1000	
STAR	C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)	HCPCS - C CODES - OUTPATIENT PP	YES	09/01/2020	12/31/2078		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional	MEDICINE - NEUROLOGY AND NEURO	YES	09/01/2020	12/31/2078			
STAR	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078			
STAR	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078			
STAR	63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078			
STAR	62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078			
STAR	62355	Removal of previously implanted intrathecal or epidural catheter	SURGERY - NERVOUS SYSTEM	YES	09/01/2020	12/31/2078			
STAR	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	PATH & LAB - MICROBIOLOGY	NO	03/28/2020	03/28/2020			
STAR	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	PATH & LAB - MICROBIOLOGY	NO	03/28/2020	03/28/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	NO	10/06/2020	10/06/2020			
STAR	0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	NO	10/06/2020	10/06/2020			
STAR	87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	PATH & LAB - CHEMISTRY	NO	10/06/2020	10/06/2020			
STAR	87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	PATH & LAB - CHEMISTRY	NO	10/06/2020	10/06/2020			
STAR	87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	PATH & LAB - CHEMISTRY	NO	10/06/2020	10/06/2020			
STAR	87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; not otherwise specified, each organism	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	PATH & LAB - IMMUNOLOGY	NO	06/25/2020	06/25/2020			
STAR	87420	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; respiratory syncytial virus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87400	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Influenza, A or B, each	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87380	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis, delta agent	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87338	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Helicobacter pylori, stool	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	PATH & LAB - CHEMISTRY	NO	03/12/2020	03/12/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	PATH & LAB - IMMUNOLOGY	NO	04/09/2020	04/09/2020			
STAR	86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	PATH & LAB - IMMUNOLOGY	NO	04/09/2020	04/09/2020			
STAR	0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	PATH & LAB-PROPRIETARY LAB ANA	NO	10/01/2020	10/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			
STAR	0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy	PATH & LAB-PROPRIETARY LAB ANA	YES	10/01/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	PATH & LAB - IMMUNOLOGY	YES	09/08/2020	12/31/2078			
STAR	99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease	MEDICINE - SPECIAL SERVICES, P	YES	09/08/2020	12/31/2078			
STAR	G1023	Clinical Decision Support Mechanism Persivia Clinical Decision Support, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	10/01/2020	10/01/2020			
STAR	G1022	Clinical Decision Support Mechanism Intermountain Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	10/01/2020	10/01/2020			
STAR	G1020	Clinical Decision Support Mechanism Curbside Clinical Augmented Workflow, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	10/01/2020	10/01/2020			
STAR	G1021	Clinical Decision Support Mechanism EHealthLine Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	10/01/2020	10/01/2020			
STAR	K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	HCPCS-K CODES-DMERCS ONLY	YES	10/01/2020	12/31/2078			
STAR	C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	HCPCS-C CODES-OUTPATIENT PP	YES	10/01/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	HCPCS-C CODES-OUTPATIENT PP	YES	10/01/2020	12/31/2078			
STAR	C9067	Gallium Ga-68, Dotatoc, diagnostic, 0.01 mci	HCPCS-C CODES-OUTPATIENT PP	YES	10/01/2020	12/31/2078			
STAR	C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable (must use a steerable ureteral catheter)	HCPCS-C CODES-OUTPATIENT PP	YES	10/01/2020	12/31/2078			
STAR	V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	HCPCS - VISION SERVICES	YES	10/01/2020	12/31/2078			
STAR	Q4254	NovaFix DL, per sq cm	HCPCS - TEMP CODES	YES	10/01/2020	12/31/2078			
STAR	Q4255	REGUaRD, for topical use only, per sq cm	HCPCS - TEMP CODES	YES	10/01/2020	12/31/2078			
STAR	Q4249	AMNIPLY, for topical use only, per sq cm	HCPCS - TEMP CODES	YES	10/01/2020	12/31/2078			
STAR	Q4250	AmnioAmp-MP, per sq cm	HCPCS - TEMP CODES	YES	10/01/2020	12/31/2078			
STAR	T2047	Habilitation, prevocational, waiver; per 15 minutes	HCPCS - STATE MEDICAID AGENCY	YES	10/01/2020	12/31/2078			
STAR	J7351	Injection, bimatoprost, intracameral implant, 1 mcg	HCPCS - DRUGS (NOT ORAL)	YES	10/01/2020	12/31/2078			
STAR	J3032	Injection, eptinezumab-jjmr, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	10/01/2020	12/31/2078			
STAR	J3241	Injection, teprotumumab-trbw, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	10/01/2020	12/31/2078			
STAR	J1632	Injection, brexanolone, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	10/01/2020	12/31/2078			
STAR	J1738	Injection, meloxicam, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	10/01/2020	12/31/2078			
STAR	J1437	Injection, ferric derisomaltose, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	10/01/2020	12/31/2078			
STAR	J9304	Injection, pemetrexed (Pemfexy), 10 mg	HCPCS - CHEMO DRUGS	YES	10/01/2020	12/31/2078			
STAR	J9227	Injection, isatuximab-irfc, 10 mg	HCPCS - CHEMO DRUGS	YES	10/01/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4176	Neopatch or therion, per square centimeter	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	J9305	Injection, pemetrexed, NOS, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9245	Injection, melphalan HCl, not otherwise specified, 50 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	E0880	Traction stand, free standing, extremity traction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	C9063	Injection, eptinezumab-jjmr, 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	06/04/2020	12/31/2078			
STAR	C9061	Injection, teprotumumab-trbw, 10 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	06/04/2020	12/31/2078			
STAR	C9059	Injection, meloxicam, 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	06/04/2020	12/31/2078			
STAR	C9055	Injection, brexanolone, 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	C9054	Injection, lefamulin (Xenleta), 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	01/01/2010	01/01/2078			
STAR	86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	PATH & LAB -CHEMISTRY	NO	08/10/2020	08/10/2020			
STAR	86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	PATH & LAB -CHEMISTRY	NO	08/10/2020	08/10/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	PATH & LAB-PROPRIETARY LAB ANA	YES	08/10/2020	12/31/2078			
STAR	0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	NO	08/10/2020	08/10/2020			
STAR	0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	PATH & LAB-PROPRIETARY LAB ANA	NO	06/25/2020	06/25/2020			
STAR	0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	NO	06/25/2020	06/25/2020			
STAR	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	HCPCS - DRUGS (NOT ORAL)	YES	08/03/2020	12/31/2078			
STAR	J0517	Injection, benralizumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	08/03/2020	12/31/2078			
STAR	J2357	Injection, omalizumab, 5 mg	HCPCS - DRUGS (NOT ORAL)	YES	08/03/2020	12/31/2078			
STAR	J3357	Ustekinumab, for subcutaneous injection, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	08/03/2020	12/31/2078			
STAR	J3358	Ustekinumab, for intravenous injection, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	08/03/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	MEDICINE - NEUROLOGY AND NEURO	YES	07/31/2020	12/31/2078			
STAR	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	MEDICINE - NEUROLOGY AND NEURO	YES	07/31/2020	12/31/2078			
STAR	G2025	Payment for a telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only	HCPCS-PROC/PROF SERVICES (TE	NO	06/03/2020	06/03/2020			
STAR	C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	HCPCS-C CODES-OUTPATIENT PP	YES	06/04/2020	12/31/2078			
STAR	C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)	HCPCS-C CODES-OUTPATIENT PP	YES	06/04/2020	12/31/2078			
STAR	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4246	CoreText or ProText, per cc	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4247	Amniotext patch, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4245	AmnioText, per cc	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4242	AmnioCyte Plus, per 0.5 cc	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4240	CoreCyte, for topical use only, per 0.5 cc	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4241	PolyCyte, for topical use only, per 0.5 cc	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4238	Derm-Maxx, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4235	AMNIOREPAIR or AltiPly, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4237	Cryo-Cord, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4234	XCellerate, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4233	SurFactor or NuDyn, per 0.5 cc	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4232	Corplex, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4230	Cogenex Flowable Amnion, per 0.5 cc	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4231	Corplex P, per cc	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	Q4229	Cogenex Amniotic Membrane, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	Q4227	AmnioCore TM, per sq cm	HCPCS - TEMP CODES	YES	06/04/2020	12/31/2078			
STAR	J9198	Injection, gemcitabine HCl, (Infugem), 100 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J9246	Injection, melphalan (Evomela), 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J7169	Injection, coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J1558	Injection, immune globulin (xembify), 100 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J0896	Injection, luspatercept-aamt, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J1201	Injection, cetirizine HCl, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J0791	Injection, crizanlizumab-tmca, 5 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J0691	Injection, lefamulin, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	J0223	Injection, givosiran, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0591	Injection, deoxycholic acid, 1 mg	HCPCS - DRUGS (NOT ORAL)	YES	06/04/2020	12/31/2078			
STAR	0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0615T	Eye-movement analysis without spatial calibration, with interpretation and report	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	CATEGORY III CODES	YES	06/30/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	CATEGORY III CODES	YES	06/30/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	CATEGORY III CODES	YES	06/30/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	CATEGORY III CODES	YES	06/30/2020	12/31/2078			
STAR	J9199	Injection, gemcitabine HCl (Infugem), 200 mg	HCPCS-CHEMO DRUGS	EXPIRED	01/01/2010	01/01/2078			
STAR	J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	C9058	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo) 0.5 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	03/11/2020	12/31/2078			
STAR	C9057	Injection, cetirizine HCl, 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	03/11/2020	12/31/2078			
STAR	C9056	Injection, givosiran, 0.5 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	03/11/2020	12/31/2078			
STAR	C9053	Injection, crizanlizumab-tmca, 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	03/11/2020	12/31/2078			
STAR	C2645	Brachytherapy planar source, palladium-103, per sq mm	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);	PATH & LAB-MULTIANALYTE ASSAYS	NO	12/27/2019	12/27/2019			
STAR	3170F	Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy	PATH & LAB-PROPRIETARY LAB ANA	YES	03/11/2020	12/31/2078			
STAR	0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	PATH & LAB-PROPRIETARY LAB ANA	NO	05/20/2020	05/20/2020			
STAR	58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	SURGERY - MALE GENITAL SYSTEM	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58940	Oophorectomy, partial or total, unilateral or bilateral;	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58740	Lysis of adhesions (salpingolysis, ovariolysis)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58285	Vaginal hysterectomy, radical (Schauta type operation)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	
STAR	58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	SURGERY - FEMALE GENITAL SYSTE	NO	05/31/2020	05/31/2020		Submission of valid patient consent form required with claim.	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	SURGERY - DIGESTIVE SYSTEM	YES	05/05/2020	12/31/2078			
STAR	G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	HCPCS-PROC/PROF SERVICES (TE	YES	03/11/2020	12/31/2078			
STAR	G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	HCPCS-PROC/PROF SERVICES (TE	YES	03/11/2020	12/31/2078			
STAR	98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	MEDICINE-NON-FACE-TO-FACE	NO	01/01/2020	01/01/2020			
STAR	98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	MEDICINE-NON-FACE-TO-FACE	NO	01/01/2020	01/01/2020			
STAR	98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	MEDICINE-NON-FACE-TO-FACE	NO	01/01/2020	01/01/2020			
STAR	0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	PATH & LAB-PROPRIETARY LAB ANA	YES	03/11/2020	12/31/2078			
STAR	0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	PATH & LAB-PROPRIETARY LAB ANA	YES	03/11/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	PATH & LAB-PROPRIETARY LAB ANA	YES	03/11/2020	12/31/2078			
STAR	0166U	Liver disease, 10 biochemical assays (a2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	PATH & LAB-PROPRIETARY LAB ANA	YES	03/11/2020	12/31/2078			
STAR	0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	PATH & LAB-PROPRIETARY LAB ANA	NO	03/11/2020	03/11/2020			
STAR	0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	PATH & LAB-PROPRIETARY LAB ANA	YES	03/11/2020	12/31/2078			
STAR	0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	PATH & LAB-PROPRIETARY LAB ANA	YES	03/11/2020	12/31/2078			
STAR	G1019	Clinical Decision Support Mechanism LogicNets, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE)	NO	03/04/2020	03/04/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G1016	Clinical Decision Support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	03/04/2020	03/04/2020			
STAR	G1017	Clinical Decision Support Mechanism HealthHelp, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	03/04/2020	03/04/2020			
STAR	G1018	Clinical Decision Support Mechanism INFINX, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	03/04/2020	03/04/2020			
STAR	G1012	Clinical Decision Support Mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	03/04/2020	03/04/2020			
STAR	G1013	Clinical Decision Support Mechanism EvidenceCare ImagingCare, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	03/04/2020	03/04/2020			
STAR	G1014	Clinical Decision Support Mechanism InveniQA Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	03/04/2020	03/04/2020			
STAR	G1015	Clinical Decision Support Mechanism Reliant Medical Group, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	03/04/2020	03/04/2020			
STAR	U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	HCPCS - PATH & LAB	NO	03/31/2020	03/31/2020			
STAR	J7191	Factor VIII (antihemophilic factor (porcine)), per IU	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7188	Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU	2006 Code Set	NO	12/27/2019	12/27/2019			
STAR	G1000	Clinical Decision Support Mechanism Applied Pathways, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	EXPIRED	01/01/2020	01/01/2020			
STAR	C9744	Ultrasound, abdominal, with contrast	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/14/2017	12/14/2017			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9407	Iodine I-131 iobenguane, diagnostic, 1 mCi	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0110U	Prescription drug monitoring, one or more oral oncology drug (s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	PATH & LAB - CHEMISTRY	YES	09/13/2019	12/31/2078			
STAR	U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	HCPCS - PATH & LAB	NO	03/31/2020	03/31/2020			
STAR	A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	HCPCS - ADMIN MISC & INVEST	YES	01/31/2020	12/31/2078			
STAR	L8499	Unlisted procedure for miscellaneous prosthetic services	HCPCS - PROSTHETIC PROCED	YES	01/31/2020	12/31/2078			
STAR	V5261	Hearing aid, digital, binaural, BTE	HCPCS - HEARING SERVICES	YES	01/31/2020	12/31/2078			
STAR	H2036	Alcohol and/or other drug treatment program, per diem	HCPCS - ALCOHOL/DRUG ABUSE	YES	12/27/2019	12/31/2078			
STAR	H0035	Mental health partial hospitalization, treatment, less than 24 hours	HCPCS - ALCOHOL/DRUG ABUSE	YES	12/27/2019	12/31/2078			
STAR	S9480	Intensive outpatient psychiatric services, per diem	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078			
STAR	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	HCPCS - ALCOHOL/DRUG ABUSE	YES	12/27/2019	12/31/2078			
STAR	H0005	Alcohol and/or drug services; group counseling by a clinician	HCPCS - ALCOHOL/DRUG ABUSE	YES	01/31/2020	12/31/2078			
STAR	H0004	Behavioral health counseling and therapy, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	YES	01/31/2020	12/31/2078			
STAR	H0001	Alcohol and/or drug assessment	HCPCS - ALCOHOL/DRUG ABUSE	YES	01/31/2020	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0PCT and less than or equal to 9.0PCT (DM)	CATII	NO	10/01/2019	10/01/2019			
STAR	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0PCT and less than 8.0PCT (DM)	CATII	NO	09/30/2019	09/30/2019			
STAR	E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	HCPCS - DME	YES	12/27/2019	12/31/2078		PA Required if Billed Charge is over \$1000	
STAR	00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	ANESTH - HEAD	YES	01/01/2020	12/31/2078			
STAR	P9099	Blood component or product not otherwise classified	HCPCS-PATH & LAB	NO	01/01/2020	01/01/2020			
STAR	M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1142	Emergent cases	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1135	The start of an episode of care documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1131	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1127	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1126	The start of an episode of care documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1122	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1121	The start of an episode of care documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1117	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1116	The start of an episode of care documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1112	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1111	The start of an episode of care documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1107	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	M1106	The start of an episode of care documented in the medical record	HCPCS-MEDICAL SERVICES	NO	01/01/2020	01/01/2020			
STAR	L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	HCPCS-PROSTHETIC PROCEDURE	NO	01/01/2020	01/01/2020			
STAR	G2149	Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s))	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2145	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of less than 30 points	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2144	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated a change of 30 points or greater	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2143	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of less than 30 points	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2142	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of 30 points or greater	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2129	Procedure related BP's not taken during an outpatient visit. Examples include same day surgery, ambulatory service center, GI, lab, dialysis, infusion center, chemotherapy	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2128	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, blood disorders, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2113	Patient receiving GT 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2112	Patient receiving LT EQU 5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2107	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2106	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2105	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2101	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2100	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2099	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2098	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2096	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2094	Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2093	Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2092	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2090	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2081	Patients age 66 and older in institutional special needs plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2079	Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2078	Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			
STAR	G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	HCPCS-PROC/PROF SERVICES (TE)	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G2021	Health care practitioners rendering treatment in place (TIP)	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G1011	Clinical Decision Support Mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G1010	Clinical Decision Support Mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C1982	Catheter, pressure generating, one-way valve, intermittently occlusive	HCPCS-C CODES-OUTPATIENT PP	NO	01/01/2020	01/01/2020			
STAR	B4187	Omegaven, 10 g lipids	HCPCS-ENTERAL & PARENTERAL	NO	01/01/2020	01/01/2020			
STAR	A9590	Iodine I-131, iobenguane, 1 mCi	HCPCS-ADMIN MISC & INVEST	NO	01/01/2020	01/01/2020			
STAR	A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	HCPCS-MED-SURG SUPPLIES	NO	01/01/2020	01/01/2020			
STAR	99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	E & M-PEDIATRIC CRITICAL CARE	NO	01/01/2020	01/01/2020			
STAR	99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	E & M-PEDIATRIC CRITICAL CARE	NO	01/01/2020	01/01/2020			
STAR	99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	E & M-SPECIAL E/M SERVICES	NO	01/01/2020	01/01/2020			
STAR	99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	E & M-PREVENTIVE MEDICINE SE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	E & M-PREVENTIVE MEDICINE SE	NO	01/01/2020	01/01/2020			
STAR	99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	E & M-PREVENTIVE MEDICINE SE	NO	01/01/2020	01/01/2020			
STAR	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	MEDICINE-PHYSICAL MEDICINE A	NO	01/01/2020	01/01/2020			
STAR	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	MEDICINE-PHYSICAL MEDICINE A	NO	01/01/2020	01/01/2020			
STAR	96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	MEDICINE-HEALTH & BEHAVIOR	NO	01/01/2020	01/01/2020			
STAR	96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	MEDICINE-HEALTH & BEHAVIOR	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	MEDICINE-HEALTH & BEHAVIOR	NO	01/01/2020	01/01/2020			
STAR	96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	MEDICINE-HEALTH & BEHAVIOR	NO	01/01/2020	01/01/2020			
STAR	96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	MEDICINE-HEALTH & BEHAVIOR	NO	01/01/2020	01/01/2020			
STAR	96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	MEDICINE-HEALTH & BEHAVIOR	NO	01/01/2020	01/01/2020			
STAR	96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	MEDICINE-HEALTH & BEHAVIOR	NO	01/01/2020	01/01/2020			
STAR	96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	MEDICINE-HEALTH & BEHAVIOR	NO	01/01/2020	01/01/2020			
STAR	96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	MEDICINE-HEALTH & BEHAVIOR	NO	01/01/2020	01/01/2020			
STAR	95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	MEDICINE-NEUROLOGY & NEURO	NO	01/01/2020	01/01/2020			
STAR	93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	MEDICINE-NON-INVASIVE VASCUL	NO	01/01/2020	01/01/2020			
STAR	92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	MEDICINE-OPHTHALMOLOGY	NO	01/01/2020	01/01/2020			
STAR	92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	MEDICINE-OPHTHALMOLOGY	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90694	Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	MEDICINE-VACCINE/TOXOIDS	NO	01/01/2020	01/01/2020			
STAR	87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	PATH & LAB-MICROBIOLOGY	NO	01/01/2020	01/01/2020			
STAR	80285	Voriconazole	PATH & LAB-THERAPEUTIC DRUG	NO	01/01/2020	01/01/2020			
STAR	80280	Vedolizumab	PATH & LAB-THERAPEUTIC DRUG	NO	01/01/2020	01/01/2020			
STAR	80235	Lacosamide	PATH & LAB-THERAPEUTIC DRUG	NO	01/01/2020	01/01/2020			
STAR	80230	Infliximab	PATH & LAB-THERAPEUTIC DRUG	NO	01/01/2020	01/01/2020			
STAR	80187	Posaconazole	PATH & LAB-THERAPEUTIC DRUG	NO	01/01/2020	01/01/2020			
STAR	80145	Adalimumab	PATH & LAB-THERAPEUTIC DRUG	NO	01/01/2020	01/01/2020			
STAR	78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	RADIOLOGY-NUCLEAR MEDICINE	NO	01/01/2020	01/01/2020			
STAR	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	RADIOLOGY-NUCLEAR MEDICINE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen)	RADIOLOGY-NUCLEAR MEDICINE	NO	01/01/2020	01/01/2020			
STAR	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	RADIOLOGY-NUCLEAR MEDICINE	NO	01/01/2020	01/01/2020			
STAR	74248	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)	RADIOLOGY-DIAGNOSTIC RADIOLOGY	NO	01/01/2020	01/01/2020			
STAR	74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	RADIOLOGY-DIAGNOSTIC RADIOLOGY	NO	01/01/2020	01/01/2020			
STAR	66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	SURGERY-NERVOUS SYSTEM	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	SURGERY-NERVOUS SYSTEM	NO	01/01/2020	01/01/2020			
STAR	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	SURGERY-NERVOUS SYSTEM	NO	01/01/2020	01/01/2020			
STAR	62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	SURGERY-NERVOUS SYSTEM	NO	01/01/2020	01/01/2020			
STAR	49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	SURGERY-DIGESTIVE SYSTEM	NO	01/01/2020	01/01/2020			
STAR	49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	SURGERY-DIGESTIVE SYSTEM	NO	01/01/2020	01/01/2020			
STAR	35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			
STAR	35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery (ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			
STAR	34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery (ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			
STAR	33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			
STAR	33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			
STAR	33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			
STAR	33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			
STAR	33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			
STAR	33016	Pericardiocentesis, including imaging guidance, when performed	SURGERY-CARDIOVASCULAR SYSTEM	NO	01/01/2020	01/01/2020			
STAR	21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	SURGERY-MUSCULOSKELETAL SYST	NO	01/01/2020	01/01/2020			
STAR	21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	SURGERY-MUSCULOSKELETAL SYST	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21601	Excision of chest wall tumor including rib(s)	SURGERY-MUSCULOSKELETAL SYST	NO	01/01/2020	01/01/2020			
STAR	20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	SURGERY-MUSCULOSKELETAL SYST	NO	01/01/2020	01/01/2020			
STAR	20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	SURGERY-MUSCULOSKELETAL SYST	NO	01/01/2020	01/01/2020			
STAR	20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	SURGERY-MUSCULOSKELETAL SYST	NO	01/01/2020	01/01/2020			
STAR	20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	SURGERY-MUSCULOSKELETAL SYST	NO	01/01/2020	01/01/2020			
STAR	20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	SURGERY-MUSCULOSKELETAL SYST	NO	01/01/2020	01/01/2020			
STAR	20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	SURGERY-MUSCULOSKELETAL SYST	NO	01/01/2020	01/01/2020			
STAR	0580T	Removal of substernal implantable defibrillator pulse generator only	CATEGORY III CODES	NO	01/01/2020	01/01/2020			
STAR	0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	CATEGORY III CODES	NO	01/01/2020	01/01/2020			
STAR	0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	CATEGORY III CODES	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	CATEGORY III CODES	NO	01/01/2020	01/01/2020			
STAR	0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	CATEGORY III CODES	NO	01/01/2020	01/01/2020			
STAR	0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	CATEGORY III CODES	NO	01/01/2020	01/01/2020			
STAR	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	CATEGORY III CODES	NO	01/01/2020	01/01/2020			
STAR	0573T	Removal of substernal implantable defibrillator electrode	CATEGORY III CODES	NO	01/01/2020	01/01/2020			
STAR	G1008	Clinical Decision Support Mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G1007	Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G1004	Clinical Decision Support Mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G1003	Clinical Decision Support Mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G1002	Clinical Decision Support Mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	G1001	Clinical Decision Support Mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program	HCPCS-PROC/PROF SERVICES (TE	NO	01/01/2020	01/01/2020			
STAR	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	SURGERY-NERVOUS SYSTEM	YES	12/09/2019	12/31/2078			
STAR	64451	Injection(s), anesthetic agent (s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	SURGERY-NERVOUS SYSTEM	YES	12/09/2019	12/31/2078			
STAR	64454	Injection(s), anesthetic agent (s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	SURGERY-NERVOUS SYSTEM	YES	12/09/2019	12/31/2078			
STAR	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	SURGERY-NERVOUS SYSTEM	YES	12/09/2019	12/31/2078			
STAR	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	SURGERY-MUSCULOSKELETAL SYST	YES	12/09/2019	12/31/2078			
STAR	20561	Needle insertion(s) without injection(s); 3 or more muscles	SURGERY-MUSCULOSKELETAL SYST	YES	12/09/2019	12/31/2078			
STAR	46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	SURGERY-DIGESTIVE SYSTEM	YES	12/09/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	PATH & LAB-MULTIANALYTE ASSAYS	YES	12/09/2019	12/31/2078			
STAR	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	PATH & LAB-MULTIANALYTE ASSAYS	YES	12/09/2019	12/31/2078			
STAR	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	PATH & LAB-MULTIANALYTE ASSAYS	YES	12/09/2019	12/31/2078			
STAR	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	PATH & LAB-MOLECULAR PATHOLOGY	YES	12/09/2019	12/31/2078			
STAR	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	PATH & LAB-MOLECULAR PATHOLOGY	YES	12/09/2019	12/31/2078			
STAR	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	PATH & LAB-MOLECULAR PATHOLOGY	YES	12/09/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	MEDICINE-SPECIAL OTORHINOLAR	YES	12/09/2019	12/31/2078			
STAR	93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	MEDICINE-NON-INVASIVE VASCUL	YES	12/09/2019	12/31/2078			
STAR	95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	MEDICINE-NEUROLOGY & NEURO	YES	12/09/2019	12/31/2078			
STAR	95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	MEDICINE-NEUROLOGY & NEURO	YES	12/09/2019	12/31/2078			
STAR	95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	MEDICINE-NEUROLOGY & NEURO	YES	12/09/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	MEDICINE-NEUROLOGY & NEURO	YES	12/09/2019	12/31/2078			
STAR	95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	MEDICINE-NEUROLOGY & NEURO	YES	12/09/2019	12/31/2078			
STAR	95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	MEDICINE-NEUROLOGY & NEURO	YES	12/09/2019	12/31/2078			
STAR	95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	MEDICINE-NEUROLOGY & NEURO	YES	12/09/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	MEDICINE-BIOFEEDBACK	YES	12/09/2019	12/31/2078			
STAR	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	MEDICINE-BIOFEEDBACK	YES	12/09/2019	12/31/2078			
STAR	Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	M1053	Leg pain was measured by the Visual Analog Scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1050	Functional status was measured by the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at three months (6 to 20 weeks) postoperatively	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1049	Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1048	Functional status measurement with score was obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at three months (6 to 20 weeks) postoperatively	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1047	Functional status was measured by the Oxford Knee Score (OKS) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1046	Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was less than 37 or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was less than 71 postoperatively	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1045	Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was greater than or equal to 37 or knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was greater than or equal to 71	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1044	Functional status was measured by the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1043	Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1042	Functional status measurement with score was obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1030	Patients with clinical indications for imaging of the head	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1014	Discharge/discontinuation of the episode of care documented in the medical record	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1013	Discharge/discontinuation of the episode of care documented in the medical record	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1012	Discharge/discontinuation of the episode of care documented in the medical record	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1011	Discharge/discontinuation of the episode of care documented in the medical record	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1010	Discharge/discontinuation of the episode of care documented in the medical record	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1009	Discharge/discontinuation of the episode of care documented in the medical record	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1002	Plan of care for moderate to severe pain not documented on or before the date of the second visit with a clinician, reason not given	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1001	Plan of care to address moderate to severe pain documented on or before the date of the second visit with a clinician	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			
STAR	M1000	Pain screened as moderate to severe	HCPCS - MEDICAL SERVICES	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L8659	Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8480	Prosthetic sock, single ply, fitting, above knee (AK), each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8470	Prosthetic sock, single ply, fitting, below knee (BK), each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8032	Nipple prosthesis, prefabricated, reusable, any type, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7366	Battery charger, 12 volt, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7362	Battery charger, six volt, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5910	Addition, endoskeletal system, below knee (BK), alignable system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5688	Addition to lower extremity, below knee (BK), waist belt, webbing	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5681	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5680	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5679	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5676	Additions to lower extremity, below knee (BK), knee joints, single axis, pair	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4002	Replacement strap, any orthosis, includes all components, any length, any type	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3956	Addition of joint to upper extremity orthosis, any material; per joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3924	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3919	Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2785	Addition to lower extremity orthosis, drop lock retainer, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2397	Addition to lower extremity orthosis, suspension sleeve	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L2190	Addition to lower extremity fracture orthosis, waist belt	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1971	Ankle-foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1951	Ankle-foot orthosis (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L1831	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1710	Legg Perthes orthosis, (Newington type), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1690	Combination, bilateral, lumbosacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1660	Hip orthosis (HO), abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1652	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1650	Hip orthosis (HO), abduction control of hip joints, static, adjustable, (Ilfed type), prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1630	Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0999	Addition to spinal orthosis, not otherwise specified	HCPCS - ORTHOTIC PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	L0630	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0624	Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	L0622	Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	J9201	Injection, gemcitabine HCl, not otherwise specified, 200 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	G9947	Leg pain was measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 - 20 weeks) postoperatively	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9944	Back pain was measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 - 15 months) postoperatively	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9941	Back pain was measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 - 20 weeks) postoperatively	HCPCS - PROC/PROF SERVICES (TE)	EXPIRED	12/27/2019	12/27/2019			
STAR	G9938	Patients aged 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the 6 months prior to the measurement period through December 31 of the measurement period	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9917	Documentation of advanced stage dementia and caregiver knowledge is limited	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9910	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9786	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9785	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9772	Documentation of medical reason(s) for not achieving at least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9743	Psychiatric symptoms not assessed, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9742	Psychiatric symptoms assessed	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9737	Patient unable to complete the elbow/wrist/hand FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9735	Patient unable to complete the shoulder FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9733	Patient unable to complete the low back FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9731	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9595	Patient has documentation of ventricular shunt, brain tumor, or coagulopathy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9551	Final reports for imaging studies without an incidentally found lesion noted	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9549	Documentation of medical reason(s) that follow up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s))	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9548	Final reports for imaging studies stating no follow up imaging is recommended	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9547	Cystic renal lesion that is simple appearing (Bosniak I or II), or adrenal lesion less than or equal to 1.0 cm or adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, or is currently taking an antiplatelet medication including: abciximab, anagrelide, cangrelor, cilostazol, clopidogrel, dipyridamole, eptifibatide, prasugrel, ticlopidine, ticagrelor, tirofiban, or vorapaxar	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9520	Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9519	Patient achieves final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9510	Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9472	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered and documented, no review of systems and no medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9414	Patient had one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9405	Patient received follow up within 7 days after discharge	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9186	Motor speech functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9176	Other speech language pathology functional limitation, discharge status at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9175	Other speech language pathology functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9174	Other speech language pathology functional limitation, current status at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9173	Voice functional limitation, discharge status at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9172	Voice functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9171	Voice functional limitation, current status at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9170	Memory functional limitation, discharge status at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9169	Memory functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9168	Memory functional limitation, current status at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9167	Attention functional limitation, discharge status at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9166	Attention functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9165	Attention functional limitation, current status at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9164	Spoken language expression functional limitation, discharge status at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9163	Spoken language expression functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9162	Spoken language expression functional limitation, current status at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9161	Spoken language comprehension functional limitation, discharge status, at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9160	Spoken language comprehension functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9159	Spoken language comprehension functional limitation, current status at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G9158	Motor speech functional limitation, discharge status, at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8999	Motor speech functional limitation, current status at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8998	Swallowing functional limitation, discharge status, at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8997	Swallowing functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8996	Swallowing functional limitation, current status at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8995	Other physical or occupational therapy subsequent functional limitation, discharge status, at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8994	Other physical or occupational therapy subsequent functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8993	Other physical or occupational therapy subsequent functional limitation, current status, at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8992	Other physical or occupational therapy primary functional limitation, discharge status, at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8991	Other physical or occupational therapy primary functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8990	Other physical or occupational therapy primary functional limitation, current status, at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8989	Self care functional limitation, discharge status, at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8988	Self care functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8987	Self care functional limitation, current status, at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8986	Carrying, moving and handling objects functional limitation, discharge status, at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8985	Carrying, moving and handling objects, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8984	Carrying, moving and handling objects functional limitation, current status, at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8983	Changing and maintaining body position functional limitation, discharge status, at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8982	Changing and maintaining body position functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8981	Changing and maintaining body position functional limitation, current status, at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8980	Mobility: walking and moving around functional limitation, discharge status, at discharge from therapy or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8979	Mobility: walking and moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8978	Mobility: walking and moving around functional limitation, current status, at therapy episode outset and at reporting intervals	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8861	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) ordered and documented, review of systems and medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8673	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8669	Risk-adjusted functional status change residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8665	Risk-adjusted functional status change residual score for the shoulder impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8657	Risk-adjusted functional status change residual score for the lower leg, foot or ankle impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8653	Risk-adjusted functional status change residual scores for the hip impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	G8649	Risk-adjusted functional status change residual score for the knee impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate	HCPCS - PROC/PROF SERVICES (TE	EXPIRED	12/27/2019	12/27/2019			
STAR	D6794	retainer crown - titanium and titanium alloys	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6214	pontic - titanium and titanium alloys	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6194	abutment supported retainer crown for FPD- titanium and titanium alloys	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6094	abutment supported crown - titanium and titanium alloys	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6077	implant supported retainer for metal FPD - high noble alloys	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6067	implant supported crown - high noble alloys	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6066	implant supported crown - porcelain fused to high noble alloys	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/31/2078			
STAR	D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/27/2019			
STAR	D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/27/2019			
STAR	D2794	crown - titanium and titanium alloys	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D1520	space maintainer - removable, unilateral - per quadrant	HCPCS-DENTAL-Space Maint.	NON-COV	12/27/2019	12/27/2019			
STAR	D1510	space maintainer - fixed, unilateral - per quadrant	HCPCS-DENTAL-Space Maint.	NON-COV	12/27/2019	12/27/2019			
STAR	C9408	Iodine I-131 iobenguane, therapeutic, 1 mCi	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C9052	Injection, ravulizumab-cwvz, 10 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C9048	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9040	Injection, fremanezumab-vfrm, 1 mg	HCPCS-C CODES-OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9039	Injection, plazomicin, 5 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9038	Injection, mogamulizumab-kpkc, 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9037	Injection, risperidone (Perseris), 0.5 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C9036	Injection, patisiran, 0.1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	C9035	Injection, aripiprazole lauroxil (Aristada Initio), 1 mg	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/27/2019			
STAR	B4185	Parenteral nutrition solution, not otherwise specified, 10 g lipids	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity (ies), lower extremity(ies) and/or trunk, initial orthotic (s) encounter, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	94728	Airway resistance by oscillometry	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			
STAR	93790	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93788	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93786	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93784	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92627	Evaluation of auditory function for surgically implanted device (s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92626	Evaluation of auditory function for surgically implanted device (s) candidacy or postoperative status of a surgically implanted device(s); first hour	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/31/2078			
STAR	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisitio	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	RADIOLOGY - NUCLEAR MEDICINE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	RADIOLOGY - NUCLEAR MEDICINE	NON-COV	12/27/2019	12/31/2078			
STAR	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	RADIOLOGY - NUCLEAR MEDICINE	NON-COV	12/27/2019	12/31/2078			
STAR	74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74251	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74250	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74022	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	64450	Injection(s), anesthetic agent (s) and/or steroid; other peripheral nerve or branch	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64449	Injection(s), anesthetic agent (s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64435	Injection(s), anesthetic agent (s) and/or steroid; paracervical (uterine) nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64430	Injection(s), anesthetic agent (s) and/or steroid; pudendal nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64425	Injection(s), anesthetic agent (s) and/or steroid; ilioinguinal, iliohypogastric nerves	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64421	Injection(s), anesthetic agent (s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64420	Injection(s), anesthetic agent (s) and/or steroid; intercostal nerve, single level	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64418	Injection(s), anesthetic agent (s) and/or steroid; suprascapular nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64408	Injection(s), anesthetic agent (s) and/or steroid; vagus nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64400	Injection(s), anesthetic agent (s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62270	Spinal puncture, lumbar, diagnostic;	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54640	Orchiopexy, inguinal or scrotal approach	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	SURGERY - CARDIOVASCULAR SYSTEM	NO	12/27/2019	12/27/2019			
STAR	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	SURGERY - CARDIOVASCULAR	NON-COV	12/27/2019	12/31/2078			
STAR	31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	CATEGORY III CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0357T	Cryopreservation; immature oocyte(s)	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral	CATEGORY III CODES	EXPIRED	12/27/2019	12/31/2078			
STAR	0085U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0081U	Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	HCPCS - PATH & LAB	EXPIRED	12/27/2019	12/31/2078			
STAR	0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank	ANESTH - INTRATHORACIC	EXPIRED	07/01/2018	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9152	Speech therapy, re-evaluation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	S8270	Enuresis alarm, using auditory buzzer and/or vibration device	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S5145	Foster care, therapeutic, child; per diem	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	S3854	Gene expression profiling panel for use in the management of breast cancer treatment	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	2007 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2325	HIP CORE DECOMPRESSION	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2117	Arthroereisis, subtalar	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2079	Laparoscopic esophagomyotomy (Heller type)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078			
STAR	S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	S1037	Receiver (monitor); external, for use with artificial pancreas device system	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S1036	Transmitter; external, for use with artificial pancreas device system	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0265	Genetic counseling, under physician supervision, each 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0148	Injection, pegylated interferon alfa-2B, 10 mcg	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q5010	Hospice home care provided in a hospice facility	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q5009	Hospice or home health care provided in place not otherwise specified (NOS)	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q5001	Hospice or home health care provided in patient's home/residence	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4184	Cellesta or Cellesta Duo, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4165	Keramatrix or Kerasorb, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q2026	Injection, Radiesse, 0.1 ml	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q0515	Injection, sermorelin acetate, 1 mcg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0503	Battery for pneumatic ventricular assist device, replacement only, each	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0490	Emergency power source for use with electric ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0488	Power pack base for use with electric ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0485	Monitor control cable for use with electric ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0480	Driver for use with pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0161	Chlorpromazine HCl, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8609	Artificial cornea	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7600	Prosthetic donning sleeve, any material, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3930	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3921	Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3918	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3913	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3702	Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis (KAFO), each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2034	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0640	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0638	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0636	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0635	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0634	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0632	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0629	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0628	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0627	Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0626	Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0625	Lumbar orthosis (LO), flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0623	Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0621	Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0492	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0491	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0730	Controlled dose inhalation drug delivery system	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0672	Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0013	Custom motorized/power wheelchair base	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	K0008	CUSTOM MANUAL WHEELCHAIR/BASE	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	J9295	Injection, necitumumab, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9264	Injection, paclitaxel protein-bound particles, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9225	Histrelin implant (Vantas), 50 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9175	Injection, Elliotts' B solution, 1 ml	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9027	Injection, clofarabine, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9025	Injection, azacitidine, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J8597	Antiemetic drug, oral, not otherwise specified	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J8515	Cabergoline, oral, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J8498	Antiemetic drug, rectal/suppository, not otherwise specified	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7665	Mannitol, administered through an inhaler, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7613	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J7612	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J7611	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7345	Aminolevulinic acid hcl for topical administration, 10PCT gel, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7342	Instillation, ciprofloxacin otic suspension, 6 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7316	Injection, ocriplasmin, 0.125 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7315	Mitomycin, ophthalmic, 0.2 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7170	Injection, emicizumab-kxwh, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3472	Injection, hyaluronidase, ovine, preservative free, per 1,000 USP units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3355	Injection, urofollitropin, 75 IU	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J3285	Injection, trestipinil, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3245	Injection, tildrakizumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J3090	Injection, tedizolid phosphate, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2860	Injection, siltuximab, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2850	Injection, secretin, synthetic, human, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2805	Injection, sincalide, 5 mcg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2794	Injection, risperidone (RISPERDAL CONSTA), 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2513	Injection, pentastarch, 10PCT solution, 100 ml	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2504	Injection, pegademase bovine, 25 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2503	Injection, pegaptanib sodium, 0.3 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2425	Injection, palifermin, 50 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2350	Injection, ocrelizumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2325	Injection, nesiritide, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2278	Injection, ziconotide, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1945	Injection, lepirudin, 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1675	Injection, histrelin acetate, 10 mcg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1640	Injection, hemin, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	HCPCS - DRUGS (NOT ORAL)	YES	12/27/2019	12/31/2078			
STAR	J1460	Injection, gamma globulin, intramuscular, 1 cc	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1451	Injection, fomepizole, 15 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1430	Injection, ethanolamine oleate, 100 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1265	Injection, dopamine HCl, 40 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1162	Injection, digoxin immune fab (ovine), per vial	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0890	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 g	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0795	Injection, corticorelin ovine triflutate, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0570	Buprenorphine implant, 74.2 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0480	Injection, basiliximab, 20 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0365	Injection, aprotinin, 10,000 kiu	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0278	Injection, amikacin sulfate, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0133	Injection, acyclovir, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0132	Injection, acetylcysteine, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	G9153	MAPCP Demonstration-Physician Incentive Pool	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9152	MAPCP Demonstration-Community Health Teams	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9151	MAPCP Demonstration-state provided services	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9150	National Committee for Quality Assurance-Level 3 Medical Home	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9149	National Committee for Quality Assurance-Level 2 Medical Home	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9148	National Committee for Quality Assurance-Level 1 Medical Home	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2015	Comprehensive (60 minutes) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharg	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2014	Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an i	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2013	Extensive (75 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2009	Comprehensive (60 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2008	Moderate (45 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2007	Limited (30 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2006	Brief (20 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2005	Extensive (75 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2004	Comprehensive (60 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2003	Moderate (45 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2002	Limited (30 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G2001	Brief (20 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	HCPCS-PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, noncovered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0470	Federally qualified health center (FQHC) visit, mental health, established patient	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0469	Federally qualified health center (FQHC) visit, mental health, new patient	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0468	Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE) or annual wellness visit (AWV)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0467	Federally qualified health center (FQHC) visit, established patient	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0466	Federally qualified health center (FQHC) visit, new patient	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	G0379	Direct admission of patient for hospital observation care	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0378	Hospital observation service, per hour	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0372	Physician service required to establish and document the need for a power mobility device	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	2004 Codeset	YES	12/27/2019	12/31/2078		If administered/services provided at home, then requires prior authorization	
STAR	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	YES	12/27/2019	12/31/2078		If administered/services provided at home, then requires prior authorization	
STAR	G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0087	Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0086	Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0085	Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G0084	Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G0083	Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G0082	Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G0081	Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G0080	Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0079	Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0078	Moderate (45 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0077	Limited (30 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0076	Brief (20 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2219	Manual wheelchair accessory, foam caster tire, any size, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2210	Wheelchair accessory, bearings, any type, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2209	Accessory, arm trough, with or without hand support, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2208	Wheelchair accessory, cylinder tank carrier, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2207	Wheelchair accessory, crutch and cane holder, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1812	Dynamic knee, extension/flexion device with active resistance control	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1392	Portable oxygen concentrator, rental	HCPCS - DME	NON-COV	12/27/2019	12/31/2078			
STAR	E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0705	Transfer device, any type, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0172	Seat lift mechanism placed over or on top of toilet, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0170	Commode chair with integrated seat lift mechanism, electric, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D9985	sales tax	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6013	surgical placement of mini implant	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5866	overdenture - partial mandibular	Denture-Other	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5865	overdenture - complete mandibular	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5864	overdenture - partial maxillary	Denture-Other	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5863	overdenture - complete maxillary	Denture-Other	NON-COV	12/27/2019	12/31/2078			
STAR	D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D3429	bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D3428	bone graft in conjunction with periradicular surgery - per tooth, single site	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D3357	pulpal regeneration - completion of treatment	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D3356	pulpal regeneration - interim medication replacement	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D3355	pulpal regeneration - initial visit	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D2949	restorative foundation for an indirect restoration	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D2941	interim therapeutic restoration - primary dentition	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2921	reattachment of tooth fragment, incisal edge or cusp	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D1999	unspecified preventive procedure, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D0395	fusion of two or more 3D image volumes of one or more modalities	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D0394	digital subtraction of two or more images or image volumes of the same modality	HCPCS-DENTAL-Radiographs	NON-COV	12/27/2019	12/31/2078			
STAR	C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed	HCPCS - C CODES - OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C9727	Insertion of implants into the soft palate; minimum of three implants	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm	2009 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9257	Injection, bevacizumab, 0.25 mg	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9141	Injection, Factor VIII, (antihemophilic factor, recombinant), pegylated-auct (Jivi), 1 IU	HCPCS-C CODES- OUTPATIENT PP	EXPIRED	12/27/2019	12/31/2078			
STAR	C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8935	Magnetic resonance angiography without contrast, upper extremity	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C8934	Magnetic resonance angiography with contrast, upper extremity	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8932	Magnetic resonance angiography without contrast, spinal canal and contents	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8931	Magnetic resonance angiography with contrast, spinal canal and contents	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C2699	Brachytherapy source, nonstranded, not otherwise specified, per source	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C2698	Brachytherapy source, stranded, not otherwise specified, per source	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C2644	Brachytherapy source, cesium-131 chloride solution, per mCi	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2643	Brachytherapy source, nonstranded, cesium-131, per source	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C2642	Brachytherapy source, stranded, cesium-131, per source	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C2641	Brachytherapy source, nonstranded, palladium-103, per source	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C2640	Brachytherapy source, stranded, palladium-103, per source	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C2639	Brachytherapy source, nonstranded, iodine-125, per source	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C2638	Brachytherapy source, stranded, iodine-125, per source	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C2637	Brachytherapy source, nonstranded, ytterbium-169, per source	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	A9698	Nonradioactive contrast imaging material, not otherwise classified, per study	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9564	Chromic phosphate P-32 suspension, therapeutic, per mCi	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9563	Sodium phosphate P-32, therapeutic, per mCi	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 mcCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9558	Xenon Xe-133 gas, diagnostic, per 10 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9557	Technetium Tc-99m bismate, diagnostic, per study dose, up to 25 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9556	Gallium Ga-67 citrate, diagnostic, per mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 mcCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 mcCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9520	Technetium Tc-99m, tilmanocept, diagnostic, up to 0.5 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9515	Choline C-11, diagnostic, per study dose up to 20 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/31/2078			
STAR	A9282	Wig, any type, each	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9281	Reaching/grabbing device, any type, any length, each	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9275	Home glucose disposable monitor, includes test strips	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6544	Gradient compression stocking, garter belt	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6457	Tubular dressing with or without elastic, any width, per linear yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A5120	Skin barrier, wipes or swabs, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4604	Tubing with integrated heating element for use with positive airway pressure device	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), without filter, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4363	Ostomy clamp, any type, replacement only, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4218	Sterile saline or water, metered dose dispenser, 10 ml	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A0998	Ambulance response and treatment, no transport	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/27/2019			
STAR	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.	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	MEDICINE - QUALIFYING CIRCUMST	NO	12/27/2019	12/27/2019			
STAR	99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	MEDICINE - OTHER SERVICES AND	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	MEDICINE - QUALIFYING CIRCUMST	NO	12/27/2019	12/27/2019			
STAR	99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	MEDICINE - QUALIFYING CIRCUMST	NO	12/27/2019	12/27/2019			
STAR	99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	MEDICINE - SPECIAL SERVICES, P	NO	12/27/2019	12/27/2019			
STAR	99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	MEDICINE - EDUCATION	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	MEDICINE - EDUCATION	NON-COV	12/27/2019	12/27/2019			
STAR	98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	MEDICINE - EDUCATION	NO	12/27/2019	12/27/2019			
STAR	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/27/2019			
STAR	96523	Irrigation of implanted venous access device for drug delivery systems	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96521	Refilling and maintenance of portable pump	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			

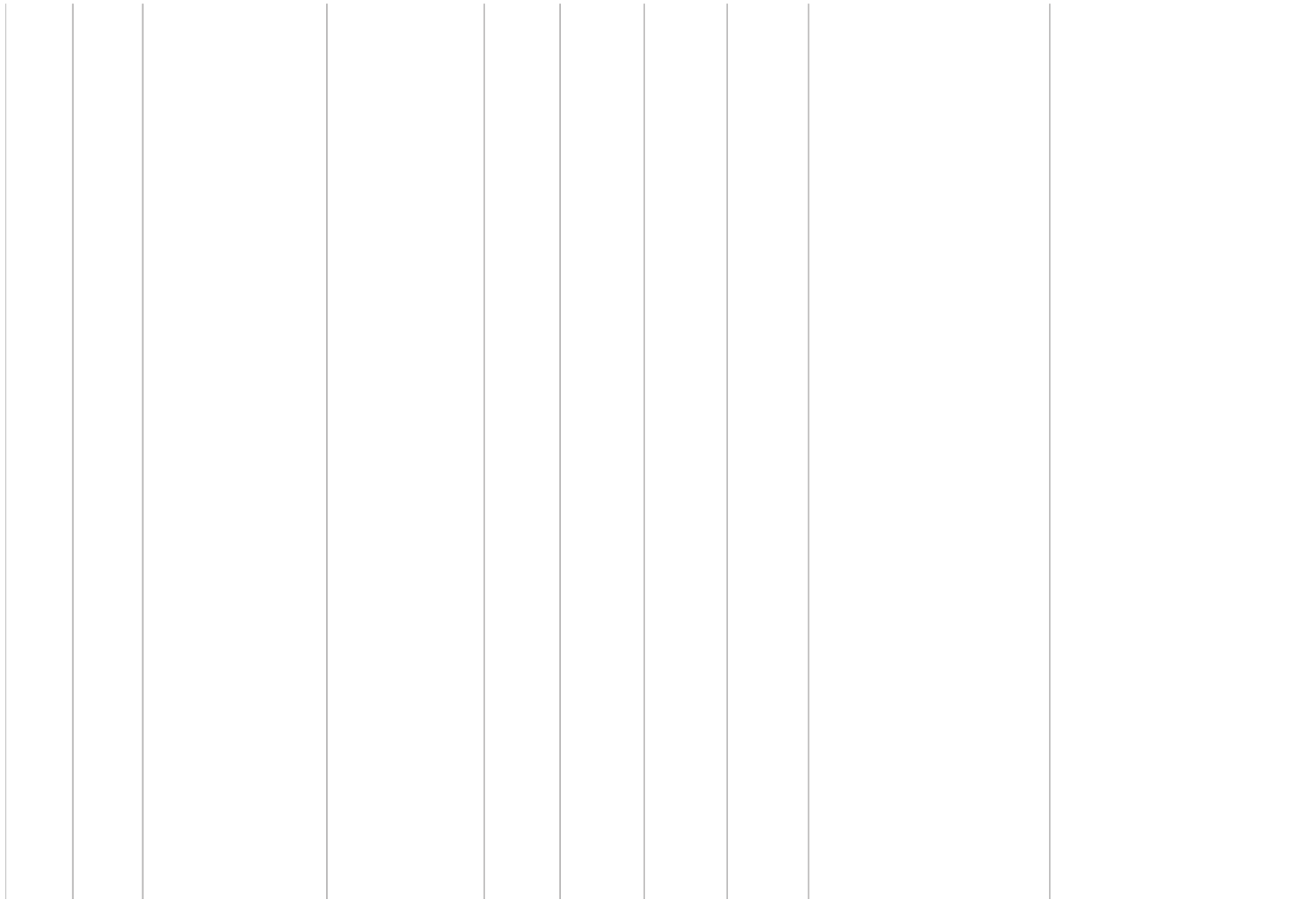
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	95874	Needle electromyography for guidance in conjunction with chemodenerivation (List separately in addition to code for primary procedure)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95873	Electrical stimulation for guidance in conjunction with chemodenerivation (List separately in addition to code for primary procedure)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95866	Needle electromyography; hemidiaphragm	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95865	Needle electromyography; larynx	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	MEDICINE - ENDOCRINOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			
STAR	91022	Duodenal motility (manometric) study	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	MEDICINE - E & M	NO	12/27/2019	12/27/2019			
STAR	90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90674	Influenza virus vaccine, quadrivalent (ccIIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

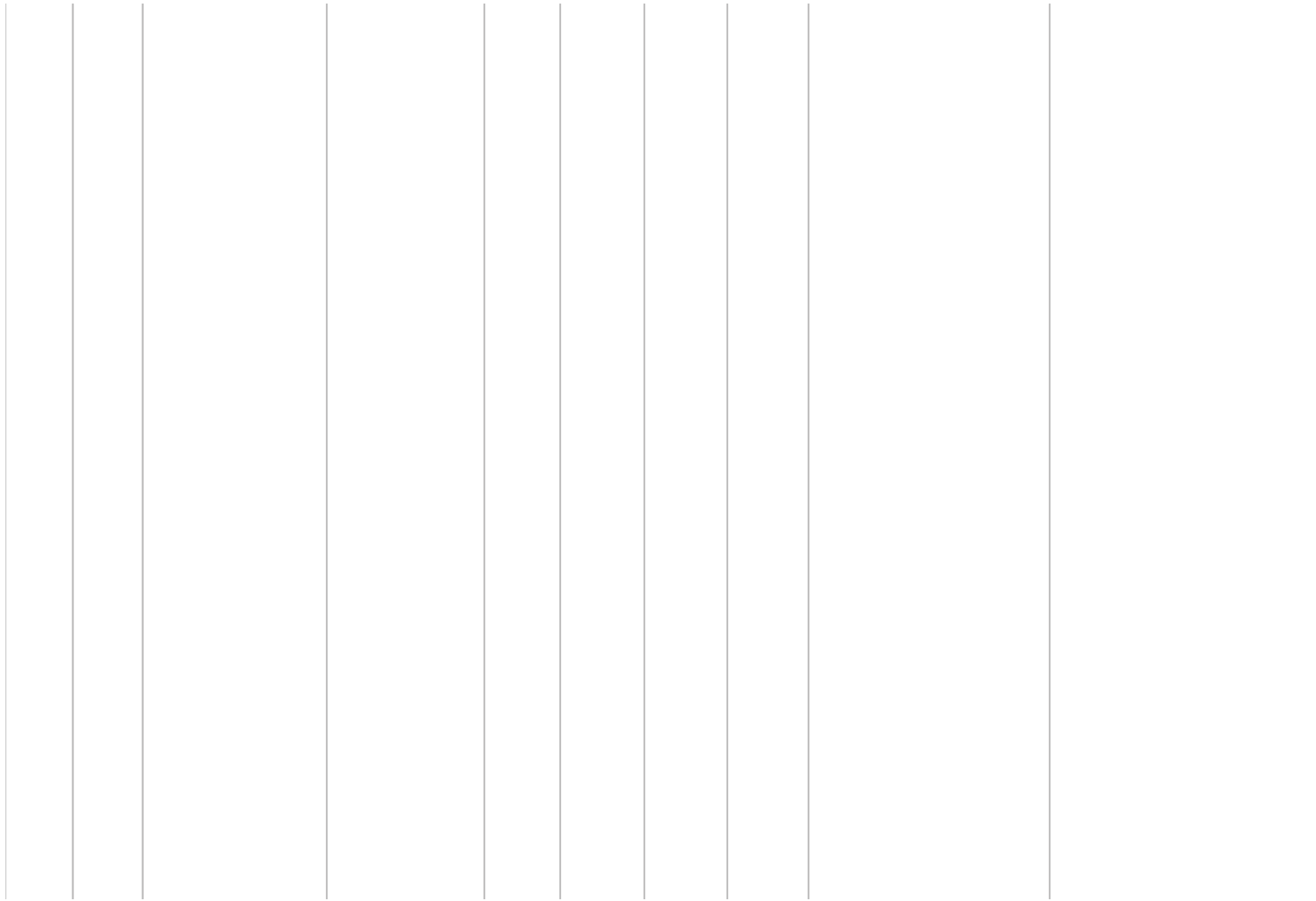
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86923	Compatibility test each unit; electronic	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86386	Nuclear Matrix Protein 22 (NMP22), qualitative	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86367	Stem cells (ie, CD34), total count	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

STAR	86357	Natural killer (NK) cells, total count	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86355	B cells, total count	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			



STAR	86200	Cyclic citrullinated peptide (CCP), antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/27/2019			
STAR	83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass (es), when performed	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83700	Lipoprotein, blood; electrophoretic separation and quantitation	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83695	Lipoprotein (a)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83631	Lactoferrin, fecal; quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80202	Vancomycin	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80201	Topiramate	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80200	Tobramycin	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80198	Theophylline	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80197	Tacrolimus	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80195	Sirolimus	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80194	Quinidine	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80190	Procainamide;	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80188	Primidone	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80186	Phenytoin; free	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80185	Phenytoin; total	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80184	Phenobarbital	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80178	Lithium	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80176	Lidocaine	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80173	Haloperidol	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80170	Gentamicin	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80168	Ethosuximide	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80164	Valproic acid (dipropylacetic acid); total	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80162	Digoxin; total	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80158	Cyclosporine	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			



STAR	80157	Carbamazepine; free	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80156	Carbamazepine; total	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80150	Amikacin	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77425	Intraoperative radiation treatment delivery, electrons, single treatment session	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64650	Chemodenervation of eccrine glands; both axillae	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	SURGERY - NERVOUS SYSTEM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	SURGERY - NERVOUS SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	SURGERY - NERVOUS SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	6090F	Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	6080F	Patient (or caregiver) queried about falls (Prkns, DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	6020F	NPO (nothing by mouth) ordered (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	6015F	Patient receiving or eligible to receive foods, fluids, or medication by mouth (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	6010F	Dysphagia screening conducted prior to order for or receipt of any foods, fluids, or medication by mouth (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	6005F	Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented (CAP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46505	Chemodeneration of internal anal sphincter	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45499	Unlisted laparoscopy procedure, rectum	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45400	Laparoscopy, surgical; proctopexy (for prolapse)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44188	Laparoscopy, surgical, colostomy or skin level cecostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4400F	Rehabilitative therapy options discussed with patient (or caregiver) (Prkns)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	4328F	Patient (or caregiver) queried about sleep disturbances (Prkns)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4326F	Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4325F	Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4324F	Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4301F	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4293F	Patient screened for high-risk sexual behavior (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4290F	Patient screened for injection drug use (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4274F	Influenza immunization administered or previously received (HIV) (P-ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4271F	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4270F	Patient receiving potent antiretroviral therapy for 6 months or longer (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4149F	Hepatitis B vaccine injection administered or previously received (HEP-C, HIV) (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4148F	Hepatitis A vaccine injection administered or previously received (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4124F	Antibiotic neither prescribed nor dispensed (URI, PHAR), (A-BRONCH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4120F	Antibiotic prescribed or dispensed (URI, PHAR), (A-BRONCH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4115F	Beta blocker administered within 24 hours prior to surgical incision (CABG)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4100F	Bisphosphonate therapy, intravenous, ordered or received (HEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4095F	Patient not receiving erythropoietin therapy (HEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4090F	Patient receiving erythropoietin therapy (HEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (EM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4079F	Documentation that rehabilitation services were considered (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4077F	Documentation that tissue plasminogen activator (t-PA) administration was considered (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4075F	Anticoagulant therapy prescribed at discharge (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4073F	Oral antiplatelet therapy prescribed at discharge (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4070F	Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2 (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4055F	Patient receiving peritoneal dialysis (ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4054F	Hemodialysis via catheter (ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4053F	Hemodialysis via functioning arteriovenous (AV) graft (ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4052F	Hemodialysis via functioning arteriovenous (AV) fistula (ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4051F	Referred for an arteriovenous (AV) fistula (ESRD, CKD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4050F	Hypertension plan of care documented as appropriate (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure (PERI 2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) as ordered (PERI 2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4047F	Documentation of order for prophylactic parenteral antibiotics to be given within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) (PERI 2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4046F	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively (PERI 2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4045F	Appropriate empiric antibiotic prescribed (CAP), (EM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4044F	Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time (PERI 2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, cardiac procedures (PERI 2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively (PERI 2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4041F	Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4040F	Pneumococcal vaccine administered or previously received (COPD) (PV), (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4037F	Influenza immunization ordered or administered (COPD, PV, CKD, ESRD)(IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4035F	Influenza immunization recommended (COPD) (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4033F	Pulmonary rehabilitation exercise training recommended (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4030F	Long-term oxygen therapy prescribed (more than 15 hours per day) (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4025F	Inhaled bronchodilator prescribed (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4018F	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed (OA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4017F	Gastrointestinal prophylaxis for NSAID use prescribed (OA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4016F	Anti-inflammatory/analgesic agent prescribed (OA) (Use for prescribed or continued medication[s], including over-the-counter medication[s])	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4014F	Written discharge instructions provided to heart failure patients discharged home (Instructions include all of the following components: activity level, diet, discharge medications, follow-up appointment, weight monitoring, what to do if symptoms worsen) (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4012F	Warfarin therapy prescribed (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	37718	Ligation, division, and stripping, short saphenous vein	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	3720F	Cognitive impairment or dysfunction assessed (Prkns)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3700F	Psychiatric disorders or disturbances assessed (Prkns)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3573F	Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3570F	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, X-ray, MRI, CT) corresponding to the same anatomical region in question (NUC_MED)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3555F	Patient had International Normalized Ratio (INR) measurement performed (AFIB)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3552F	High risk for thromboembolism (AFIB)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3551F	Intermediate risk for thromboembolism (AFIB)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3550F	Low risk for thromboembolism (AFIB)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3515F	Patient has documented immunity to Hepatitis C (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3514F	Hepatitis C screening documented as performed (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3513F	Hepatitis B screening documented as performed (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3512F	Syphilis screening documented as performed (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3511F	Chlamydia and gonorrhea screenings documented as performed (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3510F	Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV) (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3503F	HIV RNA viral load not below limits of quantification (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3502F	HIV RNA viral load below limits of quantification (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3500F	CD4+ cell count or CD4+ cell percentage documented as performed (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3390F	AJCC colon cancer, Stage IV documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3388F	AJCC colon cancer, Stage III documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3386F	AJCC colon cancer, Stage II documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3384F	AJCC colon cancer, Stage I documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3382F	AJCC colon cancer, Stage 0 documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3380F	AJCC Breast Cancer Stage IV documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3378F	AJCC Breast Cancer Stage III documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3376F	AJCC Breast Cancer Stage II documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3374F	AJCC Breast Cancer Stage I: T1c (tumor size GT 1 cm to 2 cm) documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3372F	AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size LT EQU 1 cm) documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3370F	AJCC Breast Cancer Stage 0 documented (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3350F	Mammogram assessment category of "known biopsy proven malignancy," documented (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3322F	Melanoma greater than AJCC Stage 0 or IA (ML)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3321F	AJCC Cancer Stage 0 or IA Melanoma, documented (ML)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3250F	Specimen site other than anatomic location of primary tumor (PATH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3216F	Patient has documented immunity to Hepatitis B (HEP-C) (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3210F	Group A Strep Test Performed (PHAR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3200F	Barium swallow test not ordered (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3160F	Documentation of iron stores prior to initiating erythropoietin therapy (HEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3155F	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (HEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3150F	Forceps esophageal biopsy performed (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3142F	Barium swallow test ordered (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3141F	Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3140F	Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3132F	Documentation of referral for upper gastrointestinal endoscopy (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3130F	Upper gastrointestinal endoscopy performed (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3120F	12-Lead ECG Performed (EM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3112F	CT or MRI of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initial diagnosis of stroke, TIA, or intracranial hemorrhage (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3111F	CT or MRI of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3110F	Documentation in final CT or MRI report of presence or absence of hemorrhage and mass lesion and acute infarction (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3100F	Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement) (STR, RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3093F	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3092F	Major depressive disorder, in remission (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3091F	Major depressive disorder, severe with psychotic features (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3090F	Major depressive disorder, severe without psychotic features (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3089F	Major depressive disorder, moderate (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3088F	Major depressive disorder, mild (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3085F	Suicide risk assessed (MDD, MDD ADOL)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3083F	Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3082F	Kt/V less than 1.2 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3066F	Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3062F	Positive macroalbuminuria test result documented and reviewed (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3061F	Negative microalbuminuria test result documented and reviewed (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3060F	Positive microalbuminuria test result documented and reviewed (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3049F	Most recent LDL-C 100-129 mg/dL (CAD) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3048F	Most recent LDL-C less than 100 mg/dL (CAD) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3046F	Most recent hemoglobin A1c level greater than 9.0PCT (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3045F	Most recent hemoglobin A1c (HbA1c) level 7.0-9.0PCT (DM)	CATEGORY II CODES	EXPIRED	12/27/2019	12/27/2019			
STAR	3040F	Functional expiratory volume (FEV1) less than 40PCT of predicted value (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3037F	Oxygen saturation greater than 88PCT or PaO2 greater than 55 mm Hg (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3028F	Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement) (CAP, COPD) (EM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3025F	Spirometry test results demonstrate FEV1/FVC less than 70PCT with COPD symptoms (eg, dyspnea, cough/sputum, wheezing) (CAP, COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3023F	Spirometry results documented and reviewed (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3021F	Left ventricular ejection fraction (LVEF) less than 40PCT or documentation of moderately or severely depressed left ventricular systolic function (CAD, HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3020F	Left ventricular function (LVF) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (Includes quantitative or qualitative assessment results) (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3017F	Colorectal cancer screening results documented and reviewed (PV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3014F	Screening mammography results documented and reviewed (PV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3011F	Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3006F	Chest X-ray results documented and reviewed (CAP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/31/2078			
STAR	22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	2031F	Hydration status documented, dehydrated (PAG)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2030F	Hydration status documented, normally hydrated (PAG)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when any of the 3 components are completed) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated) (CAP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2014F	Mental status assessed (CAP) (EM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2010F	Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (CAP) (EM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1PCT of body area of infants and children, or part thereof (List separat	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1PCT of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1PCT of body area of infants and children, or part thereof (List separately in additio	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1PCT of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1PCT of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1PCT of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1PCT of body area of infants and children, or part thereof (List separately in addi	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1PCT of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1PCT of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1PCT of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1400F	Parkinson's disease diagnosis reviewed (Prkns)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1220F	Patient screened for depression (SUD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1180F	All specified thromboembolic risk factors assessed (AFIB)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1128F	Subsequent episode for condition (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1127F	New episode for condition (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	1110F	Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days (GER)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1101F	Patient screened for future fall risk; documentation of no falls in the past year or only 1 fall without injury in the past year (GER)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1100F	Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year (GER)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1091F	Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1090F	Presence or absence of urinary incontinence assessed (GER)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1071F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; 1 or more present (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1070F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1065F	Ischemic stroke symptom onset of less than 3 hours prior to arrival (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (STR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1039F	Intermittent asthma (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1038F	Persistent asthma (mild, moderate or severe) (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	1036F	Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1035F	Current smokeless tobacco user (eg, chew, snuff) (PV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1030F	Influenza immunization status assessed (CAP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1026F	Co-morbid conditions assessed (eg, includes assessment for presence or absence of: malignancy, liver disease, congestive heart failure, cerebrovascular disease, renal disease, chronic obstructive pulmonary disease, asthma, diabetes, other co-morbid conditions) (CAP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1022F	Pneumococcus immunization status assessed (CAP, COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1019F	Dyspnea assessed, present (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1018F	Dyspnea assessed, not present (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1015F	Chronic obstructive pulmonary disease (COPD) symptoms assessed (Includes assessment of at least 1 of the following: dyspnea, cough/sputum, wheezing), or respiratory symptom assessment tool completed (COPD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0575F	HIV RNA control plan of care, documented (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0509F	Urinary incontinence plan of care documented (GER)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0507F	Peritoneal dialysis plan of care documented (ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0505F	Hemodialysis plan of care documented (ESRD, P-ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0104U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to re	PATH & LAB - CHEMISTRY	EXPIRED	12/27/2019	12/31/2078			
STAR	00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0012F	Community-acquired bacterial pneumonia assessment (includes all of the following components) (CAP): Co-morbid conditions assessed (1026F) Vital signs recorded (2010F) Mental status assessed (2014F) Hydration status assessed (2018F)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	Path & Lab - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0005F	Osteoarthritis assessed (OA) Includes assessment of all the following components: Osteoarthritis symptoms and functional status assessed (1006F) Use of anti-inflammatory or over-the-counter (OTC) analgesic medications assessed (1007F) Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (2004F)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0001F	Heart failure assessed (includes assessment of all the following components) (CAD): Blood pressure measured (2000F) Level of activity assessed (1003F) Clinical symptoms of volume overload (excess) assessed (1004F) Weight, recorded (2001F) Clinical signs of volume overload (excess) assessed (2002F)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V5363	Language screening	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5364	Dysphagia screening	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5290	Assistive listening device, transmitter microphone, any type	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5299	Hearing service, miscellaneous	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5362	Speech screening	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5284	Assistive listening device, personal FM/DM, ear level receiver	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5285	Assistive listening device, personal FM/DM, direct audio input receiver	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5286	Assistive listening device, personal blue tooth FM/DM receiver	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5271	Assistive listening device, television caption decoder	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5272	Assistive listening device, TDD	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5273	Assistive listening device, for use with cochlear implant	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5274	Assistive listening device, not otherwise specified	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5275	Ear impression, each	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5266	Battery for use in hearing device	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5268	Assistive listening device, telephone amplifier, any type	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5269	Assistive listening device, alerting, any type	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5270	Assistive listening device, television amplifier, any type	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5262	Hearing aid, disposable, any type, monaural	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5263	Hearing aid, disposable, any type, binaural	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5264	Ear mold/insert, not disposable, any type	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5265	Ear mold/insert, disposable, any type	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5248	Hearing aid, analog, binaural, CIC	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5243	Hearing aid, analog, monaural, ITC (in the canal)	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5230	Hearing aid, contralateral routing system, binaural, glasses	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5240	Dispensing fee, contralateral routing system, binaural	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5241	Dispensing fee, monaural hearing aid, any type	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5190	Hearing aid, contralateral routing, monaural, glasses	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5200	Dispensing fee, contralateral, monaural	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5150	Binaural, glasses	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5160	Dispensing fee, binaural	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5090	Dispensing fee, unspecified hearing aid	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5095	Semi-implantable middle ear hearing prosthesis	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	V5110	Dispensing fee, bilateral	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5120	Binaural, body	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5130	Binaural, in the ear	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5140	Binaural, behind the ear	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5050	Hearing aid, monaural, in the ear	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5060	Hearing aid, monaural, behind the ear	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5008	Hearing screening	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V5010	Assessment for hearing aid	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5011	Fitting/orientation/checking of hearing aid	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5014	Repair/modification of a hearing aid	HCPCS - HEARING SERVICES	NO	12/27/2019	12/27/2019			
STAR	V5020	Conformity evaluation	HCPCS - HEARING SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	V2780	Oversize lens, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2784	Lens, polycarbonate or equal, any index, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V2770	Occluder lens, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2718	Press-on lens, Fresnel prism, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2730	Special base curve, glass or plastic, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2755	U-V lens, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2632	Posterior chamber intraocular lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2700	Balance lens, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2710	Slab off prism, glass or plastic, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2715	Prism, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2625	Enlargement of ocular prosthesis	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	V2626	Reduction of ocular prosthesis	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	V2627	Scleral cover shell	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2628	Fabrication and fitting of ocular conformer	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	V2630	Anterior chamber intraocular lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2599	Contact lens, other type	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	V2623	Prosthetic eye, plastic, custom	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	V2624	Polishing/resurfacing of ocular prosthesis	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2522	Contact lens, hydrophilic, bifocal, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2523	Contact lens, hydrophilic, extended wear, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V2502	Contact lens PMMA, bifocal, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2510	Contact lens, gas permeable, spherical, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2511	Contact lens, gas permeable, toric, prism ballast, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2512	Contact lens, gas permeable, bifocal, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2513	Contact lens, gas permeable, extended wear, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2500	Contact lens, PMMA, spherical, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2501	Contact lens, PMMA, toric or prism ballast, per lens	HCPCS - VISION SERVICES	NO	12/27/2019	12/27/2019			
STAR	V2318	Aniseikonic lens, trifocal	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2319	Trifocal seg width over 28 mm	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2320	Trifocal add over 3.25d	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2321	Lenticular lens, per lens, trifocal	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2399	Specialty trifocal (by report)	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2315	Lenticular, (myodisc), per lens, trifocal	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2219	Bifocal seg width over 28mm	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2220	Bifocal add over 3.25d	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2221	Lenticular lens, per lens, bifocal	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V2299	Specialty bifocal (by report)	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2215	Lenticular (myodisc), per lens, bifocal	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2218	Aniseikonic, per lens, bifocal	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com

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STAR	V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2199	Not otherwise classified, single vision lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2115	Lenticular (myodisc), per lens, single vision	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2118	Aniseikonic lens, single vision	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2121	Lenticular lens, per lens, single	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	National T Codes	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4545	Incontinence product, disposable, penile wrap, each	National T Codes	NON-COV	12/27/2019	12/27/2019			
STAR	T5001	Positioning seat for persons with special orthopedic needs	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	T5999	Supply, not otherwise specified	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	V2020	Frames, purchases	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	V2025	Deluxe frame	HCPCS - VISION SERVICES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	T4538	Diaper service, reusable diaper, each diaper	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T4539	Incontinence product, diaper/brief, reusable, any size, each	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T4540	Incontinence product, protective underpad, reusable, chair size, each	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T4541	Incontinence product, disposable underpad, large, each	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T4542	Incontinence product, disposable underpad, small size, each	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4533	Youth sized disposable incontinence product, brief/diaper, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T4537	Incontinence product, protective underpad, reusable, bed size, each	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T2101	Human breast milk processing, storage and distribution only	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T4521	Adult sized disposable incontinence product, brief/diaper, small, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4523	Adult sized disposable incontinence product, brief/diaper, large, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T2043	Hospice continuous home care; per hour	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T2044	Hospice inpatient respite care; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T2045	Hospice general inpatient care; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T2046	Hospice long-term care, room and board only; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	T2048	Behavioral health; long-term care residential (nonacute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2049	Nonemergency transportation; stretcher van, mileage; per mile	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2037	Therapeutic camping, day, waiver; each session	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2038	Community transition, waiver; per service	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2039	Vehicle modifications, waiver; per service	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2040	Financial management, self-directed, waiver; per 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2041	Supports brokerage, self-directed, waiver; per 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2042	Hospice routine home care; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T2031	Assisted living; waiver, per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2032	Residential care, not otherwise specified (NOS), waiver; per month	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2033	Residential care, not otherwise specified (NOS), waiver; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2034	Crisis intervention, waiver; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2035	Utility services to support medical equipment and assistive technology/devices, waiver	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	T2036	Therapeutic camping, overnight, waiver; each session	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2024	Service assessment/plan of care development, waiver	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2026	Specialized childcare, waiver; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2027	Specialized childcare, waiver; per 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2028	Specialized supply, not otherwise specified, waiver	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	T2030	Assisted living, waiver; per month	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2018	Habilitation, supported employment, waiver; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2019	Habilitation, supported employment, waiver; per 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2020	Day habilitation, waiver; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2021	Day habilitation, waiver; per 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2022	Case management, per month	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2023	Targeted case management; per month	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2012	Habilitation, educational; waiver, per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2013	Habilitation, educational, waiver; per hour	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T2014	Habilitation, prevocational, waiver; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2015	Habilitation, prevocational, waiver; per hour	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2016	Habilitation, residential, waiver; per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2017	Habilitation, residential, waiver; 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2004	Nonemergency transport; commercial carrier, multipass	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2005	Nonemergency transportation; stretcher van	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2010	Preadmission screening and resident review (PASRR) level I identification screening, per screen	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T2011	Preadmission screening and resident review (PASRR) level II evaluation, per evaluation	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T2001	Nonemergency transportation; patient attendant/escort	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T2003	Nonemergency transportation; encounter/trip	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1030	Nursing care, in the home, by registered nurse, per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1031	Nursing care, in the home, by licensed practical nurse, per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1040	Medicaid certified community behavioral health clinic services, per diem	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T1041	Medicaid certified community behavioral health clinic services, per month	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1027	Family training and counseling for child development, per 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019			
STAR	T1018	School-based individualized education program (IEP) services, bundled	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	HCPCS - STATE MEDICAID AGENCY	YES	12/27/2019	12/31/2078			
STAR	T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1021	Home health aide or certified nurse assistant, per visit	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1022	Contracted home health agency services, all services provided under contract, per day	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1012	Alcohol and/or substance abuse services, skills development	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T1013	Sign language or oral interpretive services, per 15 minutes	HCPCS - STATE MEDICAID AGENCY	YES	12/27/2019	12/31/2078		If administered/services provided at home, then requires prior authorization	
STAR	T1014	Telehealth transmission, per minute, professional services bill separately	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T1015	Clinic visit/encounter, all-inclusive	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T1016	Case management, each 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1004	Services of a qualified nursing aide, up to 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	T1005	Respite care services, up to 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1006	Alcohol and/or substance abuse services, family/couple counseling	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/27/2019			
STAR	T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	HCPCS - STATE MEDICAID AGENCY	NO	12/27/2019	12/27/2019			
STAR	T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	S9999	Sales tax	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	HCPCS - STATE MEDICAID AGENCY	YES	12/27/2019	12/31/2078			
STAR	T1001	Nursing assessment/evaluation	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1002	RN services, up to 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	T1003	LPN/LVN services, up to 15 minutes	HCPCS - STATE MEDICAID AGENCY	NON-COV	12/27/2019	12/31/2078			
STAR	S9989	Services provided outside of the United States of America (list in addition to code(s) for services(s))	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9990	Services provided as part of a Phase II clinical trial	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9991	Services provided as part of a Phase III clinical trial	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9996	Meals for clinical trial participant and one caregiver/companion	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9976	Lodging, per diem, not otherwise classified	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9977	Meals, per diem, not otherwise specified	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9981	Medical records copying fee, administrative	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9982	Medical records copying fee, per page	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9986	Not medically necessary service (patient is aware that service not medically necessary)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9988	Services provided as part of a Phase I clinical trial	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9901	Services by a journal-listed Christian Science nurse, per hour	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9970	Health club membership, annual	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9975	Transplant related lodging, meals and transportation, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9484	Crisis intervention mental health services, per hour	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9485	Crisis intervention mental health services, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9476	Vestibular rehabilitation program, nonphysician provider, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9482	Family stabilization services, per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9454	Stress management classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9455	Diabetic management program, group session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9460	Diabetic management program, nurse visit	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9465	Diabetic management program, dietitian visit	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9470	Nutritional counseling, dietitian visit	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S9472	Cardiac rehabilitation program, nonphysician provider, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9446	Patient education, not otherwise classified, nonphysician provider, group, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9447	Infant safety (including CPR) classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9449	Weight management classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9451	Exercise classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9452	Nutrition classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9453	Smoking cessation classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9438	Cesarean birth classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9439	VBAC (vaginal birth after cesarean) classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9441	Asthma education, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078		If administered/services provided at home, then requires prior authorization	
STAR	S9442	Birth classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9443	Lactation classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9444	Parenting classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078		Training and educational services related to the care and treatment of patient's disabling mental health problems	
STAR	S9430	Pharmacy compounding and dispensing services	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9433	Medical food nutritionally complete, administered orally, providing 100PCT of nutritional intake	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	S9434	Modified solid food supplements for inborn errors of metabolism	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9435	Medical foods for inborn errors of metabolism	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9436	Childbirth preparation/Lamaze classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9437	Childbirth refresher classes, nonphysician provider, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9367	Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9368	Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374 -S9377 using daily volume scales)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9366	Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., lmglycerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9128	Speech therapy, in the home, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9129	Occupational therapy, in the home, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9131	Physical therapy; in the home, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9140	Diabetic management program, follow-up visit to non-MD provider	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9141	Diabetic management program, follow-up visit to MD provider	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9150	Evaluation by ophthalmologist	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9124	Nursing care, in the home; by licensed practical nurse, per hour	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9125	Respite care, in the home, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9126	Hospice care, in the home, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9097	Home visit for wound care	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078		If administered/services provided at home, then requires prior authorization	
STAR	S9117	Back school, per visit	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9055	Procure or other growth factor preparation to promote wound healing	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9056	Coma stimulation per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9083	Global fee urgent care centers	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9088	Services provided in an urgent care center (list in addition to code for service)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9090	Vertebral axial decompression, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9001	Home uterine monitor with or without associated nursing services	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S9007	Ultrafiltration monitor	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S9024	Paranasal sinus ultrasound	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S9025	Omnicrodiogram/cardiointegram	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S8940	Equestrian/hippotherapy, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8950	Complex lymphedema therapy, each 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8451	Splint, prefabricated, wrist or ankle	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8452	Splint, prefabricated, elbow	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8460	Camisole, postmastectomy	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8490	Insulin syringes (100 syringes, any size)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8427	Gradient pressure aid (glove), ready made	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8428	Gradient pressure aid (gauntlet), ready made	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8429	Gradient pressure exterior wrap	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8430	Padding for compression bandage, roll	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S8431	Compression bandage, roll	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S8450	Splint, prefabricated, digit (specify digit by use of modifier)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8422	Gradient pressure aid (sleeve), custom made, medium weight	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8423	Gradient pressure aid (sleeve), custom made, heavy weight	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8424	Gradient pressure aid (sleeve), ready made	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8425	Gradient pressure aid (glove), custom made, medium weight	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8426	Gradient pressure aid (glove), custom made, heavy weight	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8265	Haberman feeder for cleft lip/palate	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8301	Infection control supplies, not otherwise specified	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S8415	Supplies for home delivery of infant	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8420	Gradient pressure aid (sleeve and glove combination), custom made	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8421	Gradient pressure aid (sleeve and glove combination), ready made	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8131	Interferential current stimulator, 4 channel	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8185	Flutter device	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8186	Swivel adaptor	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8189	Tracheostomy supply, not otherwise classified	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S8210	Mucus trap	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8110	Peak expiratory flow rate (physician services)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8121	Oxygen contents, liquid, 1 unit equals 1 pound	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8130	Interferential current stimulator, 2 channel	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8096	Portable peak flow meter	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S8035	Magnetic source imaging	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8037	Magnetic resonance cholangiopancreatography (MRCP)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8040	Topographic brain mapping	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S8042	Magnetic resonance imaging (MRI), low-field	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8055	Ultrasound guidance for multifetal pregnancy reduction (s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction (59866))	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S5550	Insulin, rapid onset, 5 units	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S5552	Insulin, intermediate acting (NPH or LENTE); 5 units	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S5553	Insulin, long acting; 5 units	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S5560	Insulin delivery device, reusable pen; 1.5 ml size	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5561	Insulin delivery device, reusable pen; 3 ml size	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5518	Home infusion therapy, all supplies necessary for catheter repair	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5190	Wellness assessment, performed by nonphysician	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S5199	Personal care item, NOS, each	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5170	Home delivered meals, including preparation; per meal	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5175	Laundry service, external, professional; per order	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5180	Home health respiratory therapy, initial evaluation	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5181	Home health respiratory therapy, NOS, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5185	Medication reminder service, nonface-to-face; per month	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5151	Unskilled respite care, not hospice; per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5160	Emergency response system; installation and testing	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5161	Emergency response system; service fee, per month (excludes installation and testing)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S5162	Emergency response system; purchase only	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5165	Home modifications; per service	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5136	Companion care, adult (e.g., IADL/ADL); per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5140	Foster care, adult; per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5141	Foster care, adult; per month	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5146	Foster care, therapeutic, child; per month	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5150	Unskilled respite care, not hospice; per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5125	Attendant care services; per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5126	Attendant care services; per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5130	Homemaker service, NOS; per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5131	Homemaker service, NOS; per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5111	Home care training, family; per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5115	Home care training, nonfamily; per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5116	Home care training, nonfamily; per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5120	Chore services; per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5121	Chore services; per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5100	Day care services, adult; per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5101	Day care services, adult; per half day	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5102	Day care services, adult; per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5105	Day care services, center-based; services not included in program fee, per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5108	Home care training to home care client, per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S5109	Home care training to home care client, per session	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5110	Home care training, family; per 15 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5010	5PCT dextrose and 0.45PCT normal saline, 1000 ml	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S5012	5PCT dextrose with potassium chloride, 1000 ml	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S5013	5PCT dextrose/0.45PCT normal saline with potassium chloride and magnesium sulfate, 1000 ml	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S5014	5PCT dextrose/0.45PCT normal saline with potassium chloride and magnesium sulfate, 1500 ml	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4990	Nicotine patches, legend	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S4991	Nicotine patches, nonlegend	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S4993	Contraceptive pills for birth control	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S4995	Smoking cessation gum	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S5000	Prescription drug, generic	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S5001	Prescription drug, brand name	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S4031	Sperm procurement and cryopreservation services; subsequent visit	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4035	Stimulated intrauterine insemination (IUI), case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4037	Cryopreserved embryo transfer, case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4040	Monitoring and storage of cryopreserved embryos, per 30 days	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4981	Insertion of levonorgestrel-releasing intrauterine system	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S4989	Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S4023	Donor egg cycle, incomplete, case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4026	Procurement of donor sperm from sperm bank	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4027	Storage of previously frozen embryos	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4028	Microsurgical epididymal sperm aspiration (MESA)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4030	Sperm procurement and cryopreservation services; initial visit	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4020	In vitro fertilization procedure cancelled before aspiration, case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4021	In vitro fertilization procedure cancelled after aspiration, case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4022	Assisted oocyte fertilization, case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S4016	Frozen in vitro fertilization cycle, case rate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S3904	Masters two step	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S4005	Interim labor facility global (labor occurring but not resulting in delivery)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	S3900	Surface electromyography (EMG)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S3902	Ballistocardiogram	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S3846	Genetic testing for hemoglobin E beta-thalassemia	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S3849	Genetic testing for Niemann-Pick disease	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S3850	Genetic testing for sickle cell anemia	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S3853	Genetic testing for myotonic muscular dystrophy	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S3841	Genetic testing for retinoblastoma	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S3842	Genetic testing for Von Hippel-Lindau disease	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S3845	Genetic testing for alpha-thalassemia	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S3630	Eosinophil count, blood, direct	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S3645	HIV-1 antibody testing of oral mucosal transudate	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S3650	Saliva test, hormone level; during menopause	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S3652	Saliva test, hormone level; to assess preterm labor risk	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S3655	Antisperm antibodies test (immunobead)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S3708	Gastrointestinal fat absorption study	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S3005	Performance measurement, evaluation of patient self assessment, depression	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S3600	STAT laboratory request (situations other than S3601)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2342	Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2266	Induced abortion, 29 to 31 weeks	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2267	Induced abortion, 32 weeks or greater	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2340	Chemodenervation of abductor muscle(s) of vocal cord	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2341	Chemodenervation of adductor muscle(s) of vocal cord	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2225	Myringotomy, laser-assisted	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2235	Implantation of auditory brain stem implant	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2260	Induced abortion, 17 to 24 weeks	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2265	Induced abortion, 25 to 28 weeks	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2202	Echosclerotherapy	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2140	Cord blood harvesting for transplantation, allogeneic	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre and post transplant care in the global definition	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2102	Islet cell tissue transplant from pancreas; allogeneic	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2103	Adrenal tissue transplant to brain	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2107	Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2115	Osteotomy, periacetabular, with internal fixation	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S2080	Laser-assisted uvulopalatoplasty (LAUP)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2060	Lobar lung transplantation	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S2061	Donor lobectomy (lung) for transplantation, living donor	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S2065	Simultaneous pancreas kidney transplantation	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S2053	Transplantation of small intestine and liver allografts	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2054	Transplantation of multivisceral organs	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S1002	Customized item (list in addition to code for basic item)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S1015	IV tubing extension set	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., Paclitaxel	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	S0621	Routine ophthalmological examination including refraction; established patient	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0630	Removal of sutures; by a physician other than the physician who originally closed the wound	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0800	Laser in situ keratomileusis (LASIK)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0810	Photorefractive keratectomy (PRK)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0812	Phototherapeutic keratectomy (PTK)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S1001	Deluxe item, patient aware (list in addition to code for basic item)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0601	Screening proctoscopy	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0610	Annual gynecological examination, new patient	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0612	Annual gynecological examination, established patient	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0620	Routine ophthalmological examination including refraction; new patient	HCPCS - TEMP NATIONAL CODES	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	S0590	Integral lens service, miscellaneous services reported separately	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0592	Comprehensive contact lens evaluation	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0353	Treatment planning and care coordination management for cancer initial treatment	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0315	Disease management program; initial assessment and initiation of the program	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0316	Disease management program, follow-up/reassessment	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0317	Disease management program; per diem	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0311	Comprehensive management and care coordination for advanced illness, per calendar month	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0273	Physician visit at member's home, outside of a capitation arrangement	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0280	Medical home program, comprehensive care coordination and planning, initial plan	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0270	Physician management of patient home care, standard monthly case rate (per 30 days)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0215	Nonemergency transportation; mileage, per mile	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0220	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0197	Prenatal vitamins, 30-day supply	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0207	Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0208	Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0209	Wheelchair van, mileage, per mile	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0187	Tamoxifen citrate, oral, 10 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0190	Mifepristone, oral, 200 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0191	Misoprostol, oral, 200 mcg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0194	Dialysis/stress vitamin supplement, oral, 100 capsules	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0175	Flutamide, oral, 125 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0177	Levamisole HCl, oral, 50 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0178	Lomustine, oral, 10 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0182	Procarbazine HCl, oral, 50 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0170	Anastrozole, oral, 1 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0172	Chlorambucil, oral, 2 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0155	Sterile dilutant for epoprostenol, 50 ml	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0156	Exemestane, 25 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0157	Becaplermin gel 0.01PCT , 0.5 gm	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0160	Dextroamphetamine sulfate, 5 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0136	Clozapine, 25 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0137	Didanosine (ddl), 25 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0138	Finasteride, 5 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0139	Minoxidil, 10 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0140	Saquinavir, 200 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0117	Tretinoin, topical, 5 g	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0122	Injection, menotropins, 75 IU	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0126	Injection, follitropin alfa, 75 IU	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0128	Injection, follitropin beta, 75 IU	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0132	Injection, ganirelix acetate, 250 mcg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	S0092	Injection, hydromorphone HCl, 250 mg (loading dose for infusion pump)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0104	Zidovudine, oral, 100 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0106	Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0108	Mercaptopurine, oral, 50 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0109	Methadone, oral, 5 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0088	Imatinib, 100 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0090	Sildenafil citrate, 25 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0091	Granisetron HCl, 1 mg (for circumstances falling under the Medicare statute, use Q0166)	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0078	Injection, fosphenytoin sodium, 750 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0080	Injection, pentamidine isethionate, 300 mg	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	S0081	Injection, piperacillin sodium, 500 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0032	Injection, nafcillin sodium, 2 g	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0034	Injection, ofloxacin, 400 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 g	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0017	Injection, aminocaproic acid, 5 g	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0021	Injection, cefoperazone sodium, 1 g	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/27/2019			
STAR	S0023	Injection, cimetidine HCl, 300 mg	HCPCS - TEMP NATIONAL CODES	NO	12/27/2019	12/27/2019			
STAR	Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	HCPCS - DIAG. RADIOLOGY	NO	12/27/2019	12/27/2019			
STAR	R0075	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	HCPCS - DIAG. RADIOLOGY	NO	12/27/2019	12/27/2019			
STAR	R0076	Transportation of portable EKG to facility or location, per patient	HCPCS - DIAG. RADIOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	S0012	Butorphanol tartrate, nasal spray, 25 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	S0014	Tacrine HCl, 10 mg	HCPCS - TEMP NATIONAL CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	Q9968	Injection, nonradioactive, noncontrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9969	Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 mCi	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 mCi	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	Q9955	Injection, perflerane lipid microspheres, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9956	Injection, octafluoropropane microspheres, per ml	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q9957	Injection, perflutren lipid microspheres, per ml	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q9954	Oral magnetic resonance contrast agent, per 100 ml	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q5005	Hospice care provided in inpatient hospital	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q5006	Hospice care provided in inpatient hospice facility	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q5007	Hospice care provided in long-term care facility	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q5008	Hospice care provided in inpatient psychiatric facility	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4203	Derma-Gide, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4204	XWRAP, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q5003	Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF)	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4196	PuraPly AM, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4197	PuraPly XT, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4198	Genesis Amniotic Membrane, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4200	SkinTE, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4201	Matrion, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4202	Keroxx (2.5 g/cc), 1 cc	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4190	Artacent AC, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4191	Restorigin, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4192	Restorigin, 1 cc	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4193	Coll-e-Derm, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4194	Novachor, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4195	PuraPly, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4183	Surgigraft, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4186	Epifix, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4187	Epicord, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4188	AmnioArmor, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4189	Artacent AC, 1 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4177	FlowerAmnioFlo, 0.1 cc	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4178	FlowerAmnioPatch, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4179	FlowerDerm, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4180	Revita, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4181	Amnio Wound, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4182	Transcyte, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4171	Interfyl, 1 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4175	Miroderm, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4166	Cytal, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4167	Truskin, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4168	AmnioBand, 1 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4169	Artacent wound, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4170	Cygnus, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4160	Nushield, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4161	bio-ConneKt wound matrix, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4164	Helicoll, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4153	Dermavest and Plurivest, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4154	Biovance, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4155	Neox Flo or Clarix Flo 1 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4156	Neox 100 or Clarix 100, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4157	Revitalon, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4158	Kerecis Omega3, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4146	Tensix, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4149	Excellagen, 0.1 cc	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4150	AlloWrap DS or dry, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4151	AmnioBand or Guardian, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4152	DermaPure, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4140	BioDFence, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4141	AlloSkin AC, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4142	XCM biologic tissue matrix, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4143	Repriza, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4145	Epifix, injectable, 1 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4134	HMatrix, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4135	Mediskin, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4136	E-Z Derm, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4138	BioDFence DryFlex, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4125	ArthroFlex, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4127	Talymed, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4130	Strattice TM, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4132	Grafix Core and GrafixPL Core, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4117	HYALOMATRIX, per sq cm	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4118	MatriStem micromatrix, 1 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4121	TheraSkin, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4123	AlloSkin RT, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4124	OASIS ultra tri-layer wound matrix, per sq cm	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4110	PriMatrix, per sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4111	GammaGraft, per sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4112	Cymetra, injectable, 1 cc	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4113	Graftjacket xpress, injectable, 1 cc	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4114	Integra flowable wound matrix, injectable, 1 cc	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4115	AlloSkin, per sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4103	Oasis burn matrix, per sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4106	Dermagraft, per sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4107	GRAFTJACKET, per sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4108	Integra matrix, per sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4082	Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP)	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4100	Skin substitute, not otherwise specified	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	Q4101	Apligraf, per sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4102	Oasis wound matrix, per sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4049	Finger splint, static	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4050	Cast supplies, for unlisted types and materials of casts	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4041	Cast supplies, long leg splint, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4037	Cast supplies, short leg cast, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4029	Cast supplies, long leg cast, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4017	Cast supplies, long arm splint, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4005	Cast supplies, long arm cast, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4009	Cast supplies, short arm cast, adult (11 years +), plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q3031	Collagen skin test	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q4001	Casting supplies, body cast adult, with or without head, plaster	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q4002	Cast supplies, body cast adult, with or without head, fiberglass	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	HCPCS - PROC/PROF SERVICES (TE)	NO	12/27/2019	12/27/2019			
STAR	Q2049	Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q2050	Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q3001	Radioelements for brachytherapy, any type, each	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q3014	Telehealth originating site facility fee	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q2039	Influenza virus vaccine, not otherwise specified	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q2028	Injection, sculptra, 0.5 mg	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/31/2078			
STAR	Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q2017	Injection, teniposide, 50 mg	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0174	Thiethylperazine maleate, 10 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0175	Perphenazine, 4 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0180	Dolasetron mesylate, 100 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0181	Unspecified oral dosage form, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q0166	Granisetron HCl, 1 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0167	Dronabinol, 2.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0169	Promethazine HCl, 12.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0173	Trimethobenzamide HCl, 250 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0115	Postcoital direct, qualitative examinations of vaginal or cervical mucous	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 g	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0092	Set-up portable x-ray equipment	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0112	All potassium hydroxide (KOH) preparations	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0113	Pinworm examinations	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0114	Fern test	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	P9612	Catheterization for collection of specimen, single patient, all places of service	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P9615	Catheterization for collection of specimen(s) (multiple patients)	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	Q0035	Cardiokymography	HCPCS - TEMP CODES	NO	12/27/2019	12/27/2019			
STAR	Q0081	Infusion therapy, using other than chemotherapeutic drugs, per visit	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0084	Chemotherapy administration by infusion technique only, per visit	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit	HCPCS - TEMP CODES	NON-COV	12/27/2019	12/27/2019			
STAR	P9071	Plasma (single donor), pathogen reduced, frozen, each unit	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P9073	Platelets, pheresis, pathogen-reduced, each unit	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P9100	Pathogen(s) test for platelets	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P9603	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles actually travelled	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	P9604	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P9056	Whole blood, leukocytes reduced, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9057	Red blood cells, frozen/deglycerolized/washed , leukocytes reduced, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9059	Fresh frozen plasma between 8 -24 hours of collection, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9060	Fresh frozen plasma, donor retested, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P9051	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9045	Infusion, albumin (human), 5PCT , 250 ml	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9046	Infusion, albumin (human), 25PCT , 20 ml	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9047	Infusion, albumin (human), 25PCT , 50 ml	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9048	Infusion, plasma protein fraction (human), 5PCT , 250 ml	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	P9050	Granulocytes, pheresis, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9038	Red blood cells, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9039	Red blood cells, deglycerolized, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9040	Red blood cells, leukocytes reduced, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9041	Infusion, albumin (human), 5PCT , 50 ml	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9043	Infusion, plasma protein fraction (human), 5PCT , 50 ml	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9044	Plasma, cryoprecipitate reduced, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9034	Platelets, pheresis, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9035	Platelets, pheresis, leukocytes reduced, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9036	Platelets, pheresis, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9022	Red blood cells, washed, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9031	Platelets, leukocytes reduced, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9032	Platelets, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9033	Platelets, leukocytes reduced, irradiated, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9012	Cryoprecipitate, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9016	Red blood cells, leukocytes reduced, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9019	Platelets, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9020	Platelet rich plasma, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	P9021	Red blood cells, each unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P2038	Mucoprotein, blood (seromuroid) (medical necessity procedure)	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P7001	Culture, bacterial, urine; quantitative, sensitivity study	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P9010	Blood (whole), for transfusion, per unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	P9011	Blood, split unit	HCPCS - PATH & LAB	NO	12/27/2019	12/27/2019			
STAR	M1070	Patient not screened for future fall risk, reason not given	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	P2029	Congo red, blood	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	P2031	Hair analysis (excluding arsenic)	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/31/2078			
STAR	P2033	Thymol turbidity, blood	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/27/2019			
STAR	M1067	Hospice services for patient provided any time during the measurement period	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1068	Adults who are not ambulatory	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1069	Patient screened for future fall risk	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1057	Aspirin or another antiplatelet therapy not used, reason not given	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1058	Patient was a permanent nursing home resident at any time during the performance period	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1059	Patient was in hospice or receiving palliative care at any time during the performance period	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1060	Patient died prior to the end of the performance period	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1054	Patient had only urgent care visits during the performance period	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1055	Aspirin or another antiplatelet therapy used	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1056	Prescribed anticoagulant medication during the performance period, history of GI bleeding, history of intracranial bleeding, bleeding disorder and specific provider documented reasons: allergy to aspirin or antiplatelets, use of nonsteroidal ant	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1038	Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1041	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1032	Adults currently taking pharmacotherapy for OUD	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1034	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1035	Adults who are deliberately phased out of medication assisted treatment (MAT) prior to 180 days of continuous treatment	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1036	Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1027	Imaging of the head (CT or MRI) was obtained	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1028	Documentation of patients with primary headache diagnosis and imaging other than CT or MRI obtained	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1029	Imaging of the head (CT or MRI) was not obtained, reason not given	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1018	Patients with an active diagnosis or history of cancer (except basal cell and squamous cell skin carcinoma), patients who are heavy tobacco smokers, lung cancer screening patients	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1019	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1020	Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1021	Patient had only urgent care visits during the performance period	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1016	Female patients unable to bear children	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1004	Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy)	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1005	TB screening not performed or results not interpreted, reason not given	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1006	Disease activity not assessed, reason not given	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	M1007	GT EQU 50PCT of total number of a patient's outpatient ra encounters assessed	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1008	LT 50PCT of total number of a patient's outpatient ra encounters assessed	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M0301	Fabric wrapping of abdominal aneurysm	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M1003	TB screening performed and results interpreted within 12 months prior to initiation of first-time biologic and/or immune response modifier therapy	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim. Prior Auth Required if Billed Charge is over \$1000	
STAR	M0075	Cellular therapy	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	M0076	Prolotherapy	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	M0100	Intragastric hypothermia using gastric freezing	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	M0300	IV chelation therapy (chemical endarterectomy)	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/31/2078			
STAR	L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8699	Prosthetic implant, not otherwise specified	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim. Prior Auth Required if Billed Charge is over \$1000	
STAR	L8690	Auditory osseointegrated device, includes all internal and external components	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8693	Auditory osseointegrated device abutment, any length, replacement only	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8642	Hallux implant	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8658	Interphalangeal joint spacer, silicone or equal, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8670	Vascular graft material, synthetic, implant	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8679	Implantable neurostimulator, pulse generator, any type	HCPCS - PROSTHETIC PROCED	NON-COV	12/27/2019	12/31/2078			
STAR	L8627	Cochlear implant, external speech processor, component, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8628	Cochlear implant, external controller component, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8630	Metacarpophalangeal joint implant	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8641	Metatarsal joint implant	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8612	Aqueous shunt	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8614	Cochlear device, includes all internal and external components	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8615	Headset/headpiece for use with cochlear implant device, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8616	Microphone for use with cochlear implant device, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8617	Transmitting coil for use with cochlear implant device, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	HCPCS - PROSTHETIC PROCED	NON-COV	12/27/2019	12/27/2019			
STAR	L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8610	Ocular implant	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8512	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L8514	Tracheo-esophageal puncture dilator, replacement only, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8515	Gelatin capsule, application device for use with tracheo-esophageal voice prosthesis, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8600	Implantable breast prosthesis, silicone or equal	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8510	Voice amplifier	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8511	Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8485	Prosthetic sock, single ply, fitting, upper limb, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8500	Artificial larynx, any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8501	Tracheostomy speaking valve	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8505	Artificial larynx replacement battery/accessory, any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8435	Prosthetic sock, multiple ply, upper limb, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8440	Prosthetic shrinker, below knee (BK), each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8460	Prosthetic shrinker, above knee (AK), each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8465	Prosthetic shrinker, upper limb, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8400	Prosthetic sheath, below knee, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8410	Prosthetic sheath, above knee, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L8415	Prosthetic sheath, upper limb, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8420	Prosthetic sock, multiple ply, below knee (BK), each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8430	Prosthetic sock, multiple ply, above knee (AK), each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8300	Truss, single with standard pad	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8310	Truss, double with standard pads	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8320	Truss, addition to standard pad, water pad	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8330	Truss, addition to standard pad, scrotal pad	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8042	Orbital prosthesis, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8043	Upper facial prosthesis, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8044	Hemi-facial prosthesis, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8045	Auricular prosthesis, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8046	Partial facial prosthesis, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8047	Nasal septal prosthesis, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8031	Breast prosthesis, silicone or equal, with integral adhesive	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8035	Custom breast prosthesis, post mastectomy, molded to patient model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8039	Breast prosthesis, not otherwise specified	HCPCS - PROSTHETIC PROCED	NON-COV	12/27/2019	12/27/2019			
STAR	L8040	Nasal prosthesis, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L8041	Midfacial prosthesis, provided by a nonphysician	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8010	Breast prosthesis, mastectomy sleeve	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8020	Breast prosthesis, mastectomy form	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L8030	Breast prosthesis, silicone or equal, without integral adhesive	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7510	Repair of prosthetic device, repair or replace minor parts	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7520	Repair prosthetic device, labor component, per 15 minutes	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7900	Male vacuum erection system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7902	Tension ring, for vacuum erection device, any type, replacement only, each	HCPCS - PROSTHETIC PROCED	NON-COV	12/27/2019	12/27/2019			
STAR	L7499	Upper extremity prosthesis, not otherwise specified	HCPCS - PROSTHETIC PROCED	NON-COV	12/27/2019	12/27/2019			
STAR	L7364	Twelve volt battery, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7367	Lithium ion battery, rechargeable, replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7368	Lithium ion battery charger, replacement only	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L7186	Electronic elbow, child, Variety Village or equal, switch controlled	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7259	Electronic wrist rotator, any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7360	Six volt battery, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L7008	Electric hand, switch or myoelectric, controlled, pediatric	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7009	Electric hook, switch or myoelectric controlled, adult	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7040	Prehensile actuator, switch controlled	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7045	Electric hook, switch or myoelectric controlled, pediatric	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7170	Electronic elbow, Hosmer or equal, switch controlled	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L7007	Electric hand, switch or myoelectric controlled, adult	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6915	Hand restoration (shading and measurements included), replacement glove for above	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6805	Addition to terminal device, modifier wrist unit	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6810	Addition to terminal device, precision pinch device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	HCPCS - PROSTHETIC PROCED	NON-COV	12/27/2019	12/31/2078			
STAR	L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6703	Terminal device, passive hand/mitt, any material, any size	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6704	Terminal device, sport/recreational/work attachment, any material, any size	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6691	Upper extremity addition, removable insert, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6692	Upper extremity addition, silicone gel insert or equal, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6693	Upper extremity addition, locking elbow, forearm counterbalance	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6686	Upper extremity addition, suction socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6689	Upper extremity addition, frame type socket, shoulder disarticulation	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6690	Upper extremity addition, frame type socket, interscapular-thoracic	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6660	Upper extremity addition, heavy-duty control cable	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6665	Upper extremity addition, Teflon, or equal, cable lining	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6670	Upper extremity addition, hook to hand, cable adapter	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6672	Upper extremity addition, harness, chest or shoulder, saddle type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6645	Upper extremity addition, shoulder flexion-abduction joint, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6650	Upper extremity addition, shoulder universal joint, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6655	Upper extremity addition, standard control cable, extra	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6637	Upper extremity addition, nudge control elbow lock	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6640	Upper extremity additions, shoulder abduction joint, pair	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6641	Upper extremity addition, excursion amplifier, pulley type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6642	Upper extremity addition, excursion amplifier, lever type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6625	Upper extremity addition, rotation wrist unit with cable lock	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6630	Upper extremity addition, stainless steel, any wrist	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6632	Upper extremity addition, latex suspension sleeve, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6635	Upper extremity addition, lift assist for elbow	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6615	Upper extremity addition, disconnect locking wrist unit	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6624	Upper extremity addition, flexion/extension and rotation wrist unit	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6600	Upper extremity additions, polycentric hinge, pair	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6605	Upper extremity additions, single pivot hinge, pair	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6610	Upper extremity additions, flexible metal hinge, pair	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6388	Immediate postsurgical or early fitting, application of rigid dressing only	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6360	Interscapular thoracic, passive restoration (complete prosthesis)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6370	Interscapular thoracic, passive restoration (shoulder cap only)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6010	Partial hand, little and/or ring finger remaining	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6020	Partial hand, no finger remaining	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5990	Addition to lower extremity prosthesis, user adjustable heel height	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5999	Lower extremity prosthesis, not otherwise specified	HCPCS - PROSTHETIC PROCED	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L6000	Partial hand, thumb remaining	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5980	All lower extremity prostheses, flex-foot system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5981	All lower extremity prostheses, flex-walk system or equal	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5982	All exoskeletal lower extremity prostheses, axial rotation unit	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5972	All lower extremity prostheses, foot, flexible keel	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5974	All lower extremity prostheses, foot, single axis ankle/foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor (s)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5970	All lower extremity prostheses, foot, external keel, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5930	Addition, endoskeletal system, high activity knee control frame	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	HCPCS - PROSTHETIC PROCED	NON-COV	12/27/2019	12/31/2078			
STAR	L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5705	Custom shaped protective cover, above knee (AK)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5706	Custom shaped protective cover, knee disarticulation	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5707	Custom shaped protective cover, hip disarticulation	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5699	All lower extremity prostheses, shoulder harness	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5700	Replacement, socket, below knee (BK), molded to patient model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5704	Custom shaped protective cover, below knee (BK)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5684	Addition to lower extremity, below knee, fork strap	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5686	Addition to lower extremity, below knee (BK), back check (extension control)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5678	Additions to lower extremity, below knee (BK), joint covers, pair	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5661	Addition to lower extremity, socket insert, multidurometer Symes	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5666	Addition to lower extremity, below knee (BK), cuff suspension	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5668	Addition to lower extremity, below knee (BK), molded distal cushion	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5644	Addition to lower extremity, above knee (AK), wood socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5647	Addition to lower extremity, below knee (BK), suction socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5649	Addition to lower extremity, ischial containment/narrow M-L socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5638	Addition to lower extremity, below knee (BK), leather socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5639	Addition to lower extremity, below knee (BK), wood socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5640	Addition to lower extremity, knee disarticulation, leather socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5642	Addition to lower extremity, above knee (AK), leather socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5630	Addition to lower extremity, Symes type, expandable wall socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5632	Addition to lower extremity, Symes type, PTB brim design socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5636	Addition to lower extremity, Symes type, medial opening socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5637	Addition to lower extremity, below knee (BK), total contact	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5620	Addition to lower extremity, test socket, below knee (BK)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5622	Addition to lower extremity, test socket, knee disarticulation	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5624	Addition to lower extremity, test socket, above knee (AK)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5626	Addition to lower extremity, test socket, hip disarticulation	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5628	Addition to lower extremity, test socket, hemipelvectomy	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5629	Addition to lower extremity, below knee, acrylic socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5618	Addition to lower extremity, test socket, Symes	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5010	Partial foot, molded socket, ankle height, with toe filler	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5050	Ankle, Symes, molded socket, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot (SACH)	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5100	Below knee (BK), molded socket, shin, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	HCPCS - Orthotic Devices & Pro	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L5000	Partial foot, shoe insert with longitudinal arch, toe filler	HCPCS - PROSTHETIC PROCED	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4387	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	HCPCS - Orthotic Devices & Pro	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4392	Replacement, soft interface material, static AFO	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4394	Replace soft interface material, foot drop splint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4210	Repair of orthotic device, repair or replace minor parts	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	HCPCS - Orthotic Devices & Pro	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L4386	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4080	Replace metal bands KAFO, proximal thigh	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4090	Replace metal bands KAFO-AFO, calf or distal thigh	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4100	Replace leather cuff KAFO, proximal thigh	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4130	Replace pretibial shell	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4205	Repair of orthotic device, labor component, per 15 minutes	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4040	Replace molded thigh lacer, for custom fabricated orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4045	Replace nonmolded thigh lacer, for custom fabricated orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4050	Replace molded calf lacer, for custom fabricated orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4055	Replace nonmolded calf lacer, for custom fabricated orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4060	Replace high roll cuff	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4070	Replace proximal and distal upright for KAFO	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3999	Upper limb orthosis, not otherwise specified	HCPCS - ORTHOTIC PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	L4000	Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTLSO) or spinal orthosis SO)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4010	Replace trilateral socket brim	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L4020	Replace quadrilateral socket brim, molded to patient model	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L4030	Replace quadrilateral socket brim, custom fitted	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	HCPCS - Orthotic Devices & Pro	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3927	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3929	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3931	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3917	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3923	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3912	Hand-finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3809	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	HCPCS - Orthotic Devices & Pro	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3807	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3760	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3762	Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3675	Shoulder orthosis (SO), vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3677	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3678	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	HCPCS - Orthotic Devices & Pro	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3710	Elbow orthosis (EO), elastic with metal joints, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	HCPCS - ORTHOTIC PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	L3650	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3660	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3670	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3595	Orthopedic shoe addition, March bar	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3540	Orthopedic shoe addition, sole, full	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3550	Orthopedic shoe addition, toe tap, standard	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3560	Orthopedic shoe addition, toe tap, horseshoe	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3580	Orthopedic shoe addition, convert instep to Velcro closure	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3485	Heel, pad, removable for spur	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3500	Orthopedic shoe addition, insole, leather	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3510	Orthopedic shoe addition, insole, rubber	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3520	Orthopedic shoe addition, insole, felt covered with leather	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3530	Orthopedic shoe addition, sole, half	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3455	Heel, new leather, standard	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3460	Heel, new rubber, standard	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3465	Heel, Thomas with wedge	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3470	Heel, Thomas extended to ball	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3480	Heel, pad and depression for spur	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3400	Metatarsal bar wedge, rocker	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3410	Metatarsal bar wedge, between sole	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3420	Full sole and heel wedge, between sole	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3430	Heel, counter, plastic reinforced	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3440	Heel, counter, leather reinforced	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3450	Heel, SACH cushion type	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3350	Heel wedge	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3360	Sole wedge, outside sole	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3370	Sole wedge, between sole	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3380	Clubfoot wedge	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3390	Outflare wedge	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3310	Lift, elevation, heel and sole, neoprene, per in	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3320	Lift, elevation, heel and sole, cork, per in	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3330	Lift, elevation, metal extension (skate)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3332	Lift, elevation, inside shoe, tapered, up to one-half in	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3334	Lift, elevation, heel, per in	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3340	Heel wedge, SACH	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3255	Nonstandard size or length	HCPCS - ORTHOTIC PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	L3257	Orthopedic footwear, additional charge for split size	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3260	Surgical boot/shoe, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3265	Plastazote sandal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3300	Lift, elevation, heel, tapered to metatarsals, per in	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3230	Orthopedic footwear, custom shoe, depth inlay, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3251	Foot, shoe molded to patient model, silicone shoe, each	HCPCS - ORTHOTIC PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3254	Nonstandard size or width	HCPCS - ORTHOTIC PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3219	Orthopedic footwear, mens shoe, oxford, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3221	Orthopedic footwear, mens shoe, depth inlay, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3224	Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3211	Surgical boot, each, junior	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3212	Benesch boot, pair, infant	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3213	Benesch boot, pair, child	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3214	Benesch boot, pair, junior	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3215	Orthopedic footwear, ladies shoe, oxford, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3216	Orthopedic footwear, ladies shoe, depth inlay, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3204	Orthopedic shoe, hightop with supinator or pronator, infant	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3206	Orthopedic shoe, hightop with supinator or pronator, child	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3207	Orthopedic shoe, hightop with supinator or pronator, junior	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3208	Surgical boot, each, infant	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3209	Surgical boot, each, child	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3140	Foot, abduction rotation bar, including shoes	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3150	Foot, abduction rotation bar, without shoes	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3160	Foot, adjustable shoe-styled positioning device	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3202	Orthopedic shoe, Oxford with supinator or pronator, child	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3050	Foot, arch support, removable, premolded, metatarsal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3030	Foot insert, removable, formed to patient foot, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3040	Foot, arch support, removable, premolded, longitudinal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2999	Lower extremity orthoses, not otherwise specified	HCPCS - ORTHOTIC PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3001	Foot, insert, removable, molded to patient model, Spenco, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L3003	Foot insert, removable, molded to patient model, silicone gel, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2810	Addition to lower extremity orthosis, knee control, condylar pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2768	Orthotic side bar disconnect device, per bar	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L2795	Addition to lower extremity orthosis, knee control, full kneecap	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2670	Addition to lower extremity, thoracic control, paraspinal uprights	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2680	Addition to lower extremity, thoracic control, lateral support uprights	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2660	Addition to lower extremity, thoracic control, thoracic band	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2580	Addition to lower extremity, pelvic control, pelvic sling	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2520	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2510	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2405	Addition to knee joint, drop lock, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2492	Addition to knee joint, lift loop for drop lock ring	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L2385	Addition to lower extremity, straight knee joint, heavy-duty, each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2390	Addition to lower extremity, offset knee joint, each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2395	Addition to lower extremity, offset knee joint, heavy-duty, each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2340	Addition to lower extremity, pretibial shell, molded to patient model	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2360	Addition to lower extremity, extended steel shank	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2370	Addition to lower extremity, Patten bottom	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2280	Addition to lower extremity, molded inner boot	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2310	Addition to lower extremity, abduction bar, straight	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2335	Addition to lower extremity, anterior swing band	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2265	Addition to lower extremity, long tongue stirrup	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2200	Addition to lower extremity, limited ankle motion, each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle-foot orthosis (AFO), for custom fabricated orthosis only	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2240	Addition to lower extremity, round caliper and plate attachment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2070	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2080	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2035	Knee-ankle-foot orthosis (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1932	Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1906	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1910	Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1930	Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1850	Knee orthosis (KO), Swedish type, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1902	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L1848	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	HCPCS - Orthotic Devices & Pro	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1833	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	HCPCS - Orthotic Devices & Pro	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1836	Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1810	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1812	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf	HCPCS - Orthotic Devices & Pro	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1830	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L1720	Legg perthes orthosis, trilateral, (tachdijan type), custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1600	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1610	Hip orthosis (HO), abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1620	Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1270	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), abdominal pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1280	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), rib gusset (elastic), each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1290	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trochanteric pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1300	Other scoliosis procedure, body jacket molded to patient model	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1310	Other scoliosis procedure, postoperative body jacket	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L1210	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1220	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic extension	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1240	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derotation pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1250	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior ASIS pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1260	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic derotation pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1080	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1085	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger, bilateral with vertical extensions	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1090	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar sling	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1100	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1110	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1120	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO), scoliosis orthosis, cover for upright, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L1025	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, kyphosis pad, floating	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1030	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, lumbar bolster pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1040	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, lumbar or lumbar rib pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1050	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, sternal pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, thoracic pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1070	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, trapezius sling	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0984	Protective body sock, prefabricated, off-the-shelf, each	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1001	Cervical-thoracic-lumbar-sacral orthosis (CTLSSO), immobilizer, infant size, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, axilla sling	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L1020	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, kyphosis pad	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0972	Lumbar-sacral orthosis (LSO), corset front	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0974	Thoracic-lumbar-sacral orthosis (TSSO), full corset	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0976	Lumbar-sacral orthosis (LSO), full corset	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0978	Axillary crutch extension	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0980	Peroneal straps, prefabricated, off-the-shelf, pair	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0970	Thoracic-lumbar-sacral orthosis (TLSO), corset front	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0861	Addition to halo procedure, replacement liner/interface material	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0651	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0710	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0810	Halo procedure, cervical halo incorporated into jacket vest	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0820	Halo procedure, cervical halo incorporated into plaster body jacket	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0641	Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0642	Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0643	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0648	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0649	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0650	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0488	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0490	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, one-piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0472	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0480	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0466	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0467	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0468	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0469	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0470	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0456	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0457	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0458	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0460	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0462	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0464	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0220	Thoracic, rib belt, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0450	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0452	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0454	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0455	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0140	Cervical, semi-rigid, adjustable (plastic collar)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	L0170	Cervical, collar, molded to patient model	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim. Prior Auth Required if Billed Charge is over \$1000	
STAR	K0900	Customized durable medical equipment, other than wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	L0130	Cervical, flexible, thermoplastic collar, molded to patient	HCPCS - ORTHOTIC PROCEDURES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0898	Power wheelchair, not otherwise classified	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0812	Power operated vehicle, not otherwise classified	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 sq in or less	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	K0743	Suction pump, home model, portable, for use on wounds	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0607	Replacement battery for automated external defibrillator, garment type only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0608	Replacement garment for use with automated external defibrillator, each	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/27/2019			
STAR	K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0105	IV hanger, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0108	Wheelchair component or accessory, not otherwise specified	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	K0195	Elevating legrests, pair (for use with capped rental wheelchair base)	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0462	Temporary replacement for patient-owned equipment being repaired, any type	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0552	Supplies for external noninsulin drug infusion pump, syringe type cartridge, sterile, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0073	Caster pin lock, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0077	Front caster assembly, complete, with solid tire, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0098	Drive belt for power wheelchair, replacement only	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0052	Swingaway, detachable footrests, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0053	Elevating footrests, articulating (telescoping), each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0065	Spoke protectors, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0045	Footrest, complete assembly, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0046	Elevating legrest, lower extension tube, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0047	Elevating legrest, upper hanger bracket, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0050	Ratchet assembly, replacement only	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0037	High mount flip-up footrest, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0038	Leg strap, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0040	Adjustable angle footplate, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0042	Standard size footplate, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0043	Footrest, lower extension tube, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0014	Other motorized/power wheelchair base	HCPCS - K CODES -DMERCS ONLY	NON-COV	12/27/2019	12/31/2078			
STAR	K0015	Detachable, nonadjustable height armrest, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0017	Detachable, adjustable height armrest, base, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0019	Arm pad, replacement only, each	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0020	Fixed, adjustable height armrest, pair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	K0009	Other manual wheelchair/base	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019			
STAR	K0010	Standard-weight frame motorized/power wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0012	Lightweight portable motorized/power wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0003	Lightweight wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0004	High strength, lightweight wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0005	Ultralightweight wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0006	Heavy-duty wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0007	Extra heavy-duty wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	J9395	Injection, fulvestrant, 25 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9400	Injection, ziv-aflibercept, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9600	Injection, porfimer sodium, 75 mg	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/31/2078			
STAR	J9999	Not otherwise classified, antineoplastic drugs	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/31/2078			
STAR	K0001	Standard wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	K0002	Standard hemi (low seat) wheelchair	HCPCS - K CODES -DMERCS ONLY	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/31/2078			
STAR	J9357	Injection, valrubicin, intravesical, 200 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9360	Injection, vinblastine sulfate, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9370	Vincristine sulfate, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9390	Injection, vinorelbine tartrate, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9328	Injection, temozolomide, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9330	Injection, temsirolimus, 1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J9340	Injection, thiotepa, 15 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9351	Injection, topotecan, 0.1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9352	Injection, trabectedin, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J9354	Injection, ado-trastuzumab emtansine, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9311	Injection, rituximab 10 mg and hyaluronidase	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9312	Injection, rituximab, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9320	Injection, streptozocin, 1 g	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9306	Injection, pertuzumab, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9307	Injection, pralatrexate, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9308	Injection, ramucirumab, 5 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9299	Injection, nivolumab, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9301	Injection, obinutuzumab, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J9302	Injection, ofatumumab, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9303	Injection, panitumumab, 10 mg	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	J9268	Injection, pentostatin, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9270	Injection, plicamycin, 2.5 mg	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/31/2078			
STAR	J9271	Injection, pembrolizumab, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9280	Injection, mitomycin, 5 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9285	Injection, olaratumab, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9293	Injection, mitoxantrone HCl, per 5 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9261	Injection, nelarabine, 50 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9263	Injection, oxaliplatin, 0.5 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9266	Injection, pegaspargase, per single dose vial	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9267	Injection, paclitaxel, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9228	Injection, ipilimumab, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/31/2078			
STAR	J9219	Leuprolide acetate implant, 65 mg	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/27/2019			
STAR	J9209	Injection, mesna, 200 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9211	Injection, idarubicin HCl, 5 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/31/2078			
STAR	J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9202	Goserelin acetate implant, per 3.6 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9205	Injection, irinotecan liposome, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J9206	Injection, irinotecan, 20 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9207	Injection, ixabepilone, 1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J9208	Injection, ifosfamide, 1 g	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9178	Injection, epirubicin HCl, 2 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9179	Injection, eribulin mesylate, 0.1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9181	Injection, etoposide, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9185	Injection, fludarabine phosphate, 50 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9190	Injection, fluorouracil, 500 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9200	Injection, floxuridine, 500 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9165	Injection, diethylstilbestrol diphosphate, 250 mg	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9171	Injection, docetaxel, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9173	Injection, durvalumab, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9176	Injection, elotuzumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9120	Injection, dactinomycin, 0.5 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9130	Dacarbazine, 100 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9145	Injection, daratumumab, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J9150	Injection, daunorubicin, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9057	Injection, copanlisib, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9060	Injection, cisplatin, powder or solution, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9098	Injection, cytarabine liposome, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9100	Injection, cytarabine, 100 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9043	Injection, cabazitaxel, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9045	Injection, carboplatin, 50 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9047	Injection, carfilzomib, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9050	Injection, carmustine, 100 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J9055	Injection, cetuximab, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9036	Injection, bendamustine HCl, (Belrapzo/bendamustine), 1 mg	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/31/2078			
STAR	J9039	Injection, blinatumomab, 1 mcg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9040	Injection, bleomycin sulfate, 15 units	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9041	Injection, bortezomib, 0.1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9042	Injection, brentuximab vedotin, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9030	BCG live intravesical instillation, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9032	Injection, belinostat, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9033	Injection, bendamustine HCl (Treanda), 1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J9034	Injection, bendamustine HCl (Bendeka), 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J9035	Injection, bevacizumab, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9017	Injection, arsenic trioxide, 1 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9019	Injection, asparaginase (Erwinaze), 1,000 IU	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9020	Injection, asparaginase, not otherwise specified, 10,000 units	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9022	Injection, atezolizumab, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9023	Injection, avelumab, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J8670	Rolapitant, oral, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J8700	Temozolomide, oral, 5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J8705	Topotecan, oral, 0.25 mg	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	J8999	Prescription drug, oral, chemotherapeutic, NOS	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J9000	Injection, doxorubicin HCl, 10 mg	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			
STAR	J9015	Injection, aldesleukin, per single use vial	HCPCS - CHEMO DRUGS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J8565	Gefitinib, oral, 250 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J8600	Melphalan, oral, 2 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J8610	Methotrexate, oral, 2.5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J8650	Nabilone, oral, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J8520	Capecitabine, oral, 150 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J8521	Capecitabine, oral, 500 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J8530	Cyclophosphamide, oral, 25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J8560	Etoposide, oral, 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J8562	Fludarabine phosphate, oral, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7799	NOC drugs, other than inhalation drugs, administered through DME	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7999	Compounded drug, not otherwise classified	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J8501	Aprepitant, oral, 5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J8510	Busulfan, oral, 2 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7699	NOC drugs, inhalation solution administered through DME	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	2008 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	J7677	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7657	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7658	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7659	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7660	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7647	Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7648	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7649	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7650	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7639	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7606	Formoterol fumarate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 20 mcg	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7608	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7520	Sirolimus, oral, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7525	Tacrolimus, parenteral, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7527	Everolimus, oral, 0.25 mg	HCPCS - CHEMO DRUGS	NON-COV	12/27/2019	12/31/2078			
STAR	J7599	Immunosuppressive drug, not otherwise classified	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per g	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	J7605	Arformoterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 15 mcg	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7513	Daclizumab, parenteral, 25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7515	Cyclosporine, oral, 25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7517	Mycophenolate mofetil, oral, 250 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7518	Mycophenolic acid, oral, 180 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7505	Muromonab-CD3, parenteral, 5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7507	Tacrolimus, immediate release, oral, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7509	Methylprednisolone, oral, per 4 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7500	Azathioprine, oral, 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7501	Azathioprine, parenteral, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7502	Cyclosporine, oral, 100 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7330	Autologous cultured chondrocytes, implant	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7336	Capsaicin 8PCT patch, per sq cm	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	J7308	Aminolevulinic acid hcl for topical administration, 20PCT, single unit dosage form (354 mg)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8PCT, 1 g	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7310	Ganciclovir, 4.5 mg, long-acting implant	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7300	Intrauterine copper contraceptive	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7304	Contraceptive supply, hormone containing patch, each	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebiny), 1 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7196	Injection, antithrombin recombinant, 50 IU	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7197	Antithrombin III (human), per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7198	Antiinhibitor, per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7199	Hemophilia clotting factor, not otherwise classified	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7190	Factor VIII (antihemophilic factor, human) per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7194	Factor IX complex, per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7121	5PCT dextrose in lactated ringers infusion, up to 1000 cc	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7131	Hypertonic saline solution, 1 ml	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7175	Injection, Factor X, (human), 1 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7120	Ringers lactate infusion, up to 1,000 cc	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7050	Infusion, normal saline solution, 250 cc	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7060	5PCT dextrose/water (500 ml EQU 1 unit)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7070	Infusion, D-5-W, 1,000 cc	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J7100	Infusion, dextran 40, 500 ml	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J7110	Infusion, dextran 75, 500 ml	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3570	Laetrile, amygdalin, vitamin B-17	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J3591	Unclassified drug or biological used for ESRD on dialysis	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J7030	Infusion, normal saline solution, 1,000 cc	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7040	Infusion, normal saline solution, sterile (500 mLEQU 1 unit)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J7042	5PCT dextrose/normal saline (500 ml EQU 1 unit)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3485	Injection, zidovudine, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3486	Injection, ziprasidone mesylate, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3489	Injection, zoledronic acid, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3520	Edetate disodium, per 150 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3530	Nasal vaccine inhalation	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3535	Drug administered through a metered dose inhaler	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3473	Injection, hyaluronidase, recombinant, 1 USP unit	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3415	Injection, pyridoxine HCl, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3430	Injection, phytonadione (vitamin K), per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3465	Injection, voriconazole, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3470	Injection, hyaluronidase, up to 150 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3396	Injection, verteporfin, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3397	Injection, vestronidase alfa-vjkb, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3400	Injection, triflupromazine HCl, up to 20 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3410	Injection, hydroxyzine HCl, up to 25 mg	HCPCS - DRUGS (NOT ORAL)	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J3411	Injection, thiamine HCl, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3360	Injection, diazepam, up to 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3364	Injection, urokinase, 5,000 IU vial	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3365	Injection, IV, urokinase, 250,000 IU vial	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3370	Injection, vancomycin HCl, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3310	Injection, perphenazine, up to 5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3320	Injection, spectinomycin dihydrochloride, up to 2 g	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J3350	Injection, urea, up to 40 g	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3302	Injection, triamcinolone diacetate, per 5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3303	Injection, triamcinolone hexacetonide, per 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3305	Injection, trimetrexate glucuronate, per 25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J3250	Injection, trimethobenzamide HCl, up to 200 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3260	Injection, tobramycin sulfate, up to 80 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3262	Injection, tocilizumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3265	Injection, toseamide, 10 mg/ml	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3280	Injection, thiethylperazine maleate, up to 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J3230	Injection, chlorpromazine HCl, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J3243	Injection, tigecycline, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3246	Injection, tirofiban HCl, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3095	Injection, telavancin, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J3101	Injection, tenecteplase, 1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J3105	Injection, terbutaline sulfate, up to 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3110	Injection, teriparatide, 10 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3000	Injection, streptomycin, up to 1 g	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3010	Injection, fentanyl citrate, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3030	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J3070	Injection, pentazocine, 30 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2940	Injection, somatrem, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2941	Injection, somatropin, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J2950	Injection, promazine HCl, up to 25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2993	Injection, reteplase, 18.1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2995	Injection, streptokinase, per 250,000 IU	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2997	Injection, alteplase recombinant, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2910	Injection, aurothioglucose, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2796	Injection, romiplostim, 10 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2797	Injection, rolapitant, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J2800	Injection, methocarbamol, up to 10 ml	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2810	Injection, theophylline, per 40 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2820	Injection, sargramostim (GM-CSF), 50 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 IU)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2791	Injection, Rho D immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2793	Injection, riloncept, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2795	Injection, ropivacaine HCl, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2783	Injection, rasburicase, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2785	Injection, regadenoson, 0.1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J2786	Injection, reslizumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg (250 IU)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2725	Injection, protirelin, per 250 mcg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2730	Injection, pralidoxime chloride, up to 1 g	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2760	Injection, phentolamine mesylate, up to 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2778	Injection, ranibizumab, 0.1 mg	2008 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2680	Injection, fluphenazine decanoate, up to 25 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2690	Injection, procainamide HCl, up to 1 g	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2700	Injection, oxacillin sodium, up to 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2704	Injection, propofol, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2720	Injection, protamine sulfate, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2562	Injection, plerixafor, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2590	Injection, oxytocin, up to 10 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2597	Injection, desmopressin acetate, per 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2650	Injection, prednisolone acetate, up to 1 ml	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2670	Injection, tolazoline HCl, up to 25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2675	Injection, progesterone, per 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2515	Injection, pentobarbital sodium, per 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2540	Injection, penicillin G potassium, up to 600,000 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2547	Injection, peramivir, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2550	Injection, promethazine HCl, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2560	Injection, phenobarbital sodium, up to 120 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2507	Injection, pegloticase, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2440	Injection, papaverine HCl, up to 60 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2460	Injection, oxytetracycline HCl, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2469	Injection, palonosetron HCl, 25 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2501	Injection, paricalcitol, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2502	Injection, pasireotide long acting, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2410	Injection, oxymorphone HCl, up to 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2430	Injection, pamidronate disodium, per 30 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2355	Injection, oprelvekin, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2358	Injection, olanzapine, long-acting, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2360	Injection, orphenadrine citrate, up to 60 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2320	Injection, nandrolone decanoate, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2323	Injection, natalizumab, 1 mg	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2274	Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2280	Injection, moxifloxacin, 100 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2300	Injection, nalbuphine HCl, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J2310	Injection, naloxone HCl, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2315	Injection, naltrexone, depot form, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2210	Injection, methylergonovine maleate, up to 0.2 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2212	Injection, methylnaltrexone, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2248	Injection, micafungin sodium, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2250	Injection, midazolam HCl, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2260	Injection, milrinone lactate, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2265	Injection, minocycline HCl, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2270	Injection, morphine sulfate, up to 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2170	Injection, mecasermin, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2180	Injection, meperidine and promethazine HCl, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2185	Injection, meropenem, 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2186	Injection, meropenem, vaborbactam, 10 mg/10 mg, (20 mg)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J2010	Injection, lincomycin HCl, up to 300 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J2062	Loxapine for inhalation, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1953	Injection, levetiracetam, 10 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J1955	Injection, levocarnitine, per 1 g	HCPCS - DRUGS (NOT ORAL)	YES	12/27/2019	12/31/2078		If administered/services provided at home, then requires prior authorization	
STAR	J1956	Injection, levofloxacin, 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1960	Injection, levorphanol tartrate, up to 2 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1990	Injection, chlordiazepoxide HCl, up to 100 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1890	Injection, cephalothin sodium, up to 1 g	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1930	Injection, lanreotide, 1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1833	Injection, isavuconazonium, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1835	Injection, itraconazole, 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1885	Injection, ketorolac tromethamine, per 15 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1826	Injection, interferon beta-1a, 30 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J1790	Injection, droperidol, up to 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1800	Injection, propranolol HCl, up to 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1815	Injection, insulin, per 5 units	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1744	Injection, icatibant, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1745	Injection, infliximab, excludes biosimilar, 10 mg	HCPCS - DRUGS (NOT ORAL)	YES	12/27/2019	12/31/2078			
STAR	J1746	Injection, ibalizumab-uiyk, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1750	Injection, iron dextran, 50 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J1756	Injection, iron sucrose, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1730	Injection, diazoxide, up to 300 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1740	Injection, ibandronate sodium, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1742	Injection, ibutilide fumarate, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1655	Injection, tinzaparin sodium, 1000 IU	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1670	Injection, tetanus immune globulin, human, up to 250 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1700	Injection, hydrocortisone acetate, up to 25 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1644	Injection, Heparin sodium, per 1000 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1645	Injection, dalteparin sodium, per 2500 IU	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1650	Injection, enoxaparin sodium, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1652	Injection, fondaparinux sodium, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1620	Injection, gonadorelin HCl, per 100 mcg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J1626	Injection, granisetron HCl, 100 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1627	Injection, granisetron, extended-release, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1628	Injection, guselkumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1630	Injection, haloperidol, up to 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1631	Injection, haloperidol decanoate, per 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1602	Injection, golimumab, 1 mg, for intravenous use	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1610	Injection, glucagon HCl, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1600	Injection, gold sodium thiomalate, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	2008 Code Set	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1580	Injection, garamycin, gentamicin, up to 80 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1595	Injection, glatiramer acetate, 20 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J1562	Injection, immune globulin (Vivaglobin), 100 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	2008 Code Set	YES	12/27/2019	12/31/2078			
STAR	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	2008 Code Set	YES	12/27/2019	12/31/2078			
STAR	J1570	Injection, ganciclovir sodium, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	J1555	Injection, immune globulin (Cuvitru), 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1556	Injection, immune globulin (Bivigam), 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1559	Injection, immune globulin (Hizentra), 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1560	Injection, gamma globulin, intramuscular, over 10 cc	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	HCPCS - DRUGS (NOT ORAL)	YES	12/27/2019	12/31/2078			
STAR	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1455	Injection, foscarnet sodium, per 1,000 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1457	Injection, gallium nitrate, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1447	Injection, tbo-filgrastim, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1450	Injection, fluconazole, 200 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1453	Injection, fosaprepitant, 1 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J1436	Injection, etidronate disodium, per 300 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1439	Injection, ferric carboxymaltose, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1364	Injection, erythromycin lactobionate, per 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1410	Injection, estrogen conjugated, per 25 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1435	Injection, estrone, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1324	Injection, enfuvirtide, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1325	Injection, epoprostenol, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1327	Injection, eptifibatide, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1330	Injection, ergonovine maleate, up to 0.2 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1335	Injection, ertapenem sodium, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1267	Injection, doripenem, 10 mg	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	J1270	Injection, doxercalciferol, 1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1290	Injection, ecallantide, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J1301	Injection, edaravone, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1320	Injection, amitriptyline HCl, up to 20 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1240	Injection, dimenhydrinate, up to 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1245	Injection, dipyridamole, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1250	Injection, dobutamine HCl, per 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1260	Injection, dolasetron mesylate, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1180	Injection, dyphylline, up to 500 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J1190	Injection, dexrazoxane HCl, per 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1205	Injection, chlorothiazide sodium, per 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1212	Injection, dmsol, dimethyl sulfoxide, 50PCT , 50 ml	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1230	Injection, methadone HCl, up to 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1165	Injection, phenytoin sodium, per 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1170	Injection, hydromorphone, up to 4 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1110	Injection, dihydroergotamine mesylate, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1120	Injection, acetazolamide sodium, up to 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J1130	Injection, diclofenac sodium, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1160	Injection, digoxin, up to 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J1050	Injection, medroxyprogesterone acetate, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0894	Injection, decitabine, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0895	Injection, deferoxamine mesylate, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0897	Injection, denosumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0945	Injection, brompheniramine maleate, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0883	Injection, argatroban, 1 mg (for non-ESRD use)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0884	Injection, argatroban, 1 mg (for ESRD on dialysis)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use)	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0875	Injection, dalbavancin, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0878	Injection, daptomycin, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0834	Injection, cosyntropin, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0735	Injection, clonidine HCl, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0740	Injection, cidofovir, 375 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0743	Injection, cilastatin sodium; imipenem, per 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0745	Injection, codeine phosphate, per 30 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0770	Injection, colistimethate sodium, up to 150 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0715	Injection, ceftizoxime sodium, per 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0716	Injection, Centrurides immune f(ab)2, up to 120 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0720	Injection, chloramphenicol sodium succinate, up to 1 g	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0725	Injection, chorionic gonadotropin, per 1,000 USP units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0706	Injection, caffeine citrate, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0710	Injection, cephalirin sodium, up to 1 g	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0712	Injection, ceftaroline fosamil, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0713	Injection, ceftazidime, per 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0690	Injection, cefazolin sodium, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0692	Injection, cefepime HCl, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0694	Injection, cefoxitin sodium, 1 g	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0696	Injection, ceftriaxone sodium, per 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0697	Injection, sterile cefuroxime sodium, per 750 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0698	Injection, cefotaxime sodium, per g	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0636	Injection, calcitriol, 0.1 mcg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0637	Injection, caspofungin acetate, 5 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0638	Injection, canakinumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0640	Injection, leucovorin calcium, per 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0670	Injection, mepivacaine HCl, per 10 ml	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0600	Injection, edetate calcium disodium, up to 1,000 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J0606	Injection, etelcalcetide, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0630	Injection, calcitonin salmon, up to 400 units	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0595	Injection, butorphanol tartrate, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0585	Injection, onabotulinumtoxinA, 1 unit	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0586	Injection, abobotulinumtoxinA, 5 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0587	Injection, rimabotulinumtoxinB, 100 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0588	Injection, incobotulinumtoxinA, 1 unit	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0592	Injection, buprenorphine HCl, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0594	Injection, busulfan, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0583	Injection, bivalirudin, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0561	Injection, penicillin G benzathine, 100,000 units	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0565	Injection, bezlotoxumab, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0571	Buprenorphine, oral, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0485	Injection, belatacept, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0500	Injection, dicyclomine HCl, up to 20 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0515	Injection, bethtropine mesylate, per 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0520	Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0456	Injection, azithromycin, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0470	Injection, dimercaprol, per 100 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0475	Injection, baclofen, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0476	Injection, baclofen, 50 mcg for intrathecal trial	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0380	Injection, metaraminol bitartrate, per 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0390	Injection, chloroquine HCl, up to 250 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0395	Injection, arbutamine HCl, 1 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0400	Injection, aripiprazole, intramuscular, 0.25 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0300	Injection, amobarbital, up to 125 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0330	Injection, succinylcholine chloride, up to 20 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0348	Injection, anidulafungin, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0350	Injection, anistreplase, per 30 units	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0360	Injection, hydralazine HCl, up to 20 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0364	Injection, apomorphine HCl, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0285	Injection, amphotericin B, 50 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0287	Injection, amphotericin B lipid complex, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0289	Injection, amphotericin B liposome, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0290	Injection, ampicillin sodium, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0270	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0275	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0282	Injection, amiodarone HCl, 30 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0210	Injection, methylodopate HCl, up to 250 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0215	Injection, alefacept, 0.5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0185	Injection, aprepitant, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0190	Injection, biperiden lactate, per 5 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J0200	Injection, alatrofloxacin mesylate, 100 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0202	Injection, alemtuzumab, 1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0205	Injection, alglucerase, per 10 units	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/31/2078			
STAR	J0207	Injection, amifostine, 500 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0135	Injection, adalimumab, 20 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			
STAR	J0171	Injection, adrenalin, epinephrine, 0.1 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	J0130	Injection abciximab, 10 mg	HCPCS - DRUGS (NOT ORAL)	NO	12/27/2019	12/27/2019			
STAR	H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	J0120	Injection, tetracycline, up to 250 mg	HCPCS - DRUGS (NOT ORAL)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	H2030	Mental health clubhouse services, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2031	Mental health clubhouse services, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2032	Activity therapy, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2033	Multisystemic therapy for juveniles, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2034	Alcohol and/or drug abuse halfway house services, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2035	Alcohol and/or other drug treatment program, per hour	HCPCS - ALCOHOL/DRUG ABUSE	YES	12/27/2019	12/31/2078			
STAR	H2024	Supported employment, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2025	Ongoing support to maintain employment, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2026	Ongoing support to maintain employment, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2027	Psychoeducational service, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2028	Sexual offender treatment service, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2029	Sexual offender treatment service, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2017	Psychosocial rehabilitation services, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H2018	Psychosocial rehabilitation services, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2019	Therapeutic behavioral services, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2020	Therapeutic behavioral services, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2021	Community-based wrap-around services, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2022	Community-based wrap-around services, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2023	Supported employment, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2011	Crisis intervention service, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H2012	Behavioral health day treatment, per hour	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H2013	Psychiatric health facility service, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	H2014	Skills training and development, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H2015	Comprehensive community support services, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2016	Comprehensive community support services, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H1010	Nonmedical family planning education, per session	HCPCS - ALCOHOL/DRUG ABUSE	YES	12/27/2019	12/31/2078			
STAR	H1011	Family assessment by licensed behavioral health professional for state defined purposes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2000	Comprehensive multidisciplinary evaluation	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H2001	Rehabilitation program, per 1/2 day	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H2010	Comprehensive medication services, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H0049	Alcohol and/or drug screening	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H1000	Prenatal care, at-risk assessment	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H1001	Prenatal care, at-risk enhanced service; antepartum management	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H1002	Prenatal care, at risk enhanced service; care coordination	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H1003	Prenatal care, at-risk enhanced service; education	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H1004	Prenatal care, at-risk enhanced service; follow-up home visit	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0044	Supported housing, per month	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0045	Respite care services, not in the home, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0046	Mental health services, not otherwise specified	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0039	Assertive community treatment, face-to-face, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0040	Assertive community treatment program, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0041	Foster care, child, nontherapeutic, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0042	Foster care, child, nontherapeutic, per month	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0043	Supported housing, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0033	Oral medication administration, direct observation	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0034	Medication training and support, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0037	Community psychiatric supportive treatment program, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0038	Self-help/peer services, per 15 minutes	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	H0030	Behavioral health hotline service	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0031	Mental health assessment, by nonphysician	HCPCS - ALCOHOL/DRUG ABUSE	YES	12/27/2019	12/31/2078			
STAR	H0032	Mental health service plan development by nonphysician	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0022	Alcohol and/or drug intervention service (planned facilitation)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0014	Alcohol and/or drug services; ambulatory detoxification	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	HCPCS - ALCOHOL/DRUG ABUSE	NO	12/27/2019	12/27/2019			
STAR	H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	HCPCS - ALCOHOL/DRUG ABUSE	YES	12/27/2019	12/31/2078			
STAR	H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0006	Alcohol and/or drug services; case management	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/31/2078			
STAR	H0007	Alcohol and/or drug services; crisis intervention (outpatient)	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			
STAR	H0002	Behavioral health screening to determine eligibility for admission to treatment program	HCPCS - ALCOHOL/DRUG ABUSE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9987	Bundled Payments for Care Improvement Advanced (BPCI Advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services; for use only for a BPCI Advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	G9974	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9975	Documentation of medical reason(s) for not performing a dilated macular examination	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9976	Documentation of patient reason(s) for not performing a dilated macular examination	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9977	Dilated macular exam was not performed, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G9960	Documentation of medical reason(s) for prescribing systemic antimicrobials	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9961	Systemic antimicrobials prescribed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9962	Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9963	Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9964	Patient received at least one well-child visit with a PCP during the performance period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9965	Patient did not receive at least one well-child visit with PCP during the performance period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9954	Patient exhibits 2 or more risk factors for postoperative vomiting	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9955	Cases in which an inhalational anesthetic is used only for induction	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9956	Patient received combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9957	Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9958	Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9959	Systemic antimicrobials not prescribed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9945	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9946	Back pain was not measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9939	Pathologist (s)/dermatopathologist(s) is the same clinician who performed the biopsy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9940	Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene Rx, ESRD, cirrhosis, muscular pain and disease during the measurement period or prior year)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9929	Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9930	Patients who are receiving comfort care only	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9921	No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9922	Safety concerns screen provided and if positive then documented mitigation recommendations	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9923	Safety concerns screen provided and negative	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9925	Safety concerns screening not provided, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9926	Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9916	Functional status performed once in the last 12 months	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9918	Functional status not performed, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9919	Screening performed and positive and provision of recommendations	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9920	Screening performed and negative	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9911	Clinically node negative (T1N0M0 or T2N0M0) invasive breast cancer before or after neoadjuvant systemic therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9912	Hepatitis B virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9915	No record of HBV results documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9900	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9902	Patient screened for tobacco use and identified as a tobacco user	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9903	Patient screened for tobacco use and identified as a tobacco nonuser	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9894	Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9895	Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9896	Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9897	Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9899	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9884	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 19-21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G9885	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 22-24 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G9890	Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G9891	MDPP session reported as a line-item on a claim for a payable MDPP Expanded Model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP Expanded Model and counting toward achievement of the attendance performance goal for the payable MDPP Expanded Model HCPCS code. (This code is for reporting purposes only)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G9892	Documentation of patient reason(s) for not performing a dilated macular examination	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9893	Dilated macular exam was not performed, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9880	The MDPP beneficiary achieved at least 5PCT weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G9881	The MDPP beneficiary achieved at least 9PCT weight loss (WL) from his/her baseline weight in months 1-24 under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 9PCT weight loss from baseli	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G9882	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 13-15 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G9883	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 16-18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9874	Four total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	G9875	Nine total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	G9862	Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is EQU 66 years old, or life expectancy LT 10 years	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 10 minutes	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, 10 to 20 minutes	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, more than 20 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9873	First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9859	Patients who died from cancer	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9860	Patient spent less than three days in hospice care	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9861	Patient spent greater than or equal to three days in hospice care	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9858	Patient enrolled in hospice	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9845	Patient received anti-EGFR monoclonal antibody therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9846	Patients who died from cancer	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9839	Anti-EGFR monoclonal antibody therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9842	Patient has metastatic disease at diagnosis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9843	RAS (KRAS or NRAS) gene mutation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9844	Patient did not receive anti-EGFR monoclonal antibody therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9838	Patient has metastatic disease at diagnosis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9830	HER2/neu positive	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9831	AJCC stage at breast cancer diagnosis EQU II or III	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9832	AJCC stage at breast cancer diagnosis EQU I (Ia or Ib) and T-stage at breast cancer diagnosis does not equal EQU T1, T1a, T1b	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9821	No documentation of a chlamydia screening test with proper follow-up	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9823	Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9824	Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9818	Documentation of sexual activity	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9819	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9820	Documentation of a chlamydia screening test with proper follow-up	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9812	Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9813	Patient did not die within 30 days of the procedure or during the index hospitalization	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9805	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9806	Patients who received cervical cytology or an HPV test	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9807	Patients who did not receive cervical cytology or an HPV test	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9797	Patient is not on a statin therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9791	Most recent tobacco status is tobacco free	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9792	Most recent tobacco status is not tobacco free	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9793	Patient is currently on a daily aspirin or other antiplatelet	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9794	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9795	Patient is not currently on a daily aspirin or other antiplatelet	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9796	Patient is currently on a statin therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9787	Patient alive as of the last day of the measurement year	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9788	Most recent BP is less than or equal to 140/90 mm Hg	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9790	Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9784	Pathologists/dermatopathologists providing a second opinion on a biopsy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9773	At least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) not achieved within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9775	Patient received at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9776	Documentation of medical reason for not receiving at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9777	Patient did not receive at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9766	Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9767	Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9768	Patients who utilize hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9769	Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9770	Peripheral nerve block (PNB)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9760	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9761	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9762	Patient had at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9763	Patient did not have at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9764	Patient has been treated with a systemic medication for psoriasis vulgaris	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9765	Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PASI, or DLQI	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9755	Documentation of medical reason(s) for not including a recommended interval and modality for follow-up or for no follow-up, and source of recommendations (e.g., patients with unexplained fever, immunocompromised patients who are at risk for infection)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9756	Surgical procedures that included the use of silicone oil	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9757	Surgical procedures that included the use of silicone oil	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9758	Patient in hospice at any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9751	Patient died at any time during the 24-month measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9752	Emergency surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9753	Documentation of medical reason for not conducting a search for DICOM format images for prior patient CT imaging studies completed at nonaffiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9754	A finding of an incidental pulmonary nodule	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9744	Patient not eligible due to active diagnosis of hypertension	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9745	Documented reason for not screening or recommending a follow-up for high blood pressure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9746	Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9740	Hospice services given to patient any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9741	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9732	Patient refused to participate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9734	Patient refused to participate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9736	Patient refused to participate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9726	Patient refused to participate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9728	Patient refused to participate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9730	Patient refused to participate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9720	Hospice services for patient occurred any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9721	Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9723	Hospice services for patient received any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9724	Patients who had documentation of use of anticoagulant medications overlapping the measurement year	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9714	Patient is using hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9719	Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9708	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9709	Hospice services used by patient any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9710	Patient was provided hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9711	Patients with a diagnosis or past history of total colectomy or colorectal cancer	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9712	Documentation of medical reason(s) for prescribing or dispensing antibiotic (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis/mastoiditis/bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia, gonococcal infections/venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis/UTI, acne, HIV disease/asymptomatic HIV, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9713	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9702	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9704	AJCC breast cancer stage I: T1 mic or T1a documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9705	Ajcc breast cancer stage i: t1b (tumor GT 0.5 cm but LT EQU 1 cm in greatest dimension) documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9706	Low (or very low) risk of recurrence, prostate cancer	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9707	Patient received hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., patient intolerance or history of side effects)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., cost of treatment or lack of insurance)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9700	Patients who use hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9690	Patient receiving hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9691	Patient had hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9692	Hospice services received by patient any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9693	Patient use of hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9694	Hospice services utilized by patient any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9695	Long-acting inhaled bronchodilator prescribed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9682	Onsite acute care treatment of a nursing facility resident with a skin infection. May only be billed once per day per beneficiary	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9683	Facility service(s) for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder. (May only be billed once per day per beneficiary.) This service is for a demonstration project	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9684	Onsite acute care treatment of a nursing facility resident for a UTI. May only be billed once per day per beneficiary	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9685	Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in condition in a nursing facility. This service is for a demonstration project	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9687	Hospice services provided to patient any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9688	Patients using hospice services any time during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9689	Patient admitted for performance of elective carotid intervention	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9675	Patients who have ever had a fasting or direct laboratory result of LDL-C EQU 190 mg/dl	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9676	Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an ldl-c result of 70-189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two year	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9679	Onsite acute care treatment of a nursing facility resident with pneumonia. May only be billed once per day per beneficiary	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9680	Onsite acute care treatment of a nursing facility resident with CHF. May only be billed once per day per beneficiary	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9681	Onsite acute care treatment of a nursing facility resident with COPD or asthma. May only be billed once per day per beneficiary	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9674	Patients with clinical ASCVD diagnosis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9656	Patient transferred directly from anesthetizing location to pacu or other non-icu location	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9646	Patients with 90 day MRS score of 0 to 2	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9648	Patients with 90 day MRS score greater than 2	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI))	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI)) or psoriasis assessment tool not documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9654	Monitored anesthesia care (MAC)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9643	ELECTIVE SURGERY	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9637	Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9638	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9630	Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9624	Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9625	Patient sustained bladder injury at the time of surgery or discovered subsequently up to 30 days post-surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9626	Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9628	Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9629	Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or reanastomosis of bowel, or patient death from nonmedical causes not related to surgery, patient died during procedure without evidence of bowel injury)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9610	Documentation of medical reason(s) in the patient's record for not ordering antiplatelet agents	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9611	Order for antiplatelet agents was not documented in the patient's record, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9603	Patient survey score improved from baseline following treatment	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9604	Patient survey results not available	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9605	Patient survey score did not improve from baseline following treatment	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9607	Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) or in the case of patient death	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9609	Documentation of an order for antiplatelet agents	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9598	Aortic aneurysm 5.5-5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9594	Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9555	Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9552	Incidental thyroid nodule LT 1.0 cm noted in report	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9553	PRIOR THYROID DISEASE DIAGNOSIS	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9542	Documented reassessment for the appropriateness of filter removal within 3 months of placement	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9543	Documentation of at least two attempts to reach the patient to arrange a clinical reassessment for the appropriateness of filter removal within 3 months of placement	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9544	Patients that do not have the filter removed, documented reassessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical reassessment for the appropriateness of filter removal within 3 months of placement	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9539	Intent for potential removal at time of placement	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9540	Patient alive 3 months post procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9541	Filter removed within 3 months of placement	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head CT	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9530	Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9514	Patient required a return to the operating room within 90 days of surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9515	Patient did not require a return to the operating room within 90 days of surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9518	Documentation of active injection drug use	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9509	Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve-month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9511	Index PHQ-9 or PHQ-9M score greater than 9 documented during the twelve-month denominator identification period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9512	Individual had a PDC of 0.8 or greater	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9513	Individual did not have a PDC of 0.8 or greater	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9502	Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9504	Documented reason for not assessing hepatitis b virus (hbv) status (e.g., patient not initiating anti-tnf therapy, patient declined) prior to initiating anti-tnf therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9507	Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myostitis or toxic myopathy related to drugs)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9508	Documentation that the patient is not on a statin medication	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9489	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9490	CMS Innovation Center Models, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (For use only in Medicare-approved CMS Innovation Center Models); may not be billed for a 30 day period covered by a transitional care management code	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9497	Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9498	ANTIBIOTIC REGIMEN PRESCRIBED	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9483	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9484	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9485	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9486	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9487	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9488	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9480	Admission to Medicare care choice model program (MCCM)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9481	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9482	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and 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 needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9473	Services performed by chaplain in the hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9475	Services performed by other counselor in the hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9476	Services performed by volunteer in the hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9459	Currently a tobacco nonuser	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9460	Tobacco assessment or tobacco cessation intervention not performed, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9468	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9470	Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9471	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered or documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9455	Patient underwent abdominal imaging with ultrasound, contrast enhanced CT or contrast MRI for HCC	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9456	Documentation of medical or patient reason(s) for not ordering or performing screening for hcc. medical reason: comorbid medical conditions with expected survival LT 5 years, hepatic decompensation and not a candidate for liver transplantation, o	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9457	Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the submission period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9428	Pathology report includes the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9429	Documentation of medical reason(s) for not including PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9430	Specimen site other than anatomic cutaneous location	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9431	Pathology report does not include the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9432	Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9434	Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, or specified asthma control tool not used, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9423	Documentation of medical reason for not including PT category, PN category and histologic type (for patient with appropriate exclusion criteria [e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens])	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9424	Specimen site other than anatomic location of lung, or classified as NSCLC-NOS	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9426	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration performed for ED admitted patients	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9427	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration not performed for ED admitted patients	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9418	Primary nonsmall cell lung cancer lung biopsy and cytology specimen report documents classification into specific histologic type following IASLC guidance or classified as NSCLC-NOS with an explanation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9419	Documentation of medical reason(s) for not including the histological type or NSCLC-NOS classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9420	Specimen site other than anatomic location of lung or is not classified as primary nonsmall cell lung cancer	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9421	Primary nonsmall cell lung cancer lung biopsy and cytology specimen report does not document classification into specific histologic type or histologic type does not follow IASLC guidance or is classified as NSCLC-NOS but without an explanation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9412	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9413	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9417	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9406	Clinician documented reason patient was not able to complete 7-day follow-up from acute inpatient setting discharge (i.e., patient death prior to follow-up visit, patient noncompliance for visit follow-up)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9409	Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9410	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9411	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9403	Clinician documented reason patient was not able to complete 30-day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient noncompliant for visit follow-up)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9393	Patient with an initial PHQ-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve-month (+/- 30 days) PHQ-9 score of less than five	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9394	Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9395	Patient with an initial PHQ-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve-month (+/- 30 days) PHQ-9 score greater than or equal to five	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9396	Patient with an initial PHQ-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9383	Patient received screening for HCV infection within the 12 month reporting period	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9384	Documentation of medical reason(s) for not receiving annual screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9385	Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9386	Screening for HCV infection not received within the twelve-month reporting period, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9357	Post-partum screenings, evaluations and education performed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9358	Post-partum screenings, evaluations and education not performed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9352	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9353	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (e.g., patients with complications, second CT obtained prior to surgery, other medical reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9354	One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9345	Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9351	More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9341	Search conducted for prior patient CT studies completed at nonaffiliated external health care facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9342	Search not conducted prior to an imaging study being performed for prior patient CT studies completed at nonaffiliated external health care facilities or entities within the past 12 months and are available through a secure, authorized, media-free, shared archive, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9344	Due to system reasons search not conducted for DICOM format images for prior patient CT imaging studies completed at nonaffiliated external health care facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., nonaffiliated external health care facilities or entities does not have archival abilities through a shared archival system)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9318	Imaging study named according to standardized nomenclature	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9319	Imaging study not named according to standardized nomenclature, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9321	Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9322	Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9312	Surgical site infection	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9314	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9316	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9317	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9308	Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9309	No unplanned hospital readmission within 30 days of principal procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9310	Unplanned hospital readmission within 30 days of principal procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9311	No surgical site infection	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9307	No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9298	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9299	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9292	Documentation of medical reason(s) for not reporting PT category and a statement on thickness and ulceration and for PT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9293	Pathology report does not include the PT category and a statement on thickness and ulceration and for PT1, mitotic rate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9294	Pathology report includes the PT category and a statement on thickness and ulceration and for PT1, mitotic rate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9295	Specimen site other than anatomic cutaneous location	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9296	Patients with documented shared decision-making including discussion of conservative (nonsurgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9297	Shared decision-making including discussion of conservative (nonsurgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9287	Antibiotic regimen not prescribed within 10 days after onset of symptoms	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9288	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of nonsmall cell carcinoma or other documented medical reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9289	Nonsmall cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9290	Nonsmall cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9291	Specimen site other than anatomic location of lung, is not classified as nonsmall cell lung cancer or classified as NSCLC-NOS	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9281	Screening performed and documentation that vaccination not indicated/patient refusal	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9282	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of nonsmall cell lung cancer or other documented medical reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9283	Nonsmall cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9284	Nonsmall cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9285	Specimen site other than anatomic location of lung or is not classified as nonsmall cell lung cancer	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9286	Antibiotic regimen prescribed within 10 days after onset of symptoms	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9276	Documentation that patient is a current tobacco user	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9277	Documentation that the patient is on daily aspirin or antiplatelet or has documentation of a valid contraindication or exception to aspirin/antiplatelet; contraindications/exceptions include anticoagulant use, allergy to aspirin or antiplatelets	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9278	Documentation that the patient is not on daily aspirin or antiplatelet regimen	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9273	Blood pressure has a systolic value of LT 140 and a diastolic value of LT 90	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9274	Blood pressure has a systolic value of EQU 140 and a diastolic value of EQU 90 or systolic value LT 140 and diastolic value EQU 90 or systolic value EQU 140 and diastolic value LT 90	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9275	Documentation that patient is a current nontobacco user	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9247	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9254	Documentation of patient discharged to home later than post-operative day 2 following CAS	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9255	Documentation of patient discharged to home no later than post operative day 2 following CAS	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9242	Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9243	Documentation of viral load less than 200 copies/ml	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9246	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the three screenings)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9231	Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9212	DSM-IVTM criteria for major depressive disorder documented at the initial evaluation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9213	DSM-IV-TR criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count below 500 cells/mm3 or a cd4 percentage below 15PCT	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9225	Foot exam was not performed, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9189	Beta-blocker therapy prescribed or currently being taken	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9187	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	G9188	Beta-blocker therapy not prescribed, reason not given	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9156	Evaluation for wheelchair requiring face-to-face visit with physician	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9157	Transesophageal Doppler used for cardiac monitoring	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	G9136	Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9138	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or nonresponse to therapy, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9139	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9140	Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project; the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of monitoring and observation cases that are permitted by the rules of the demonstration; there is a maximum frontier extended stay clinic (FESC) visit of 48 hours, except in the case when weather or other conditions prevent transfer; payment is made on each period up to 4 hours, after the first 4 hours	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on antiandrogen therapy or postorchiectomy); clinical metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9134	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9135	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9125	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9126	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 2-3); or stage IC (all grades); or stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9123	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9124	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and /or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-III B; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t1-t2c and gleason 2-7 and psa LT or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a Gleason 8-10 or PSA GT 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved dem	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3B-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall cell; extensive Stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9063	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage I (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9064	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage II (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9065	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage III a (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9066	Oncology; disease status; limited to nonsmall cell lung cancer; Stage III B-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9067	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9068	Oncology; disease status; limited to small cell and combined small cell/nonsmall cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board-approved clinical trial (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer-directed therapy is being administered or arranged at present; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer-directed therapy or managing consequences of cancer-directed therapy (for use in a Medicare-approved demonstration project)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9009	Coordinated care fee, risk adjusted maintenance, level 3	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G9010	Coordinated care fee, risk adjusted maintenance, level 4	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G9011	Coordinated care fee, risk adjusted maintenance, Level 5	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9013	ESRD demo basic bundle Level I	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9014	ESRD demo expanded bundle including venous access and related services	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9004	Coordinated care fee, risk adjusted low, initial	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9005	Coordinated care fee risk adjusted maintenance	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9006	Coordinated care fee, home monitoring	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9007	Coordinated care fee, scheduled team conference	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9008	Coordinated care fee, physician coordinated care oversight services	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9003	Coordinated care fee, risk adjusted high, initial	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9001	Coordinated care fee, initial rate	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G9002	Coordinated care fee	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G8970	No risk factors or one moderate risk factor for thromboembolism	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G8965	Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G8966	Cardiac stress imaging test performed on symptomatic or higher than low CHD risk patient or for any reason other than initial detection and risk assessment	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G8958	Assessment of adequacy of volume management not documented, reason not given	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8944	AJCC melanoma cancer stage 0 through IIC melanoma	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8955	Most recent assessment of adequacy of volume management documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8937	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/i implant event; or a hospital transfer or hospital admission upon discharge from the facility	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8908	Patient documented to have received a burn prior to discharge	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8909	Patient documented not to have received a burn prior to discharge	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8910	Patient documented to have experienced a fall within ASC	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8911	Patient documented not to have experienced a fall within ASC	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8880	Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to: noninvasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, preoperative biopsy proven lymph node (LN) metastases, inflammatory carcinoma, Stage III locally advanced cancer, recurrent invasive breast cancer, clinically node positive after neoadjuvant systemic therapy, patient refusal after informed consent, patient with significant age, comorbidities, or limited life expectancy and favorable tumor; adjuvant systemic therapy unlikely to change)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8882	Sentinel lymph node biopsy procedure not performed, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8878	Sentinel lymph node biopsy procedure performed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8867	Pneumococcal vaccine not administered or previously received, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8869	Patient has documented immunity to hepatitis B and initiating anti-TNF therapy	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8858	Referral to a physician for an otologic evaluation not performed, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8863	Patients not assessed for risk of bone loss, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8864	Pneumococcal vaccine administered or previously received	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8850	Positive airway pressure therapy not prescribed, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8856	Referral to a physician for an otologic evaluation performed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8845	Positive airway pressure therapy prescribed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8833	Patient not discharged to home by postoperative day 2 following EVAR	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8834	Patient discharged to home no later than postoperative day 2 following CEA	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8838	Patient not discharged to home by postoperative day 2 following CEA	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8840	Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8841	Sleep apnea symptoms not assessed, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8815	Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with nonatherosclerotic disease)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8816	Statin medication prescribed at discharge	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8817	Statin therapy not prescribed at discharge, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8826	Patient discharged to home no later than postoperative day 2 following EVAR	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8806	Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8808	Transabdominal or transvaginal ultrasound not performed, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8755	Most recent diastolic blood pressure GT EQU 90 mm Hg	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8756	No documentation of blood pressure measurement, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8783	Normal blood pressure reading documented, follow-up not required	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8785	Blood pressure reading not documented, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8797	Specimen site other than anatomic location of esophagus	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8798	Specimen site other than anatomic location of prostate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8749	Absence of signs of melanoma (tenderness, jaundice, localized neurologic signs such as weakness, or any other sign suggesting systemic spread) or absence of symptoms of melanoma (cough, dyspnea, pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8752	Most recent systolic blood pressure LT 140 mm Hg	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8753	Most recent systolic blood pressure GT EQU 140 mm Hg	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8754	Most recent diastolic blood pressure LT 90 mm Hg	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8724	PT category, PN category and histologic grade were not documented in the pathology report, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8733	Elder maltreatment screen documented as positive and a follow-up plan is documented	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8722	Documentation of medical reason(s) for not including the PT category, the PN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; noncarcinomasanal canal)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8723	Specimen site is other than anatomic location of primary tumor	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8712	Antibiotic not prescribed or dispensed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8721	PT category (primary tumor), PN category (regional lymph nodes), and histologic grade were documented in pathology report	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8661	Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8633	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8575	Developed postoperative renal failure or required dialysis	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8576	No postoperative renal failure/dialysis not required	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8598	Aspirin or another antiplatelet therapy used	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8599	Aspirin or another antiplatelet therapy not used, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8569	Prolonged postoperative intubation (GT 24 hrs) required	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8570	Prolonged postoperative intubation (GT 24 hrs) not required	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8565	Verification and documentation of sudden or rapidly progressive hearing loss	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8560	Patient has a history of active drainage from the ear within the previous 90 days	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8562	Patient does not have a history of active drainage from the ear within the previous 90 days	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8536	No documentation of an elder maltreatment screen, reason not given	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8540	Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8541	Functional outcome assessment using a standardized tool, not documented, reason not given	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8542	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8483	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8484	Influenza immunization was not administered, reason not given	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8510	Screening for depression is documented as negative, a follow-up plan is not required	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8478	Blood pressure measurement not performed or documented, reason not given	2008 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8482	Influenza immunization administered or previously received	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8477	Most recent blood pressure has a systolic measurement of GT EQU 140 mm Hg and/or a diastolic measurement of GT EQU 90 mm Hg	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8465	High or very high risk of recurrence of prostate cancer	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8474	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8476	Most recent blood pressure has a systolic measurement of LT 140 mm Hg and a diastolic measurement of LT 90 mm Hg	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8432	Depression screening not documented, reason not given	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8450	BETA-BLOCKER THERAPY PRESCRIBED	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8452	BETA-BLOCKER THERAPY NOT PRESCRIBED	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8421	BMI not documented and no reason is given	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	2008 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8431	Screening for depression is documented as being positive and a follow-up plan is documented	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G8415	Footwear evaluation was not performed	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8417	BMI is documented above normal parameters and a follow-up plan is documented	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8418	BMI is documented below normal parameters and a follow-up plan is documented	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8419	BMI documented outside normal parameters, no follow-up plan documented, no reason given	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8420	BMI is documented within normal parameters and no follow-up plan is required	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8400	Patient with central dual-energy x-ray absorptiometry (DXA) results not documented, reason not given	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8404	Lower extremity neurological exam performed and documented	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8405	Lower extremity neurological exam not performed	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8410	Footwear evaluation performed and documented	2008 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G8395	Left ventricular ejection fraction (lvef) GT EQU 40PCT or documentation as normal or mildly depressed left ventricular systolic function	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G8396	Left ventricular ejection fraction (LVEF) not performed or documented	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6010	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6009	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6007	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6008	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6001	Ultrasonic guidance for placement of radiation therapy fields	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0916	Satisfaction with care achieved within 90 days following cataract surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0918	Satisfaction with care not achieved within 90 days following cataract surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0518	Removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0913	Improvement in visual function achieved within 90 days following cataract surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0914	Patient care survey was not completed by patient	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0915	Improvement in visual function not achieved within 90 days following cataract surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0512	Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0513	Prolonged preventive service (s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0514	Prolonged preventive service (s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0516	Insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant)	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0517	Removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0501	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0511	Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0499	Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite (s) if performed	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	
STAR	G0490	Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0491	Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0492	Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without ESRD	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0475	HIV antigen/antibody, combination assay, screening	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class (es), including metabolite(s) if performed	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite (s) if performed	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0463	Hospital outpatient clinic visit for assessment and management of a patient	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead (s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0451	Development testing, with interpretation and report, per standardized instrument form	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0452	Molecular pathology procedure; physician interpretation and report	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	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)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0447	Face-to-face behavioral counseling for obesity, 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0435	Infectious agent antibody detection by rapid antibody test, hiv-1 and/or hiv-2, screening	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	2009 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per 1 hour	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per 1 hour	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0412	Open treatment of iliac spine (s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)	2009 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF qualified social worker or psychologist in a CORF)	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination	2009 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0382	Level 3 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0383	Level 4 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0384	Level 5 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0390	Trauma response team associated with hospital critical care service	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0380	Level 1 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0381	Level 2 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0306	Complete CBC, automated (HgB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0307	Complete CBC, automated (HgB, HCT, RBC, WBC; without platelet count)	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, one to three simultaneous determinations	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0337	Hospice evaluation and counseling services, preelection	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0302	Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0303	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0304	Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0305	Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0293	Noncovered surgical procedure (s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (ced) clinical trial	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0278	Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0259	Injection procedure for sacroiliac joint; arthrography	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0269	Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angioseal plug, vascular plug)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0257	Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve (s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve (s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	G0235	PET imaging, any site, not otherwise specified	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) 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 laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the 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	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0219	PET imaging whole body; melanoma for noncovered indications	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	HCPCS - PROC/PROF SERVICES (TE	YES	12/27/2019	12/31/2078		If administered/services provided at home, then requires prior authorization	
STAR	G0166	External counterpulsation, per treatment session	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0168	Wound closure utilizing tissue adhesive(s) only	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	YES	12/27/2019	12/31/2078			
STAR	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0128	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0127	Trimming of dystrophic nails, any number	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0122	Colorectal cancer screening; barium enema	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0102	Prostate cancer screening; digital rectal examination	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0103	Prostate cancer screening; prostate specific antigen test (PSA)	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0104	Colorectal cancer screening; flexible sigmoidoscopy	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0105	Colorectal cancer screening; colonoscopy on individual at high risk	HCPCS - PROC/PROF SERVICES (TE	NO	12/27/2019	12/27/2019			
STAR	G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 min	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			
STAR	G0010	Administration of hepatitis B vaccine	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0027	Semen analysis; presence and/or motility of sperm excluding hühner	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/27/2019			
STAR	G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each in	HCPCS - PROC/PROF SERVICES (TE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/31/2078			
STAR	E2633	Wheelchair accessory, addition to mobile arm support, supinator	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	G0008	Administration of influenza virus vaccine	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	G0009	Administration of pneumococcal vaccine	HCPCS - PROC/PROF SERVICES (TE)	NON-COV	12/27/2019	12/27/2019			
STAR	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2619	Replacement cover for wheelchair seat cushion or back cushion, each	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2610	Wheelchair seat cushion, powered	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2609	Custom fabricated wheelchair seat cushion, any size	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2599	Accessory for speech generating device, not otherwise classified	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2601	General use wheelchair seat cushion, width less than 22 in, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2602	General use wheelchair seat cushion, width 22 in or greater, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth	HCPCS - DME	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2511	Speech generating software program, for personal computer or personal digital assistant	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2512	Accessory for speech generating device, mounting system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2397	Power wheelchair accessory, lithium-based battery, each	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2402	Negative pressure wound therapy electrical pump, stationary or portable	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2502	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2368	Power wheelchair component, drive wheel motor, replacement only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2369	Power wheelchair component, drive wheel gear box, replacement only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	HCPCS - DME	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2324	Power wheelchair accessory, chin cup for chin control interface	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	E2301	Wheelchair accessory, power standing system, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2227	Manual wheelchair accessory, gear reduction drive wheel, each	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2230	Manual wheelchair accessory, manual standing system	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1902	Communication board, nonelectronic augmentative or alternative communication device	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E2000	Gastric suction pump, home model, portable or stationary, electric	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1699	Dialysis equipment, not otherwise specified	HCPCS - DME	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim. Prior Auth Required if Billed Charge is over \$1000	
STAR	E1700	Jaw motion rehabilitation system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1632	Wearable artificial kidney, each	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1634	Peritoneal dialysis clamps, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1635	Compact (portable) travel hemodialyzer system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1636	Sorbent cartridges, for hemodialysis, per 10	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1637	Hemostats, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1639	Scale, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1610	Reverse osmosis water purification system, for hemodialysis	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1615	Deionizer water purification system, for hemodialysis	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1620	Blood pump for hemodialysis, replacement	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1625	Water softening system, for hemodialysis	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1630	Reciprocating peritoneal dialysis system	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1580	Unipuncture control system for hemodialysis	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1590	Hemodialysis machine	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1592	Automatic intermittent peritoneal dialysis system	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1594	Cycler dialysis machine for peritoneal dialysis	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1600	Delivery and/or installation charges for hemodialysis equipment	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1530	Air bubble detector for hemodialysis, each, replacement	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1540	Pressure alarm for hemodialysis, each, replacement	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1550	Bath conductivity meter for hemodialysis, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1560	Blood leak detector for hemodialysis, each, replacement	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1570	Adjustable chair, for ESRD patients	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1405	Oxygen and water vapor enriching system with heated delivery	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1406	Oxygen and water vapor enriching system without heated delivery	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1500	Centrifuge, for dialysis	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1520	Heparin infusion pump for hemodialysis	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	2009 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	E1372	Immersion external heater for nebulizer	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	HCPCS - DME	NON-COV	12/27/2019	12/31/2078			
STAR	E1310	Whirlpool, nonportable (built-in type)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1353	Regulator	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	E1355	Stand/rack	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1296	Special wheelchair seat height from floor	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1298	Special wheelchair seat depth and/or width, by construction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1300	Whirlpool, portable (overtub type)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1239	Power wheelchair, pediatric size, not otherwise specified	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1224	Wheelchair with detachable arms, elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1227	Special height arms for wheelchair	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1228	Special back height for wheelchair	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1229	Wheelchair, pediatric size, not otherwise specified	HCPCS - DME	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim. Prior Auth Required if Billed Charge is over \$1000	
STAR	E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1221	Wheelchair with fixed arm, footrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1223	Wheelchair with detachable arms, footrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1161	Manual adult size wheelchair, includes tilt in space	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1029	Wheelchair accessory, ventilator tray, fixed	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1030	Wheelchair accessory, ventilator tray, gimbaled	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1031	Rollabout chair, any and all types with castors 5 in or greater	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1037	Transport chair, pediatric size	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1016	Shock absorber for power wheelchair, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1020	Residual limb support system for wheelchair, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	HCPCS - DME	NO	12/27/2019	12/27/2019			
STAR	E1014	Reclining back, addition to pediatric size wheelchair	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1015	Shock absorber for manual wheelchair, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	HCPCS - DME	NON-COV	12/27/2019	12/31/2078			
STAR	E0990	Wheelchair accessory, elevating legrest, complete assembly, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0992	Manual wheelchair accessory, solid seat insert	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0994	Armrest, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0995	Wheelchair accessory, calf rest/pad, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E1002	Wheelchair accessory, power seating system, tilt only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0985	Wheelchair accessory, seat lift mechanism	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0974	Manual wheelchair accessory, antirollback device, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0980	Safety vest, wheelchair	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0981	Wheelchair accessory, seat upholstery, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0968	Commode seat, wheelchair	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0969	Narrowing device, wheelchair	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0970	No. 2 footplates, except for elevating legrest	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0971	Manual wheelchair accessory, antitipping device, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0958	Manual wheelchair accessory, one-arm drive attachment, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0966	Manual wheelchair accessory, headrest extension, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0945	Extremity belt/harness	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balkan, four-poster)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0947	Fracture frame, attachments for complex pelvic traction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0948	Fracture frame, attachments for complex cervical traction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0950	Wheelchair accessory, tray, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0951	Heel loop/holder, any type, with or without ankle strap, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0952	Toe loop/holder, any type, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0935	Continuous passive motion exercise device for use on knee only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0936	Continuous passive motion exercise device for use other than knee	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0940	Trapeze bar, freestanding, complete with grab bar	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0941	Gravity assisted traction device, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0942	Cervical head harness/halter	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0944	Pelvic belt/harness/boot	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0920	Fracture frame, attached to bed, includes weights	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0930	Fracture frame, freestanding, includes weights	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0856	Cervical traction device, with inflatable air bladder(s)	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0860	Traction equipment, overdoor, cervical	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0870	Traction frame, attached to footboard, extremity traction (e.g., Buck's)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0890	Traction frame, attached to footboard, pelvic traction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0900	Traction stand, freestanding, pelvic traction (e.g., Buck's)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0791	Parenteral infusion pump, stationary, single, or multichannel	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0830	Ambulatory traction device, all types, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0840	Traction frame, attached to headboard, cervical traction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0850	Traction stand, freestanding, cervical traction	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0855	Cervical traction equipment not requiring additional stand or frame	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	E0776	IV pole	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0749	Osteogenesis stimulator, electrical, surgically implanted	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0740	Nonimplanted pelvic floor electrical stimulator, complete system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0744	Neuromuscular stimulator for scoliosis	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0745	Neuromuscular stimulator, electronic shock unit	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0746	Electromyography (EMG), biofeedback device	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0710	Restraints, any type (body, chest, wrist, or ankle)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0720	Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	HCPCS - DME	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim. Prior Auth Required if Billed Charge is over \$1000	
STAR	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0700	Safety equipment, device or accessory, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0671	Segmental gradient pressure pneumatic appliance, full leg	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0672	Segmental gradient pressure pneumatic appliance, full arm	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0673	Segmental gradient pressure pneumatic appliance, half leg	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	2009 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0640	Patient lift, fixed system, includes all components/accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0650	Pneumatic compressor, nonsegmental home model	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0635	Patient lift, electric, with seat or sling	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0636	Multipositional patient support system, with integrated lift, patient accessible controls	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0619	Apnea monitor, with recording feature	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0620	Skin piercing device for collection of capillary blood, laser, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0621	Sling or seat, patient lift, canvas or nylon	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0625	Patient lift, bathroom or toilet, not otherwise classified	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0627	Seat lift mechanism, electric, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0629	Seat lift mechanism, nonelectric, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0607	Home blood glucose monitor	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0616	Implantable cardiac event recorder with memory, activator, and programmer	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0617	External defibrillator with integrated electrocardiogram analysis	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0618	Apnea monitor, without recording feature	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0602	Breast pump, manual, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0603	Breast pump, electric (AC and/or DC), any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0605	Vaporizer, room type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0606	Postural drainage board	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0585	Nebulizer, with compressor and heater	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0600	Respiratory suction pump, home model, portable or stationary, electric	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0601	Continuous positive airway pressure (CPAP) device	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0562	Humidifier, heated, used with positive airway pressure device	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0570	Nebulizer, with compressor	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0575	Nebulizer, ultrasonic, large volume	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0561	Humidifier, nonheated, used with positive airway pressure device	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0482	Cough stimulating device, alternating positive and negative airway pressure	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0487	Spirometer, electronic, includes all accessories	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0481	Intrapulmonary percussive ventilation system and related accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0459	Chest wrap	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0462	Rocking bed, with or without side rails	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0445	Oximeter device for measuring blood oxygen levels noninvasively	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	HCPCS - DME	NON-COV	12/27/2019	12/31/2078			
STAR	E0447	Portable oxygen contents, liquid, 1 month's supply EQU 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0455	Oxygen tent, excluding croup or pediatric tents	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0457	Chest shell (cuirass)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	HCPCS - DME	NON-COV	12/27/2019	12/31/2078			
STAR	E0441	Stationary oxygen contents, gaseous, 1 month's supply EQU 1 unit	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0442	Stationary oxygen contents, liquid, 1 month's supply EQU 1 unit	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0443	Portable oxygen contents, gaseous, 1 month's supply EQU 1 unit	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0370	Air pressure elevator for heel	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0372	Powered air overlay for mattress, standard mattress length and width	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0373	Nonpowered advanced pressure reducing mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	HCPCS - DME	NON-COV	12/27/2019	12/31/2078			
STAR	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0350	Control unit for electronic bowel irrigation/evacuation system	HCPCS - DME	NON-COV	12/27/2019	12/27/2019			
STAR	E0352	Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0305	Bedside rails, half-length	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0310	Bedside rails, full-length	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0315	Bed accessory: board, table, or support device, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0325	Urinal; male, jug-type, any material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0326	Urinal; female, jug-type, any material	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0291	Hospital bed, fixed height, without side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0275	Bed pan, standard, metal or plastic	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0276	Bed pan, fracture, metal or plastic	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0277	Powered pressure-reducing air mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0280	Bed cradle, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0290	Hospital bed, fixed height, without side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0271	Mattress, innerspring	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0272	Mattress, foam rubber	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0273	Bed board	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0274	Over-bed table	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0250	Hospital bed, fixed height, with any type side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0251	Hospital bed, fixed height, with any type side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0244	Raised toilet seat	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0245	Tub stool or bench	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0246	Transfer tub rail attachment	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0247	Transfer bench for tub or toilet with or without commode opening	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0249	Pad for water circulating heat unit, for replacement only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0239	Hydrocollator unit, portable	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0240	Bath/shower chair, with or without wheels, any size	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0241	Bathtub wall rail, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0242	Bathtub rail, floor base	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0243	Toilet rail, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0225	Hydrocollator unit, includes pads	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0231	Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	HCPCS - DME	NON-COV	12/27/2019	12/27/2019			
STAR	E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	HCPCS - DME	NON-COV	12/27/2019	12/31/2078			
STAR	E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0236	Pump for water circulating pad	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0210	Electric heat pad, standard	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0215	Electric heat pad, moist	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0217	Water circulating heat pad with pump	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0218	Fluid circulating cold pad with pump, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0221	Infrared heating pad system	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0202	Phototherapy (bilirubin) light with photometer	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0205	Heat lamp, with stand, includes bulb, or infrared element	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0199	Dry pressure pad for mattress, standard mattress length and width	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0197	Air pressure pad for mattress, standard mattress length and width	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0198	Water pressure pad for mattress, standard mattress length and width	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0189	Lambswool sheepskin pad, any size	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0191	Heel or elbow protector, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0193	Powered air flotation bed (low air loss therapy)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0194	Air fluidized bed	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0196	Gel pressure mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0182	Pump for alternating pressure pad, for replacement only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0184	Dry pressure mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0186	Air pressure mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0187	Water pressure mattress	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0188	Synthetic sheepskin pad	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0168	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0175	Footrest, for use with commode chair, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0160	Sitz type bath or equipment, portable, used with or without commode	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0162	Sitz bath chair	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0163	Commode chair, mobile or stationary, with fixed arms	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0165	Commode chair, mobile or stationary, with detachable arms	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0167	Pail or pan for use with commode chair, replacement only	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0154	Platform attachment, walker, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0155	Wheel attachment, rigid pick-up walker, per pair	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0156	Seat attachment, walker	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0157	Crutch attachment, walker, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0158	Leg extensions for walker, per set of four	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0159	Brake attachment for wheeled walker, replacement, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0143	Walker, folding, wheeled, adjustable or fixed height	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0144	Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0149	Walker, heavy-duty, wheeled, rigid or folding, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0153	Platform attachment, forearm crutch, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0130	Walker, rigid (pickup), adjustable or fixed height	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0135	Walker, folding (pickup), adjustable or fixed height	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0140	Walker, with trunk support, adjustable or fixed height, any type	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0141	Walker, rigid, wheeled, adjustable or fixed height	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0117	Crutch, underarm, articulating, spring assisted, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0118	Crutch substitute, lower leg platform, with or without wheels, each	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	D9995	teledentistry - synchronous; real-time encounter	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D9996	teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D9999	unspecified adjunctive procedure, by report	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	HCPCS - DME	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	D9990	certified translation or sign-language services - per visit	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9991	dental case management - addressing appointment compliance barriers	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D9992	dental case management - care coordination	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D9993	dental case management - motivational interviewing	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D9994	dental case management - patient education to improve oral health literacy	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D9987	cancelled appointment	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D9986	missed appointment	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9974	Internal bleaching - per tooth	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9972	external bleaching - per arch - performed in office	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9973	External bleaching - per tooth	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D9970	Enamel microabrasion	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9950	Occlusion analysis - mounted case	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9951	Occlusal adjustment - limited	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9952	Occlusal adjustment - complete	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9961	duplicate/copy patient's records	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9941	Fabrication of athletic mouthguard	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9942	repair and/or reline of occlusal guard	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9943	OCCLUSAL GUARD ADJUSTMENT	Misc Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D9944	occlusal guard - hard appliance, full arch	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9945	occlusal guard - soft appliance, full arch	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9946	occlusal guard - hard appliance, partial arch	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9932	cleaning and inspection of removable complete denture, maxillary	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D9933	cleaning and inspection of removable complete denture, mandibular	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D9934	cleaning and inspection of removable partial denture, maxillary	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D9935	cleaning and inspection of removable partial denture, mandibular	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D9911	application of desensitizing resin for cervical and/or root surface, per tooth	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9920	Behavior management, by report	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9930	treatment of complications (post-surgical) - unusual circumstances, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9610	therapeutic parenteral drug, single administration	HCPCS-DENTAL-Drugs	NON-COV	12/27/2019	12/27/2019			
STAR	D9612	therapeutic parenteral drugs, two or more administrations, different medications	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D9630	drugs or medicaments dispensed in the office for home use	HCPCS-DENTAL-Drugs	NON-COV	12/27/2019	12/27/2019			
STAR	D9910	application of desensitizing medication	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9311	consultation with a medical health care professional	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9410	House/extended care facility call	HCPCS-DENTAL-Office Visits	NON-COV	12/27/2019	12/27/2019			
STAR	D9420	hospital or ambulatory surgical center call	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9430	office visit for observation (during regularly scheduled hours) - no other services performed	HCPCS-DENTAL-Office Visits	NON-COV	12/27/2019	12/27/2019			
STAR	D9440	office visit - after regularly scheduled hours	HCPCS-DENTAL-Office Visits	NON-COV	12/27/2019	12/27/2019			
STAR	D9230	inhalation of nitrous oxide/analgesia, anxiolysis	HCPCS-DENTAL-Anesthesia	NON-COV	12/27/2019	12/27/2019			
STAR	D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	HCPCS-DENTAL-UNKNOWN	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D9248	non-intravenous conscious sedation	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9211	Regional block anesthesia	HCPCS-DENTAL-Anesthesia	NON-COV	12/27/2019	12/27/2019			
STAR	D9212	trigeminal division block anesthesia	HCPCS-DENTAL-Anesthesia	NON-COV	12/27/2019	12/27/2019			
STAR	D9215	local anesthesia in conjunction with operative or surgical procedures	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D9219	evaluation for moderate sedation, deep sedation or general anesthesia	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D9120	Fixed partial denture sectioning	HCPCS-DENTAL-Palliative	NON-COV	12/27/2019	12/27/2019			
STAR	D9130	temporomandibular joint dysfunction - non-invasive physical therapies	HCPCS- DENTAL-Palliative	NON-COV	12/27/2019	12/27/2019			
STAR	D9210	local anesthesia not in conjunction with operative or surgical procedures	HCPCS-DENTAL-Anesthesia	NON-COV	12/27/2019	12/27/2019			
STAR	D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	HCPCS-DENTAL-Orthodontic	NON-COV	12/27/2019	12/31/2078			
STAR	D8999	unspecified orthodontic procedure, by report	HCPCS-DENTAL-Orthodontics	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D8660	pre-orthodontic treatment examination to monitor growth and development	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D8670	periodic orthodontic treatment visit	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	HCPCS-DENTAL-Orthodontic Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D8681	removable orthodontic retainer adjustment	Orthodontic-Oth	NON-COV	12/27/2019	12/31/2078			
STAR	D8070	comprehensive orthodontic treatment of the transitional dentition	HCPCS-DENTAL-Orthodontic Com	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D8080	comprehensive orthodontic treatment of the adolescent dentition	HCPCS-DENTAL-Orthodontic Com	NON-COV	12/27/2019	12/27/2019			
STAR	D8090	comprehensive orthodontic treatment of the adult dentition	HCPCS-DENTAL-Orthodontic Com	NON-COV	12/27/2019	12/27/2019			
STAR	D8210	Removable appliance therapy	HCPCS-DENTAL-Orthodontics	NON-COV	12/27/2019	12/27/2019			
STAR	D8220	Fixed appliance therapy	HCPCS-DENTAL-Orthodontics	NON-COV	12/27/2019	12/27/2019			
STAR	D8010	limited orthodontic treatment of the primary dentition	HCPCS-DENTAL-Orthodontics	NON-COV	12/27/2019	12/27/2019			
STAR	D8020	limited orthodontic treatment of the transitional dentition	HCPCS-DENTAL-Orthodontics	NON-COV	12/27/2019	12/27/2019			
STAR	D8030	limited orthodontic treatment of the adolescent dentition	HCPCS-DENTAL-Orthodontics	NON-COV	12/27/2019	12/27/2019			
STAR	D8040	limited orthodontic treatment of the adult dentition	HCPCS-DENTAL-Orthodontic Lmt	NON-COV	12/27/2019	12/27/2019			
STAR	D7991	Coronoidectomy	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7995	synthetic graft - mandible or facial bones, by report	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7998	intraoral placement of a fixation device not in conjunction with a fracture	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7999	unspecified oral surgery procedure, by report	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7979	non - surgical sialolithotomy	HCPCS-DENTAL-Procedure-Other	NON-COV	12/27/2019	12/31/2078			
STAR	D7980	surgical sialolithotomy	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7981	excision of salivary gland, by report	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7982	Sialodochoplasty	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7983	Closure of salivary fistula	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7990	Emergency tracheotomy	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7963	Frenuloplasty	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7970	excision of hyperplastic tissue - per arch	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7971	Excision of pericoronar gingiva	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7972	surgical reduction of fibrous tuberosity	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7949	LeFort II or LeFort III - with bone graft	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7952	sinus augmentation via a vertical approach	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7953	bone replacement graft for ridge preservation - per site	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7955	repair of maxillofacial soft and/or hard tissue defect	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7944	osteotomy - segmented or subapical	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7945	Osteotomy - body of mandible	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7946	LeFort I (maxilla - total)	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7947	LeFort I (maxilla - segmented)	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7920	Skin graft (identify defect covered, location and type of graft)	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7921	collection and application of autologous blood concentrate product	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7940	osteoplasty - for orthognathic deformities	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7941	Osteotomy - mandibular rami	HCPCS-DENTAL-Procedure Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7880	occlusal orthotic device, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	TMJ	NON-COV	12/27/2019	12/31/2078			
STAR	D7899	Unspecified TMD therapy, by report	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7910	suture of recent small wounds up to 5 cm	HCPCS-DENTAL-Sutures	NON-COV	12/27/2019	12/27/2019			
STAR	D7911	complicated suture - up to 5 cm	HCPCS-DENTAL-Sutures	NON-COV	12/27/2019	12/27/2019			
STAR	D7912	complicated suture - greater than 5 cm	HCPCS-DENTAL-Sutures	NON-COV	12/27/2019	12/27/2019			
STAR	D7872	arthroscopy - diagnosis, with or without biopsy	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7873	arthroscopy: lavage and lysis of adhesions	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7874	arthroscopy: disc repositioning and stabilization	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7875	arthroscopy: synovectomy	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7876	arthroscoy: discectomy	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7877	arthroscopy: debridement	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7856	Myotomy	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7858	Joint reconstruction	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7860	Arthrotomy	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7865	Arthroplasty	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7870	Arthrocentesis	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7871	non-arthroscopic lysis and lavage	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7840	Condylectomy	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7850	surgical discectomy, with/without implant	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7852	Disc repair	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7854	Synovectomy	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7810	Open reduction of dislocation	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7820	Closed reduction of dislocation	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7830	Manipulation under anesthesia	HCPCS-DENTAL-TMJ	NON-COV	12/27/2019	12/27/2019			
STAR	D7730	mandible - open reduction	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7740	mandible - closed reduction	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7750	malar and/or zygomatic arch - open reduction	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7760	malar and/or zygomatic arch - closed reduction	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7770	alveolus - open reduction stabilization of teeth	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7771	alveolus, closed reduction stabilization of teeth	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7780	facial bones - complicated reduction with fixation and multiple approaches	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7660	malar and/or zygomatic arch - closed reduction	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7670	alveolus - closed reduction, may include stabilization of teeth	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7671	alveolus - open reduction, may include stabilization of teeth	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7710	maxilla - open reduction	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7720	maxilla - closed reduction	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	HCPCS-DENTAL-Surg Incision	NON-COV	12/27/2019	12/27/2019			
STAR	D7610	Maxilla - open reduction (teeth immobilized, if present)	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7620	Maxilla - closed reduction (teeth immobilized, if present)	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7630	Mandible - open reduction (teeth immobilized, if present)	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7640	Mandible - closed reduction (teeth immobilized, if present)	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			
STAR	D7650	malar and/or zygomatic arch - open reduction	HCPCS-DENTAL-Fracture	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	HCPCS-DENTAL-Surg Incision	NON-COV	12/27/2019	12/27/2019			
STAR	D7520	incision and drainage of abscess - extraoral soft tissue	HCPCS-DENTAL-Surg Incision	NON-COV	12/27/2019	12/27/2019			
STAR	D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	HCPCS-DENTAL-Surg Incision	NON-COV	12/27/2019	12/27/2019			
STAR	D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	HCPCS-DENTAL-Surg Incision	NON-COV	12/27/2019	12/27/2019			
STAR	D7540	removal of reaction producing foreign bodies, musculoskeletal system	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7472	Removal of torus palatinus	HCPCS-DENTAL-Excise Bone	NON-COV	12/27/2019	12/27/2019			
STAR	D7473	Removal of torus mandibularis	HCPCS-DENTAL-Excise Bone	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7485	reduction of osseous tuberosity	HCPCS-DENTAL-Excise Bone	NON-COV	12/27/2019	12/27/2019			
STAR	D7490	radical resection of maxilla or mandible	HCPCS-DENTAL-Excise Bone	NON-COV	12/27/2019	12/27/2019			
STAR	D7510	incision and drainage of abscess - intraoral soft tissue	HCPCS-DENTAL-Surg Incision	NON-COV	12/27/2019	12/27/2019			
STAR	D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	HCPCS-DENTAL-Excise Tumor	NON-COV	12/27/2019	12/27/2019			
STAR	D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	HCPCS-DENTAL-Excise Tumor	NON-COV	12/27/2019	12/27/2019			
STAR	D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7465	destruction of lesion(s) by physical or chemical method, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7471	Removal of lateral exostosis (maxilla or mandible)	HCPCS-DENTAL-Excise Bone	NON-COV	12/27/2019	12/27/2019			
STAR	D7413	excision of malignant lesion up to 1.25 cm	HCPCS-DENTAL-Excise Lesion	NON-COV	12/27/2019	12/27/2019			
STAR	D7414	excision of malignant lesion greater than 1.25 cm	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7415	excision of malignant lesion, complicated	HCPCS-DENTAL-Excise Lesion	NON-COV	12/27/2019	12/27/2019			
STAR	D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	HCPCS-DENTAL-Excise Tumor	NON-COV	12/27/2019	12/27/2019			
STAR	D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	HCPCS-DENTAL-Excise Tumor	NON-COV	12/27/2019	12/27/2019			
STAR	D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	HCPCS- DENTAL- Alveoplasty	NON-COV	12/27/2019	12/27/2019			
STAR	D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	HCPCS-DENTAL- Alveoplasty	NON-COV	12/27/2019	12/27/2019			
STAR	D7340	vestibuloplasty - ridge extension (secondary epithelialization)	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7410	excision of benign lesion up to 1.25 cm	HCPCS-DENTAL-Excise Lesion	NON-COV	12/27/2019	12/27/2019			
STAR	D7411	excision of benign lesion greater than 1.25 cm	HCPCS-DENTAL-Excise Lesion	NON-COV	12/27/2019	12/27/2019			
STAR	D7412	excision of benign lesion, complicated	HCPCS-DENTAL-Excise Lesion	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7295	harvest of bone for use in autogenous grafting procedure	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7296	corticotomy - one to three teeth or tooth spaces, per quadrant	HCPCS-DENTAL-Oral Surg- Other	NON-COV	12/27/2019	12/31/2078			
STAR	D7297	corticotomy - four or more teeth or tooth spaces, per quadrant	HCPCS-DENTAL-Oral Surg- Other	NON-COV	12/27/2019	12/31/2078			
STAR	D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	HCPCS- DENTAL- Alveoplasty	NON-COV	12/27/2019	12/27/2019			
STAR	D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	HCPCS-DENTAL- Alveoplasty	NON-COV	12/27/2019	12/27/2019			
STAR	D7287	exfoliative cytological sample collection	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7288	brush biopsy - transepithelial sample collection	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7290	Surgical repositioning of teeth	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7280	exposure of an unerupted tooth	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7282	mobilization of erupted or malpositioned tooth to aid eruption	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D7283	placement of device to facilitate eruption of impacted tooth	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7285	incisional biopsy of oral tissue-hard (bone, tooth)	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7286	incisional biopsy of oral tissue-soft	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7241	removal of impacted tooth - completely bony, with unusual surgical complications	HCPCS-DENTAL-Extractions	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D7260	oroantral fistula closure	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7261	primary closure of a sinus perforation	HCPCS-DENTAL-Oral Surg Other	NON-COV	12/27/2019	12/27/2019			
STAR	D6999	unspecified fixed prosthodontic procedure, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D7111	extraction, coronal remnants - primary tooth	HCPCS-DENTAL-Orthodontic Lmt	NON-COV	12/27/2019	12/27/2019			
STAR	D6920	Connector bar	HCPCS-DENTAL-Bridge-Other	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6930	re-cement or re-bond fixed partial denture	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6940	Stress breaker	HCPCS-DENTAL-Bridge-Other	NON-COV	12/27/2019	12/27/2019			
STAR	D6950	Precision attachment	HCPCS-DENTAL-Bridge-Other	NON-COV	12/27/2019	12/27/2019			
STAR	D6980	fixed partial denture repair necessitated by restorative material failure	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6985	Pediatric partial denture, fixed	HCPCS-DENTAL-Bridge-Other	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6782	retainer crown - 3/4 cast noble metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6783	retainer crown - 3/4 porcelain/ceramic	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6790	retainer crown - full cast high noble metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6791	retainer crown - full cast predominantly base metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6792	retainer crown - full cast noble metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6740	retainer crown - porcelain/ceramic	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6750	retainer crown - porcelain fused to high noble metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6751	retainer crown - porcelain fused to predominantly base metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6752	retainer crown - porcelain fused to noble metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6780	retainer crown - 3/4 cast high noble metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6781	retainer crown - 3/4 cast predominantly base metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6624	retainer inlay - titanium	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6634	retainer onlay - titanium	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6710	retainer crown - indirect resin based composite	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6720	retainer crown - resin with high noble metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6721	retainer crown - resin with predominantly base metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6722	retainer crown - resin with noble metal	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6610	retainer onlay - cast high noble metal, two surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6611	retainer onlay - cast high noble metal, three or more surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6612	retainer onlay - cast predominantly base metal, two surfaces	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6613	retainer onlay - cast predominantly base metal, three or more surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6614	retainer onlay - cast noble metal, two surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6615	retainer onlay - cast noble metal, three or more surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6604	retainer inlay - cast predominantly base metal, two surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6605	retainer inlay - cast predominantly base metal, three or more surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6606	retainer inlay - cast noble metal, two surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6607	retainer inlay - cast noble metal, three or more surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6608	retainer onlay - porcelain/ceramic, two surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6609	retainer onlay - porcelain/ceramic, three or more surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6549	retainer - for resin bonded fixed prosthesis	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/31/2078			
STAR	D6600	retainer inlay - porcelain/ceramic, two surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6601	retainer inlay - porcelain/ceramic, three or more surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6602	retainer inlay - cast high noble metal, two surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6603	retainer inlay - cast high noble metal, three or more surfaces	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			
STAR	D6545	retainer - cast metal for resin bonded fixed prosthesis	HCPCS-DENTAL-Bridge-Abuts	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6242	pontic - porcelain fused to noble metal	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6245	Pontic - porcelain/ceramic	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6250	pontic - resin with high noble metal	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6251	pontic - resin with predominantly base metal	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6252	pontic - resin with noble metal	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6210	Pontic - cast high noble metal	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6211	pontic - cast predominantly base metal	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6212	Pontic - cast noble metal	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6240	pontic - porcelain fused to high noble metal	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6241	pontic - porcelain fused to predominantly base metal	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6118	implant/abutment supported interim fixed denture for edentulous arch - mandibular	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D6119	implant/abutment supported interim fixed denture for edentulous arch - maxillary	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D6190	radiographic/surgical implant index, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6199	unspecified implant procedure, by report	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6205	pontic - indirect resin based composite	HCPCS-DENTAL-Bridge-Pontic	NON-COV	12/27/2019	12/27/2019			
STAR	D6112	implant /abutment supported removable denture for partially edentulous arch - maxillary	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D6113	implant /abutment supported removable denture for partially edentulous arch - mandibular	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D6114	implant /abutment supported fixed denture for edentulous arch - maxillary	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D6115	implant /abutment supported fixed denture for edentulous arch - mandibular	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6116	implant /abutment supported fixed denture for partially edentulous arch - maxillary	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D6117	implant /abutment supported fixed denture for partially edentulous arch - mandibular	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D6101	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6102	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6103	bone graft for repair of peri-implant defect - does not include flap entry and closure	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6104	bone graft at time of implant placement	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6110	implant /abutment supported removable denture for edentulous arch - maxillary	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D6111	implant /abutment supported removable denture for edentulous arch - mandibular	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D6092	re-cement or re-bond implant/abutment supported crown	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6093	re-cement or re-bond implant/abutment supported fixed partial denture	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6095	Repair implant abutment, by report	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6096	remove broken implant retaining screw	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/31/2078			
STAR	D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D6090	repair implant supported prosthesis, by report	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6072	abutment supported retainer for cast metal FPD (high noble metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6074	abutment supported retainer for cast metal FPD (noble metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6075	implant supported retainer for ceramic FPD	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6068	abutment supported retainer for porcelain/ceramic FPD	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6061	abutment supported porcelain fused to metal crown (noble metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6062	abutment supported cast metal crown (high noble metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6063	abutment supported cast metal crown (predominantly base metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6064	abutment supported cast metal crown (noble metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6065	implant supported porcelain/ceramic crown	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D6055	connecting bar - implant supported or abutment supported	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6056	prefabricated abutment - includes modification and placement	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6057	custom fabricated abutment - includes placement	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D6058	abutment supported porcelain/ceramic crown	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6059	abutment supported porcelain fused to metal crown (high noble metal)	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6040	surgical placement: eosteal implant	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D6050	surgical placement: transosteal implant	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D5992	adjust maxillofacial prosthetic appliance, by report	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5993	maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D5999	unspecified maxillofacial prosthesis, by report	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D6010	surgical placement of implant body: endosteal implant	HCPCS-DENTAL-Implant Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D5984	Radiation shield	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5985	Radiation cone locator	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5986	Fluoride gel carrier	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5987	Commissure splint	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5988	surgical splint	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D5991	vesiculobullous disease medicament carrier	HCPCS-DENTAL-Misc Svcs	NON-COV	12/27/2019	12/27/2019			
STAR	D5955	Palatal lift prosthesis, definitive	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5958	Palatal lift prosthesis, interim	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5959	palatal lift prosthesis, modification	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5960	Speech aid prosthesis, modification	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5982	Surgical stent	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5983	Radiation carrier	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5935	mandibular resection prosthesis without guide flange	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5936	obturator prosthesis, interim	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5937	trismus appliance (not for TMD treatment)	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5951	Feeding aid	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5952	Speech aid prosthesis, pediatric	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5953	Speech aid prosthesis, adult	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5954	Palatal augmentation prosthesis	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5928	Orbital prosthesis, replacement	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5929	Facial prosthesis, replacement	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5931	Obturator prosthesis, surgical	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5932	Obturator prosthesis, definitive	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5933	Obturator prosthesis, modification	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5934	mandibular resection prosthesis with guide flange	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5927	Auricular prosthesis, replacement	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5926	Nasal prosthesis, replacement	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5922	Nasal septal prosthesis	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5923	Ocular prosthesis, interim	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5924	Cranial prosthesis	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5925	facial augmentation implant prosthesis	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5912	Facial moulage (complete)	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5913	Nasal prosthesis	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5914	Auricular prosthesis	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5915	Orbital prosthesis	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5916	Ocular prosthesis	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5919	Facial prosthesis	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5875	modification of removable prosthesis following implant surgery	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D5899	unspecified removable prosthodontic procedure, by report	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D5911	Facial moulage (sectional)	HCPCS-DENTAL-Maxillofacial	NON-COV	12/27/2019	12/27/2019			
STAR	D5851	Tissue conditioning, mandibular	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D5862	Precision attachment, by report	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D5810	Interim complete denture (maxillary)	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D5811	Interim complete denture (mandibular)	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D5850	Tissue conditioning, maxillary	HCPCS-DENTAL-Denture - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D5710	Rebase complete maxillary denture	HCPCS-DENTAL-Denture Rebase	NON-COV	12/27/2019	12/27/2019			
STAR	D5711	Rebase complete mandibular denture	HCPCS-DENTAL-Denture Rebase	NON-COV	12/27/2019	12/27/2019			
STAR	D5720	Rebase maxillary partial denture	HCPCS-DENTAL-Denture Rebase	NON-COV	12/27/2019	12/27/2019			
STAR	D5721	Rebase mandibular partial denture	HCPCS-DENTAL-Denture Rebase	NON-COV	12/27/2019	12/27/2019			
STAR	D5622	repair cast partial framework, maxillary	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/31/2078			
STAR	D5630	repair or replace broken retentive clasping materials - per tooth	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/27/2019			
STAR	D5640	Replace broken teeth - per tooth	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/27/2019			
STAR	D5650	add tooth to existing partial denture	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/27/2019			
STAR	D5660	add clasp to existing partial denture - per tooth	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/27/2019			
STAR	D5670	replace all teeth and acrylic on cast metal framework (maxillary)	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/27/2019			

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STAR	D5671	replace all teeth and acrylic on cast metal framework (mandibular)	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/27/2019			
STAR	D5511	repair broken complete denture base, mandibular	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/31/2078			
STAR	D5512	repair broken complete denture base, maxillary	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/31/2078			
STAR	D5520	replace missing or broken teeth - complete denture (each tooth)	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/27/2019			
STAR	D5611	repair resin partial denture base, mandibular	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/31/2078			
STAR	D5612	repair resin partial denture base, maxillary	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/31/2078			
STAR	D5621	repair cast partial framework, mandibular	HCPCS-DENTAL-Denture Repair	NON-COV	12/27/2019	12/31/2078			
STAR	D5410	Adjust complete denture - maxillary	HCPCS-DENTAL-Denture - Adj	NON-COV	12/27/2019	12/27/2019			
STAR	D5411	adjust complete denture - mandibular	HCPCS-DENTAL-Denture - Adj	NON-COV	12/27/2019	12/27/2019			
STAR	D5421	Adjust partial denture - maxillary	HCPCS-DENTAL-Denture - Adj	NON-COV	12/27/2019	12/27/2019			
STAR	D5422	Adjust partial denture - mandibular	HCPCS-DENTAL-Denture - Adj	NON-COV	12/27/2019	12/27/2019			
STAR	D5130	Immediate denture - maxillary	HCPCS-DENTAL-Denture - Compl	NON-COV	12/27/2019	12/27/2019			
STAR	D5140	Immediate denture - mandibular	HCPCS-DENTAL-Denture - Compl	NON-COV	12/27/2019	12/27/2019			
STAR	D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/27/2019			
STAR	D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	HCPCS-DENTAL-Denture-Partial	NON-COV	12/27/2019	12/27/2019			
STAR	D4910	Periodontal maintenance	HCPCS-DENTAL-Perio - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	HCPCS-DENTAL-Perio - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D4999	unspecified periodontal procedure, by report	HCPCS-DENTAL-Perio - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D5110	Complete denture - maxillary	HCPCS-DENTAL-Denture - Compl	NON-COV	12/27/2019	12/27/2019			
STAR	D5120	Complete denture - mandibular	HCPCS-DENTAL-Denture - Compl	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D4341	periodontal scaling and root planing - four or more teeth per quadrant	HCPCS-DENTAL-Perio - Adjunct	NON-COV	12/27/2019	12/27/2019			
STAR	D4342	periodontal scaling and root planing - one to three teeth per quadrant	HCPCS-DENTAL-Perio - Adjunct	NON-COV	12/27/2019	12/27/2019			
STAR	D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	HCPCS-DENTAL-Perio - Adjunct	NON-COV	12/27/2019	12/27/2019			
STAR	D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/31/2078			
STAR	D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/31/2078			
STAR	D4268	surgical revision procedure, per tooth	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4270	Pedicle soft tissue graft procedure	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4263	bone replacement graft - retained natural tooth - first site in quadrant	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4245	Apically positioned flap	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4249	clinical crown lengthening - hard tissue	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	HCPCS- DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D4231	anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	HCPCS-DENTAL-Perio Surgical	NON-COV	12/27/2019	12/27/2019			
STAR	D3460	Endodontic endosseous implant	HCPCS-DENTAL-Apicoectomy	NON-COV	12/27/2019	12/27/2019			
STAR	D3470	intentional reimplantation (including necessary splinting)	HCPCS-DENTAL-Apicoectomy	NON-COV	12/27/2019	12/27/2019			
STAR	D3910	surgical procedure for isolation of tooth with rubber dam	HCPCS-DENTAL-Endo - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D3920	hemisection (including any root removal), not including root canal therapy	HCPCS-DENTAL-Endo - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D3950	canal preparation and fitting of preformed dowel or post	HCPCS-DENTAL-Endo - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D3999	unspecified endodontic procedure, by report	HCPCS-DENTAL-Endo - Other	NON-COV	12/27/2019	12/27/2019			
STAR	D3430	Retrograde filling - per root	HCPCS-DENTAL-Apicoectomy	NON-COV	12/27/2019	12/27/2019			
STAR	D3450	Root amputation - per root	HCPCS-DENTAL-Apicoectomy	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D3410	apicoectomy - anterior	HCPCS-DENTAL- Apicoectomy	NON-COV	12/27/2019	12/27/2019			
STAR	D3421	apicoectomy - premolar (first root)	HCPCS-DENTAL- Apicoectomy	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D3425	apicoectomy - molar (first root)	HCPCS-DENTAL-Apicoectomy	NON-COV	12/27/2019	12/27/2019			
STAR	D3426	apicoectomy (each additional root)	HCPCS-DENTAL-Apicoectomy	NON-COV	12/27/2019	12/27/2019			
STAR	D3348	retreatment of previous root canal therapy - molar	HCPCS-DENTAL-Endo - RCT	NON-COV	12/27/2019	12/27/2019			
STAR	D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	HCPCS-DENTAL-Apexification	NON-COV	12/27/2019	12/27/2019			
STAR	D3352	apexification/recalcification - interim medication replacement	HCPCS-DENTAL-Apexification	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	HCPCS-DENTAL-Apexification	NON-COV	12/27/2019	12/27/2019			
STAR	D3330	endodontic therapy, molar tooth (excluding final restoration)	HCPCS-DENTAL-Endo - RCT	NON-COV	12/27/2019	12/27/2019			
STAR	D3331	treatment of root canal obstruction; non-surgical access	HCPCS-DENTAL-Endo-RCT	NON-COV	12/27/2019	12/27/2019			
STAR	D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	HCPCS-DENTAL-Endo - RCT	NON-COV	12/27/2019	12/27/2019			
STAR	D3346	retreatment of previous root canal therapy - anterior	HCPCS-DENTAL-Endo - RCT	NON-COV	12/27/2019	12/27/2019			
STAR	D3347	retreatment of previous root canal therapy - premolar	HCPCS-DENTAL-Endo - RCT	NON-COV	12/27/2019	12/27/2019			
STAR	D3221	pulpal debridement, primary and permanent teeth	HCPCS-DENTAL-Pulpotomy	NON-COV	12/27/2019	12/27/2019			
STAR	D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	HCPCS-DENTAL-Pulpotomy	NON-COV	12/27/2019	12/27/2019			
STAR	D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	HCPCS-DENTAL-Endo - Primary	NON-COV	12/27/2019	12/27/2019			
STAR	D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	HCPCS-DENTAL-Endo - Primary	NON-COV	12/27/2019	12/27/2019			
STAR	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	HCPCS-DENTAL-Endo - RCT	NON-COV	12/27/2019	12/27/2019			
STAR	D3320	endodontic therapy, premolar tooth (excluding final restoration)	HCPCS-DENTAL-Endo - RCT	NON-COV	12/27/2019	12/27/2019			
STAR	D2983	veneer repair necessitated by restorative material failure	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2990	resin infiltration of incipient smooth surface lesions	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2999	unspecified restorative procedure, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D3110	Pulp cap - direct (excluding final restoration)	HCPCS-DENTAL-Pulp Capping	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D3120	Pulp cap - indirect (excluding final restoration)	HCPCS-DENTAL-Pulp Capping	NON-COV	12/27/2019	12/27/2019			
STAR	D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	HCPCS-DENTAL-Pulpotomy	NON-COV	12/27/2019	12/27/2019			
STAR	D2975	Coping	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D2980	crown repair necessitated by restorative material failure	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2981	inlay repair necessitated by restorative material failure	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2982	onlay repair necessitated by restorative material failure	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2953	each additional indirectly fabricated post - same tooth	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D2954	prefabricated post and core in addition to crown	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D2955	post removal	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2957	each additional prefabricated post - same tooth	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D2940	protective restoration	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D2950	core buildup, including any pins when required	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2951	pin retention - per tooth, in addition to restoration	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D2952	post and core in addition to crown, indirectly fabricated	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D2929	prefabricated porcelain/ceramic crown - primary tooth	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2930	prefabricated stainless steel crown - primary tooth	HCPCS-DENTAL-Vestibuloplasty	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D2931	prefabricated stainless steel crown - permanent tooth	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D2932	Prefabricated resin crown	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D2933	prefabricated stainless steel crown with resin window	HCPCS-DENTAL-Vestibuloplasty	NON-COV	12/27/2019	12/27/2019			
STAR	D2934	prefabricated esthetic coated stainless steel crown - primary tooth	HCPCS-DENTAL-Restoration Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D2920	re-cement or re-bond crown	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2781	crown - 3/4 cast predominantly base metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2782	Crown - 3/4 cast noble metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2783	Crown - 3/4 porcelain/ceramic	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2790	Crown - full cast high noble metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2791	crown - full cast predominantly base metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D2792	Crown - full cast noble metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2722	Crown - resin with noble metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2740	crown - porcelain/ceramic	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2750	crown - porcelain fused to high noble metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2751	crown - porcelain fused to predominantly base metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2752	crown - porcelain fused to noble metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2780	Crown - 3/4 cast high noble metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2662	onlay - resin-based composite - two surfaces	HCPCS-DENTAL-Inlay/Onlay	NON-COV	12/27/2019	12/27/2019			
STAR	D2663	onlay - resin-based composite - three surfaces	HCPCS-DENTAL-Inlay/Onlay	NON-COV	12/27/2019	12/27/2019			
STAR	D2664	onlay - resin-based composite - four or more surfaces	HCPCS-DENTAL-Inlay/Onlay	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D2710	crown - resin-based composite (indirect)	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D2712	crown - 3/4 resin-based composite (indirect)	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2720	Crown - resin with high noble metal	HCPCS-DENTAL-Crowns - Single	NON-COV	12/27/2019	12/27/2019			
STAR	D2721	crown - resin with predominantly base metal	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D2642	onlay - porcelain/ceramic - two surfaces	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2643	onlay - porcelain/ceramic - three surfaces	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2644	onlay - porcelain/ceramic - four or more surfaces	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D2650	inlay - resin-based composite - one surface	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2651	inlay - resin-based composite - two surfaces	HCPCS-DENTAL-Inlay/Onlay	NON-COV	12/27/2019	12/27/2019			
STAR	D2652	inlay - resin-based composite - three or more surfaces	HCPCS-DENTAL-Inlay/Onlay	NON-COV	12/27/2019	12/27/2019			
STAR	D2542	Onlay - metallic - two surfaces	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2543	Onlay - metallic - three surfaces	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2544	onlay - metallic - four or more surfaces	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2610	inlay - porcelain/ceramic - one surface	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2620	inlay - porcelain/ceramic - two surfaces	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2630	inlay - porcelain/ceramic - three or more surfaces	HCPCS-DENTAL-Inlay/Onlay	NON-COV	12/27/2019	12/27/2019			
STAR	D2510	Inlay - metallic - one surface	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2520	Inlay - metallic - two surfaces	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2530	inlay - metallic - three or more surfaces	HCPCS-DENTAL-Inlays/Onlays	NON-COV	12/27/2019	12/27/2019			
STAR	D2410	Gold foil - one surface	HCPCS-DENTAL-Gold Foil	NON-COV	12/27/2019	12/27/2019			
STAR	D2420	Gold foil - two surfaces	HCPCS-DENTAL-Gold Foil	NON-COV	12/27/2019	12/27/2019			
STAR	D2430	Gold foil - three surfaces	HCPCS-DENTAL-Gold Foil	NON-COV	12/27/2019	12/27/2019			
STAR	D2390	resin-based composite crown, anterior	HCPCS-DENTAL-Composites	NON-COV	12/27/2019	12/27/2019			
STAR	D2150	amalgam - two surfaces, primary or permanent	HCPCS-DENTAL-Amalgam	NON-COV	12/27/2019	12/27/2019			
STAR	D2160	amalgam - three surfaces, primary or permanent	HCPCS-DENTAL-Amalgam	NON-COV	12/27/2019	12/27/2019			
STAR	D2161	amalgam - four or more surfaces, primary or permanent	HCPCS-DENTAL-Amalgam	NON-COV	12/27/2019	12/27/2019			
STAR	D1527	space maintainer - removable - bilateral, mandibular	HCPCS-DENTAL-Space Maint	NON-COV	12/27/2019	12/27/2019			
STAR	D2140	amalgam - one surface, primary or permanent	HCPCS-DENTAL-Amalgam	NON-COV	12/27/2019	12/27/2019			
STAR	D1516	space maintainer - fixed - bilateral, maxillary	HCPCS-DENTAL-Space Maint	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D1517	space maintainer - fixed - bilateral, mandibular	HCPCS-DENTAL-Space Maint	NON-COV	12/27/2019	12/27/2019			
STAR	D1526	space maintainer - removable - bilateral, maxillary	HCPCS-DENTAL-Space Maint	NON-COV	12/27/2019	12/27/2019			
STAR	D1330	Oral hygiene instructions	HCPCS-DENTAL-Preventive Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D1351	Sealant - per tooth	HCPCS-DENTAL-Sealants	NON-COV	12/27/2019	12/27/2019			
STAR	D1352	preventive resin restoration in a moderate to high caries risk patient - permanent tooth	HCPCS-DENTAL-Preventive Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D1353	sealant repair - per tooth	HCPCS- DENTAL-Sealants	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D1120	Prophylaxis - child	HCPCS-DENTAL-Prophylaxis	NON-COV	12/27/2019	12/27/2019			
STAR	D1206	topical application of fluoride varnish	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D1310	nutritional counseling for control of dental disease	HCPCS-DENTAL-Preventive Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D1320	tobacco counseling for the control and prevention of oral disease	HCPCS-DENTAL-Preventive Oth	NON-COV	12/27/2019	12/27/2019			
STAR	D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0502	other oral pathology procedures, by report	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D0999	unspecified diagnostic procedure, by report	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D0481	electron microscopy	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0482	Direct immunofluorescence	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0483	Indirect immunofluorescence	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0484	consultation on slides prepared elsewhere	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0485	consultation, including preparation of slides from biopsy material supplied by referring source	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0475	Decalcification procedure	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0476	Special stains for microorganisms	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0477	special stains, not for microorganisms	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0478	Immunohistochemical stains	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0479	tissue in-situ hybridization, including interpretation	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0425	Caries susceptibility tests	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0460	Pulp vitality tests	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0470	Diagnostic casts	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0472	accession of tissue, gross examination, preparation and transmission of written report	HCPCS-DENTAL-Tests and Lab	NON-COV	12/27/2019	12/27/2019			
STAR	D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0415	collection of microorganisms for culture and sensitivity	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0416	Viral culture	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0417	collection and preparation of saliva sample for laboratory diagnostic testing	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0418	Analysis of saliva sample	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/27/2019			
STAR	D0422	collection and preparation of genetic sample material for laboratory analysis and report	HCPCS-DENTAL-Tests and Labs	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D0423	genetic test for susceptibility to diseases - specimen analysis	HCPCS - DENTAL	NON-COV	12/27/2019	12/31/2078			
STAR	D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0411	HbA1c in-office point of service testing	HCPCS-DENTAL-Office Visits	NON-COV	12/27/2019	12/31/2078			
STAR	D0412	blood glucose level test - in-office using a glucose meter	HCPCS-DENTAL-Office Visits	NON-COV	12/27/2019	12/31/2078			
STAR	D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0383	cone beam CT image capture with field of view of both jaws; with or without cranium	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0384	cone beam CT image capture for TMJ series including two or more exposures	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0386	maxillofacial ultrasound image capture	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0369	maxillofacial MRI capture and interpretation	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0370	maxillofacial ultrasound capture and interpretation	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0371	sialoendoscopy capture and interpretation	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0380	cone beam CT image capture with limited field of view - less than one whole jaw	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0381	cone beam CT image capture with field of view of one full dental arch - mandible	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	HCPCS-DENTAL-Radiographs	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0277	vertical bitewings - 7 to 8 radiographic images	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0310	Sialography	HCPCS-DENTAL-Radiographs	NON-COV	12/27/2019	12/27/2019			
STAR	D0320	temporomandibular joint arthrogram, including injection	HCPCS-DENTAL-Radiographs	NON-COV	12/27/2019	12/27/2019			
STAR	D0321	other temporomandibular joint radiographic images, by report	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0322	Tomographic survey	HCPCS-DENTAL-Radiographs	NON-COV	12/27/2019	12/27/2019			
STAR	D0330	PANORAMIC RADIOGRAPHIC IMAGE	HCPCS-DENTAL-Radiographs	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	HCPCS-DENTAL-Radiographs	NON-COV	12/27/2019	12/27/2019			
STAR	D0251	extra-oral posterior dental radiographic image	Radiographs	NON-COV	12/27/2019	12/27/2019			
STAR	D0190	SCREENING OF A PATIENT	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0191	ASSESSMENT OF A PATIENT	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0220	intraoral - periapical first radiographic image	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	D0230	intraoral - periapical each additional radiographic image	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0240	intraoral - occlusal radiographic image	HCPCS - DENTAL	NON-COV	12/27/2019	12/27/2019			
STAR	D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	HCPCS-DENTAL-Exams	NON-COV	12/27/2019	12/27/2019			
STAR	D0171	re-evaluation - post-operative office visit	HCPCS- DENTAL-Exams	NON-COV	12/27/2019	12/27/2019			
STAR	C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C9898	Radiolabeled product provided during a hospital inpatient stay	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9733	Nonophthalmic fluorescent vascular angiography	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9460	Injection, cangrelor, 1 mg	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9462	Injection, delafloxacin, 1 mg	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9482	Injection, sotalol HCl, 1 mg	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9488	Injection, conivaptan HCl, 1 mg	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	C9364	Porcine implant, Permacol, per sq cm	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9399	Unclassified drugs or biologicals	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9290	Injection, bupivacaine liposome, 1 mg	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9293	Injection, glucarpidase, 10 units	HCPCS - MEDICAL SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9248	Injection, clevidipine butyrate, 1 mg	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C9254	Injection, lacosamide, 1 mg	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C9047	Injection, caplacizumab-yhdp, 1 mg	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C9046	Cocaine HCl nasal solution for topical administration, 1 mg	HCPCS-C CODES- OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time (2D) image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C8928	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C8929	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8930	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8919	Magnetic resonance angiography without contrast, pelvis	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8921	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete	2008 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	C8922	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	2008 Code Set	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C8923	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography	2008 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	C8924	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording when performed, follow-up or limited study	2008 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8912	Magnetic resonance angiography with contrast, lower extremity	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8913	Magnetic resonance angiography without contrast, lower extremity	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8918	Magnetic resonance angiography with contrast, pelvis	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8903	Magnetic resonance imaging with contrast, breast; unilateral	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8906	Magnetic resonance imaging with contrast, breast; bilateral	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surfac	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C8900	Magnetic resonance angiography with contrast, abdomen	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C8901	Magnetic resonance angiography without contrast, abdomen	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1PCT of body area of infants and chi	2010 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	2010 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1PCT of body area of infants and children	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2631	Repair device, urinary, incontinence, without sling graft	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2634	Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2635	Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C2636	Brachytherapy linear source, nonstranded, palladium-103, per 1 mm	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C2625	Stent, noncoronary, temporary, with delivery system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2626	Infusion pump, nonprogrammable, temporary (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2627	Catheter, suprapubic/cystoscopic	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2628	Catheter, occlusion	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2618	Probe/needle, cryoablation	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2620	Pacemaker, single chamber, nonrate-responsive (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2621	Pacemaker, other than single or dual chamber (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2622	Prosthesis, penile, noninflatable	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2623	Catheter, transluminal angioplasty, drug-coated, nonlaser	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1900	Lead, left ventricular coronary venous system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2613	Lung biopsy plug with delivery system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2614	Probe, percutaneous lumbar discectomy	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2615	Sealant, pulmonary, liquid	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C2616	Brachytherapy source, nonstranded, yttrium-90, per source	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C2617	Stent, noncoronary, temporary, without delivery system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1898	Lead, pacemaker, other than transvenous VDD single pass	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1887	Catheter, guiding (may include infusion/perfusion capability)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1888	Catheter, ablation, noncardiac, endovascular (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1889	Implantable/insertable device, not otherwise classified	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1890	No implantable/insertable device used with device-intensive procedures	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1891	Infusion pump, nonprogrammable, permanent (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1884	Embolization protective system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1885	Catheter, transluminal angioplasty, laser	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C1886	Catheter, extravascular tissue ablation, any modality (insertable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1874	Stent, coated/covered, with delivery system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1875	Stent, coated/covered, without delivery system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1876	Stent, noncoated/noncovered, with delivery system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1877	Stent, noncoated/noncovered, without delivery system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1878	Material for vocal cord medialization, synthetic (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1880	Vena cava filter	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1881	Dialysis access system (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1823	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C1830	Powered bone marrow biopsy needle	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1840	Lens, intraocular (telescopic)	HCPCS - C CODES - OUTPATIENT PP	NO	12/27/2019	12/27/2019			
STAR	C1815	Prosthesis, urinary sphincter (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1816	Receiver and/or transmitter, neurostimulator (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C1817	Septal defect implant system, intracardiac	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1818	Integrated keratoprosthesis	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1819	Surgical tissue localization and excision device (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C1787	Patient programmer, neurostimulator	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C1788	Port, indwelling (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1789	Prosthesis, breast (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1813	Prosthesis, penile, inflatable	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1814	Retinal tamponade device, silicone oil	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1780	Lens, intraocular (new technology)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1781	Mesh (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1782	Morcellator	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1783	Ocular implant, aqueous drainage assist device	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1784	Ocular device, intraoperative, detached retina	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1785	Pacemaker, dual chamber, rate-responsive (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1786	Pacemaker, single chamber, rate-responsive (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1776	Joint device (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1778	Lead, neurostimulator (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C1779	Lead, pacemaker, transvenous VDD single pass	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1768	Graft, vascular	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1769	Guide wire	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1770	Imaging coil, magnetic resonance (insertable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1771	Repair device, urinary, incontinence, with sling graft	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1772	Infusion pump, programmable (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C1760	Closure device, vascular (implantable/insertable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1762	Connective tissue, human (includes fascia lata)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1763	Connective tissue, nonhuman (includes synthetic)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1764	Event recorder, cardiac (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1765	Adhesion barrier	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1767	Generator, neurostimulator (implantable), nonrechargeable	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/31/2078			
STAR	C1755	Catheter, intraspinal	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1756	Catheter, pacing, transesophageal	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1757	Catheter, thrombectomy/embolectomy	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1758	Catheter, ureteral	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1759	Catheter, intracardiac echocardiography	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1750	Catheter, hemodialysis/peritoneal, long-term	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1752	Catheter, hemodialysis/peritoneal, short-term	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1753	Catheter, intravascular ultrasound	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1754	Catheter, intradiscal	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1729	Catheter, drainage	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1722	Cardioverter-defibrillator, single chamber (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1724	Catheter, transluminal atherectomy, rotational	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1725	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1726	Catheter, balloon dilatation, nonvascular	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1727	Catheter, balloon tissue dissector, nonvascular (insertable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1728	Catheter, brachytherapy seed administration	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1714	Catheter, transluminal atherectomy, directional	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1715	Brachytherapy needle	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1716	Brachytherapy source, nonstranded, gold-198, per source	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1717	Brachytherapy source, nonstranded, high dose rate iridium-192, per source	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1719	Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	C1721	Cardioverter-defibrillator, dual chamber (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	B9004	Parenteral nutrition infusion pump, portable	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	B9006	Parenteral nutrition infusion pump, stationary	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B9998	NOC for enteral supplies	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	HCPCS - C CODES - OUTPATIENT PP	NON-COV	12/27/2019	12/27/2019			
STAR	B4222	Parenteral nutrition supply kit; home mix, per day	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4224	Parenteral nutrition administration kit, per day	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmine - premix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatoAmine-premix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4220	Parenteral nutrition supply kit; premix, per day	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4172	Parenteral nutrition solution; amino acid, 5.5PCT through 7PCT , (500 ml EQU 1 unit) - home mix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4176	Parenteral nutrition solution; amino acid, 7PCT through 8.5PCT , (500 ml EQU 1 unit) - home mix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4178	Parenteral nutrition solution: amino acid, greater than 8.5PCT (500 ml EQU 1 unit) - home mix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50PCT (500 ml EQU 1 unit), home mix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50PCT or less (500 ml EQU 1 unit), home mix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4168	Parenteral nutrition solution; amino acid, 3.5PCT , (500 ml EQU 1 unit) - home mix	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml EQU 1 unit	HCPCS - ENTERAL & PARENTERAL	NON-COV	12/27/2019	12/27/2019			
STAR	B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	HCPCS - ENTERAL & PARENTERAL	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	B4081	Nasogastric tubing with stylet	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4082	Nasogastric tubing without stylet	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4083	Stomach tube - Levine type	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9999	Miscellaneous DME supply or accessory, not otherwise specified	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	HCPCS - ENTERAL & PARENTERAL	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9606	Radium RA-223 dichloride, therapeutic, per UCI	HCPCS - Radiopharmaceuticals &	NON-COV	12/27/2019	12/31/2078			
STAR	A9699	Radiopharmaceutical, therapeutic, not otherwise classified	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9700	Supply of injectable contrast material for use in echocardiography, per study	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9586	Florbetapir F18, diagnostic, per study dose, up to 10 mCi	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 mCi	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A9588	Fluciclovine F-18, diagnostic, 1 mCi	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A9589	Instillation, hexaminolevulinate HCl, 100 mg	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			
STAR	A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A9598	Positron emission tomography radiopharmaceutical, diagnostic, for nontumor identification, not otherwise classified	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A9600	Strontium Sr-89 chloride, therapeutic, per mCi	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 mCi	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9581	Injection, gadoxetate disodium, 1 ml	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9583	Injection, gadofosveset trisodium, 1 ml	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9585	Injection, gadobutrol, 0.1 ml	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9572	Indium In-111 pentetretotide, diagnostic, per study dose, up to 6 mCi	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9575	Injection, gadoterate meglumine, 0.1 ml	HCPCS - Radiopharmaceuticals &	NON-COV	12/27/2019	12/27/2019			
STAR	A9576	Injection, gadoteridol, (ProHance multipack), per ml	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9577	Injection, gadobenate dimeglumine (MultiHance), per ml	2008 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9578	Injection, gadobenate dimeglumine (MultiHance multipack), per ml	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9568	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9531	Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi)	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9532	Iodine I-125 serum albumin, diagnostic, per 5 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9527	Iodine I-125, sodium iodide solution, therapeutic, per mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9530	Iodine I-131 sodium iodide solution, therapeutic, per mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9505	Thallium Tl-201 thallos chloride, diagnostic, per mCi	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9507	Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 mCi	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9509	Iodine I-123 sodium iodide, diagnostic, per mCi	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9300	Exercise equipment	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/31/2078			
STAR	A9500	Technetium tc-99m sestamibi, diagnostic, per study dose	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9501	Technetium Tc-99m teboroxime, diagnostic, per study dose	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 mCi	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9283	Foot pressure off loading/supportive device, any type, each	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A9284	Spirometer, nonelectronic, includes all accessories	2009 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A9285	Inversion/eversion correction device	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A9286	Hygienic item or device, disposable or nondisposable, any type, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/31/2078			
STAR	A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9280	Alert or alarm device, not otherwise classified	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9270	Noncovered item or service	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/31/2078			
STAR	A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A8004	Soft interface for helmet, replacement only	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A9150	Nonprescription drugs	HCPCS - ADMIN MISC & INVEST	NO	12/27/2019	12/27/2019			
STAR	A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			
STAR	A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	HCPCS - ADMIN MISC & INVEST	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A9155	Artificial saliva, 30 ml	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A7525	Tracheostomy mask, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7526	Tracheostomy tube collar/holder, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7527	Tracheostomy/laryngectomy tube plug/stop, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7520	Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (PVC), silicone or equal, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7523	Tracheostomy shower protector, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7524	Tracheostoma stent/stud/button, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7047	Oral interface used with respiratory suction pump, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7501	Tracheostoma valve, including diaphragm, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7039	Filter, nondisposable, used with positive airway pressure device	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7040	One way chest drain valve	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7041	Water seal drainage container and tubing for use with implanted chest tube	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7044	Oral interface used with positive airway pressure device, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7033	Pillow for use on nasal cannula type interface, replacement only, pair	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A7035	Headgear used with positive airway pressure device	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7036	Chinstrap used with positive airway pressure device	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7037	Tubing used with positive airway pressure device	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7038	Filter, disposable, used with positive airway pressure device	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7028	Oral cushion for combination oral/nasal mask, replacement only, each	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7030	Full face mask used with positive airway pressure device, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7031	Face mask interface, replacement for full face mask, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7032	Cushion for use on nasal mask interface, replacement only, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7018	Water, distilled, used with large volume nebulizer, 1000 ml	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7020	Interface for cough stimulating device, includes all components, replacement only	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7026	High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 ft	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7012	Water collection device, used with large volume nebulizer	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7015	Aerosol mask, used with DME nebulizer	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7004	Small volume nonfiltered pneumatic nebulizer, disposable	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7006	Administration set, with small volume filtered pneumatic nebulizer	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7009	Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7001	Canister, nondisposable, used with suction pump, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A7002	Tubing, used with suction pump, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A7000	Canister, disposable, used with suction pump, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6456	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/31/2078			
STAR	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	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/31/2078			
STAR	A6502	Compression burn garment, chin strap, custom fabricated	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 ft lbs at 50PCT maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 ft lbs at 50PCT maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6453	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6454	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6455	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6444	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6445	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6446	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6447	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6448	Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6411	Eye pad, nonsterile, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6412	Eye patch, occlusive, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6413	Adhesive bandage, first aid type, any size, each	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A6441	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6442	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6443	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in and less than 5 in, per yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6402	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6403	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6404	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6407	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6410	Eye pad, sterile, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6259	Transparent film, sterile, more than 48 sq in, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6261	Wound filler, gel/paste, per fl oz, not otherwise specified	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A6262	Wound filler, dry form, per g, not otherwise specified	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A6257	Transparent film, sterile, 16 sq in or less, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6258	Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6248	Hydrogel dressing, wound filler, gel, per fl oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6240	Hydrocolloid dressing, wound filler, paste, sterile, per oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per g	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A6220	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6221	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6217	Gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6218	Gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A6219	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6208	Contact layer, sterile, more than 48 sq in, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6209	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6212	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6203	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6205	Composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6206	Contact layer, sterile, 16 sq in or less, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6207	Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6154	Wound pouch, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6010	Collagen based wound filler, dry form, sterile, per g of collagen	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6011	Collagen based wound filler, gel/paste, per g of collagen	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6021	Collagen dressing, sterile, size 16 sq in or less, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6022	Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6023	Collagen dressing, sterile, size more than 48 sq in, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A6024	Collagen dressing wound filler, sterile, per 6 in	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A6000	Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5121	Skin barrier; solid, 6 x 6 or equivalent, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5122	Skin barrier; solid, 8 x 8 or equivalent, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5126	Adhesive or nonadhesive; disk or foam pad	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5105	Urinary suspensory with leg bag, with or without tube, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5113	Leg strap; latex, replacement only, per set	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5114	Leg strap; foam or fabric, replacement only, per set	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5072	Ostomy pouch, urinary; without barrier attached (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5073	Ostomy pouch, urinary; for use on barrier with flange (two piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5081	Stoma plug or seal, any type	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5082	Continent device; catheter for continent stoma	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5083	Continent device, stoma absorptive cover for continent stoma	2008 Code Set	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5093	Ostomy accessory; convex insert	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5061	Ostomy pouch, drainable; with barrier attached, (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5062	Ostomy pouch, drainable; without barrier attached (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5063	Ostomy pouch, drainable; for use on barrier with flange (two-piece system), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5071	Ostomy pouch, urinary; with barrier attached (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5052	Ostomy pouch, closed; without barrier attached (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5053	Ostomy pouch, closed; for use on faceplate, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5054	Ostomy pouch, closed; for use on barrier with flange (two piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5055	Stoma cap	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4929	Tourniquet for dialysis, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4930	Gloves, sterile, per pair	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4931	Oral thermometer, reusable, any type, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4932	Rectal thermometer, reusable, any type, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A5051	Ostomy pouch, closed; with barrier attached (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4890	Contracts, repair and maintenance, for hemodialysis equipment	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/31/2078			
STAR	A4911	Drain bag/bottle, for dialysis, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4913	Miscellaneous dialysis supplies, not otherwise specified	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4918	Venous pressure clamp, for hemodialysis, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			

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STAR	A4927	Gloves, nonsterile, per 100	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4928	Surgical mask, per 20	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4771	Serum clotting time tube, for dialysis, per 50	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4772	Blood glucose test strips, for dialysis, per 50	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4773	Occult blood test strips, for dialysis, per 50	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4774	Ammonia test strips, for dialysis, per 50	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4802	Protamine sulfate, for hemodialysis, per 50 mg	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4860	Disposable catheter tips for peritoneal dialysis, per 10	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4870	Plumbing and/or electrical work for home hemodialysis equipment	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/31/2078			
STAR	A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4770	Blood collection tube, vacuum, for dialysis, per 50	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4728	Dialysate solution, nondextrose containing, 500 ml	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4730	Fistula cannulation set for hemodialysis, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4736	Topical anesthetic, for dialysis, per g	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4737	Injectable anesthetic, for dialysis, per 10 ml	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4740	Shunt accessory, for hemodialysis, any type, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4750	Blood tubing, arterial or venous, for hemodialysis, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	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 - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4708	Acetate concentrate solution, for hemodialysis, per gallon	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4709	Acid concentrate, solution, for hemodialysis, per gallon	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4719	Y set tubing for peritoneal dialysis	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4672	Drainage extension line, sterile, for dialysis, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4673	Extension line with easy lock connectors, used with dialysis	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4680	Activated carbon filter for hemodialysis, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4653	Peritoneal dialysis catheter anchoring device, belt, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4657	Syringe, with or without needle, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4663	Blood pressure cuff only	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4670	Automatic blood pressure monitor	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4671	Disposable cycler set used with cycler dialysis machine, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4642	Indium In-111 satumomab pendetide, diagnostic, per study dose, up to 6 mCi	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4648	Tissue marker, implantable, any type, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4650	Implantable radiation dosimeter, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4651	Calibrated microcapillary tube, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4652	Microcapillary tube sealant	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4636	Replacement, handgrip, cane, crutch, or walker, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4637	Replacement, tip, cane, crutch, walker, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4638	Replacement battery for patient-owned ear pulse generator, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4639	Replacement pad for infrared heating pad system, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4641	Radiopharmaceutical, diagnostic, not otherwise classified	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/31/2078			
STAR	A4629	Tracheostomy care kit for established tracheostomy	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4634	Replacement bulb for therapeutic light box, tabletop model	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4635	Underarm pad, crutch, replacement, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4623	Tracheostomy, inner cannula	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4624	Tracheal suction catheter, any type other than closed system, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4625	Tracheostomy care kit for new tracheostomy	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4626	Tracheostomy cleaning brush, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4615	Cannula, nasal	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4616	Tubing (oxygen), per foot	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4617	Mouthpiece	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4618	Breathing circuits	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4619	Face tent	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4620	Variable concentration mask	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4606	Oxygen probe for use with oximeter device, replacement	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4608	Transtracheal oxygen catheter, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4611	Battery, heavy-duty; replacement for patient-owned ventilator	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4612	Battery cables; replacement for patient-owned ventilator	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4613	Battery charger; replacement for patient-owned ventilator	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4614	Peak expiratory flow rate meter, hand held	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4600	Sleeve for intermittent limb compression device, replacement only, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4601	Lithium-ion battery, rechargeable, for nonprosthetic use, replacement	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4605	Tracheal suction catheter, closed system, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4565	Slings	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4570	Splint	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4575	Topical hyperbaric oxygen chamber, disposable	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/31/2078			
STAR	A4580	Cast supplies (e.g., plaster)	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4590	Special casting material (e.g., fiberglass)	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4559	Coupling gel or paste, for use with ultrasound device, per oz	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/31/2078			
STAR	A4550	Surgical trays	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4553	Nondisposable underpads, all sizes	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4554	Disposable underpads, all sizes	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4556	Electrodes (e.g., apnea monitor), per pair	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4557	Lead wires (e.g., apnea monitor), per pair	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4490	Surgical stockings above knee length, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4495	Surgical stockings thigh length, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4500	Surgical stockings below knee length, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4510	Surgical stockings full-length, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4520	Incontinence garment, any type, (e.g., brief, diaper), each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4463	Surgical dressing holder, reusable, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4465	Nonelastic binder for extremity	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4467	Belt, strap, sleeve, garment, or covering, any type	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4470	Gravlee jet washer	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4480	VABRA aspirator	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4481	Tracheostoma filter, any type, any size, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4456	Adhesive remover, wipes, any type, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4458	Enema bag with tubing, reusable	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4461	Surgical dressing holder, nonreusable, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4450	Tape, nonwaterproof, per 18 sq in	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4452	Tape, waterproof, per 18 sq in	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4432	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4421	Ostomy supply; miscellaneous	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two-piece system), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4419	Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 in or smaller, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), with filter, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in or smaller, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4402	Lubricant, per oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4404	Ostomy ring, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4405	Ostomy skin barrier, nonpectin-based, paste, per oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4406	Ostomy skin barrier, pectin-based, paste, per oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in or smaller, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4396	Ostomy belt with peristomal hernia support	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4398	Ostomy irrigation supply; bag, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4399	Ostomy irrigation supply; cone/catheter, with or without brush	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4400	Ostomy irrigation set	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4391	Ostomy pouch, urinary, with extended wear barrier attached (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4384	Ostomy faceplate equivalent, silicone ring, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4388	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4371	Ostomy skin barrier, powder, per oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4366	Ostomy vent, any type, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4367	Ostomy belt, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4368	Ostomy filter, any type, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4361	Ostomy faceplate, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4362	Skin barrier; solid, 4 x 4 or equivalent; each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4364	Adhesive, liquid or equal, any type, per oz	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4353	Intermittent urinary catheter, with insertion supplies	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4354	Insertion tray with drainage bag but without catheter	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4357	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4340	Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4346	Indwelling catheter; Foley type, three-way for continuous irrigation, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4349	Male external catheter, with or without adhesive, disposable, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4333	Urinary catheter anchoring device, adhesive skin attachment, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4334	Urinary catheter anchoring device, leg strap, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4335	Incontinence supply; miscellaneous	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4336	Incontinence supply, urethral insert, any type, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4337	Incontinence supply, rectal insert, any type, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4326	Male external catheter with integral collection chamber, any type, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4327	Female external urinary collection device; meatal cup, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4328	Female external urinary collection device; pouch, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4330	Perianal fecal collection pouch with adhesive, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4332	Lubricant, individual sterile packet, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4320	Irrigation tray with bulb or piston syringe, any purpose	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4321	Therapeutic agent for urinary catheter irrigation	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4322	Irrigation syringe, bulb or piston, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4310	Insertion tray without drainage bag and without catheter (accessories only)	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4283	Cap for breast pump bottle, replacement	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4284	Breast shield and splash protector for use with breast pump, replacement	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4285	Polycarbonate bottle for use with breast pump, replacement	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4286	Locking ring for breast pump, replacement	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4290	Sacral nerve stimulation test lead, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			
STAR	A4270	Disposable endoscope sheath, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4280	Adhesive skin support attachment for use with external breast prosthesis, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4281	Tubing for breast pump, replacement	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4282	Adapter for breast pump, replacement	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4262	Temporary, absorbable lacrimal duct implant, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4263	Permanent, long-term, nondissolvable lacrimal duct implant, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			
STAR	A4265	Paraffin, per pound	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4266	Diaphragm for contraceptive use	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4267	Contraceptive supply, condom, male, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			
STAR	A4268	Contraceptive supply, condom, female, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			
STAR	A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4258	Spring-powered device for lancet, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4259	Lancets, per box of 100	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4261	Cervical cap for contraceptive use	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019			
STAR	A4248	Chlorhexidine containing antiseptic, 1 ml	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4250	Urine test or reagent strips or tablets (100 tablets or strips)	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4252	Blood ketone test or reagent strip, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4255	Platforms for home blood glucose monitor, 50 per box	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4256	Normal, low, and high calibrator solution/chips	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4244	Alcohol or peroxide, per pint	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4245	Alcohol wipes, per box	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4246	Betadine or pHisoHex solution, per pint	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4247	Betadine or iodine swabs/wipes, per box	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4230	Infusion set for external insulin pump, nonneedle cannula type	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4231	Infusion set for external insulin pump, needle type	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4232	Syringe with needle for external insulin pump, sterile, 3 cc	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4220	Refill kit for implantable infusion pump	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4224	Supplies for maintenance of insulin infusion catheter, per week	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4217	Sterile water/saline, 500 ml	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4210	Needle-free injection device, each	HCPCS - MED-SURG SUPPLIES	NON-COV	12/27/2019	12/27/2019			
STAR	A4211	Supplies for self-administered injections	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4212	Noncoring needle or stylet with or without catheter	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4213	Syringe, sterile, 20 cc or greater, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4215	Needle, sterile, any size, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4206	Syringe with needle, sterile, 1 cc or less, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4207	Syringe with needle, sterile 2 cc, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4208	Syringe with needle, sterile 3 cc, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A4209	Syringe with needle, sterile 5 cc or greater, each	HCPCS - MED-SURG SUPPLIES	NO	12/27/2019	12/27/2019		PA Required if Billed Charge is over \$1000	
STAR	A0434	Specialty care transport (SCT)	HCPCS - TRANSPORTATION (INCL A	NO	12/27/2019	12/27/2019			
STAR	A0435	Fixed wing air mileage, per statute mile	HCPCS - TRANSPORTATION (INCL A	YES	12/27/2019	12/31/2078		Emergent/Non-Emergent is specified by the modifier - ET	
STAR	A0436	Rotary wing air mileage, per statute mile	HCPCS - TRANSPORTATION (INCL A	YES	12/27/2019	12/31/2078		Emergent/Non-Emergent is specified by the modifier - ET	
STAR	A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)	HCPCS - TRANSPORTATION (INCL A	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	HCPCS - TRANSPORTATION (INCL A	NO	12/27/2019	12/27/2019			
STAR	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	HCPCS - TRANSPORTATION (INCL A	NO	12/27/2019	12/27/2019			
STAR	A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/27/2019			
STAR	A0433	Advanced life support, level 2 (ALS 2)	HCPCS - TRANSPORTATION (INCL A	NO	12/27/2019	12/27/2019			
STAR	A0425	Ground mileage, per statute mile	HCPCS - TRANSPORTATION (INCL A	YES	12/27/2019	12/31/2078		Emergent/Non-Emergent is specified by the modifier - ET	
STAR	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	HCPCS - TRANSPORTATION (INCL A	YES	12/27/2019	12/31/2078		Emergent/Non-Emergent is specified by the modifier - ET	
STAR	A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	HCPCS - TRANSPORTATION (INCL A	NO	12/27/2019	12/27/2019			
STAR	A0394	ALS specialized service disposable supplies; IV drug therapy	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/27/2019			
STAR	A0396	ALS specialized service disposable supplies; esophageal intubation	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/27/2019			
STAR	A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/27/2019			
STAR	A0380	BLS mileage (per mile)	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/27/2019			
STAR	A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/27/2019			
STAR	A0390	ALS mileage (per mile)	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/27/2019			
STAR	A0190	Nonemergency transportation: ancillary: meals, recipient	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0200	Nonemergency transportation: ancillary: lodging, escort	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0210	Nonemergency transportation: ancillary: meals, escort	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0130	Nonemergency transportation: wheelchair van	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0160	Nonemergency transportation: per mile - caseworker or social worker	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0170	Transportation ancillary: parking fees, tolls, other	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0180	Nonemergency transportation: ancillary: lodging-recipient	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	A0021	Ambulance service, outside state per mile, transport (Medicaid only)	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0100	Nonemergency transportation; taxi	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	A0110	Nonemergency transportation and bus, intra- or interstate carrier	HCPCS - TRANSPORTATION (INCL A	NON-COV	12/27/2019	12/31/2078			
STAR	99512	Home visit for hemodialysis	MEDICINE - HOME HEALTH PROCEDU	NON-COV	12/27/2019	12/27/2019			
STAR	99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	99505	Home visit for stoma care and maintenance including colostomy and cystostomy	MEDICINE - HOME HEALTH PROCEDU	NON-COV	12/27/2019	12/31/2078			
STAR	99506	Home visit for intramuscular injections	MEDICINE - HOME HEALTH PROCEDU	NON-COV	12/27/2019	12/31/2078			
STAR	99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	MEDICINE - HOME HEALTH PROCEDU	NON-COV	12/27/2019	12/31/2078			
STAR	99509	Home visit for assistance with activities of daily living and personal care	MEDICINE - HOME HEALTH PROCEDU	NON-COV	12/27/2019	12/31/2078			
STAR	99510	Home visit for individual, family, or marriage counseling	MEDICINE - HOME HEALTH PROCEDU	NON-COV	12/27/2019	12/31/2078			
STAR	99511	Home visit for fecal impaction management and enema administration	MEDICINE - HOME HEALTH PROCEDU	NON-COV	12/27/2019	12/31/2078			
STAR	99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	MEDICINE - HOME HEALTH PROCEDU	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99504	Home visit for mechanical ventilation care	MEDICINE - HOME HEALTH PROCEDU	NON-COV	12/27/2019	12/31/2078			
STAR	99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	E & M - CARE PLAN OVERSIGHT	NON-COV	12/27/2019	12/27/2019			
STAR	99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	E & M - OTHER E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	99499	Unlisted evaluation and management service	E & M - OTHER E/M SERVICES	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	E & M - CARE PLAN OVERSIGHT	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	E & M - CARE PLAN OVERSIGHT	NON-COV	12/27/2019	12/27/2019			
STAR	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)	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	E & M - CARE PLAN OVERSIGHT	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	E & M - CARE PLAN OVERSIGHT	NON-COV	12/27/2019	12/27/2019			
STAR	99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	E & M - PATIENT TRANSPORT	NON-COV	12/27/2019	12/27/2019			
STAR	99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	E & M - PATIENT TRANSPORT	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	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	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	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	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	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	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	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	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	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)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	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	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	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	2009 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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)	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	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.	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting ph	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting ph	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting ph	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	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.	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	99452	Interprofessional telephone/Internet/electronic health record referral service (s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting ph	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	99429	Unlisted preventive medicine service	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	E & M - SPECIAL E/M SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2008 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	E & M - PREVENTIVE MEDICINE SE	NON-COV	12/27/2019	12/27/2019			
STAR	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	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2008 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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)	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	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)	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	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	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	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	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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)	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	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	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	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	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	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	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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)	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	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)	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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	E & M - CARE PLAN OVERSIGHT SE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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	E & M - CARE PLAN OVERSIGHT SE	NO	12/27/2019	12/27/2019			
STAR	99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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	E & M - CARE PLAN OVERSIGHT SE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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)	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	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)	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	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)	E & M - PREVENTIVE MEDICINE SE	NO	12/27/2019	12/27/2019			
STAR	99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	2008 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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	E & M - CARE PLAN OVERSIGHT SE	NO	12/27/2019	12/27/2019			

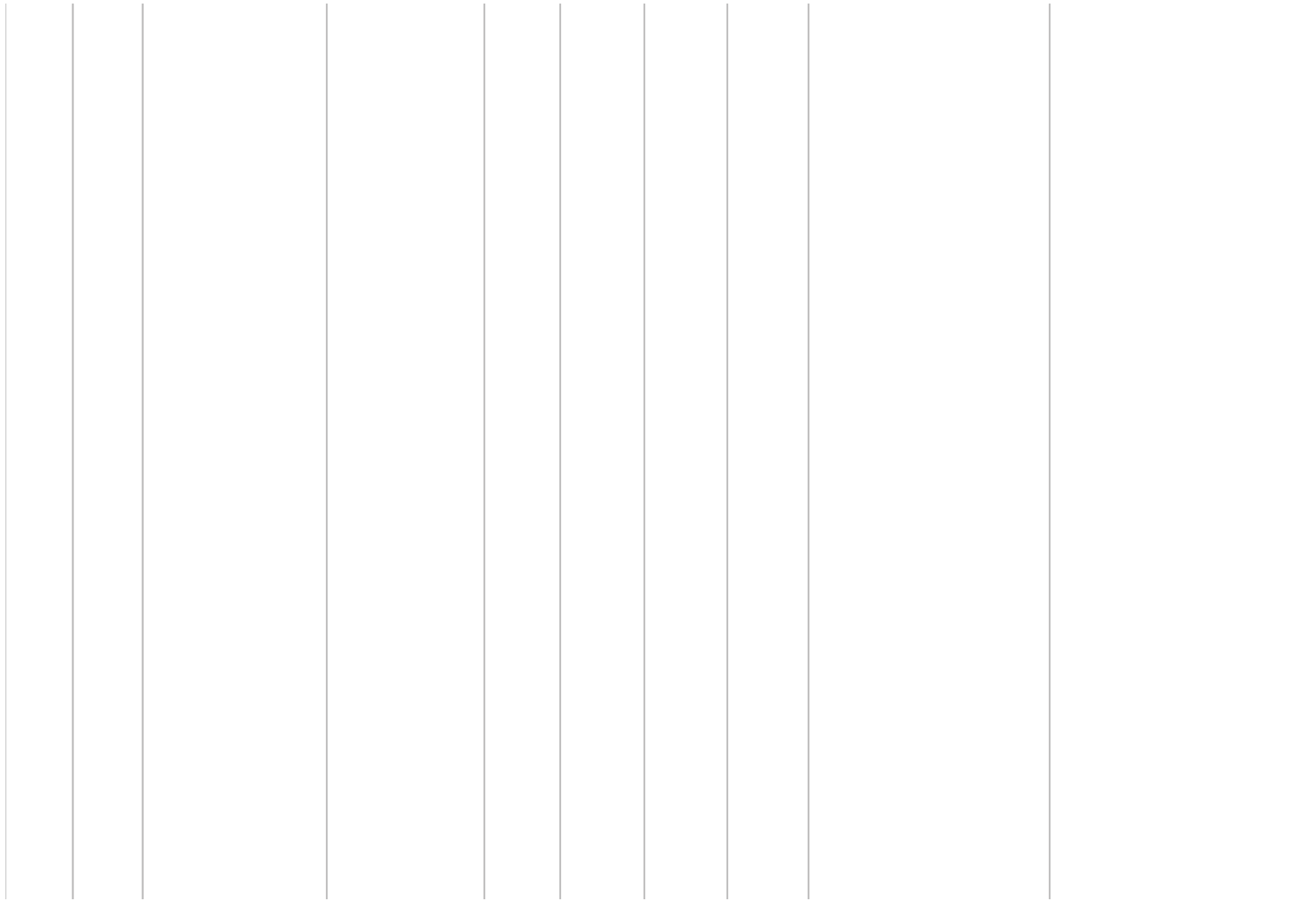
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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	E & M - CARE PLAN OVERSIGHT SE	NO	12/27/2019	12/27/2019			
STAR	99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, 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	E & M - CARE PLAN OVERSIGHT SE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	E & M - PROLONGED SERVICES	NO	12/27/2019	12/27/2019			
STAR	99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	E & M - PROLONGED SERVICES	NO	12/27/2019	12/27/2019			
STAR	99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	E & M - PROLONGED SERVICES	NON-COV	12/27/2019	12/27/2019			
STAR	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)	E & M - CRITICAL CARE SERVICES	NO	12/27/2019	12/27/2019			
STAR	99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	E & M - EMERGENCY DEPARTMENT S	NON-COV	12/27/2019	12/27/2019			
STAR	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	E & M - CRITICAL CARE SERVICES	NO	12/27/2019	12/27/2019			
STAR	99195	Phlebotomy, therapeutic (separate procedure)	MEDICINE - OTHER SERVICES AND	NO	12/27/2019	12/27/2019			
STAR	99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	99188	Application of topical fluoride varnish by a physician or other qualified health care professional	E & M - NON-FACE-TO-FACE SERVI	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	MEDICINE - OTHER SERVICES AND	YES	12/27/2019	12/31/2078			
STAR	99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	MEDICINE - OTHER SERVICES AND	NO	12/27/2019	12/27/2019			
STAR	99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	MEDICINE - OTHER SERVICES AND	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	99173	Screening test of visual acuity, quantitative, bilateral	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	MEDICINE - OTHER SERVICES AND	NON-COV	12/27/2019	12/27/2019			
STAR	99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	MEDICINE - OTHER SERVICES AND	NO	12/27/2019	12/27/2019			
STAR	99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	99082	Unusual travel (eg, transportation and escort of patient)	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	MEDICINE - SPECIAL SERVICES, P	NO	12/27/2019	12/27/2019			
STAR	99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	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 drugs, trays, supplies, or materials provided)	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	99075	Medical testimony	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			



STAR	99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	MEDICINE - SPECIAL SERVICES, P	NO	12/27/2019	12/27/2019			
STAR	99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	99026	Hospital mandated on call service; in-hospital, each hour	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	99027	Hospital mandated on call service; out-of-hospital, each hour	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	MEDICINE - SPECIAL SERVICES, P	NO	12/27/2019	12/27/2019			
STAR	98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	MEDICINE - SPECIAL SERVICES, P	NO	12/27/2019	12/27/2019			
STAR	99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	MEDICINE - SPECIAL SERVICES, P	NO	12/27/2019	12/27/2019			
STAR	99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	MEDICINE - CHIROPRACTIC MANIPU	NO	12/27/2019	12/27/2019			
STAR	98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	MEDICINE - CHIROPRACTIC MANIPU	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	MEDICINE - SPECIAL SERVICES, P	NON-COV	12/27/2019	12/27/2019			
STAR	98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	MEDICINE - OSTEOPATHIC MANIPUL	NO	12/27/2019	12/27/2019			
STAR	98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	MEDICINE - OSTEOPATHIC MANIPUL	NO	12/27/2019	12/27/2019			
STAR	98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	MEDICINE - OSTEOPATHIC MANIPUL	NO	12/27/2019	12/27/2019			
STAR	98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	MEDICINE - OSTEOPATHIC MANIPUL	NO	12/27/2019	12/27/2019			
STAR	98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	MEDICINE - OSTEOPATHIC MANIPUL	NO	12/27/2019	12/27/2019			
STAR	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	MEDICINE - CHIROPRACTIC MANIPU	NO	12/27/2019	12/27/2019			
STAR	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	MEDICINE - CHIROPRACTIC MANIPU	NO	12/27/2019	12/27/2019			
STAR	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	MEDICINE - MEDICAL NUTRITION T	NO	12/27/2019	12/27/2019			
STAR	97804	Medical nutrition therapy; group (2 or more individual (s)), each 30 minutes	MEDICINE - MEDICAL NUTRITION T	NO	12/27/2019	12/27/2019			
STAR	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	MEDICINE - ACUPUNCTURE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	MEDICINE - ACUPUNCTURE	NON-COV	12/27/2019	12/31/2078			
STAR	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	MEDICINE - ACUPUNCTURE	NON-COV	12/27/2019	12/31/2078			
STAR	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	MEDICINE - ACUPUNCTURE	NON-COV	12/27/2019	12/31/2078			
STAR	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/27/2019			
STAR	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic (s)/prosthetic(s) encounter, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		If administered/services provided at home, then requires prior authorization	
STAR	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	MEDICINE - MEDICAL NUTRITION T	NO	12/27/2019	12/27/2019			
STAR	97610	Low frequency, non-contact, non-thermal ultrasound, including topical application (s), when performed, wound assessment, and instruction(s) for ongoing care, per day	MEDICINE - PHYSICAL MEDICINE	NON-COV	12/27/2019	12/27/2019			
STAR	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97545	Work hardening/conditioning; initial 2 hours	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/31/2078			
STAR	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/31/2078			
STAR	97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/31/2078			
STAR	97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		PA Required if Billed Charge is over \$1000	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment (s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			
STAR	97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/31/2078			
STAR	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			
STAR	97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			
STAR	97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	MEDICINE - PHYSICAL MEDICINE A	NO	12/27/2019	12/27/2019			
STAR	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/31/2078			
STAR	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97150	Therapeutic procedure(s), group (2 or more individuals)	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97026	Application of a modality to 1 or more areas; infrared	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97028	Application of a modality to 1 or more areas; ultraviolet	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97010	Application of a modality to 1 or more areas; hot or cold packs	MEDICINE - PHYSICAL MEDICINE A	NON-COV	12/27/2019	12/31/2078			
STAR	97012	Application of a modality to 1 or more areas; traction, mechanical	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	97016	Application of a modality to 1 or more areas; vasopneumatic devices	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97018	Application of a modality to 1 or more areas; paraffin bath	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	97022	Application of a modality to 1 or more areas; whirlpool	MEDICINE - PHYSICAL MEDICINE A	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	MEDICINE - SPECIAL DERMATOLOGI	NON-COV	12/27/2019	12/31/2078			
STAR	96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	MEDICINE - SPECIAL DERMATOLOGI	NON-COV	12/27/2019	12/31/2078			
STAR	96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	MEDICINE - SPECIAL DERMATOLOGI	NON-COV	12/27/2019	12/31/2078			
STAR	96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	MEDICINE - SPECIAL DERMATOLOGI	NON-COV	12/27/2019	12/31/2078			
STAR	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4 -8 hours of care under direct supervision of the physician (includes application of medication and dressings)	MEDICINE - SPECIAL DERMATOLOGI	NO	12/27/2019	12/27/2019			
STAR	96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	MEDICINE - SPECIAL DERMATOLOGI	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	MEDICINE - SPECIAL DERMATOLOGI	NON-COV	12/27/2019	12/31/2078			
STAR	96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	MEDICINE - PHOTODYNAMIC THERAP	NO	12/27/2019	12/27/2019			
STAR	96900	Actinotherapy (ultraviolet light)	MEDICINE - SPECIAL DERMATOLOGI	NO	12/27/2019	12/27/2019			
STAR	96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	MEDICINE - SPECIAL DERMATOLOGI	NON-COV	12/27/2019	12/27/2019			
STAR	96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	MEDICINE - SPECIAL DERMATOLOGI	NON-COV	12/27/2019	12/27/2019			
STAR	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	MEDICINE - SPECIAL DERMATOLOGI	NO	12/27/2019	12/27/2019			
STAR	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	MEDICINE - SPECIAL DERMATOLOGI	NO	12/27/2019	12/27/2019			
STAR	96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day	MEDICINE - PHOTODYNAMIC THERAP	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	MEDICINE - PHOTODYNAMIC THERAP	NO	12/27/2019	12/27/2019			
STAR	96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	MEDICINE - PHOTODYNAMIC THERAP	NO	12/27/2019	12/27/2019			
STAR	96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	MEDICINE - PHOTODYNAMIC THERAP	NO	12/27/2019	12/27/2019			
STAR	96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96420	Chemotherapy administration, intra-arterial; push technique	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96406	Chemotherapy administration; intralesional, more than 7 lesions	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	MEDICINE - INFUSION	NO	12/27/2019	12/27/2019			
STAR	96405	Chemotherapy administration; intralesional, up to and including 7 lesions	MEDICINE - CHEMOTHERAPY ADMINI	NO	12/27/2019	12/27/2019			
STAR	96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	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)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	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)	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	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)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	MEDICINE - HEALTH AND BEHAVIOR	NO	12/27/2019	12/27/2019			
STAR	96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	MEDICINE - HEALTH AND BEHAVIOR	NO	12/27/2019	12/27/2019			
STAR	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	MEDICINE - HEALTH AND BEHAVIOR	NON-COV	12/27/2019	12/31/2078			
STAR	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	MEDICINE - HEALTH AND BEHAVIOR	NON-COV	12/27/2019	12/31/2078			
STAR	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	MEDICINE - HEALTH AND BEHAVIOR	NON-COV	12/27/2019	12/31/2078			
STAR	96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	MEDICINE - CENTRAL NERVOUS SYS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	MEDICINE - NEUROLOGY AND NEURO	NON-COV	12/27/2019	12/31/2078			
STAR	96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	MEDICINE - HEALTH AND BEHAVIOR	NON-COV	12/27/2019	12/31/2078			
STAR	96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	MEDICINE - NEUROLOGY AND NEURO	NON-COV	12/27/2019	12/27/2019			
STAR	96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	MEDICINE - CENTRAL NERVOUS SYS	NO	12/27/2019	12/27/2019			
STAR	96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	MEDICINE - CENTRAL NERVOUS SYS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	MEDICINE - CENTRAL NERVOUS SYS	NO	12/27/2019	12/27/2019			
STAR	96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	MEDICINE - NEUROLOGY AND NEURO	NON-COV	12/27/2019	12/27/2019			
STAR	95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	MEDICINE - NEUROLOGY AND NEURO	NON-COV	12/27/2019	12/27/2019			
STAR	95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	MEDICINE - NEUROLOGY AND NEURO	NON-COV	12/27/2019	12/27/2019			
STAR	95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95912	Nerve conduction studies; 11-12 studies	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95913	Nerve conduction studies; 13 or more studies	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95908	Nerve conduction studies; 3-4 studies	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95909	Nerve conduction studies; 5-6 studies	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95910	Nerve conduction studies; 7-8 studies	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95911	Nerve conduction studies; 9-10 studies	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95905	Motor and/or sensory nerve conduction, using preconfigured electrode array (s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95907	Nerve conduction studies; 1-2 studies	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	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	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95863	Needle electromyography; 3 extremities with or without related paraspinal areas	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95864	Needle electromyography; 4 extremities with or without related paraspinal areas	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95867	Needle electromyography; cranial nerve supplied muscle (s), unilateral	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95868	Needle electromyography; cranial nerve supplied muscles, bilateral	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95857	Cholinesterase inhibitor challenge test for myasthenia gravis	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95860	Needle electromyography; 1 extremity with or without related paraspinal areas	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95861	Needle electromyography; 2 extremities with or without related paraspinal areas	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95829	Electrocorticogram at surgery (separate procedure)	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95816	Electroencephalogram (EEG); including recording awake and drowsy	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95819	Electroencephalogram (EEG); including recording awake and asleep	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95822	Electroencephalogram (EEG); recording in coma or sleep only	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95824	Electroencephalogram (EEG); cerebral death evaluation only	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	MEDICINE - NEUROLOGY AND NEURO	NON-COV	12/27/2019	12/27/2019			
STAR	95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	MEDICINE - NEUROLOGY AND NEURO	YES	12/27/2019	12/31/2078			
STAR	95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	MEDICINE - NEUROLOGY AND NEURO	NON-COV	12/27/2019	12/27/2019			
STAR	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	MEDICINE - NEUROLOGY AND NEURO	NON-COV	12/27/2019	12/27/2019			
STAR	95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	MEDICINE - ENDOCRINOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	MEDICINE - ENDOCRINOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	MEDICINE - ALLERGY AND CLINICA	NON-COV	12/27/2019	12/27/2019			
STAR	95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	MEDICINE - ALLERGY AND CLINICA	NON-COV	12/27/2019	12/27/2019			
STAR	95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	MEDICINE - ALLERGY AND CLINICA	NON-COV	12/27/2019	12/27/2019			
STAR	95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	MEDICINE - ALLERGY AND CLINICA	NON-COV	12/27/2019	12/27/2019			
STAR	95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	MEDICINE - ALLERGY AND CLINICA	NON-COV	12/27/2019	12/27/2019			
STAR	95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	MEDICINE - ALLERGY AND CLINICA	NON-COV	12/27/2019	12/27/2019			

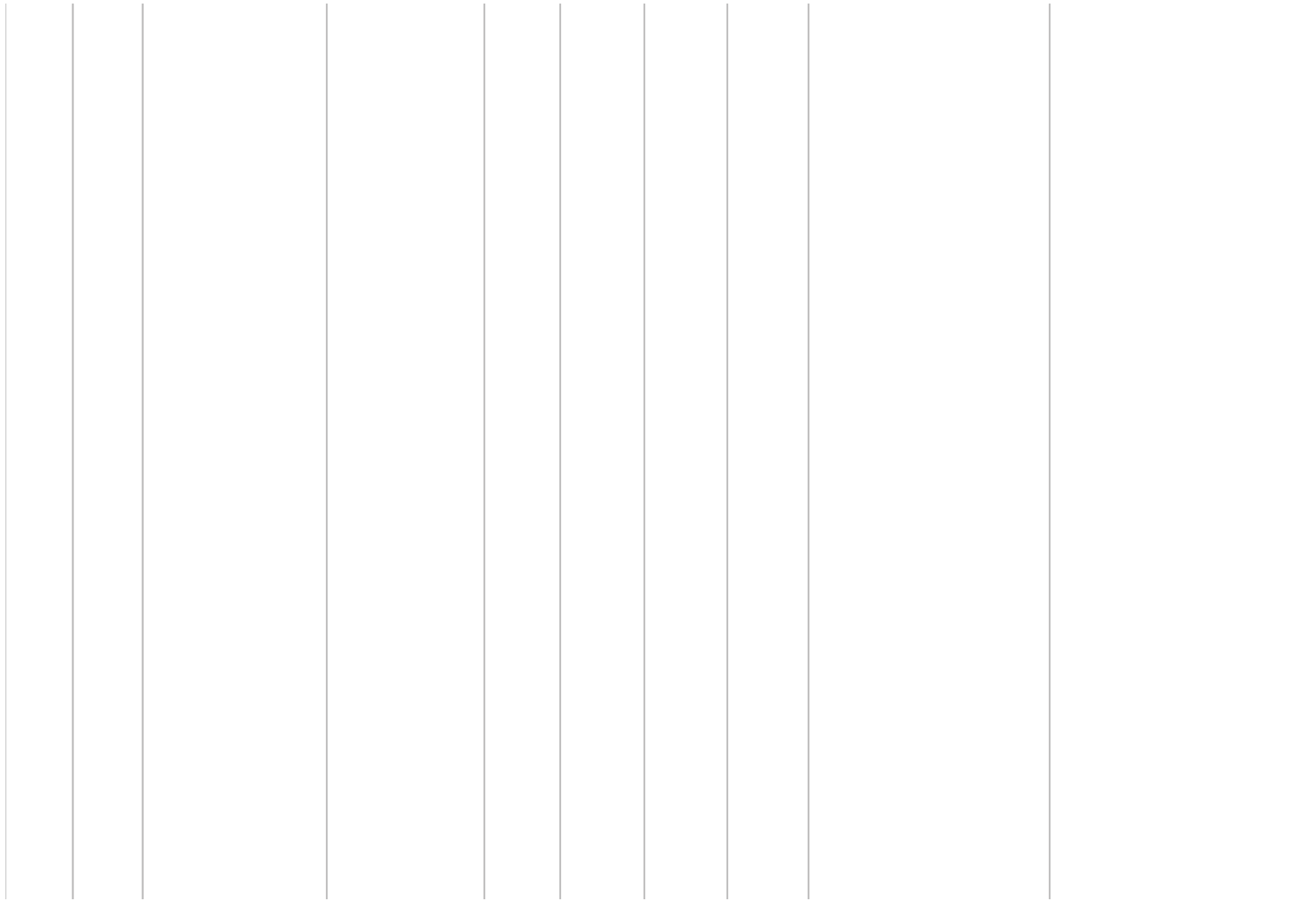
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	MEDICINE - ALLERGY AND CLINICA	NON-COV	12/27/2019	12/27/2019			
STAR	95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	MEDICINE - ALLERGY AND CLINICA	NON-COV	12/27/2019	12/27/2019			
STAR	95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95044	Patch or application test(s) (specify number of tests)	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95052	Photo patch test(s) (specify number of tests)	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95056	Photo tests	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95060	Ophthalmic mucous membrane tests	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	95065	Direct nasal mucous membrane test	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	95012	Nitric oxide expired gas determination	MEDICINE - NEUROLOGY AND NEURO	NO	12/27/2019	12/27/2019			
STAR	95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	MEDICINE - ALLERGY AND CLINICA	NO	12/27/2019	12/27/2019			
STAR	94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			
STAR	94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			
STAR	94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94780	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			
STAR	94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	MEDICINE - PULMONARY	YES	12/27/2019	12/31/2078		If administered/services provided at home, then requires prior authorization	
STAR	94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			
STAR	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94669	Mechanical chest wall oscillation to facilitate lung function, per session	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			
STAR	94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			
STAR	94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94662	Continuous negative pressure ventilation (CNP), initiation and management	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94450	Breathing response to hypoxia (hypoxia response curve)	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			
STAR	94618	Pulmonary stress testing (eg, 6 -minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94150	Vital capacity, total (separate procedure)	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94200	Maximum breathing capacity, maximal voluntary ventilation	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94375	Respiratory flow volume loop	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			



STAR	94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	MEDICINE - PULMONARY	NON-COV	12/27/2019	12/27/2019			
STAR	94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more	MEDICINE - VENTILATOR MGMT	NON-COV	12/27/2019	12/27/2019			
STAR	94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			
STAR	94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	MEDICINE - PULMONARY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/31/2078			
STAR	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			

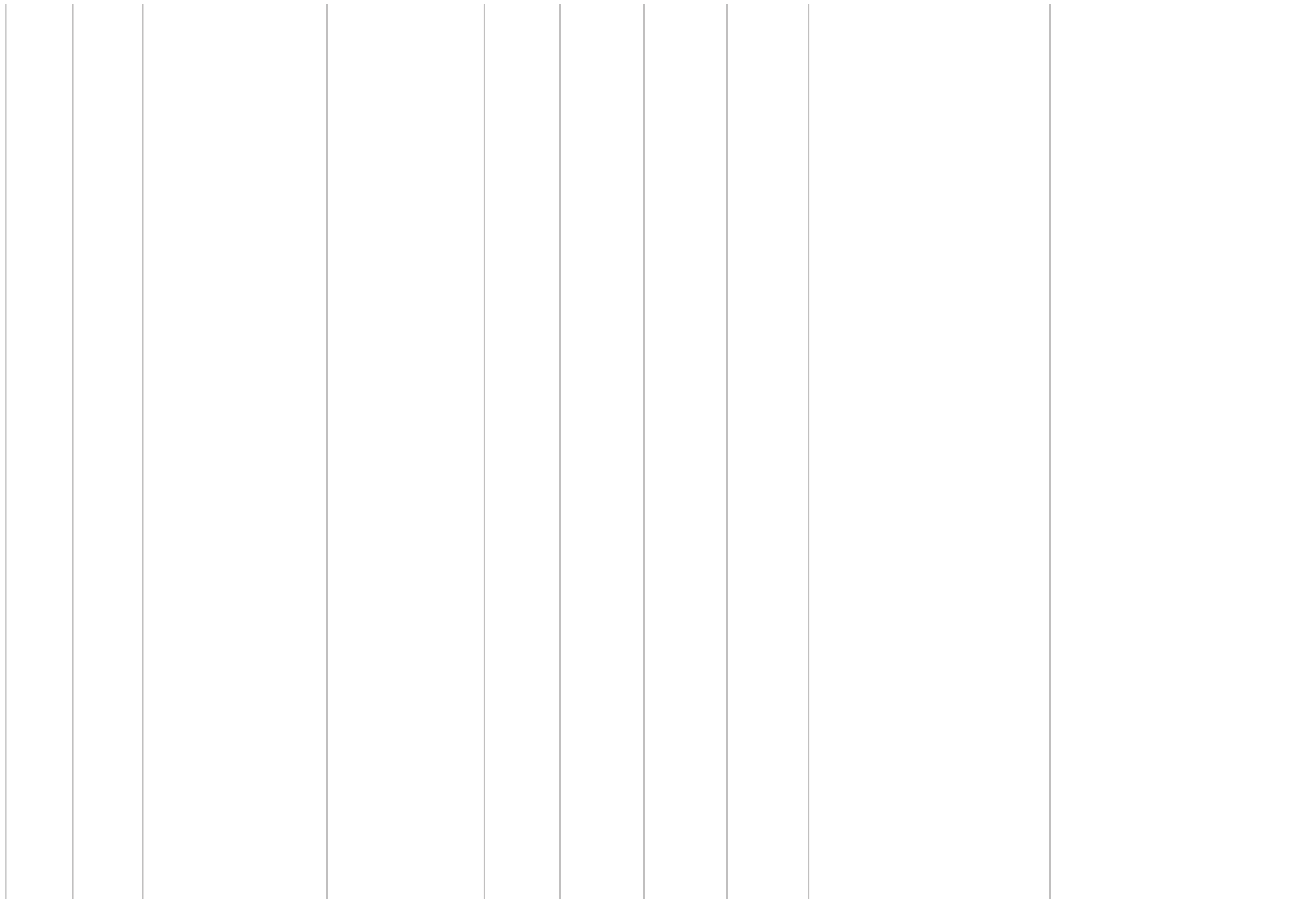
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93880	Duplex scan of extracranial arteries; complete bilateral study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93882	Duplex scan of extracranial arteries; unilateral or limited study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93886	Transcranial Doppler study of the intracranial arteries; complete study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93888	Transcranial Doppler study of the intracranial arteries; limited study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	MEDICINE - NON-INVASIVE VASCUL	NO	12/27/2019	12/27/2019			
STAR	93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93740	Temperature gradient studies	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93770	Determination of venous pressure	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93668	Peripheral arterial disease (PAD) rehabilitation, per session	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			
STAR	93701	Bioimpedance-derived physiologic cardiovascular analysis	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/31/2078			
STAR	93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

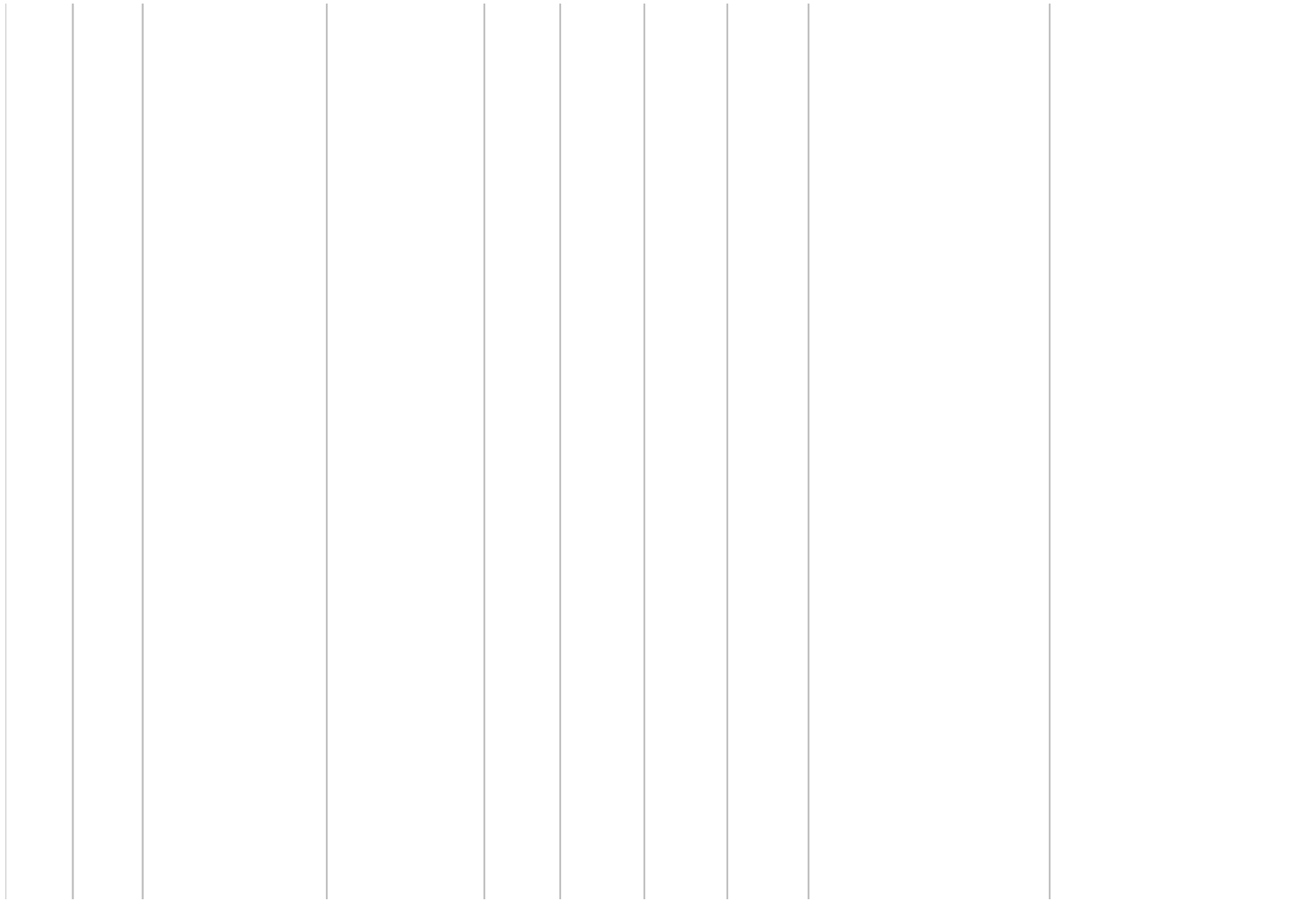
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93618	Induction of arrhythmia by electrical pacing	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93610	Intra-atrial pacing	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93612	Intraventricular pacing	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			



STAR	93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93600	Bundle of His recording	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93602	Intra-atrial recording	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93603	Right ventricular recording	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			



STAR	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93582	Percutaneous transcatheter closure of patent ductus arteriosus	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93505	Endomyocardial biopsy	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			
STAR	93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93278	Signal-averaged electrocardiography (SAECG), with or without ECG	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/31/2078			
STAR	93042	Rhythm ECG, 1-3 leads; interpretation and report only	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform (s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			
STAR	93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93024	Ergonovine provocation test	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93040	Rhythm ECG, 1-3 leads; with interpretation and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92986	Percutaneous balloon valvuloplasty; aortic valve	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92987	Percutaneous balloon valvuloplasty; mitral valve	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92990	Percutaneous balloon valvuloplasty; pulmonary valve	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92971	Cardioassist-method of circulatory assist; external	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92977	Thrombolysis, coronary; by intravenous infusion	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92953	Temporary transcutaneous pacing	MEDICINE - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			
STAR	92960	Cardioversion, elective, electrical conversion of arrhythmia; external	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92970	Cardioassist-method of circulatory assist; internal	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

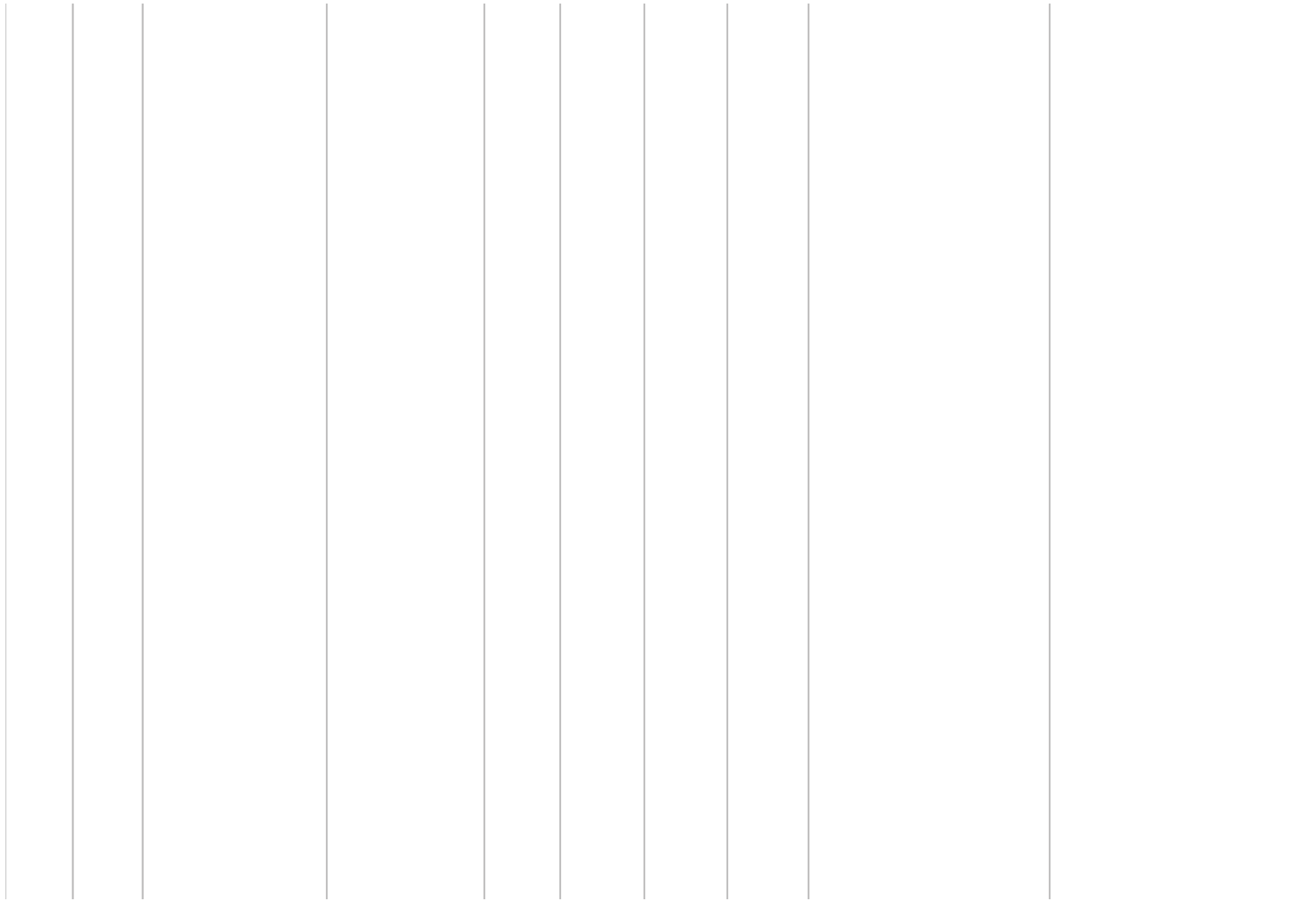
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	MEDICINE - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92620	Evaluation of central auditory function, with report; initial 60 minutes	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92610	Evaluation of oral and pharyngeal swallowing function	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92612	Flexible endoscopic evaluation of swallowing by cine or video recording;	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92609	Therapeutic services for the use of speech-generating device, including programming and modification	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92595	Electroacoustic evaluation for hearing aid; binaural	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92596	Ear protector attenuation measurements	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92590	Hearing aid examination and selection; monaural	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92591	Hearing aid examination and selection; binaural	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92592	Hearing aid check; monaural	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92593	Hearing aid check; binaural	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92594	Electroacoustic evaluation for hearing aid; monaural	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92582	Conditioning play audiometry	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			

STAR	92583	Select picture audiometry	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
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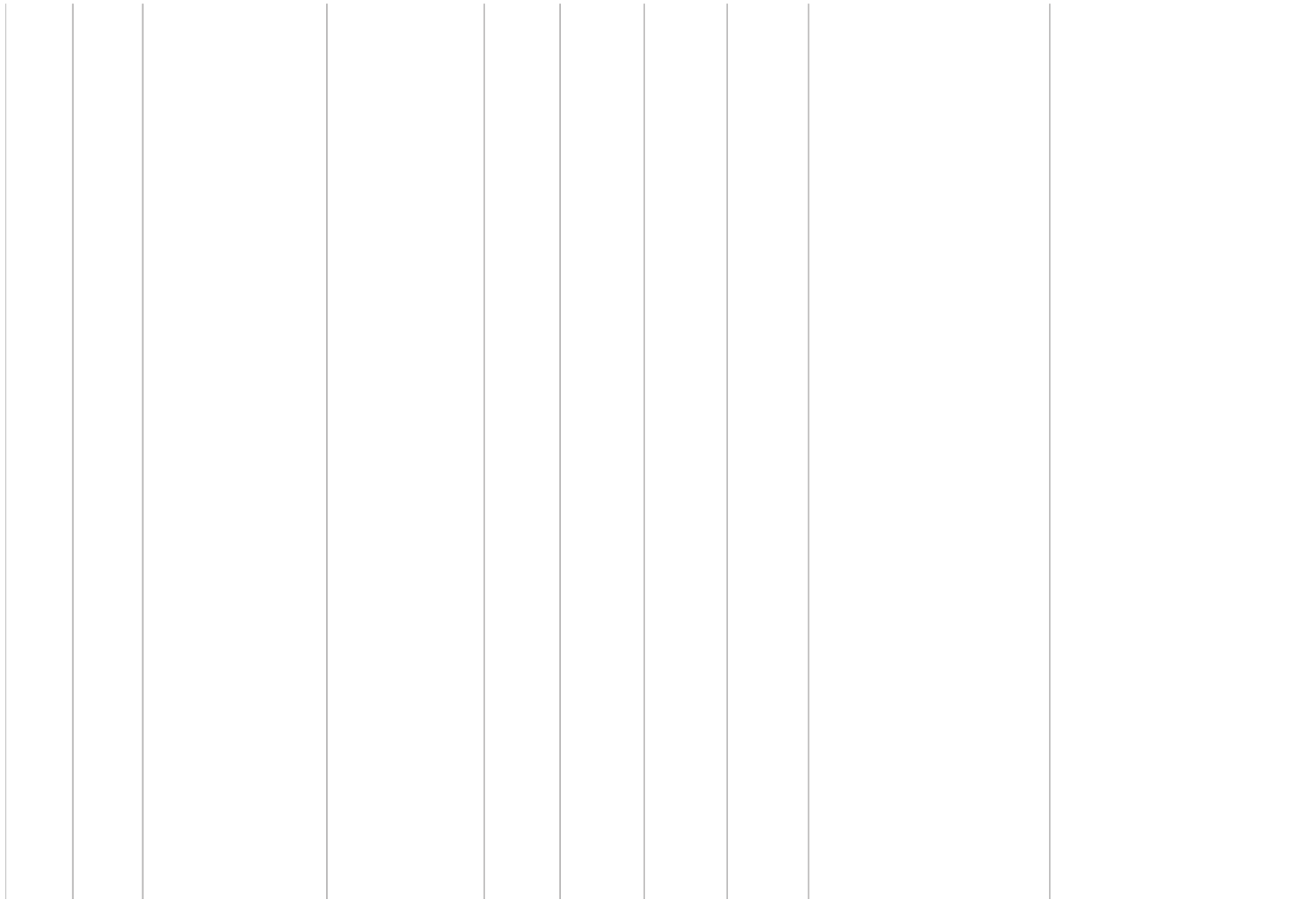
STAR	92584	Electrocochleography	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92579	Visual reinforcement audiometry (VRA)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92577	Stenger test, speech	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			

STAR	92571	Filtered speech test	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92572	Staggered spondaic word test	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92575	Sensorineural acuity level test	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92576	Synthetic sentence identification test	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92567	Tympanometry (impedance testing)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92568	Acoustic reflex testing, threshold	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92562	Loudness balance test, alternate binaural or monaural	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			
STAR	92563	Tone decay test	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92565	Stenger test, pure tone	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			

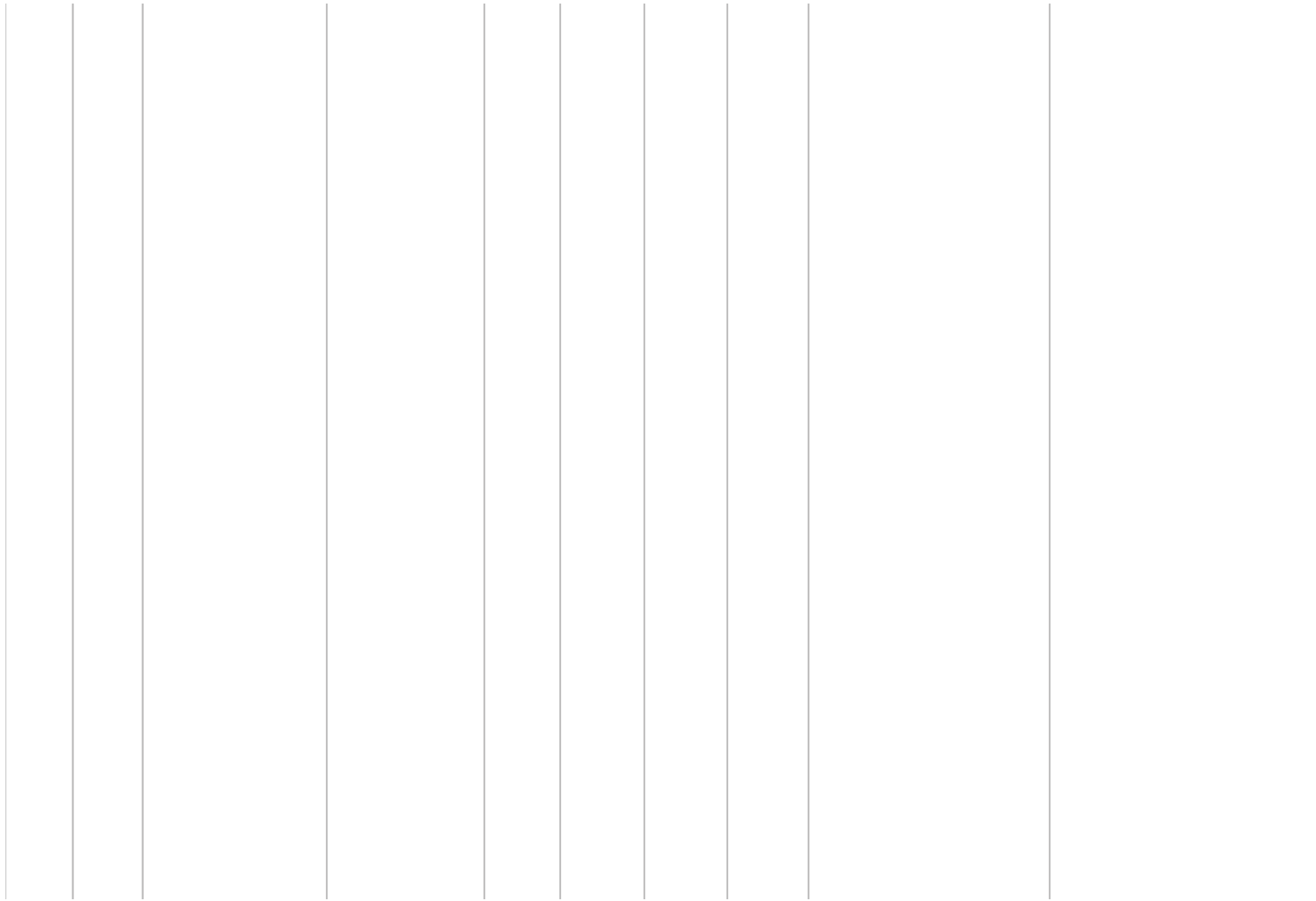
STAR	92553	Pure tone audiometry (threshold); air and bone	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92555	Speech audiometry threshold;	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92556	Speech audiometry threshold; with speech recognition	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92546	Sinusoidal vertical axis rotational testing	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92550	Tympanometry and reflex threshold measurements	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92551	Screening test, pure tone, air only	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92552	Pure tone audiometry (threshold); air only	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			



STAR	92542	Positional nystagmus test, minimum of 4 positions, with recording	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019				
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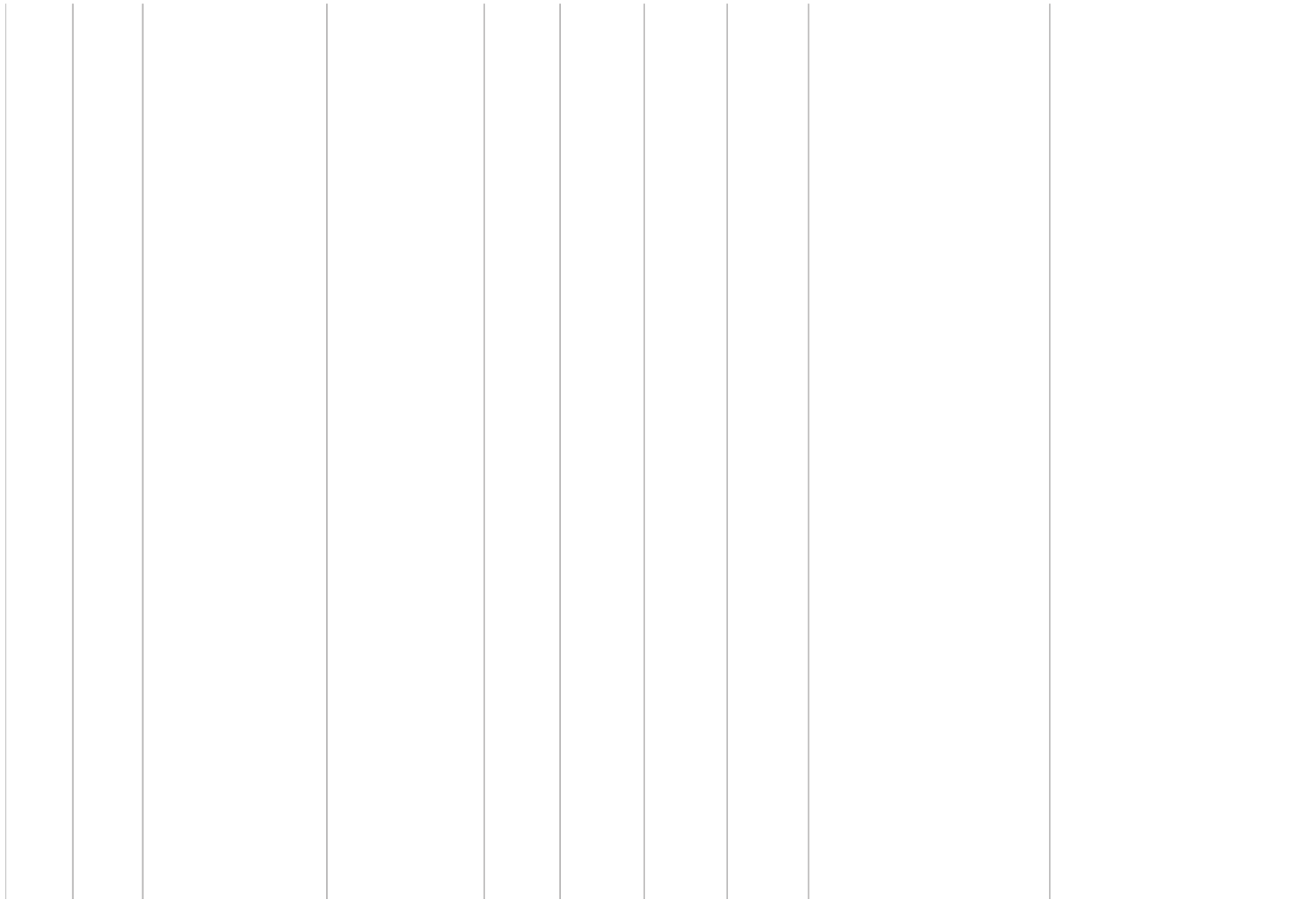
STAR	92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92545	Oscillating tracking test, with recording	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92531	Spontaneous nystagmus, including gaze	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92532	Positional nystagmus test	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			



STAR	92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92534	Optokinetic nystagmus test	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			

STAR	92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92521	Evaluation of speech fluency (eg, stuttering, cluttering)	MEDICINE - SPECIAL PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	MEDICINE - SPECIAL PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	MEDICINE - SPECIAL PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	92524	Behavioral and qualitative analysis of voice and resonance	MEDICINE - SPECIAL PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	92526	Treatment of swallowing dysfunction and/or oral function for feeding	MEDICINE - SPECIAL OTORHINOLAR	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	92504	Binocular microscopy (separate diagnostic procedure)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	MEDICINE - SPECIAL OTORHINOLAR	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	MEDICINE - SPECIAL OTORHINOLAR	YES	12/27/2019	12/31/2078		All PT,OT,ST therapy codes require PA, excluding initial evaluations and re-evaluations	
STAR	92511	Nasopharyngoscopy with endoscope (separate procedure)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92512	Nasal function studies (eg, rhinomanometry)	MEDICINE - SPECIAL OTORHINOLAR	NON-COV	12/27/2019	12/27/2019			



STAR	92516	Facial nerve function studies (eg, electroneuronography)	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92502	Otolaryngologic examination under general anesthesia	MEDICINE - SPECIAL OTORHINOLAR	NO	12/27/2019	12/27/2019			
STAR	92326	Replacement of contact lens	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92340	Fitting of spectacles, except for aphakia; monofocal	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92341	Fitting of spectacles, except for aphakia; bifocal	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92352	Fitting of spectacle prosthesis for aphakia; monofocal	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92353	Fitting of spectacle prosthesis for aphakia; multifocal	MEDICINE - OPHTHALMOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	MEDICINE - SPECIAL PROCEDURES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92071	Fitting of contact lens for treatment of ocular surface disease	MEDICINE - OPHTHALMOLOGY	NO	12/27/2019	12/27/2019			
STAR	92015	Determination of refractive state	MEDICINE - OPHTHALMOLOGY	YES	12/27/2019	12/31/2078	Carve Out		Please contact Superior Vision for prior authorization of these services at 1-800-879-6901 or www.superiorvision.com
STAR	91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	MEDICINE - GASTROENTEROLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91122	Anorectal manometry	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91132	Electrogastrography, diagnostic, transcutaneous;	MEDICINE - GASTROENTEROLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91040	Esophageal balloon distension study, diagnostic, with provocation when performed	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91020	Gastric motility (manometric) studies	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90989	Dialysis training, patient, including helper where applicable, any mode, completed course	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90997	Hemoperfusion (eg, with activated charcoal or resin)	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			

STAR	91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	MEDICINE - GASTROENTEROLOGY	NO	12/27/2019	12/27/2019			
STAR	90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	2009 Code Set	NO	12/27/2019	12/27/2019			

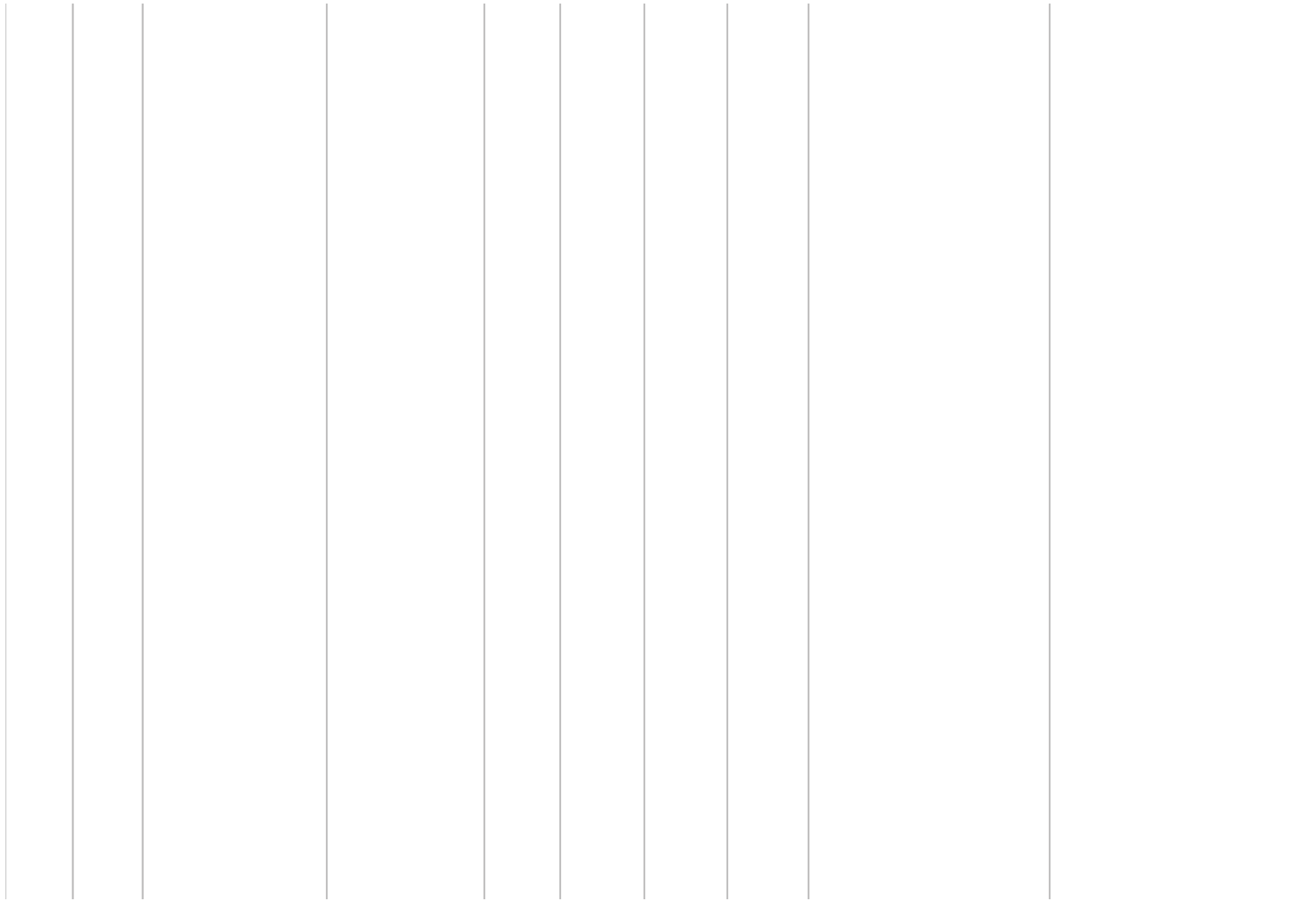
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90937	Hemodialysis procedure requiring repeated evaluation (s) with or without substantial revision of dialysis prescription	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90901	Biofeedback training by any modality	MEDICINE - BIOFEEDBACK	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	MEDICINE - DIALYSIS	NO	12/27/2019	12/27/2019			
STAR	90870	Electroconvulsive therapy (includes necessary monitoring)	MEDICINE - PSYCHIATRY	YES	12/27/2019	12/31/2078			

STAR	90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/31/2078			
STAR	90880	Hypnotherapy	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/31/2078			



STAR	90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90853	Group psychotherapy (other than of a multiple-family group)	MEDICINE - PSYCHIATRY	NO	12/27/2019	12/27/2019			

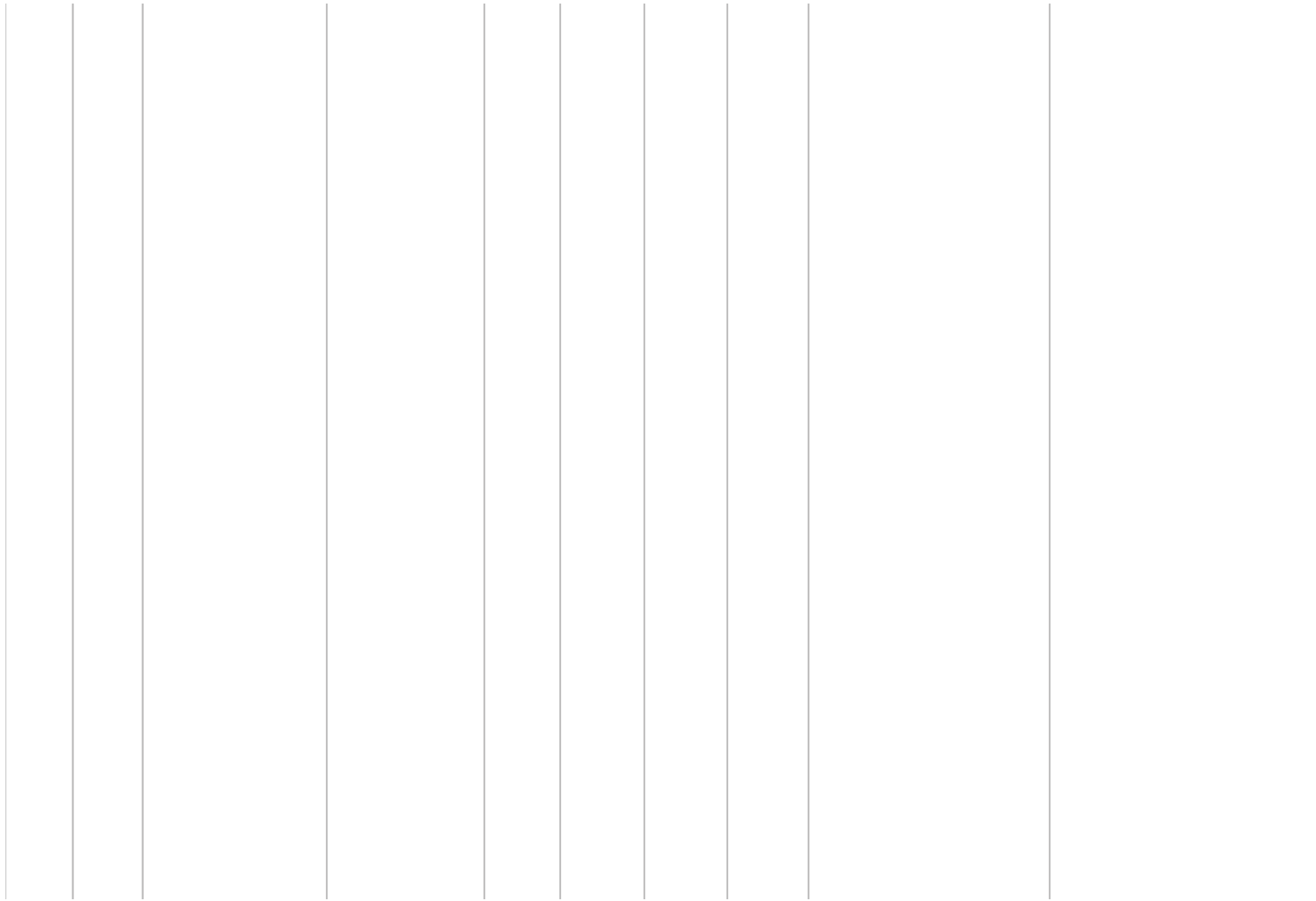
STAR	90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/31/2078			
STAR	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/31/2078			
STAR	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/31/2078			
STAR	90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90845	Psychoanalysis	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			

STAR	90846	Family psychotherapy (without the patient present), 50 minutes	MEDICINE - PSYCHIATRY	NO	12/27/2019	12/27/2019			
STAR	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	MEDICINE - PSYCHIATRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90849	Multiple-family group psychotherapy	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	MEDICINE - PSYCHIATRY	NO	12/27/2019	12/27/2019			
STAR	90834	Psychotherapy, 45 minutes with patient	MEDICINE - PSYCHIATRY	NO	12/27/2019	12/27/2019			
STAR	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	MEDICINE - PSYCHIATRY	NO	12/27/2019	12/27/2019			
STAR	90837	Psychotherapy, 60 minutes with patient	MEDICINE - PSYCHIATRY	NO	12/27/2019	12/27/2019			
STAR	90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	MEDICINE - PSYCHIATRY	NO	12/27/2019	12/27/2019			
STAR	90839	Psychotherapy for crisis; first 60 minutes	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90785	Interactive complexity (List separately in addition to the code for primary procedure)	MEDICINE - PSYCHIATRY	NON-COV	12/27/2019	12/27/2019			
STAR	90791	Psychiatric diagnostic evaluation	PSYCH DIAGNOSTIC EVALUATION	NO	12/27/2019	12/27/2019			
STAR	90792	Psychiatric diagnostic evaluation with medical services	PSYCH DIAG EVAL W/MED SRVCS	NO	12/27/2019	12/27/2019			
STAR	90832	Psychotherapy, 30 minutes with patient	MEDICINE - PSYCHIATRY	NO	12/27/2019	12/27/2019			
STAR	90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			



STAR	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90717	Yellow fever vaccine, live, for subcutaneous use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	MEDICINE - VACCINES TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	MEDICINE - VACCINES TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90690	Typhoid vaccine, live, oral	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	2008 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90675	Rabies vaccine, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90676	Rabies vaccine, for intradermal use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/31/2078			
STAR	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			
STAR	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	MEDICINE - IMMUNIZATION ADMINI	NO	12/27/2019	12/27/2019			
STAR	90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	MEDICINE - IMMUNIZATION ADMINI	NO	12/27/2019	12/27/2019			
STAR	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	MEDICINE - IMMUNIZATION ADMINI	NO	12/27/2019	12/27/2019			
STAR	90476	Adenovirus vaccine, type 4, live, for oral use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90477	Adenovirus vaccine, type 7, live, for oral use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90581	Anthrax vaccine, for subcutaneous or intramuscular use	MEDICINE - VACCINES, TOXOIDS	NON-COV	12/27/2019	12/27/2019			
STAR	90393	Vaccinia immune globulin, human, for intramuscular use	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90396	Varicella-zoster immune globulin, human, for intramuscular use	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	MEDICINE - VACCINES, TOXOIDS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	MEDICINE - IMMUNIZATION ADMINI	NO	12/27/2019	12/27/2019			
STAR	90376	Rabies immune globulin, heat-treated (Rlg-HT), human, for intramuscular and/or subcutaneous use	MEDICINE - IMMUNE GLOBULINS	NO	12/27/2019	12/27/2019			
STAR	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/31/2078			
STAR	90384	Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90385	Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90386	Rho(D) immune globulin (RhlgIV), human, for intravenous use	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90389	Tetanus immune globulin (Tlg), human, for intramuscular use	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90284	Immune globulin (SClg), human, for use in subcutaneous infusions, 100 mg, each	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	90287	Botulinum antitoxin, equine, any route	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90288	Botulism immune globulin, human, for intravenous use	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	MEDICINE - IMMUNE GLOBULINS	NO	12/27/2019	12/27/2019			
STAR	90296	Diphtheria antitoxin, equine, any route	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90371	Hepatitis B immune globulin (HBlg), human, for intramuscular use	MEDICINE - IMMUNE GLOBULINS	NO	12/27/2019	12/27/2019			
STAR	90375	Rabies immune globulin (Rlg), human, for intramuscular and/or subcutaneous use	MEDICINE - IMMUNE GLOBULINS	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	90281	Immune globulin (Ig), human, for intramuscular use	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	90283	Immune globulin (IgIV), human, for intravenous use	MEDICINE - IMMUNE GLOBULINS	NON-COV	12/27/2019	12/27/2019			
STAR	89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89356	Thawing of cryopreserved; oocytes, each aliquot	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89398	Unlisted reproductive medicine laboratory procedure	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	9001F	Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

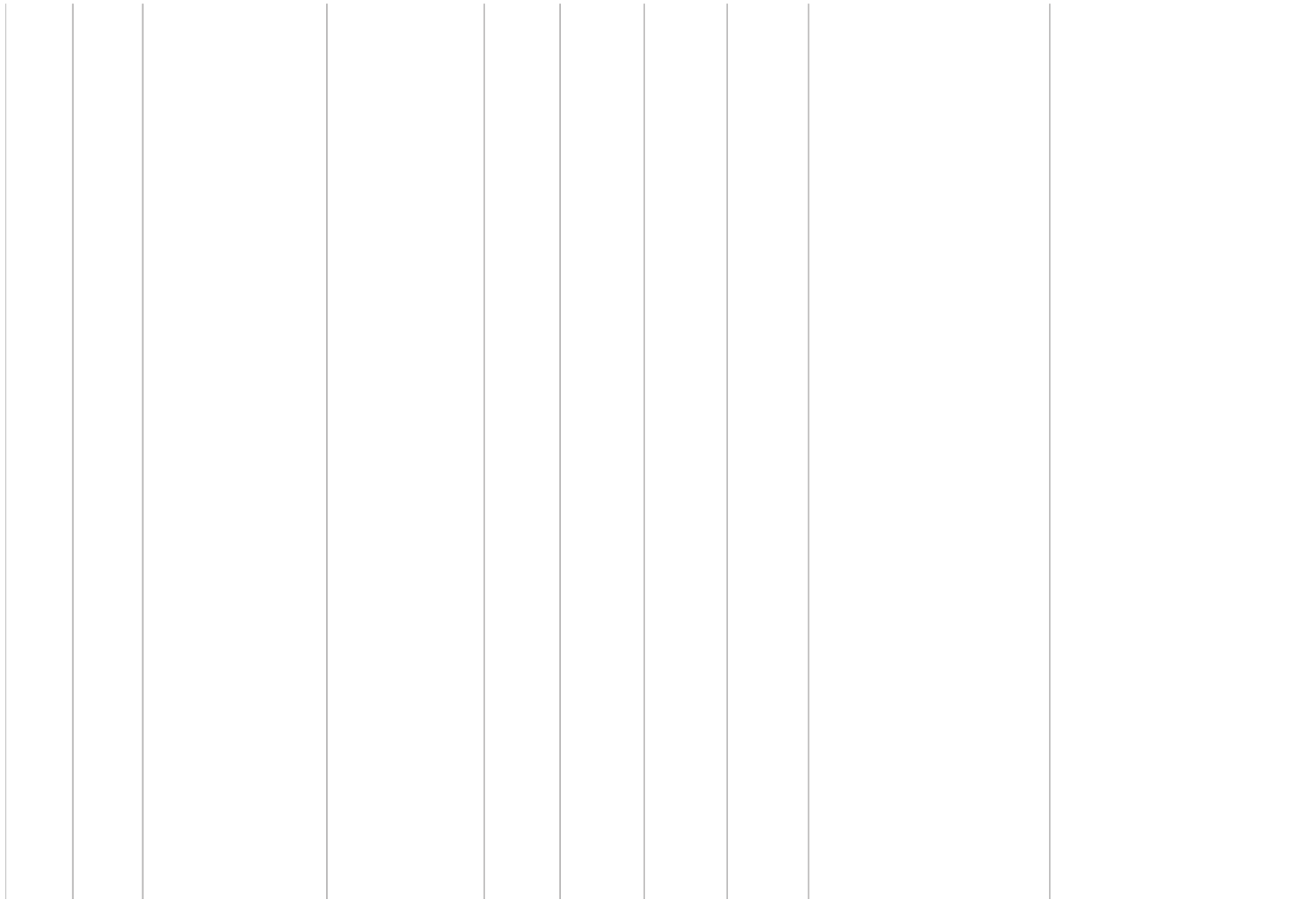
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	89342	Storage (per year); embryo(s)	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89343	Storage (per year); sperm/semen	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89344	Storage (per year); reproductive tissue, testicular/ovarian	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89346	Storage (per year); oocyte(s)	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89352	Thawing of cryopreserved; embryo(s)	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89353	Thawing of cryopreserved; sperm/semen, each aliquot	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89329	Sperm evaluation; hamster penetration test	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89330	Sperm evaluation; cervical mucus penetration test, with or without spinbarkeit test	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	2008 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	89335	Cryopreservation, reproductive tissue, testicular	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89337	Cryopreservation, mature oocyte(s)	PATH & LAB - IMMUNOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89310	Semen analysis; motility and count (not including Huhner test)	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89320	Semen analysis; volume, count, motility, and differential	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89321	Semen analysis; sperm presence and motility of sperm, if performed	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	2008 Code Set	NON-COV	12/27/2019	12/31/2078			
STAR	89325	Sperm antibodies	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89268	Insemination of oocytes	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89272	Extended culture of oocyte (s)/embryo(s), 4-7 days	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89257	Sperm identification from aspiration (other than seminal fluid)	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89258	Cryopreservation; embryo(s)	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89259	Cryopreservation; sperm	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89264	Sperm identification from testis tissue, fresh or cryopreserved	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89230	Sweat collection by iontophoresis	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	89250	Culture of oocyte(s)/embryo (s), less than 4 days;	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89251	Culture of oocyte(s)/embryo (s), less than 4 days; with co-culture of oocyte(s)/embryos	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	89253	Assisted embryo hatching, microtechniques (any method)	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89254	Oocyte identification from follicular fluid	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89255	Preparation of embryo for transfer (any method)	PATH & LAB - OTHER PROCEDURES	NON-COV	12/27/2019	12/31/2078			
STAR	89055	Leukocyte assessment, fecal, qualitative or semiquantitative	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	89125	Fat stain, feces, urine, or respiratory secretions	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	89160	Meat fibers, feces	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	89190	Nasal smear for eosinophils	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	PATH & LAB - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	88738	Hemoglobin (Hgb), quantitative, transcutaneous	PATH & LAB - TRANSCUTANEOUS PR	NON-COV	12/27/2019	12/27/2019			
STAR	88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88381	Microdissection (ie, sample preparation of microscopically identified target); manual	2008 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88720	Bilirubin, total, transcutaneous	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	88371	Protein analysis of tissue by Western Blot, with interpretation and report;	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88375	Optical endomicroscopic image (s), interpretation and report, real-time or referred, each endoscopic session	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	PATH & LAB - SURGICAL PATHOLOG	NON-COV	12/27/2019	12/31/2078			
STAR	88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88356	Morphometric analysis; nerve	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88358	Morphometric analysis; tumor (eg, DNA ploidy)	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88362	Nerve teasing preparations	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			



STAR	88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88319	Special stain including interpretation and report; Group III, for enzyme constituents	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88300	Level I - Surgical pathology, gross examination only	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88305	Level IV - Surgical pathology,	PATH & LAB - SURGICAL	NO	12/27/2019	12/27/2019			

gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy

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		Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy						
STAR	88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019		

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil - resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	PATH & LAB - SURGICAL PATHOLOG	NO	12/27/2019	12/27/2019			
STAR	88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	PATH & LAB - CYTOGENETIC STUDI	YES	12/27/2019	12/31/2078			
STAR	88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88264	Chromosome analysis; analyze 20-25 cells	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88239	Tissue culture for neoplastic disorders; solid tumor	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88240	Cryopreservation, freezing and storage of cells, each cell line	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88241	Thawing and expansion of frozen cells, each aliquot	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88189	Flow cytometry, interpretation; 16 or more markers	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88230	Tissue culture for non-neoplastic disorders; lymphocyte	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88182	Flow cytometry, cell cycle or DNA analysis	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88187	Flow cytometry, interpretation; 2 to 8 markers	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88188	Flow cytometry, interpretation; 9 to 15 markers	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code [s] for other technical and interpretation services)	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88160	Cytopathology, smears, any other source; screening and interpretation	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88161	Cytopathology, smears, any other source; preparation, screening and interpretation	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	PATH & LAB - CYTOPATHOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88125	Cytopathology, forensic (eg, sperm)	PATH & LAB - CYTOPATHOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	88130	Sex chromatin identification; Barr bodies	PATH & LAB - CYTOPATHOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88040	Necropsy (autopsy); forensic examination	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	88045	Necropsy (autopsy); coroner's call	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	PATH & LAB - CYTOPATHOLOGY	NO	12/27/2019	12/27/2019			
STAR	88016	Necropsy (autopsy), gross examination only; macerated stillborn	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88020	Necropsy (autopsy), gross and microscopic; without CNS	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88025	Necropsy (autopsy), gross and microscopic; with brain	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88028	Necropsy (autopsy), gross and microscopic; infant with brain	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88000	Necropsy (autopsy), gross examination only; without CNS	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88005	Necropsy (autopsy), gross examination only; with brain	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88012	Necropsy (autopsy), gross examination only; infant with brain	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	PATH & LAB - ANATOMIC PATHOLOG	NON-COV	12/27/2019	12/27/2019			
STAR	87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87880	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87899	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87803	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87808	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87809	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus	2008 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87802	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87425	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; rotavirus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87427	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Shiga-like toxin	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87350	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis Be antigen (HBeAg)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87385	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Histoplasma capsulatum	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87336	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Entamoeba histolytica dispar group	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87337	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Entamoeba histolytica group	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87339	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Helicobacter pylori	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87324	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Clostridium difficile toxin(s)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87327	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Cryptococcus neoformans	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87328	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; cryptosporidium	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; giardia	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87332	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; cytomegalovirus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87335	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Escherichia coli 0157	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87305	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Aspergillus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87283	Infectious agent antigen detection by immunofluorescent technique; Rubeola	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87267	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87269	Infectious agent antigen detection by immunofluorescent technique; giardia	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87197	Serum bactericidal titer (Schlichter test)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87176	Homogenization, tissue, for culture	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87177	Ova and parasites, direct smears, concentration and identification	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87168	Macroscopic examination; arthropod	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87169	Macroscopic examination; parasite	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87172	Pinworm exam (eg, cellophane tape prep)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87152	Culture, typing; identification by pulse field gel typing	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87158	Culture, typing; other methods	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87110	Culture, chlamydia, any source	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87118	Culture, mycobacterial, definitive identification, each isolate	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87140	Culture, typing; immunofluorescent method, each antiserum	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87109	Culture, mycoplasma, any source	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87106	Culture, fungi, definitive identification, each organism; yeast	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87107	Culture, fungi, definitive identification, each organism; mold	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	87081	Culture, presumptive, pathogenic organisms, screening only;	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87086	Culture, bacterial; quantitative colony count, urine	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86978	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86985	Splitting of blood or blood products, each unit	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	87003	Animal inoculation, small animal, with observation and dissection	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	87015	Concentration (any type), for infectious agents	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	86965	Pooling of platelets or other blood products	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86976	Pretreatment of serum for use in RBC antibody identification; by dilution	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86945	Irradiation of blood product, each unit	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86950	Leukocyte transfusion	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86930	Frozen blood, each unit; freezing (includes preparation)	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86931	Frozen blood, each unit; thawing	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			

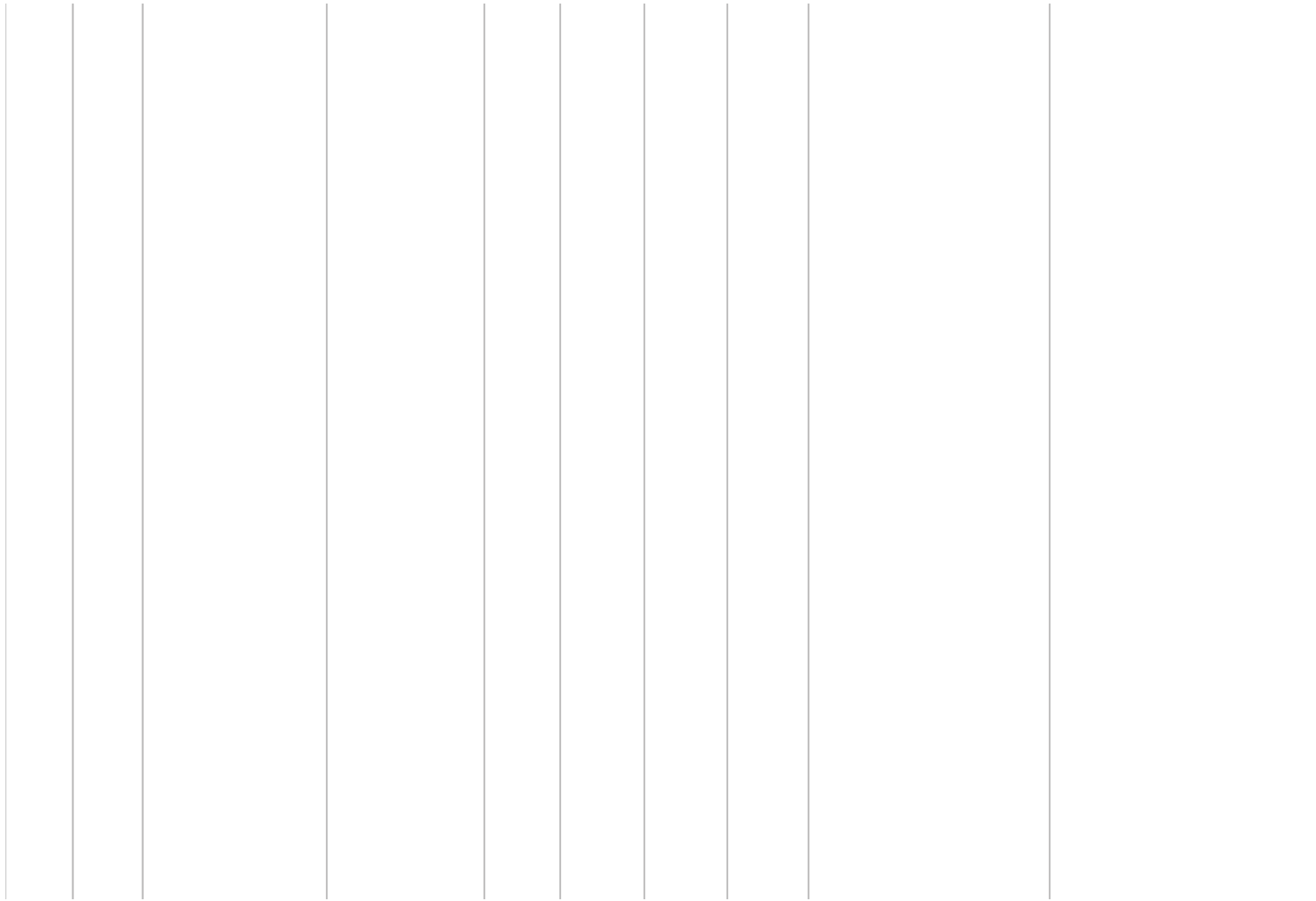
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86932	Frozen blood, each unit; freezing (includes preparation) and thawing	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86940	Hemolysins and agglutinins; auto, screen, each	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86941	Hemolysins and agglutinins; incubated	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86911	Blood typing, for paternity testing, per individual; each additional antigen system	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86920	Compatibility test each unit; immediate spin technique	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86921	Compatibility test each unit; incubation technique	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86922	Compatibility test each unit; antiglobulin technique	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86927	Fresh frozen plasma, thawing, each unit	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86905	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86906	Blood typing, serologic; Rh phenotyping, complete	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86886	Antihuman globulin test (Coombs test); indirect, each antibody titer	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86890	Autologous blood or component, collection processing and storage; predeposited	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	PATH & LAB - TRANSFUSION MEDIC	NON-COV	12/27/2019	12/27/2019			
STAR	86900	Blood typing, serologic; ABO	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			

STAR	86901	Blood typing, serologic; Rh (D)	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86850	Antibody screen, RBC, each serum technique	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86860	Antibody elution (RBC), each elution	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86870	Antibody identification, RBC antibodies, each panel for each serum technique	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			
STAR	86880	Antihuman globulin test (Coombs test); direct, each antiserum	PATH & LAB - TRANSFUSION MEDIC	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86816	HLA typing; DR/DQ, single antigen	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86817	HLA typing; DR/DQ, multiple antigens	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86821	HLA typing; lymphocyte culture, mixed (MLC)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86805	Lymphocytotoxicity assay, visual crossmatch; with titration	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86806	Lymphocytotoxicity assay, visual crossmatch; without titration	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86813	HLA typing; A, B, or C, multiple antigens	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86790	Antibody; virus, not elsewhere specified	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86793	Antibody; Yersinia	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86800	Thyroglobulin antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			



STAR	86803	Hepatitis C antibody;	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86778	Antibody; Toxoplasma, IgM	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86780	Antibody; Treponema pallidum	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86784	Antibody; Trichinella	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86787	Antibody; varicella-zoster	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86788	Antibody; West Nile virus, IgM	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86789	Antibody; West Nile virus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86765	Antibody; rubeola	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86768	Antibody; Salmonella	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86771	Antibody; Shigella	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86774	Antibody; tetanus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86777	Antibody; Toxoplasma	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86753	Antibody; protozoa, not elsewhere specified	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86756	Antibody; respiratory syncytial virus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86757	Antibody; Rickettsia	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

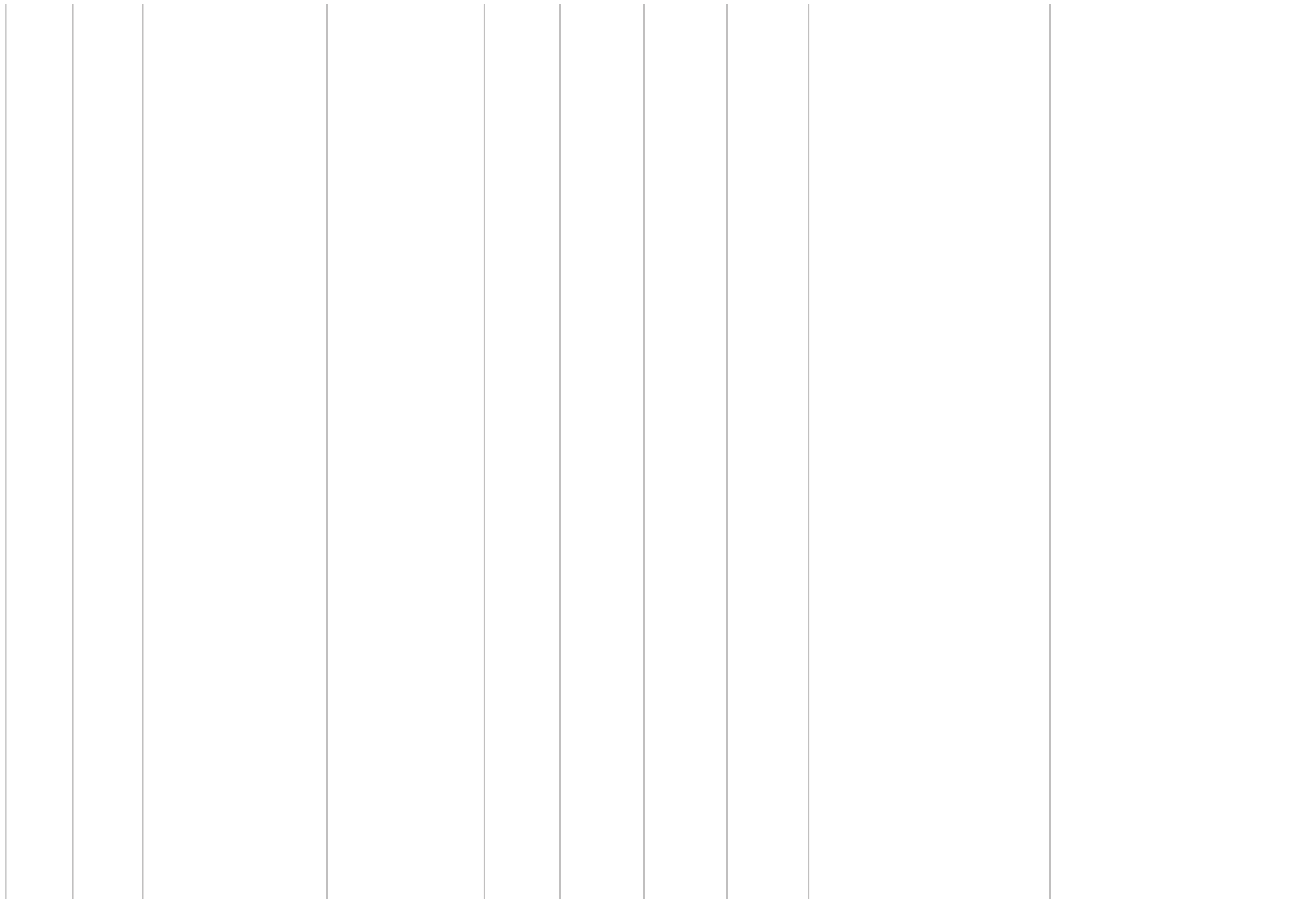
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86759	Antibody; rotavirus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86762	Antibody; rubella	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86741	Antibody; Neisseria meningitidis	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86744	Antibody; Nocardia	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86747	Antibody; parvovirus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86750	Antibody; Plasmodium (malaria)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86732	Antibody; mucormycosis	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86735	Antibody; mumps	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86738	Antibody; mycoplasma	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86713	Antibody; Legionella	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86717	Antibody; Leishmania	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86720	Antibody; Leptospira	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86723	Antibody; Listeria monocytogenes	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86727	Antibody; lymphocytic choriomeningitis	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86706	Hepatitis B surface antibody (HBsAb)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86707	Hepatitis Be antibody (HBeAb)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86708	Hepatitis A antibody (HAAb)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86709	Hepatitis A antibody (HAAb), IgM antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86710	Antibody; influenza virus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86711	Antibody; JC (John Cunningham) virus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86701	Antibody; HIV-1	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86702	Antibody; HIV-2	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86703	Antibody; HIV-1 and HIV-2, single result	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86704	Hepatitis B core antibody (HBcAb); total	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86705	Hepatitis B core antibody (HBcAb); IgM antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86694	Antibody; herpes simplex, non-specific type test	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86695	Antibody; herpes simplex, type 1	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86696	Antibody; herpes simplex, type 2	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86698	Antibody; histoplasma	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86682	Antibody; helminth, not elsewhere specified	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86684	Antibody; Haemophilus influenza	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86687	Antibody; HTLV-I	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86688	Antibody; HTLV-II	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86692	Antibody; hepatitis, delta agent	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86674	Antibody; Giardia lamblia	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86677	Antibody; Helicobacter pylori	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86668	Antibody; Francisella tularensis	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86671	Antibody; fungus, not elsewhere specified	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86666	Antibody; Ehrlichia	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86653	Antibody; encephalitis, St. Louis	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86654	Antibody; encephalitis, Western equine	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86658	Antibody; enterovirus (eg, coxsackie, echo, polio)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86651	Antibody; encephalitis, California (La Crosse)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86652	Antibody; encephalitis, Eastern equine	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86635	Antibody; Coccidioides	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86638	Antibody; Coxiella burnetii (Q fever)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86641	Antibody; Cryptococcus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86644	Antibody; cytomegalovirus (CMV)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86645	Antibody; cytomegalovirus (CMV), IgM	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86648	Antibody; Diphtheria	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86622	Antibody; Brucella	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86625	Antibody; Campylobacter	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86628	Antibody; Candida	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86631	Antibody; Chlamydia	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86632	Antibody; Chlamydia, IgM	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86615	Antibody; Bordetella	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86618	Antibody; Borrelia burgdorferi (Lyme disease)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86619	Antibody; Borrelia (relapsing fever)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86603	Antibody; adenovirus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86606	Antibody; Aspergillus	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

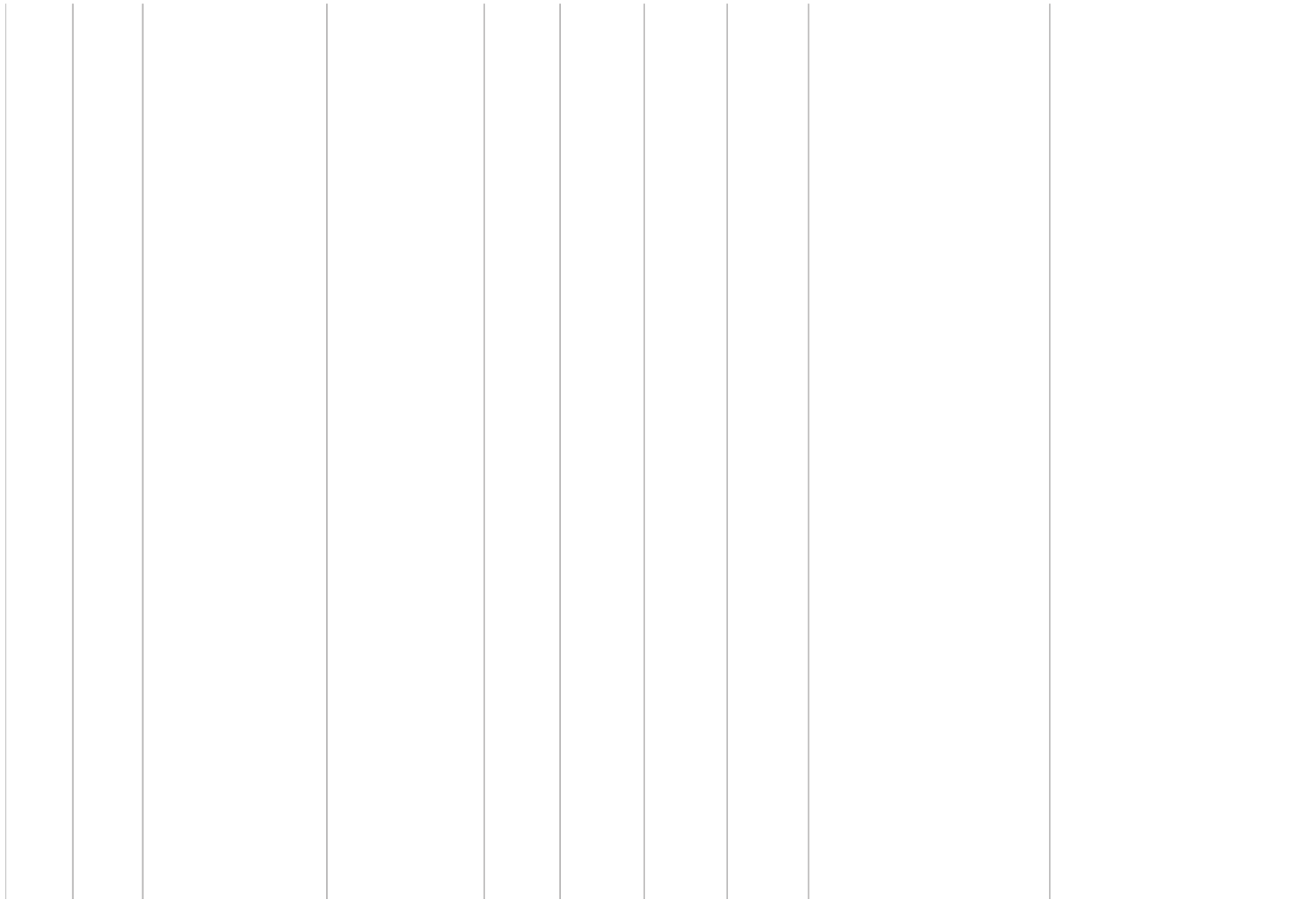
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86609	Antibody; bacterium, not elsewhere specified	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86611	Antibody; Bartonella	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86612	Antibody; Blastomyces	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86510	Skin test; histoplasmosis	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86580	Skin test; tuberculosis, intradermal	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86590	Streptokinase, antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

STAR	86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86593	Syphilis test, non-treponemal antibody; quantitative	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86602	Antibody; actinomyces	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86431	Rheumatoid factor; quantitative	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86485	Skin test; candida	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			



STAR	86490	Skin test; coccidioidomycosis	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86382	Neutralization test, viral	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

STAR	86384	Nitroblue tetrazolium dye test (NTD)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86403	Particle agglutination; screen, each antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86406	Particle agglutination; titer, each antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86430	Rheumatoid factor; qualitative	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86359	T cells; total count	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

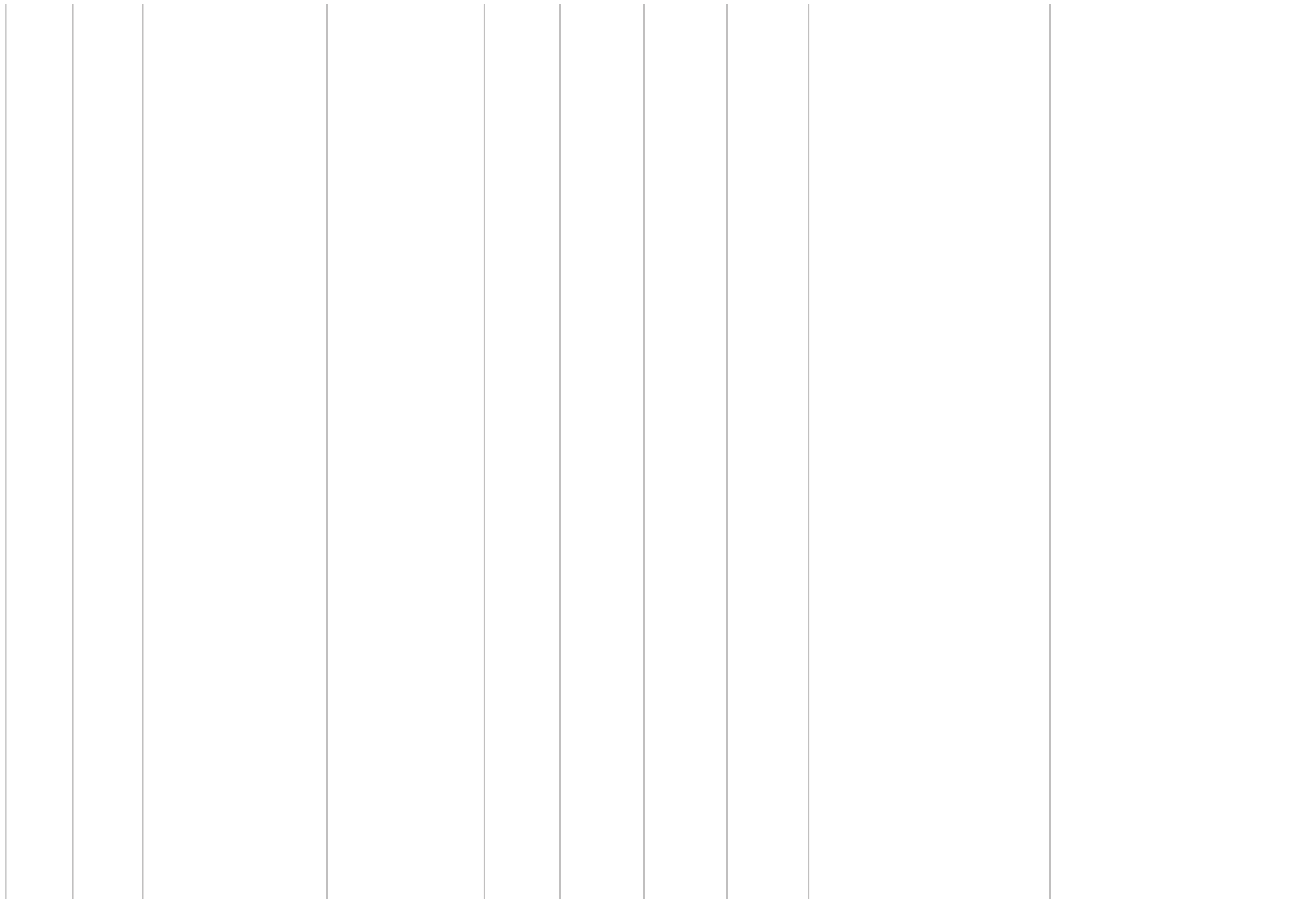


STAR	86360	T cells; absolute CD4 and CD8 count, including ratio	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86361	T cells; absolute CD4 count	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86343	Leukocyte histamine release test (LHR)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86344	Leukocyte phagocytosis	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

STAR	86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86336	Inhibin A	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

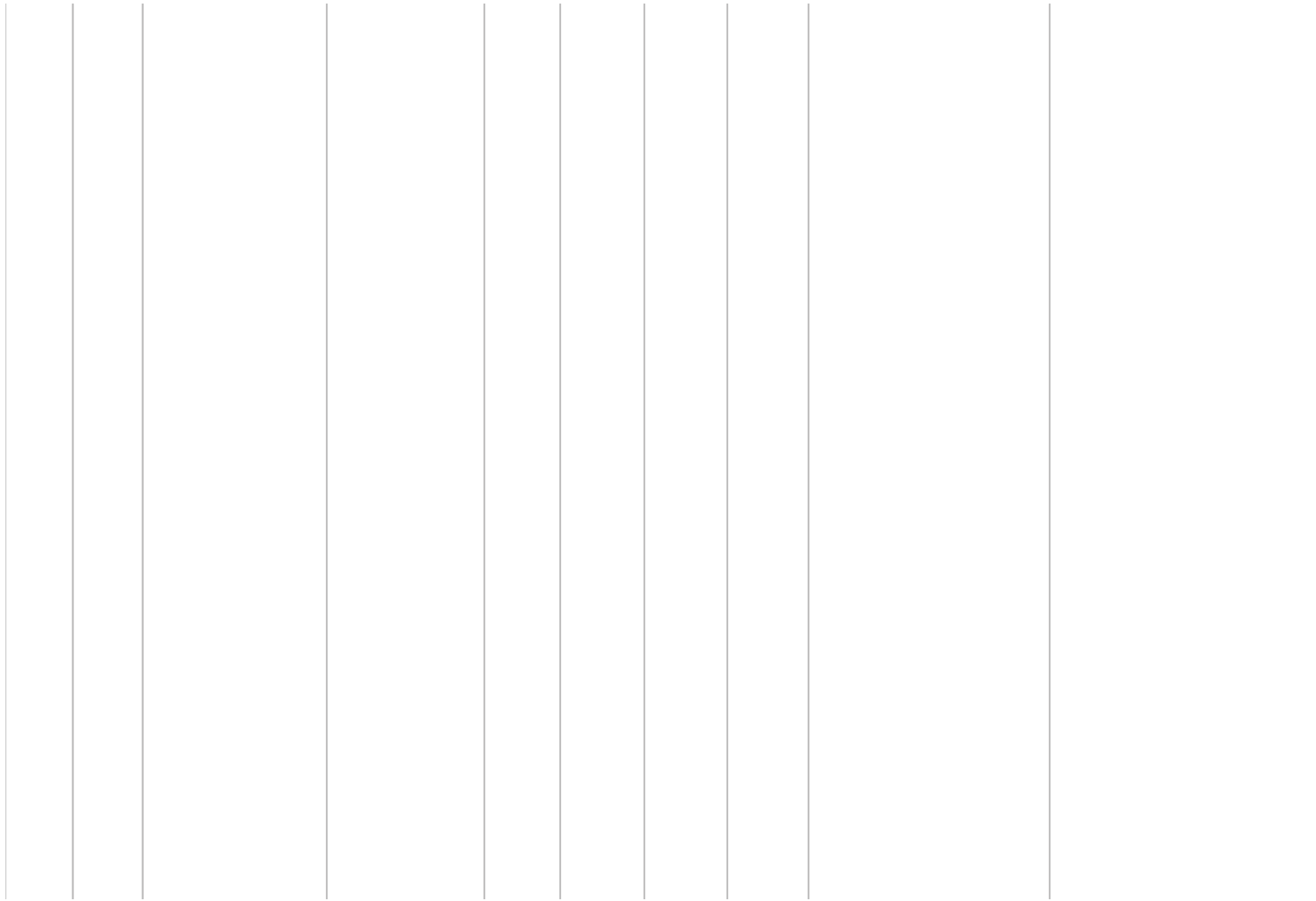
STAR	86337	Insulin antibodies	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86340	Intrinsic factor antibodies	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86341	Islet cell antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			



STAR	86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86332	Immune complex assay	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

STAR	86334	Immunofixation electrophoresis; serum	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86325	Immuno-electrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86327	Immuno-electrophoresis; crossed (2-dimensional assay)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86329	Immunodiffusion; not elsewhere specified	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86320	Immuno-electrophoresis; serum	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86301	Immunoassay for tumor antigen, quantitative; CA 19-9	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86304	Immunoassay for tumor antigen, quantitative; CA 125	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86305	Human epididymis protein 4 (HE4)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86308	Heterophile antibodies; screening	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86309	Heterophile antibodies; titer	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86255	Fluorescent noninfectious agent antibody; screen, each antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86256	Fluorescent noninfectious agent antibody; titer, each antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86277	Growth hormone, human (HGH), antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86280	Hemagglutination inhibition test (HAI)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86171	Complement fixation tests, each antigen	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86215	Deoxyribonuclease, antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			



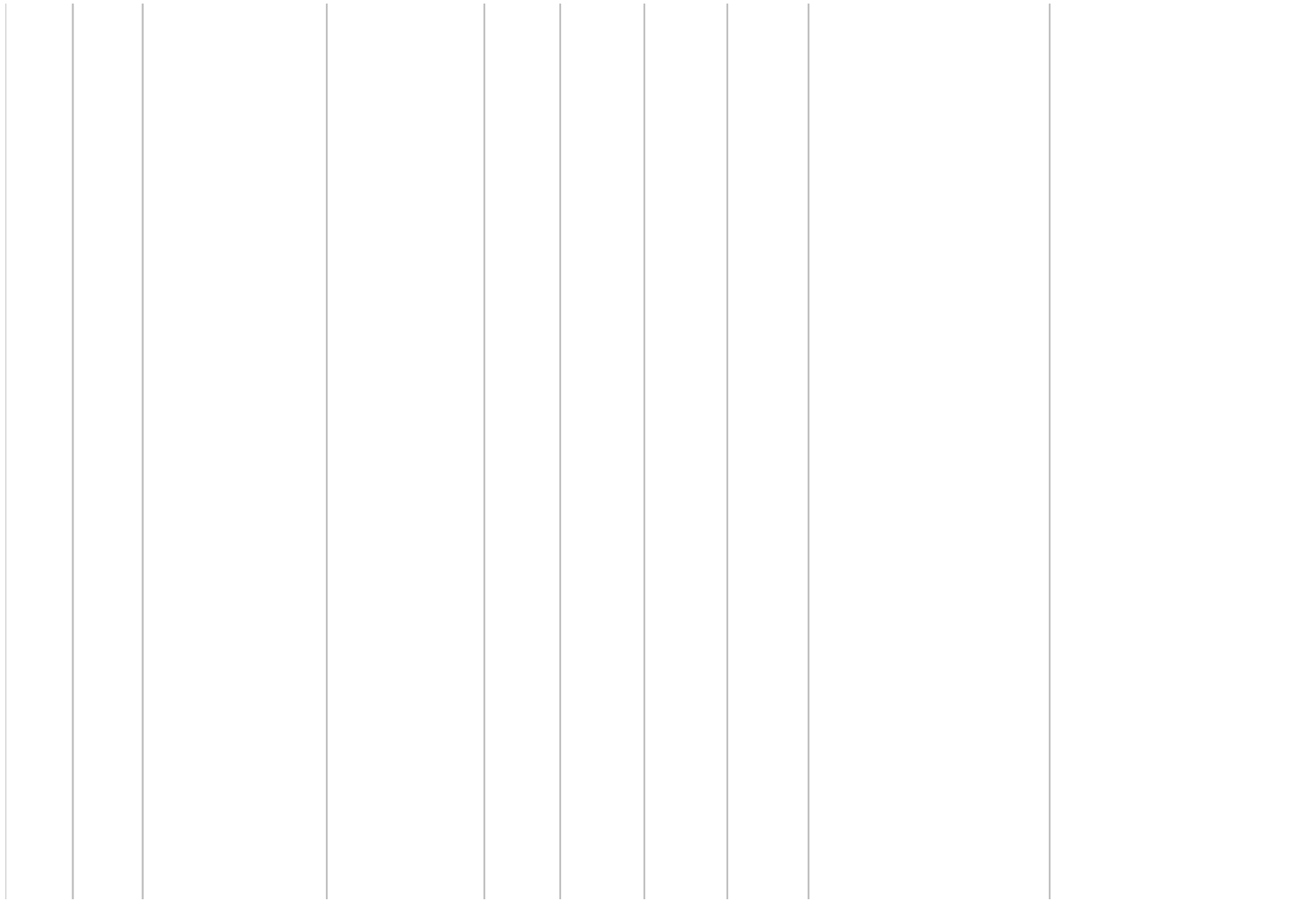
STAR	86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86226	Deoxyribonucleic acid (DNA) antibody; single stranded	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86160	Complement; antigen, each component	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86161	Complement; functional activity, each component	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86162	Complement; total hemolytic (CH50)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	PATH & LAB - IMMUNOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	86155	Chemotaxis assay, specify method	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86156	Cold agglutinin; screen	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

STAR	86157	Cold agglutinin; titer	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86141	C-reactive protein; high sensitivity (hsCRP)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86146	Beta 2 Glycoprotein I antibody, each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86147	Cardiolipin (phospholipid) antibody, each Ig class	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86148	Anti-phosphatidylserine (phospholipid) antibody	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	PATH & LAB - IMMUNOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	86060	Antistreptolysin 0; titer	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86063	Antistreptolysin 0; screen	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86140	C-reactive protein;	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86022	Antibody identification; platelet antibodies	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86023	Antibody identification; platelet associated immunoglobulin assay	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86038	Antinuclear antibodies (ANA);	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86039	Antinuclear antibodies (ANA); titer	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86001	Allergen specific IgG quantitative or semiquantitative, each allergen	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	86021	Antibody identification; leukocyte antibodies	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85810	Viscosity	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	85675	Thrombin time; titer	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

STAR	85705	Thromboplastin inhibition, tissue	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85730	Thromboplastin time, partial (PTT); plasma or whole blood	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85635	Reptilase test	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			



STAR	85651	Sedimentation rate, erythrocyte; non-automated	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85652	Sedimentation rate, erythrocyte; automated	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85660	Sickling of RBC, reduction	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85670	Thrombin time; plasma	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

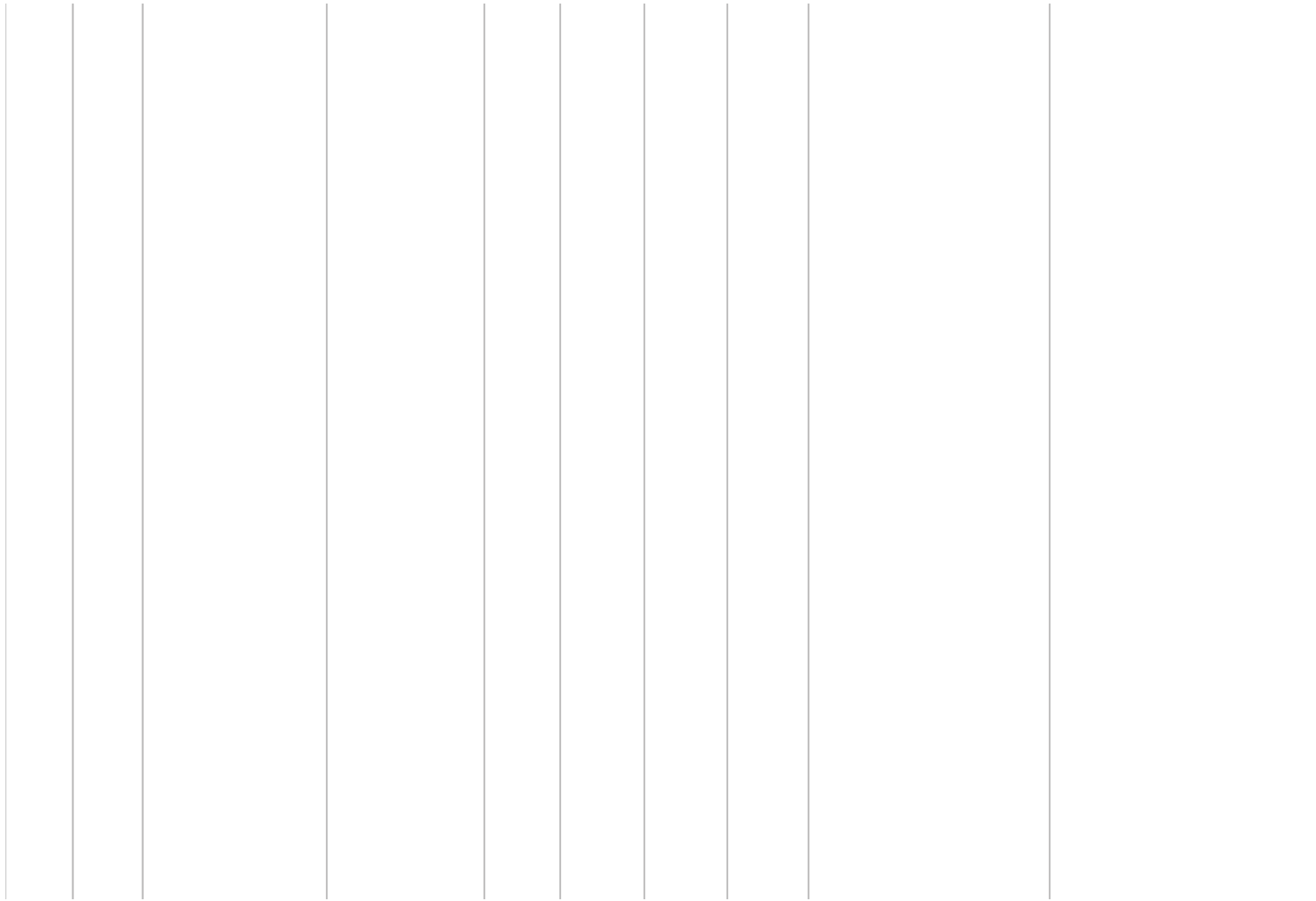
STAR	85613	Russell viper venom time (includes venom); diluted	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85576	Platelet, aggregation (in vitro), each agent	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85597	Phospholipid neutralization; platelet	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85598	Phospholipid neutralization; hexagonal phospholipid	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85610	Prothrombin time;	PATH & LAB -	NO	12/27/2019	12/27/2019			

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STAR	85611	Prothrombin time; substitution, plasma fractions, each	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85612	Russell viper venom time (includes venom); undiluted	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85530	Heparin-protamine tolerance test	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85536	Iron stain, peripheral blood	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

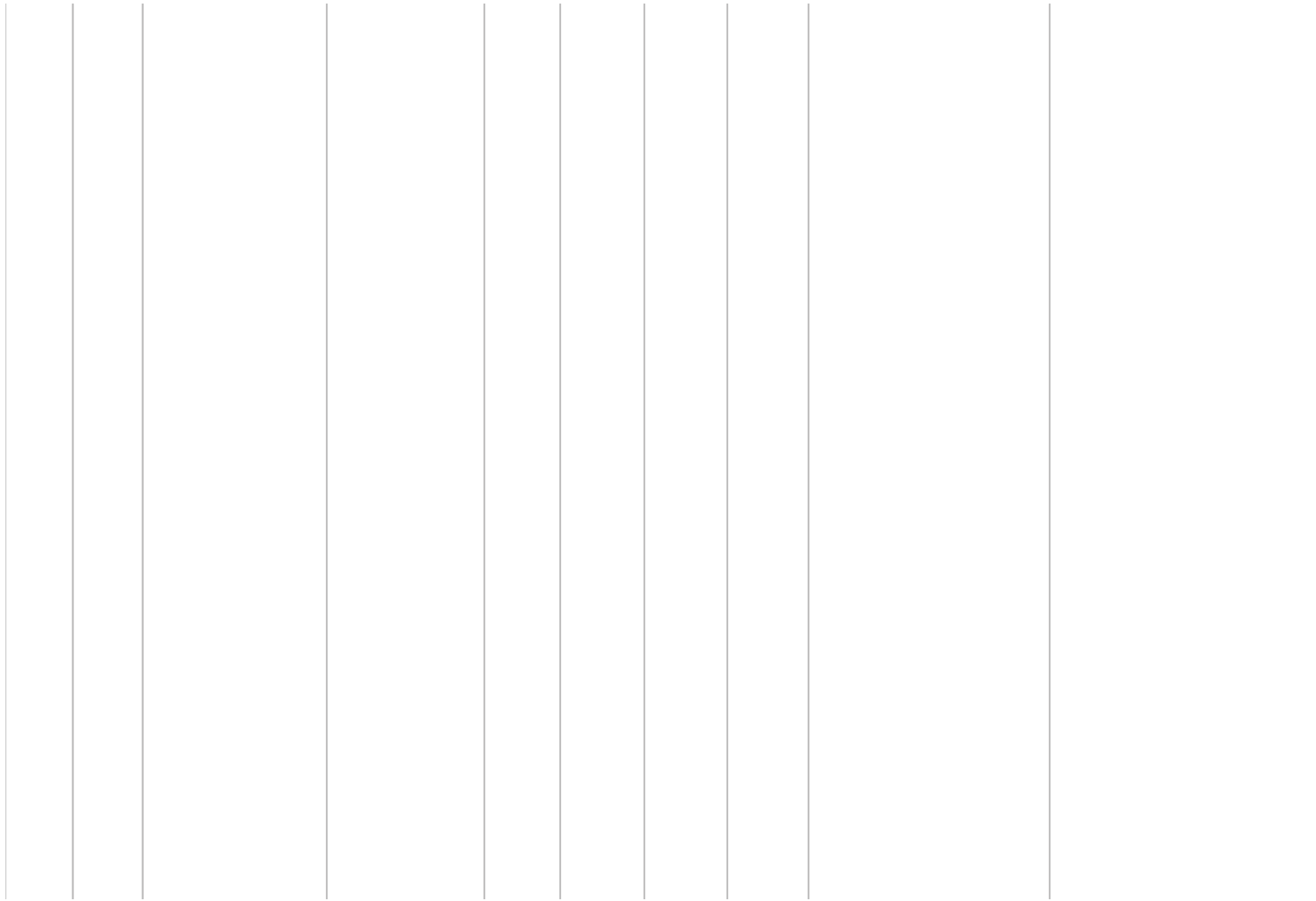
STAR	85540	Leukocyte alkaline phosphatase with count	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85547	Mechanical fragility, RBC	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	85549	Muramidase	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85555	Osmotic fragility, RBC; unincubated	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85557	Osmotic fragility, RBC; incubated	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85445	Heinz bodies; induced, acetyl phenylhydrazine	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85475	Hemolysin, acid	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85520	Heparin assay	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85525	Heparin neutralization	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85400	Fibrinolytic factors and inhibitors; plasmin	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85415	Fibrinolytic factors and inhibitors; plasminogen activator	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85441	Heinz bodies; direct	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			



STAR	85379	Fibrin degradation products, D-dimer; quantitative	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85384	Fibrinogen; activity	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

STAR	85385	Fibrinogen; antigen	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

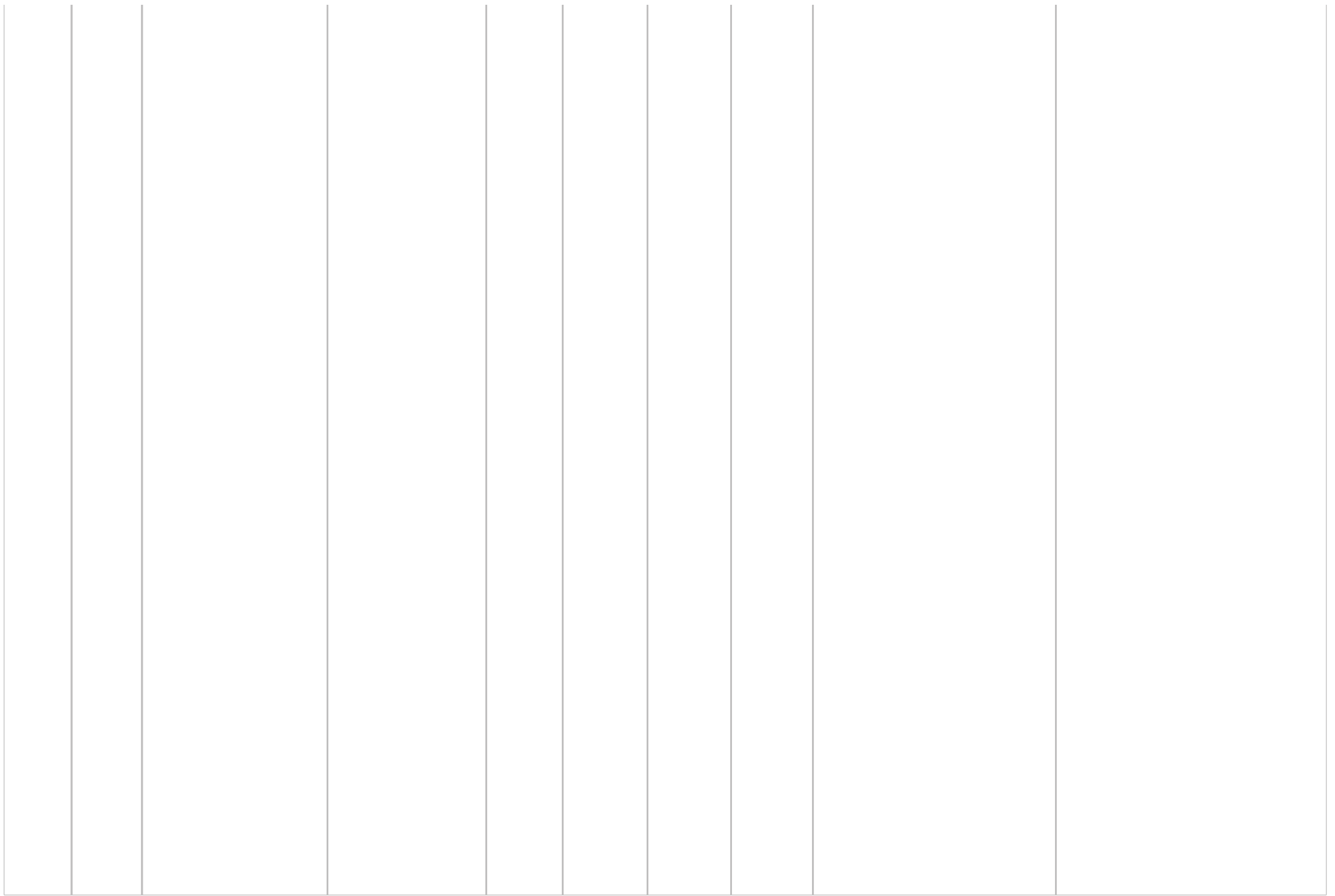


STAR	85390	Fibrinolytics or coagulopathy screen, interpretation and report	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85396	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive (s), as indicated, including interpretation and written report, per day	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	85348	Coagulation time; other methods	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85360	Euglobulin lysis	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

STAR	85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	85307	Activated Protein C (APC) resistance assay	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85335	Factor inhibitor test	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

STAR	85337	Thrombomodulin	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85345	Coagulation time; Lee and White	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85347	Coagulation time; activated	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			



LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	85305	Clotting inhibitors or anticoagulants; protein S, total	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85306	Clotting inhibitors or anticoagulants; protein S, free	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85300	Clotting inhibitors or anticoagulants; antithrombin III, activity	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85302	Clotting inhibitors or anticoagulants; protein C, antigen	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85303	Clotting inhibitors or anticoagulants; protein C, activity	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85291	Clotting; factor XIII (fibrin stabilizing), screen solubility	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85292	Clotting; prekallikrein assay (Fletcher factor assay)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85290	Clotting; factor XIII (fibrin stabilizing)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85270	Clotting; factor XI (PTA)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85280	Clotting; factor XII (Hageman)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85245	Clotting; factor VIII, VW factor, ristocetin cofactor	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85246	Clotting; factor VIII, VW factor antigen	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85247	Clotting; factor VIII, von Willebrand factor, multimetric analysis	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85250	Clotting; factor IX (PTC or Christmas)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85260	Clotting; factor X (Stuart-Prower)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85175	Clot lysis time, whole blood dilution	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85210	Clotting; factor II, prothrombin, specific	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85220	Clotting; factor V (AcG or proaccelerin), labile factor	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	85230	Clotting; factor VII (proconvertin, stable factor)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85240	Clotting; factor VIII (AHG), 1-stage	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85244	Clotting; factor VIII related antigen	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85055	Reticulated platelet assay	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

STAR	85060	Blood smear, peripheral, interpretation by physician with written report	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85097	Bone marrow, smear interpretation	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85130	Chromogenic substrate assay	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85170	Clot retraction	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85041	Blood count; red blood cell (RBC), automated	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85044	Blood count; reticulocyte, manual	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85045	Blood count; reticulocyte, automated	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85048	Blood count; leukocyte (WBC), automated	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85049	Blood count; platelet, automated	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85014	Blood count; hematocrit (Hct)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85018	Blood count; hemoglobin (Hgb)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85007	Blood count; blood smear, microscopic examination with manual differential WBC count	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85008	Blood count; blood smear, microscopic examination without manual differential WBC count	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85009	Blood count; manual differential WBC count, buffy coat	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85013	Blood count; spun microhematocrit	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85002	Bleeding time	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	85004	Blood count; automated differential WBC count	PATH & LAB - HEMATOLOGY AND CO	NO	12/27/2019	12/27/2019			
STAR	84702	Gonadotropin, chorionic (hCG); quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84703	Gonadotropin, chorionic (hCG); qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	84704	Gonadotropin, chorionic (hCG); free beta chain	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/27/2019			
STAR	84600	Volatiles (eg, acetic anhydride, diethylether)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84620	Xylose absorption test, blood and/or urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84630	Zinc	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84681	C-peptide	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84588	Vasopressin (antidiuretic hormone, ADH)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84590	Vitamin A	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84591	Vitamin, not otherwise specified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84597	Vitamin K	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84577	Urobilinogen, feces, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84578	Urobilinogen, urine; qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84580	Urobilinogen, urine; quantitative, timed specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84583	Urobilinogen, urine; semiquantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84585	Vanillylmandelic acid (VMA), urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84586	Vasoactive intestinal peptide (VIP)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84540	Urea nitrogen, urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84545	Urea nitrogen, clearance	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84550	Uric acid; blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84560	Uric acid; other source	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	84520	Urea nitrogen; quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84510	Tyrosine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84512	Troponin, qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84484	Troponin, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84485	Trypsin; duodenal fluid	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84488	Trypsin; feces, qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84490	Trypsin; feces, quantitative, 24-hour collection	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84478	Triglycerides	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84480	Triiodothyronine T3; total (TT-3)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84481	Triiodothyronine T3; free	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84482	Triiodothyronine T3; reverse	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84446	Tocopherol alpha (Vitamin E)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84449	Transcortin (cortisol binding globulin)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84450	Transferase; aspartate amino (AST) (SGOT)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84460	Transferase; alanine amino (ALT) (SGPT)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84466	Transferrin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84436	Thyroxine; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84437	Thyroxine; requiring elution (eg, neonatal)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84439	Thyroxine; free	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84442	Thyroxine binding globulin (TBG)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84443	Thyroid stimulating hormone (TSH)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	84445	Thyroid stimulating immune globulins (TSI)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84402	Testosterone; free	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84403	Testosterone; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84425	Thiamine (Vitamin B-1)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84430	Thiocyanate	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84431	Thromboxane metabolite(s), including thromboxane if performed, urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84432	Thyroglobulin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84375	Sugars, chromatographic, TLC or paper chromatography	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84392	Sulfate, urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84300	Sodium; urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84302	Sodium; other source	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84305	Somatomedin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84307	Somatostatin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84311	Spectrophotometry, analyte not elsewhere specified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84315	Specific gravity (except urine)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84255	Selenium	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	84260	Serotonin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84270	Sex hormone binding globulin (SHBG)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84275	Sialic acid	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84285	Silica	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84295	Sodium; serum, plasma or whole blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84234	Receptor assay; progesterone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84238	Receptor assay; non-endocrine (specify receptor)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84244	Renin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84252	Riboflavin (Vitamin B-2)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84206	Proinsulin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84207	Pyridoxal phosphate (Vitamin B-6)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84210	Pyruvate	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84220	Pyruvate kinase	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84228	Quinine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84233	Receptor assay; estrogen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84165	Protein; electrophoretic fractionation and quantitation, serum	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84202	Protoporphyrin, RBC; quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84203	Protoporphyrin, RBC; screen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84154	Prostate specific antigen (PSA); free	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84155	Protein, total, except by refractometry; serum, plasma or whole blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84156	Protein, total, except by refractometry; urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84160	Protein, total, by refractometry, any source	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84163	Pregnancy-associated plasma protein-A (PAPP-A)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84144	Progesterone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	84145	Procalcitonin (PCT)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84146	Prolactin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84150	Prostaglandin, each	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84152	Prostate specific antigen (PSA); complexed (direct measurement)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84153	Prostate specific antigen (PSA); total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84132	Potassium; serum, plasma or whole blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	84133	Potassium; urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84134	Prealbumin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84135	Pregnanediol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84138	Pregnanetriol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84140	Pregnenolone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84143	17-hydroxypregnenolone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84106	Porphobilinogen, urine; qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84110	Porphobilinogen, urine; quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84119	Porphyryns, urine; qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84120	Porphyryns, urine; quantitation and fractionation	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84126	Porphyryns, feces, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84080	Phosphatase, alkaline; isoenzymes	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84081	Phosphatidylglycerol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84085	Phosphogluconate, 6-, dehydrogenase, RBC	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84087	Phosphohexose isomerase	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84100	Phosphorus inorganic (phosphate);	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84105	Phosphorus inorganic (phosphate); urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84030	Phenylalanine (PKU), blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84035	Phenylketones, qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	84060	Phosphatase, acid; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84066	Phosphatase, acid; prostatic	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84075	Phosphatase, alkaline;	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	84078	Phosphatase, alkaline; heat stable (total not included)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	83970	Parathormone (parathyroid hormone)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83986	pH; body fluid, not otherwise specified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83987	pH; exhaled breath condensate	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/27/2019			
STAR	83992	Phencyclidine (PCP)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83993	Calprotectin, fecal	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	83919	Organic acids; qualitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83921	Organic acid, single, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83930	Osmolality; blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83935	Osmolality; urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83937	Osteocalcin (bone g1a protein)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83945	Oxalate	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83950	Oncoprotein; HER-2/neu	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83880	Natriuretic peptide	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83883	Nephelometry, each analyte not elsewhere specified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83885	Nickel	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83915	Nucleotidase 5'-	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83916	Oligoclonal immune (oligoclonal bands)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	83918	Organic acids; total, quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83864	Mucopolysaccharides, acid, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83872	Mucin, synovial fluid (Ropes test)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83873	Myelin basic protein, cerebrospinal fluid	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83874	Myoglobin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83876	Myeloperoxidase (MPO)	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	83775	Malate dehydrogenase	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83785	Manganese	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83789	Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83825	Mercury, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83835	Metanephrines	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83857	Methemalbumin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83719	Lipoprotein, direct measurement; VLDL cholesterol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83721	Lipoprotein, direct measurement; LDL cholesterol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83722	Lipoprotein, direct measurement; small dense LDL cholesterol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83727	Luteinizing releasing factor (LRH)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	83735	Magnesium	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83690	Lipase	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83662	Fetal lung maturity assessment; foam stability test	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83663	Fetal lung maturity assessment; fluorescence polarization	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83664	Fetal lung maturity assessment; lamellar body density	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83670	Leucine aminopeptidase (LAP)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83630	Lactoferrin, fecal; qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83632	Lactogen, human placental (HPL) human chorionic somatomammotropin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83633	Lactose, urine, qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83655	Lead	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83582	Ketogenic steroids, fractionation	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83586	Ketosteroids, 17- (17-KS); total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83593	Ketosteroids, 17- (17-KS); fractionation	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83605	Lactate (lactic acid)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83615	Lactate dehydrogenase (LD), (LDH);	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83527	Insulin; free	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83528	Intrinsic factor	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	83540	Iron	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83550	Iron binding capacity	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83570	Isocitric dehydrogenase (IDH)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83505	Hydroxyproline; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83525	Insulin; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83090	Homocysteine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83150	Homovanillic acid (HVA)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83497	Hydroxyindolacetic acid, 5- (HIAA)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83500	Hydroxyproline; free	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83070	Hemosiderin, qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83088	Histamine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83026	Hemoglobin; by copper sulfate method, non-automated	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83010	Haptoglobin; quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83012	Haptoglobin; phenotypes	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83014	Helicobacter pylori; drug administration	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82979	Glutathione reductase, RBC	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82985	Glycated protein	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83001	Gonadotropin; follicle stimulating hormone (FSH)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83002	Gonadotropin; luteinizing hormone (LH)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83003	Growth hormone, human (HGH) (somatotropin)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/27/2019			
STAR	82963	Glucosidase, beta	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

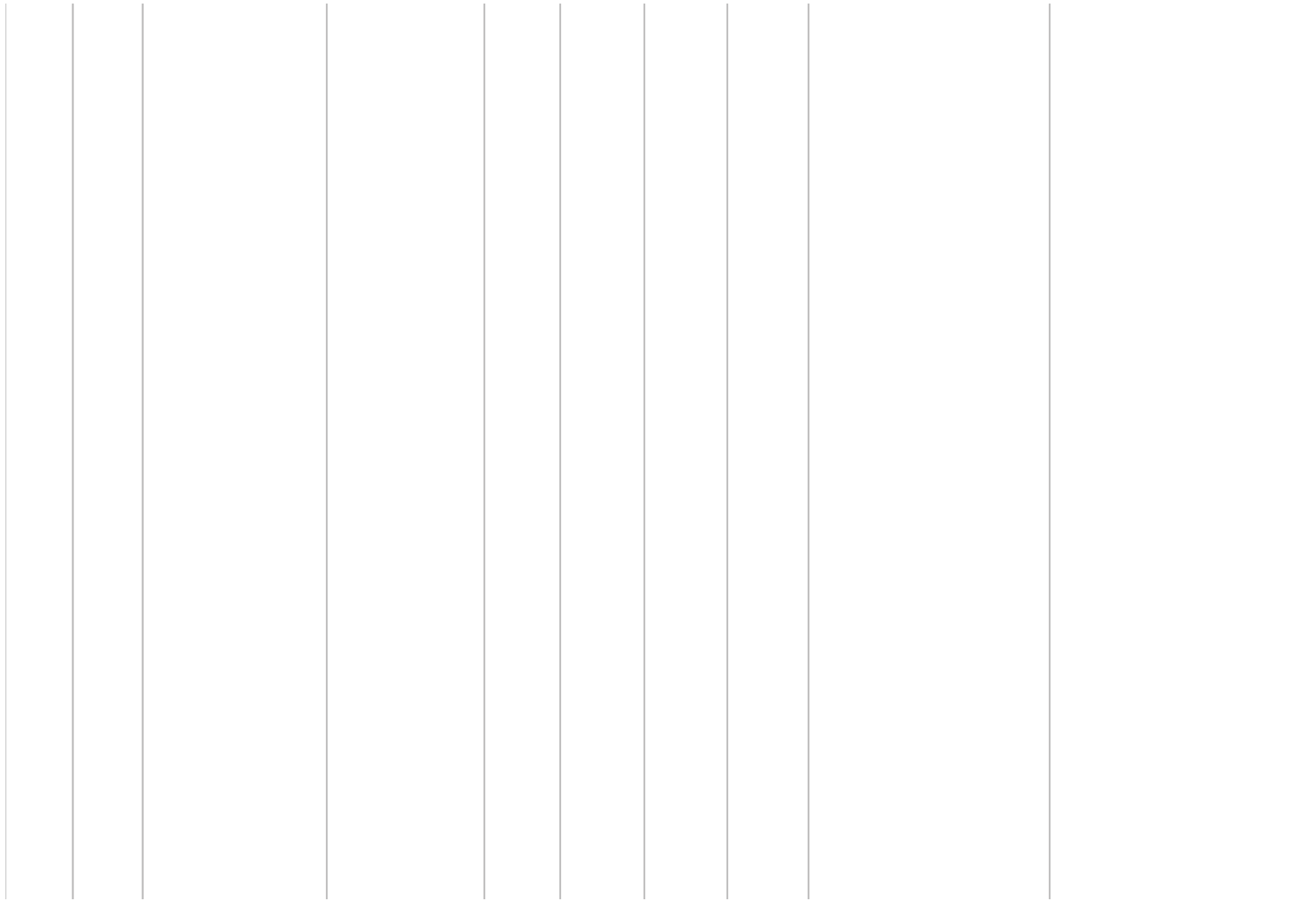
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82965	Glutamate dehydrogenase	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82977	Glutamyltransferase, gamma (GGT)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82978	Glutathione	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82947	Glucose; quantitative, blood (except reagent strip)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82948	Glucose; blood, reagent strip	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82950	Glucose; post glucose dose (includes glucose)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82938	Gastrin after secretin stimulation	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82941	Gastrin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82943	Glucagon	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82945	Glucose, body fluid, other than blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82946	Glucagon tolerance test	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82803	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82805	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82810	Gases, blood, O2 saturation only, by direct measurement, except pulse oximetry	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82820	Hemoglobin-oxygen affinity (pO2 for 50PCT hemoglobin saturation with oxygen)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82930	Gastric acid analysis, includes pH if performed, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82776	Galactose-1-phosphate uridyl transferase; screen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82777	Galectin-3	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/27/2019			
STAR	82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82785	Gammaglobulin (immunoglobulin); IgE	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82800	Gases, blood, pH only	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82746	Folic acid; serum	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82747	Folic acid; RBC	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82757	Fructose, semen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82759	Galactokinase, RBC	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82760	Galactose	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82775	Galactose-1-phosphate uridyl transferase; quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82715	Fat differential, feces, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82725	Fatty acids, nonesterified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82726	Very long chain fatty acids	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82728	Ferritin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82735	Fluoride	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82679	Estrone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82693	Ethylene glycol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82696	Etiocholanolone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82705	Fat or lipids, feces; qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82710	Fat or lipids, feces; quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82664	Electrophoretic technique, not elsewhere specified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82668	Erythropoietin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82671	Estrogens; fractionated	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82672	Estrogens; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82677	Estriol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82634	Deoxycortisol, 11-	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82638	Dibucaine number	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82642	Dihydrotestosterone (DHT)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82610	Cystatin C	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	82615	Cystine and homocystine, urine, qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82626	Dehydroepiandrosterone (DHEA)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82627	Dehydroepiandrosterone-sulfate (DHEA-S)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82633	Desoxycorticosterone, 11-	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82565	Creatinine; blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82570	Creatinine; other source	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82575	Creatinine; clearance	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82585	Cryofibrinogen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82600	Cyanide	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82607	Cyanocobalamin (Vitamin B-12);	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82554	Creatine kinase (CK), (CPK); isoforms	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82553	Creatine kinase (CK), (CPK); MB fraction only	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82550	Creatine kinase (CK), (CPK); total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82552	Creatine kinase (CK), (CPK); isoenzymes	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82523	Collagen cross links, any method	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82525	Copper	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82528	Corticosterone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82530	Cortisol; free	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			



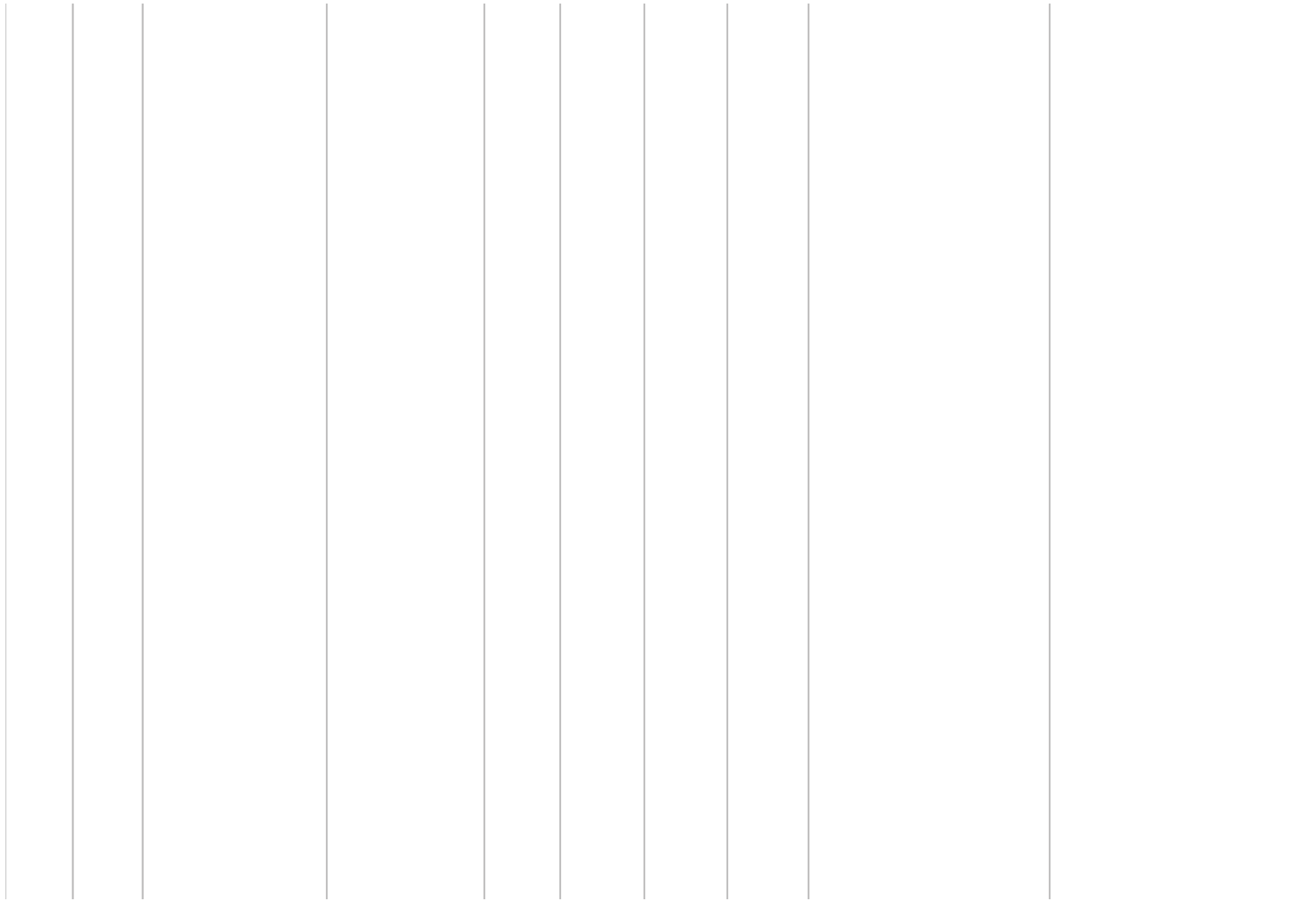
STAR	82533	Cortisol; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82540	Creatine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82465	Cholesterol, serum or whole blood, total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82480	Cholinesterase; serum	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82482	Cholinesterase; RBC	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82485	Chondroitin B sulfate, quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82495	Chromium	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82507	Citrate	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82397	Chemiluminescent assay	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82415	Chloramphenicol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82435	Chloride; blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82436	Chloride; urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82438	Chloride; other source	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82441	Chlorinated hydrocarbons, screen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82380	Carotene	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82382	Catecholamines; total urine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82383	Catecholamines; blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82384	Catecholamines; fractionated	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82387	Cathepsin-D	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82390	Ceruloplasmin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82373	Carbohydrate deficient transferrin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82374	Carbon dioxide (bicarbonate)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82375	Carboxyhemoglobin; quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82376	Carboxyhemoglobin; qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82378	Carcinoembryonic antigen (CEA)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82379	Carnitine (total and free), quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82330	Calcium; ionized	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82331	Calcium; after calcium infusion test	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82340	Calcium; urine quantitative, timed specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82355	Calculus; qualitative analysis	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82360	Calculus; quantitative analysis, chemical	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82365	Calculus; infrared spectroscopy	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82370	Calculus; X-ray diffraction	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82308	Calcitonin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82310	Calcium; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82286	Bradykinin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82300	Cadmium	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82239	Bile acids; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

STAR	82240	Bile acids; cholyglycine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82247	Bilirubin; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

STAR	82248	Bilirubin; direct	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
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STAR	82252	Bilirubin; feces, qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82261	Biotinidase, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82172	Apolipoprotein, each	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82175	Arsenic	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82180	Ascorbic acid (Vitamin C), blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82190	Atomic absorption spectroscopy, each analyte	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82232	Beta-2 microglobulin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82150	Amylase	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82154	Androstanediol glucuronide	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82157	Androstenedione	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82160	Androsterone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82163	Angiotensin II	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82164	Angiotensin I - converting enzyme (ACE)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82131	Amino acids; single, quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82135	Aminolevulinic acid, delta (ALA)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82139	Amino acids, 6 or more amino acids, quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82140	Ammonia	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82143	Amniotic fluid scan (spectrophotometric)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82106	Alpha-fetoprotein (AFP); amniotic fluid	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82108	Aluminum	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82120	Amines, vaginal fluid, qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82127	Amino acids; single, qualitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82128	Amino acids; multiple, qualitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82045	Albumin; ischemia modified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

STAR	82075	Alcohol (ethanol); breath	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
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LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82085	Aldolase	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82088	Aldosterone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82103	Alpha-1-antitrypsin; total	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

STAR	82104	Alpha-1-antitrypsin; phenotype	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82105	Alpha-fetoprotein (AFP); serum	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82024	Adrenocorticotrophic hormone (ACTH)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82040	Albumin; serum, plasma or whole blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82042	Albumin; other source, quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82043	Albumin; urine (eg, microalbumin), quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81599	Unlisted multianalyte assay with algorithmic analysis	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	82010	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82013	Acetylcholinesterase	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82016	Acylcarnitines; qualitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	82017	Acylcarnitines; quantitative, each specimen	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			

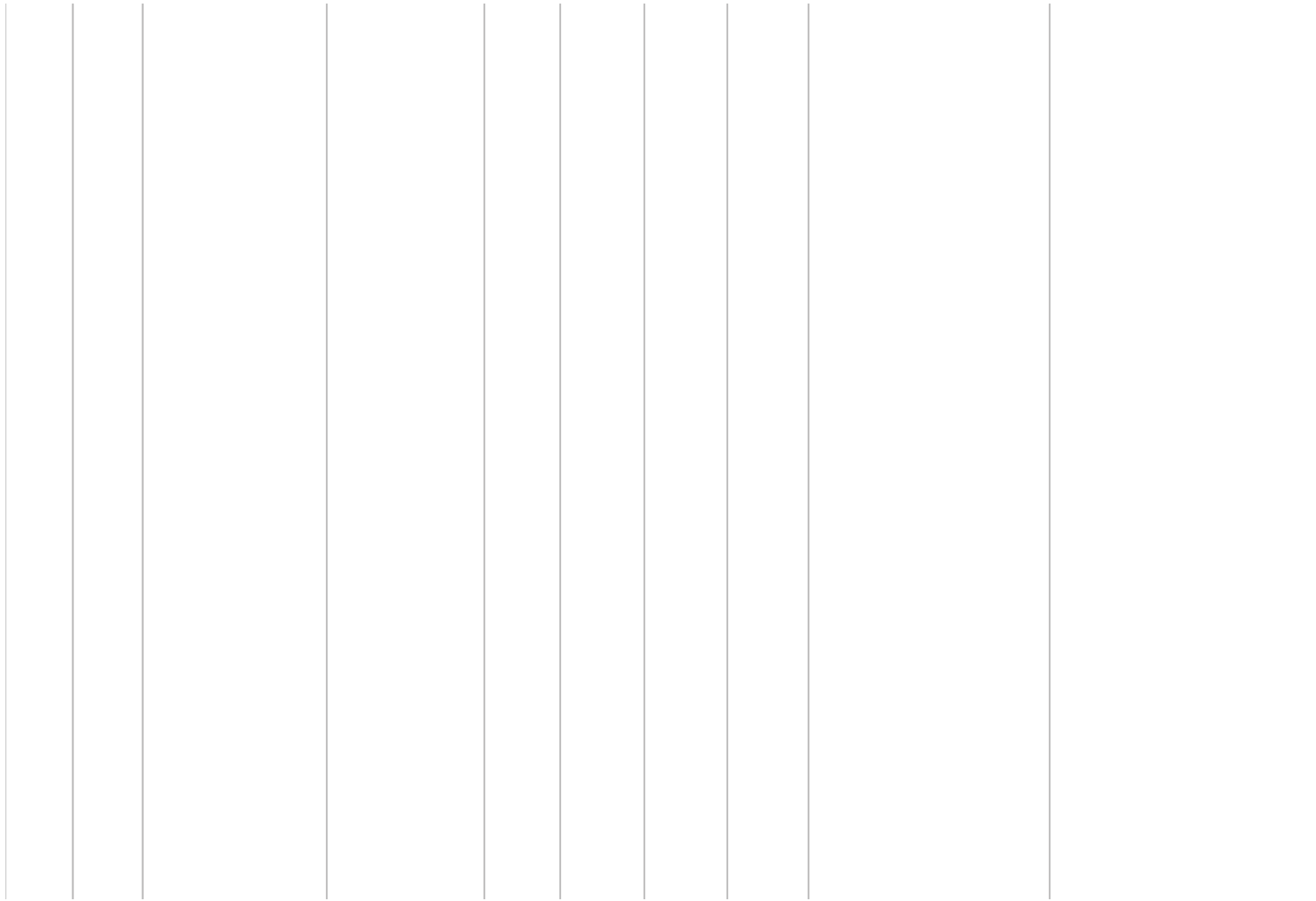
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	81504	Oncology (tissue of origin), microarray gene expression profiling of GT 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81479	Unlisted molecular pathology procedure	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/27/2019			
STAR	81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			



STAR	81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81402	Molecular pathology procedure, Level 3 (eg, GT 10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion varia	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of GT 10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			
STAR	81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	PATH & LAB - IMMUNOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81341	TRB (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81318	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	PATH & LAB - MICROBIOLOGY	NON-COV	12/27/2019	12/31/2078			
STAR	81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	81264	IGK (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81261	IGH (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81262	IGH (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81263	IGH (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			
STAR	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	PATH & LAB - MICROBIOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	PATH & LAB - CHEMISTRY	YES	12/27/2019	12/31/2078			
STAR	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	PATH & LAB - CHEMISTRY	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	PATH & LAB - CHEMISTRY	YES	12/27/2019	12/31/2078			
STAR	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	PATH & LAB - CHEMISTRY	YES	12/27/2019	12/31/2078			
STAR	81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	PATH & LAB - CYTOGENETIC STUDI	NON-COV	12/27/2019	12/31/2078			
STAR	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	PATH & LAB - CYTOGENETIC STUDI	NO	12/27/2019	12/27/2019			
STAR	81015	Urinalysis; microscopic only	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			
STAR	81020	Urinalysis; 2 or 3 glass test	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			
STAR	81025	Urine pregnancy test, by visual color comparison methods	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			
STAR	81050	Volume measurement for timed collection, each	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			
STAR	81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			

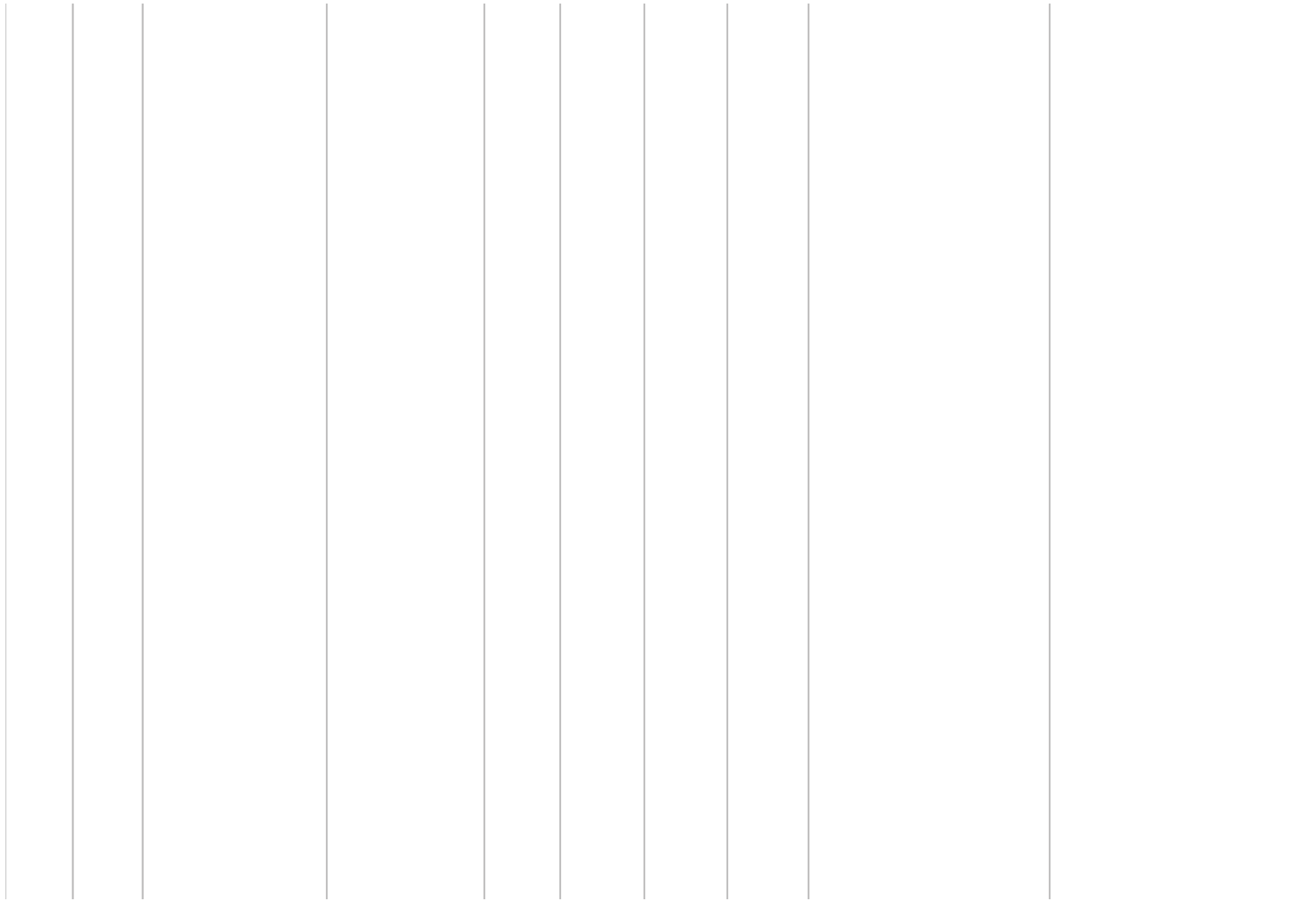
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			
STAR	81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			
STAR	81005	Urinalysis; qualitative or semiquantitative, except immunoassays	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			
STAR	81007	Urinalysis; bacteriuria screen, except by culture or dipstick	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			
STAR	80435	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80436	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	PATH & LAB - URINALYSIS	NO	12/27/2019	12/27/2019			
STAR	80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80428	Growth hormone stimulation panel (eg, arginine infusion, L-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotrophic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80420	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80412	Corticotrophic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotrophic hormone (ACTH) (82024 x 6)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80400	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			

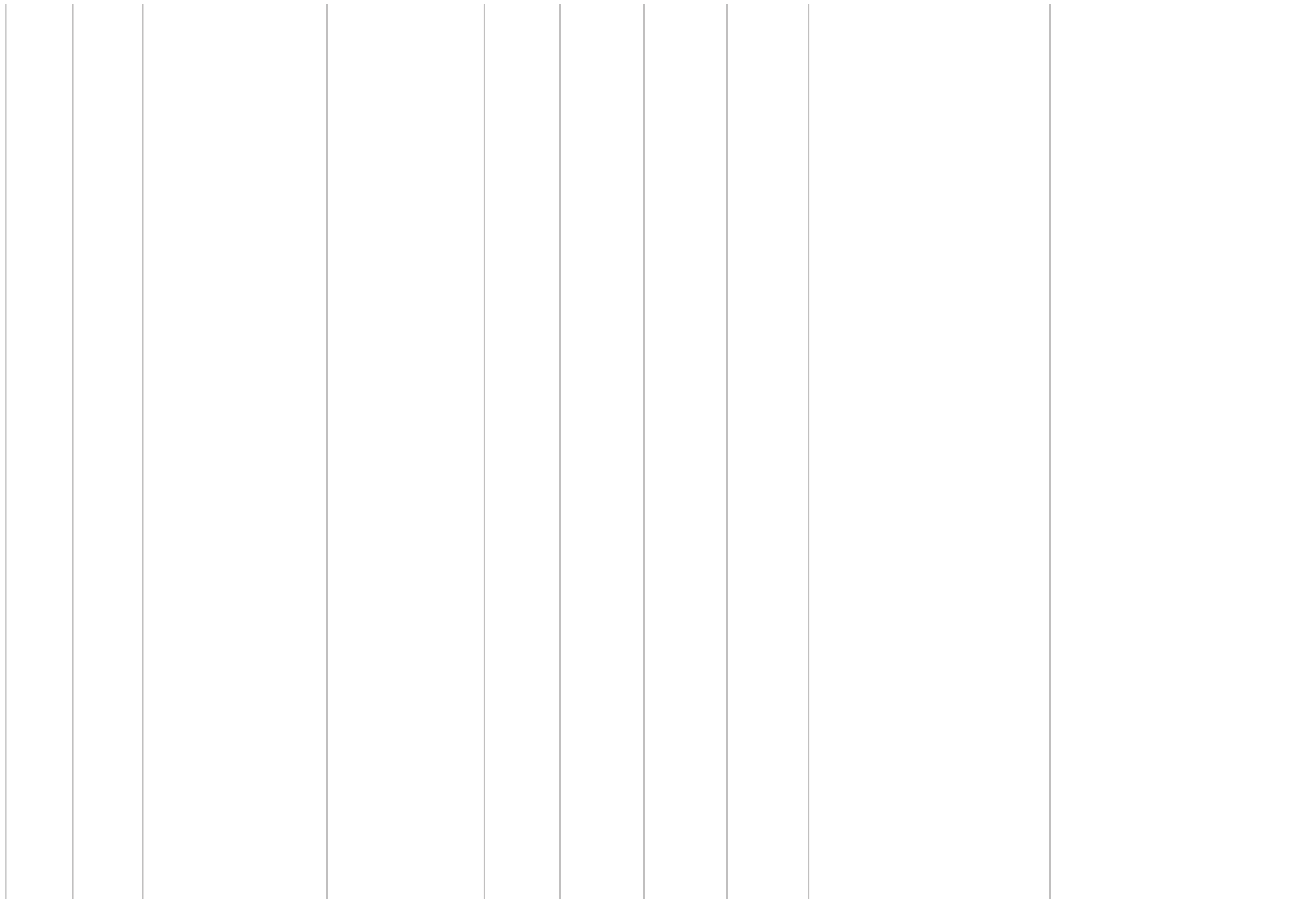
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80402	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80408	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	PATH & LAB - EVOCATIVE/SUPPRES	NO	12/27/2019	12/27/2019			
STAR	80370	Skeletal muscle relaxants; 3 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80371	Stimulants, synthetic	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80372	Tapentadol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

STAR	80373	Tramadol	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
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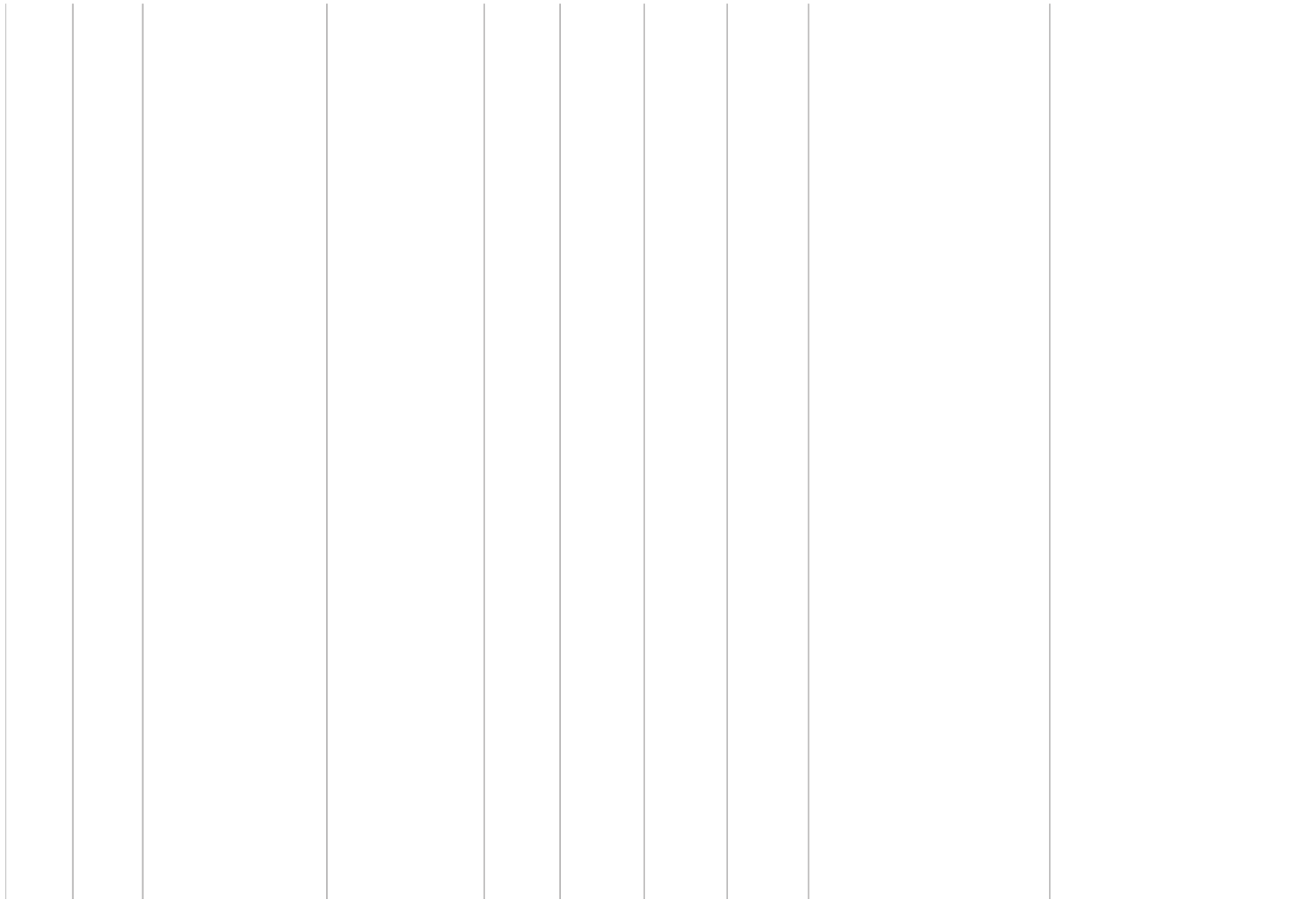
STAR	80374	Stereoisomer (enantiomer) analysis, single drug class	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80364	Opioids and opiate analogs; 5 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80365	Oxycodone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

STAR	80366	Pregabalin	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			



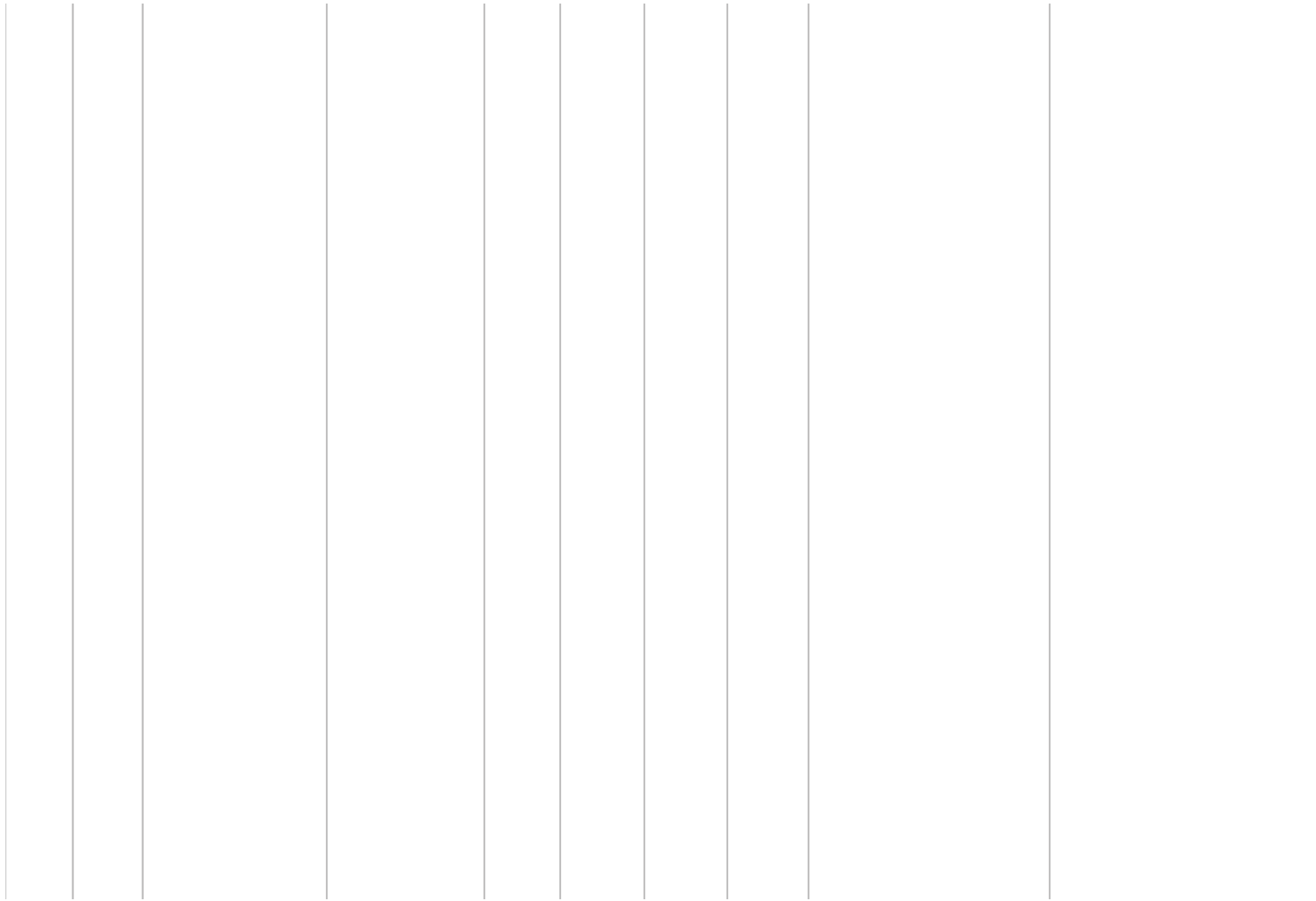
STAR	80367	Propoxyphene	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019		
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STAR	80368	Sedative hypnotics (non-benzodiazepines)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80369	Skeletal muscle relaxants; 1 or 2	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80358	Methadone	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			



STAR	80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80360	Methylphenidate	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80361	Opiates, 1 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80362	Opioids and opiate analogs; 1 or 2	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80363	Opioids and opiate analogs; 3 or 4	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80352	Cannabinoids, synthetic; 7 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80353	Cocaine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

STAR	80354	Fentanyl	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			



STAR	80355	Gabapentin, non-blood	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80356	Heroin metabolite	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80357	Ketamine and norketamine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80346	Benzodiazepines; 1-12	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80347	Benzodiazepines; 13 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80348	Buprenorphine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

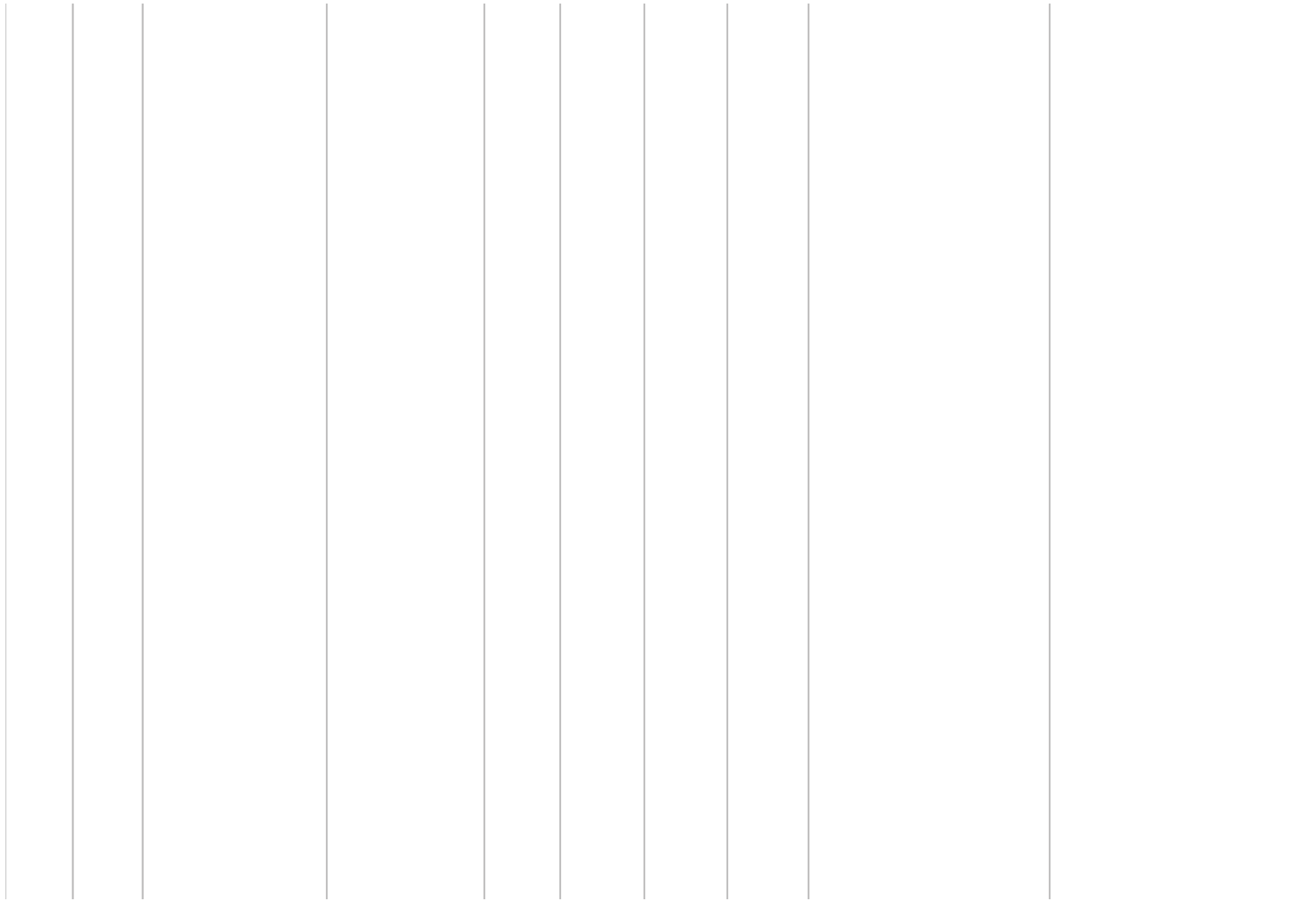
STAR	80349	Cannabinoids, natural	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80350	Cannabinoids, synthetic; 1-3	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80351	Cannabinoids, synthetic; 4-6	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80340	Antiepileptics, not otherwise specified; 4-6	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80341	Antiepileptics, not otherwise specified; 7 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80342	Antipsychotics, not otherwise specified; 1-3	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80343	Antipsychotics, not otherwise specified; 4-6	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80344	Antipsychotics, not otherwise specified; 7 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80345	Barbiturates	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

STAR	80333	Antidepressants, serotonergic class; 3-5	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80334	Antidepressants, serotonergic class; 6 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80336	Antidepressants, tricyclic and other cyclicals; 3-5	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80337	Antidepressants, tricyclic and other cyclicals; 6 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80338	Antidepressants, not otherwise specified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80339	Antiepileptics, not otherwise specified; 1-3	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80328	Anabolic steroids; 3 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80329	Analgesics, non-opioid; 1 or 2	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80330	Analgesics, non-opioid; 3-5	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80331	Analgesics, non-opioid; 6 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

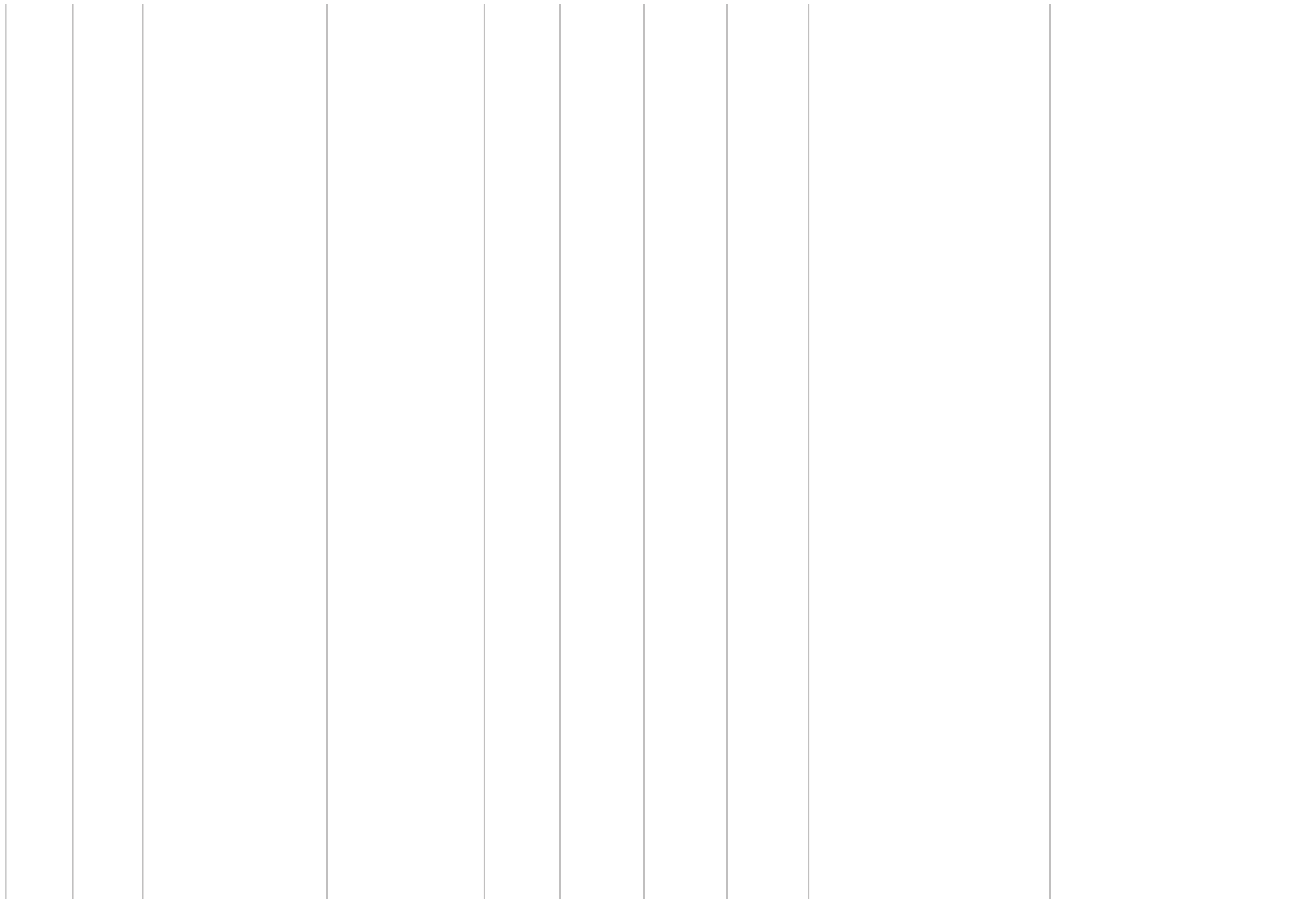
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80332	Antidepressants, serotonergic class; 1 or 2	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80323	Alkaloids, not otherwise specified	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80324	Amphetamines; 1 or 2	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80325	Amphetamines; 3 or 4	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80326	Amphetamines; 5 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80327	Anabolic steroids; 1 or 2	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80299	Quantitation of therapeutic drug, not elsewhere specified	PATH & LAB - THERAPEUTIC DRUG	NO	12/27/2019	12/27/2019			
STAR	80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80320	Alcohols	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80321	Alcohol biomarkers; 1 or 2	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80322	Alcohol biomarkers; 3 or more	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80199	Tiagabine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80203	Zonisamide	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80180	Mycophenolate (mycophenolic acid)	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80183	Oxcarbazepine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80171	Gabapentin, whole blood, serum, or plasma	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80175	Lamotrigine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80177	Levetiracetam	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80163	Digoxin; free	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80165	Valproic acid (dipropylacetic acid); free	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
STAR	80169	Everolimus	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			



STAR	80155	Caffeine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			
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STAR	80159	Clozapine	PATH & LAB - CHEMISTRY	NO	12/27/2019	12/27/2019			



STAR	80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			
STAR	80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			
STAR	80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			
STAR	80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			
STAR	80081	Obstetric panel (includes HIV testing)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			
STAR	80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			
STAR	80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			
STAR	80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	PATH & LAB - ORGAN OR DISEASE	NO	12/27/2019	12/27/2019			
STAR	79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	79440	Radiopharmaceutical therapy, by intra-articular administration	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	79005	Radiopharmaceutical therapy, by oral administration	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	79101	Radiopharmaceutical therapy, by intravenous administration	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	79200	Radiopharmaceutical therapy, by intracavitary administration	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			

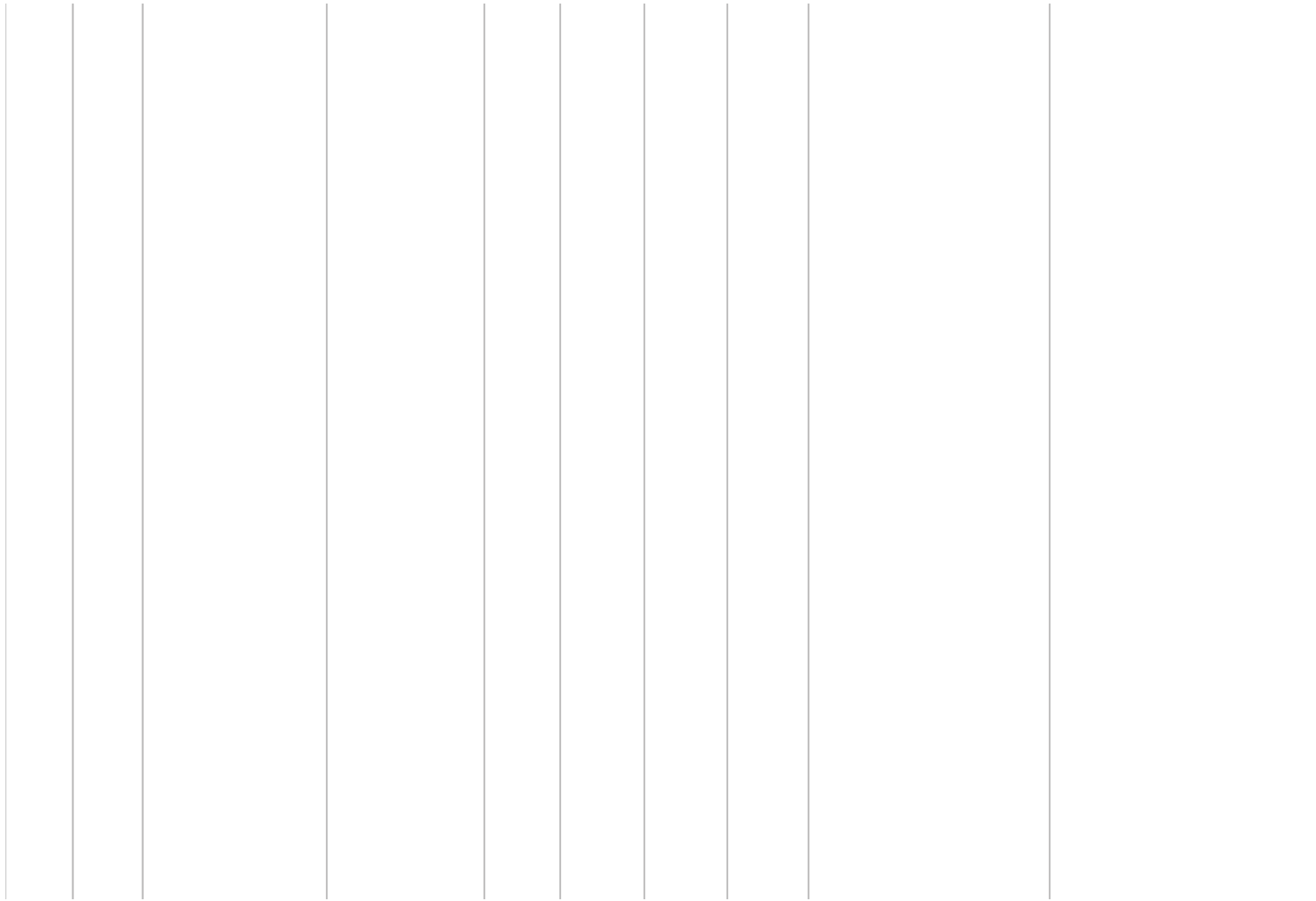
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78761	Testicular imaging with vascular flow	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78700	Kidney imaging morphology;	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78701	Kidney imaging morphology; with vascular flow	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78725	Kidney function study, non-imaging radioisotopic study	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78650	Cerebrospinal fluid leakage detection and localization	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78660	Radiopharmaceutical dacryocystography	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78606	Brain imaging, minimum 4 static views; with vascular flow	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	RADIOLOGY - NUCLEAR MEDICINE	NON-COV	12/27/2019	12/31/2078			
STAR	78610	Brain imaging, vascular flow only	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78600	Brain imaging, less than 4 static views;	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78601	Brain imaging, less than 4 static views; with vascular flow	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78605	Brain imaging, minimum 4 static views;	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78579	Pulmonary ventilation imaging (eg, aerosol or gas)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78580	Pulmonary perfusion imaging (eg, particulate)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78597	Quantitative differential pulmonary perfusion, including imaging when performed	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	RADIOLOGY - NUCLEAR MEDICINE	NON-COV	12/27/2019	12/31/2078			
STAR	78456	Acute venous thrombosis imaging, peptide	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78457	Venous thrombosis imaging, venogram; unilateral	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78458	Venous thrombosis imaging, venogram; bilateral	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	RADIOLOGY - NUCLEAR MEDICINE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78428	Cardiac shunt detection	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78300	Bone and/or joint imaging; limited area	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78305	Bone and/or joint imaging; multiple areas	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78306	Bone and/or joint imaging; whole body	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78315	Bone and/or joint imaging; 3 phase study	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78282	Gastrointestinal protein loss	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78268	Urea breath test, C-14 (isotopic); analysis	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78278	Acute gastrointestinal blood loss imaging	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78267	Urea breath test, C-14 (isotopic); acquisition for analysis	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78264	Gastric emptying imaging study (eg, solid, liquid, or both);	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78258	Esophageal motility	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78261	Gastric mucosa imaging	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			

STAR	78262	Gastroesophageal reflux study	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78216	Liver and spleen imaging; with vascular flow	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78226	Hepatobiliary system imaging, including gallbladder when present;	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78230	Salivary gland imaging;	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			



STAR	78231	Salivary gland imaging; with serial images	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78232	Salivary gland function study	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78195	Lymphatics and lymph nodes imaging	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78201	Liver imaging; static only	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78202	Liver imaging; with vascular flow	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78215	Liver and spleen imaging; static only	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78130	Red cell survival study	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78185	Spleen imaging only, with or without vascular flow	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78191	Platelet survival study	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78104	Bone marrow imaging; whole body	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78120	Red cell volume determination (separate procedure); single sampling	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78121	Red cell volume determination (separate procedure); multiple samplings	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78075	Adrenal imaging, cortex and/or medulla	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78102	Bone marrow imaging; limited area	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78103	Bone marrow imaging; multiple areas	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78018	Thyroid carcinoma metastases imaging; whole body	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78070	Parathyroid planar imaging (including subtraction, when performed);	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	77789	Surface application of low dose rate radionuclide source	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77790	Supervision, handling, loading of radiation source	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	78013	Thyroid imaging (including vascular flow, when performed);	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	RADIOLOGY - NUCLEAR MEDICINE	NO	12/27/2019	12/27/2019			
STAR	77763	Intracavitary radiation source application; complex	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77620	Hyperthermia generated by intracavitary probe(s)	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77761	Intracavitary radiation source application; simple	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77762	Intracavitary radiation source application; intermediate	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	77525	Proton treatment delivery; complex	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77520	Proton treatment delivery; simple, without compensation	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77522	Proton treatment delivery; simple, with compensation	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77523	Proton treatment delivery; intermediate	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77427	Radiation treatment management, 5 treatments	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77469	Intraoperative radiation treatment management	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77412	Radiation treatment delivery, EQU GT 1 MeV; complex	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77417	Therapeutic radiology port image(s)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	77407	Radiation treatment delivery, EQU GT 1 MeV; intermediate	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77402	Radiation treatment delivery, EQU GT 1 MeV; simple	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77370	Special medical radiation physics consultation	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77332	Treatment devices, design and construction; simple (simple block, simple bolus)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77321	Special teletherapy port plan, particles, hemibody, total body	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	RADIOLOGY - RADIATION ONCOLOGY	NON-COV	12/27/2019	12/27/2019			
STAR	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			

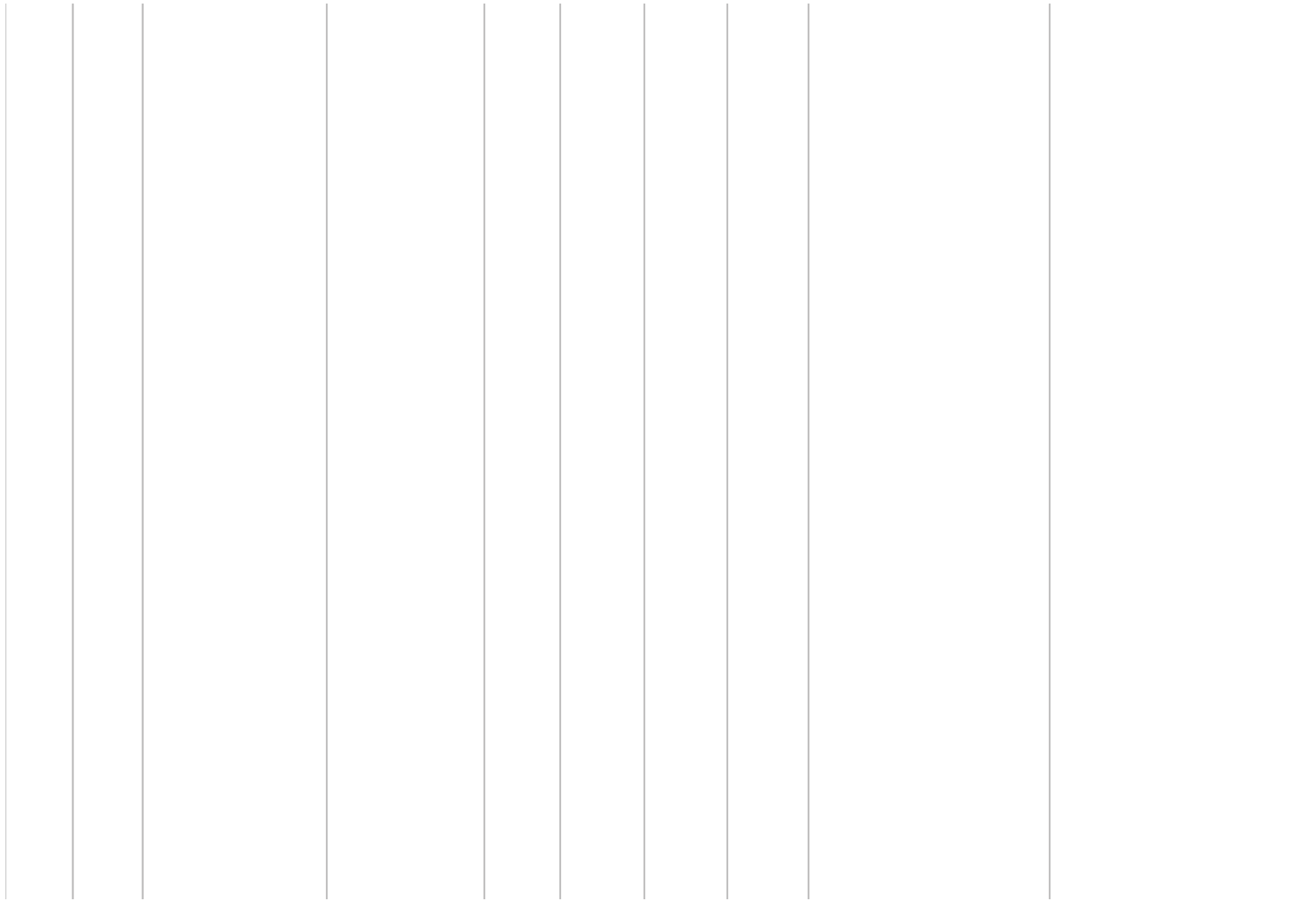
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77295	3-dimensional radiotherapy plan, including dose-volume histograms	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77285	Therapeutic radiology simulation-aided field setting; intermediate	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77290	Therapeutic radiology simulation-aided field setting; complex	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77263	Therapeutic radiology treatment planning; complex	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77280	Therapeutic radiology simulation-aided field setting; simple	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77261	Therapeutic radiology treatment planning; simple	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77262	Therapeutic radiology treatment planning; intermediate	RADIOLOGY - RADIATION ONCOLOGY	NO	12/27/2019	12/27/2019			
STAR	77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	RADIOLOGY - RADIOLOGIC GUIDANC	NO	12/27/2019	12/27/2019			
STAR	77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	RADIOLOGY - RADIOLOGIC GUIDANC	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77076	Radiologic examination, osseous survey, infant	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77077	Joint survey, single view, 2 or more joints (specify)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77074	Radiologic examination, osseous survey; limited (eg, for metastases)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77072	Bone age studies	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77073	Bone length studies (orthoroentgenogram, scanogram)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	RADIOLOGY - RADIOLOGIC GUIDANC	NO	12/27/2019	12/27/2019			
STAR	77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	RADIOLOGY - RADIOLOGIC GUIDANC	NO	12/27/2019	12/27/2019			
STAR	77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	RADIOLOGY - RADIOLOGIC GUIDANC	NON-COV	12/27/2019	12/27/2019			
STAR	77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	RADIOLOGY - RADIOLOGIC GUIDANC	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	77061	Diagnostic digital breast tomosynthesis; unilateral	RADIOLOGY - RADIOLOGIC GUIDANC	NON-COV	12/27/2019	12/27/2019			
STAR	77062	Diagnostic digital breast tomosynthesis; bilateral	RADIOLOGY - RADIOLOGIC GUIDANC	NON-COV	12/27/2019	12/27/2019			
STAR	77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77014	Computed tomography guidance for placement of radiation therapy fields	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	76998	Ultrasonic guidance, intraoperative	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019		Submit Medical Records when submitting claim	

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	76982	Ultrasound, elastography; first target lesion	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76981	Ultrasound, elastography; parenchyma (eg, organ)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76977	Ultrasound bone density measurement and interpretation, peripheral site (s), any method	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76965	Ultrasonic guidance for interstitial radioelement application	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	RADIOLOGY - DIAGNOSTIC ULTRASO	NON-COV	12/27/2019	12/27/2019			
STAR	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76872	Ultrasound, transrectal;	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			



STAR	76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76870	Ultrasound, scrotum and contents	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76830	Ultrasound, transvaginal	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76800	Ultrasound, spinal canal and contents	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76700	Ultrasound, abdominal, real time with image documentation; complete	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76604	Ultrasound, chest (includes mediastinum), real time with image documentation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76529	Ophthalmic ultrasonic foreign body localization	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76516	Ophthalmic biometry by ultrasound echography, A-scan;	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			
STAR	76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	RADIOLOGY - DIAGNOSTIC ULTRASO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	76140	Consultation on X-ray examination made elsewhere, written report	RADIOLOGY - DIAGNOSTIC RADIOLO	NON-COV	12/27/2019	12/27/2019			
STAR	76120	Cineradiography/videoradiography, except where specifically included	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	76098	Radiological examination, surgical specimen	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	76010	Radiologic examination from nose to rectum for foreign body, single view, child	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75970	Transcatheter biopsy, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75872	Venography, epidural, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75880	Venography, orbital, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75870	Venography, superior sagittal sinus, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75820	Venography, extremity, unilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75822	Venography, extremity, bilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75810	Splenoportography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75756	Angiography, internal mammary, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	75710	Angiography, extremity, unilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75716	Angiography, extremity, bilateral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75705	Angiography, spinal, selective, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74740	Hysterosalpingography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NON-COV	12/27/2019	12/27/2019			
STAR	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	RADIOLOGY - DIAGNOSTIC RADIOLO	NON-COV	12/27/2019	12/31/2078			
STAR	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	NON-COV	12/27/2019	12/31/2078			
STAR	74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	74455	Urethrocytography, voiding, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74445	Corpora cavernosography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74450	Urethrocytography, retrograde, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74430	Cystography, minimum of 3 views, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74290	Cholecystography, oral contrast	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74019	Radiologic examination, abdomen; 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74021	Radiologic examination, abdomen; 3 or more views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	74018	Radiologic examination, abdomen; 1 view	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73650	Radiologic examination; calcaneus, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73660	Radiologic examination; toe (s), minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73620	Radiologic examination, foot; 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73630	Radiologic examination, foot; complete, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73610	Radiologic examination, ankle; complete, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	73592	Radiologic examination; lower extremity, infant, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73600	Radiologic examination, ankle; 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73565	Radiologic examination, knee; both knees, standing, anteroposterior	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73590	Radiologic examination; tibia and fibula, 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73562	Radiologic examination, knee; 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73564	Radiologic examination, knee; complete, 4 or more views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73552	Radiologic examination, femur; minimum 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73560	Radiologic examination, knee; 1 or 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73551	Radiologic examination, femur; 1 view	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73140	Radiologic examination, finger(s), minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	73120	Radiologic examination, hand; 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73130	Radiologic examination, hand; minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73110	Radiologic examination, wrist; complete, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73092	Radiologic examination; upper extremity, infant, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73100	Radiologic examination, wrist; 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73090	Radiologic examination; forearm, 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73070	Radiologic examination, elbow; 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73080	Radiologic examination, elbow; complete, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73060	Radiologic examination; humerus, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73030	Radiologic examination, shoulder; complete, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73010	Radiologic examination; scapula, complete	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73020	Radiologic examination, shoulder; 1 view	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	73000	Radiologic examination; clavicle, complete	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72255	Myelography, thoracic, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	72265	Myelography, lumbosacral, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72240	Myelography, cervical, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72200	Radiologic examination, sacroiliac joints; less than 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72202	Radiologic examination, sacroiliac joints; 3 or more views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72170	Radiologic examination, pelvis; 1 or 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72190	Radiologic examination, pelvis; complete, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72074	Radiologic examination, spine; thoracic, minimum of 4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72070	Radiologic examination, spine; thoracic, 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72072	Radiologic examination, spine; thoracic, 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72050	Radiologic examination, spine, cervical; 4 or 5 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72052	Radiologic examination, spine, cervical; 6 or more views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72020	Radiologic examination, spine, single view, specify level	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	72040	Radiologic examination, spine, cervical; 2 or 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	71120	Radiologic examination; sternum, minimum of 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	71047	Radiologic examination, chest; 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	71048	Radiologic examination, chest; 4 or more views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	71100	Radiologic examination, ribs, unilateral; 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	71110	Radiologic examination, ribs, bilateral; 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	71045	Radiologic examination, chest; single view	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	71046	Radiologic examination, chest; 2 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material (s) and further sequences	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70380	Radiologic examination, salivary gland for calculus	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70390	Sialography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	70355	Orthopantomogram (eg, panoramic x-ray)	HCPCS- DENTAL	NO	12/27/2019	12/27/2019			
STAR	70360	Radiologic examination; neck, soft tissue	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70350	Cephalogram, orthodontic	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70332	Temporomandibular joint arthrography, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70310	Radiologic examination, teeth; partial examination, less than full mouth	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70320	Radiologic examination, teeth; complete, full mouth	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70260	Radiologic examination, skull; complete, minimum of 4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70300	Radiologic examination, teeth; single view	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70250	Radiological examination, skull; less than 4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	7025F	Patient information entered into a reminder system with a target due date for the next mammogram (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70240	Radiologic examination, sella turcica	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70210	Radiologic examination, sinuses, paranasal, less than 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70190	Radiologic examination; optic foramina	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70200	Radiologic examination; orbits, complete, minimum of 4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	7020F	Mammogram assessment category (eg, Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS], or FDA approved equivalent categories) entered into an internal database to allow for analysis of abnormal interpretation (recall) rate (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	70160	Radiologic examination, nasal bones, complete, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70140	Radiologic examination, facial bones; less than 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70150	Radiologic examination, facial bones; complete, minimum of 3 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70134	Radiologic examination, internal auditory meati, complete	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70110	Radiologic examination, mandible; complete, minimum of 4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70120	Radiologic examination, mastoids; less than 3 views per side	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70100	Radiologic examination, mandible; partial, less than 4 views	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to follow up with patients regarding missed or unscheduled appointments (ML)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	SURGERY - OPERATING MICROSCOPE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	70010	Myelography, posterior fossa, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70015	Cisternography, positive contrast, radiological supervision and interpretation	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	70030	Radiologic examination, eye, for detection of foreign body	RADIOLOGY - DIAGNOSTIC RADIOLO	NO	12/27/2019	12/27/2019			
STAR	69970	Removal of tumor, temporal bone	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69960	Decompression internal auditory canal	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69955	Total facial nerve decompression and/or repair (may include graft)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69950	Vestibular nerve section, transcranial approach	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69915	Vestibular nerve section, translabyrinthine approach	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69930	Cochlear device implantation, with or without mastoidectomy	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69905	Labyrinthectomy; transcanal	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69910	Labyrinthectomy; with mastoidectomy	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69805	Endolymphatic sac operation; without shunt	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69806	Endolymphatic sac operation; with shunt	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	SURGERY - AUDITORY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69676	Tympanic neurectomy	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69700	Closure postauricular fistula, mastoid (separate procedure)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69666	Repair oval window fistula	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69667	Repair round window fistula	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69670	Mastoid obliteration (separate procedure)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69662	Revision of stapedectomy or stapedotomy	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69650	Stapes mobilization	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	69620	Myringoplasty (surgery confined to drumhead and donor area)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69604	Revision mastoidectomy; resulting in tympanoplasty	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69603	Revision mastoidectomy; resulting in radical mastoidectomy	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69554	Excision aural glomus tumor; extended (extratemporal)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69601	Revision mastoidectomy; resulting in complete mastoidectomy	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69550	Excision aural glomus tumor; transcanal	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69552	Excision aural glomus tumor; transmastoid	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69535	Resection temporal bone, external approach	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69540	Excision aural polyp	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69530	Petrous apicectomy including radical mastoidectomy	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69505	Mastoidectomy; modified radical	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69511	Mastoidectomy; radical	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69440	Middle ear exploration through postauricular or ear canal incision	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69450	Tympanolysis, transcanal	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69501	Transmastoid antrotomy (simple mastoidectomy)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69502	Mastoidectomy; complete	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69424	Ventilating tube removal requiring general anesthesia	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69420	Myringotomy including aspiration and/or eustachian tube inflation	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69320	Reconstruction external auditory canal for congenital atresia, single stage	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69300	Otoplasty, protruding ear, with or without size reduction	SURGERY - AUDITORY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	69210	Removal impacted cerumen requiring instrumentation, unilateral	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69205	Removal foreign body from external auditory canal; with general anesthesia	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69209	Removal impacted cerumen using irrigation/lavage, unilateral	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69200	Removal foreign body from external auditory canal; without general anesthesia	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69150	Radical excision external auditory canal lesion; without neck dissection	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69155	Radical excision external auditory canal lesion; with neck dissection	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69140	Excision exostosis(es), external auditory canal	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69145	Excision soft tissue lesion, external auditory canal	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69105	Biopsy external auditory canal	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	69110	Excision external ear; partial, simple repair	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69120	Excision external ear; complete amputation	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69100	Biopsy external ear	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69020	Drainage external auditory canal, abscess	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69090	Ear piercing	SURGERY - AUDITORY SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	69000	Drainage external ear, abscess or hematoma; simple	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	69005	Drainage external ear, abscess or hematoma; complicated	SURGERY - AUDITORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	68850	Injection of contrast medium for dacryocystography	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68840	Probing of lacrimal canaliculi, with or without irrigation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	68801	Dilation of lacrimal punctum, with or without irrigation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68810	Probing of nasolacrimal duct, with or without irrigation;	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68761	Closure of the lacrimal punctum; by plug, each	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68770	Closure of lacrimal fistula (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	68705	Correction of everted punctum, cautery	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68550	Excision of lacrimal gland tumor; involving osteotomy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68700	Plastic repair of canaliculi	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68530	Removal of foreign body or dacryolith, lacrimal passages	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68540	Excision of lacrimal gland tumor; frontal approach	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68520	Excision of lacrimal sac (dacryocystectomy)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68525	Biopsy of lacrimal sac	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68510	Biopsy of lacrimal gland	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68440	Snip incision of lacrimal punctum	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68400	Incision, drainage of lacrimal gland	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68371	Harvesting conjunctival allograft, living donor	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			
STAR	68360	Conjunctival flap; bridge or partial (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68330	Repair of symblepharon; conjunctivoplasty, without graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68135	Destruction of lesion, conjunctiva	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68200	Subconjunctival injection	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68115	Excision of lesion, conjunctiva; over 1 cm	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68130	Excision of lesion, conjunctiva; with adjacent sclera	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68100	Biopsy of conjunctiva	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68110	Excision of lesion, conjunctiva; up to 1 cm	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68020	Incision of conjunctiva, drainage of cyst	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	68040	Expression of conjunctival follicles (eg, for trachoma)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67938	Removal of embedded foreign body, eyelid	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67950	Canthoplasty (reconstruction of canthus)	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67922	Repair of entropion; thermocauterization	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67923	Repair of entropion; excision tarsal wedge	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67917	Repair of ectropion; extensive (eg, tarsal strip operations)	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	67921	Repair of entropion; suture	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67915	Repair of ectropion; thermocauterization	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67914	Repair of ectropion; suture	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	67909	Reduction of overcorrection of ptosis	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67875	Temporary closure of eyelids by suture (eg, Frost suture)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67825	Correction of trichiasis; epilation by other than forceps (eg, by electrotherapy, cryotherapy, laser surgery)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67830	Correction of trichiasis; incision of lid margin	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67810	Incisional biopsy of eyelid skin including lid margin	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67820	Correction of trichiasis; epilation, by forceps only	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67805	Excision of chalazion; multiple, different lids	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67801	Excision of chalazion; multiple, same lid	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67710	Severing of tarsorrhaphy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67715	Canthotomy (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67800	Excision of chalazion; single	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67700	Blepharotomy, drainage of abscess, eyelid	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67560	Orbital implant (implant outside muscle cone); removal or revision	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67550	Orbital implant (implant outside muscle cone); insertion	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67505	Retrobulbar injection; alcohol	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67515	Injection of medication or other substance into Tenon's capsule	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67415	Fine needle aspiration of orbital contents	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67399	Unlisted procedure, extraocular muscle	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/27/2019			
STAR	67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67345	Chemodervation of extraocular muscle	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67346	Biopsy of extraocular muscle	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle (s) (List separately in addition to code for primary procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67318	Strabismus surgery, any procedure, superior oblique muscle	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67250	Scleral reinforcement (separate procedure); without graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67255	Scleral reinforcement (separate procedure); with graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67229	Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67121	Removal of implanted material, posterior segment; intraocular	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67115	Release of encircling material (posterior segment)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67120	Removal of implanted material, posterior segment; extraocular	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67036	Vitrectomy, mechanical, pars plana approach;	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67030	Dissection of vitreous strands (without removal), pars plana approach	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67028	Intravitreal injection of a pharmacologic agent (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	66986	Exchange of intraocular lens	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66930	Removal of lens material; intracapsular, for dislocated lens	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66852	Removal of lens material; pars plana approach, with or without vitrectomy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66920	Removal of lens material; intracapsular	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66840	Removal of lens material; aspiration technique, 1 or more stages	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66720	Ciliary body destruction; cryotherapy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66740	Ciliary body destruction; cycodialysis	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66700	Ciliary body destruction; diathermy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66710	Ciliary body destruction; cyclophotocoagulation, transscleral	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66680	Repair of iris, ciliary body (as for iridodialysis)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66500	Iridotomy by stab incision (separate procedure); except transfixion	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66225	Repair of scleral staphyloma; with graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66150	Fistulization of sclera for glaucoma; trephination with iridectomy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66130	Excision of lesion, sclera	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	66030	Injection, anterior chamber of eye (separate procedure); medication	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	66020	Injection, anterior chamber of eye (separate procedure); air or liquid	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65930	Removal of blood clot, anterior segment of eye	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65920	Removal of implanted material, anterior segment of eye	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65900	Removal of epithelial downgrowth, anterior chamber of eye	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65860	Severing adhesions of anterior segment, laser technique (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65850	Trabeculotomy ab externo	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65855	Trabeculoplasty by laser surgery	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65820	Goniotomy	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65785	Implantation of intrastromal corneal ring segments	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/31/2078			
STAR	65778	Placement of amniotic membrane on the ocular surface; without sutures	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65775	Corneal wedge resection for correction of surgically induced astigmatism	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65767	Epikeratoplasty	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/31/2078			
STAR	65770	Keratoprosthesis	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/31/2078			
STAR	65771	Radial keratotomy	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	65772	Corneal relaxing incision for correction of surgically induced astigmatism	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65760	Keratomileusis	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/31/2078			
STAR	65765	Keratophakia	SURGERY - EYE AND OCULAR ADNEX	NON-COV	12/27/2019	12/31/2078			
STAR	65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	SURGERY - EYE AND OCULAR ADNEX	YES	12/27/2019	12/31/2078			
STAR	65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65430	Scraping of cornea, diagnostic, for smear and/or culture	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65420	Excision or transposition of pterygium; without graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65426	Excision or transposition of pterygium; with graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65410	Biopsy of cornea	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65220	Removal of foreign body, external eye; corneal, without slit lamp	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65222	Removal of foreign body, external eye; corneal, with slit lamp	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65175	Removal of ocular implant	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65205	Removal of foreign body, external eye; conjunctival superficial	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65150	Reinsertion of ocular implant; with or without conjunctival graft	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65103	Enucleation of eye; with implant, muscles not attached to implant	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65105	Enucleation of eye; with implant, muscles attached to implant	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65093	Evisceration of ocular contents; with implant	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65101	Enucleation of eye; without implant	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			
STAR	65091	Evisceration of ocular contents; without implant	SURGERY - EYE AND OCULAR ADNEX	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64905	Nerve pedicle transfer; first stage	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64907	Nerve pedicle transfer; second stage	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64868	Anastomosis; facial-hypoglossal	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64865	Suture of facial nerve; infratemporal, with or without grafting	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64866	Anastomosis; facial-spinal accessory	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64862	Suture of; lumbar plexus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64864	Suture of facial nerve; extracranial	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64861	Suture of; brachial plexus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64858	Suture of sciatic nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64840	Suture of posterior tibial nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64835	Suture of 1 nerve; median motor thenar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64836	Suture of 1 nerve; ulnar motor	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64834	Suture of 1 nerve; hand or foot, common sensory nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64822	Sympathectomy; ulnar artery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64823	Sympathectomy; superficial palmar arch	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64831	Suture of digital nerve, hand or foot; 1 nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64820	Sympathectomy; digital arteries, each digit	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64821	Sympathectomy; radial artery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64809	Sympathectomy, thoracolumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64818	Sympathectomy, lumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64802	Sympathectomy, cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

STAR	64804	Sympathectomy, cervicothoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
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LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64795	Biopsy of nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64784	Excision of neuroma; major peripheral nerve, except sciatic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64786	Excision of neuroma; sciatic nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64782	Excision of neuroma; hand or foot, except digital nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64774	Excision of neuroma; cutaneous nerve, surgically identifiable	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64776	Excision of neuroma; digital nerve, 1 or both, same digit	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64771	Transection or avulsion of other cranial nerve, extradural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64772	Transection or avulsion of other spinal nerve, extradural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64746	Transection or avulsion of; phrenic nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64742	Transection or avulsion of; facial nerve, differential or complete	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64744	Transection or avulsion of; greater occipital nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64740	Transection or avulsion of; lingual nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64734	Transection or avulsion of; infraorbital nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64736	Transection or avulsion of; mental nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64726	Decompression; plantar digital nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64732	Transection or avulsion of; supraorbital nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64722	Decompression; unspecified nerve(s) (specify)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64718	Neuroplasty and/or transposition; ulnar nerve at elbow	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64719	Neuroplasty and/or transposition; ulnar nerve at wrist	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64716	Neuroplasty and/or transposition; cranial nerve (specify)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64702	Neuroplasty; digital, 1 or both, same digit	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64704	Neuroplasty; nerve of hand or foot	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64647	Chemodeneration of trunk muscle(s); 6 or more muscles	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64646	Chemodeneration of trunk muscle(s); 1-5 muscle(s)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64644	Chemodeneration of one extremity; 5 or more muscles	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64630	Destruction by neurolytic agent; pudendal nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64632	Destruction by neurolytic agent; plantar common digital nerve	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	64620	Destruction by neurolytic agent, intercostal nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	SURGERY - NERVOUS SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64517	Injection, anesthetic agent; superior hypogastric plexus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64505	Injection, anesthetic agent; sphenopalatine ganglion	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63746	Removal of entire lumbosubarachnoid shunt system without replacement	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63710	Dural graft, spinal	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63706	Repair of myelomeningocele; larger than 5 cm diameter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63702	Repair of meningocele; larger than 5 cm diameter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63704	Repair of myelomeningocele; less than 5 cm diameter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63700	Repair of meningocele; less than 5 cm diameter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63200	Laminectomy, with release of tethered spinal cord, lumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63191	Laminectomy with section of spinal accessory nerve	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	SURGERY - NERVOUS SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	62284	Injection procedure for myelography and/or computed tomography, lumbar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62273	Injection, epidural, of blood or clot patch	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62268	Percutaneous aspiration, spinal cord cyst or syrinx	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62269	Biopsy of spinal cord, percutaneous needle	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62256	Removal of complete cerebrospinal fluid shunt system; without replacement	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62252	Reprogramming of programmable cerebrospinal shunt	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62225	Replacement or irrigation, ventricular catheter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62200	Ventriculocisternostomy, third ventricle;	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62194	Replacement or irrigation, subarachnoid/subdural catheter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62180	Ventriculocisternostomy (Torkildsen type operation)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62145	Cranioplasty for skull defect with reparative brain surgery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62121	Craniotomy for repair of encephalocele, skull base	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62120	Repair of encephalocele, skull vault, including cranioplasty	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62000	Elevation of depressed skull fracture; simple, extradural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	62005	Elevation of depressed skull fracture; compound or comminuted, extradural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61888	Revision or removal of cranial neurostimulator pulse generator or receiver	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61880	Revision or removal of intracranial neurostimulator electrodes	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	2009 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61692	Surgery of intracranial arteriovenous malformation; dural, complex	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61690	Surgery of intracranial arteriovenous malformation; dural, simple	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61570	Craniectomy or craniotomy; with excision of foreign body from brain	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61557	Craniotomy for craniosynostosis; bifrontal bone flap	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61550	Craniectomy for craniosynostosis; single cranial suture	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61552	Craniectomy for craniosynostosis; multiple cranial sutures	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61501	Craniectomy; for osteomyelitis	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	6150F	Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61500	Craniectomy; with excision of tumor or other bone lesion of skull	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61345	Other cranial decompression, posterior fossa	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61330	Decompression of orbit only, transcranial approach	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61333	Exploration of orbit (transcranial approach); with removal of lesion	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61304	Craniectomy or craniotomy, exploratory; supratentorial	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61105	Twist drill hole for subdural or ventricular puncture	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	6110F	Counseling provided regarding risks of driving and the alternatives to driving (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	6102F	Safety counseling for dementia ordered (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	6101F	Safety counseling for dementia provided (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			
STAR	6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (PATH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	SURGERY - NERVOUS SYSTEM	NO	12/27/2019	12/27/2019			

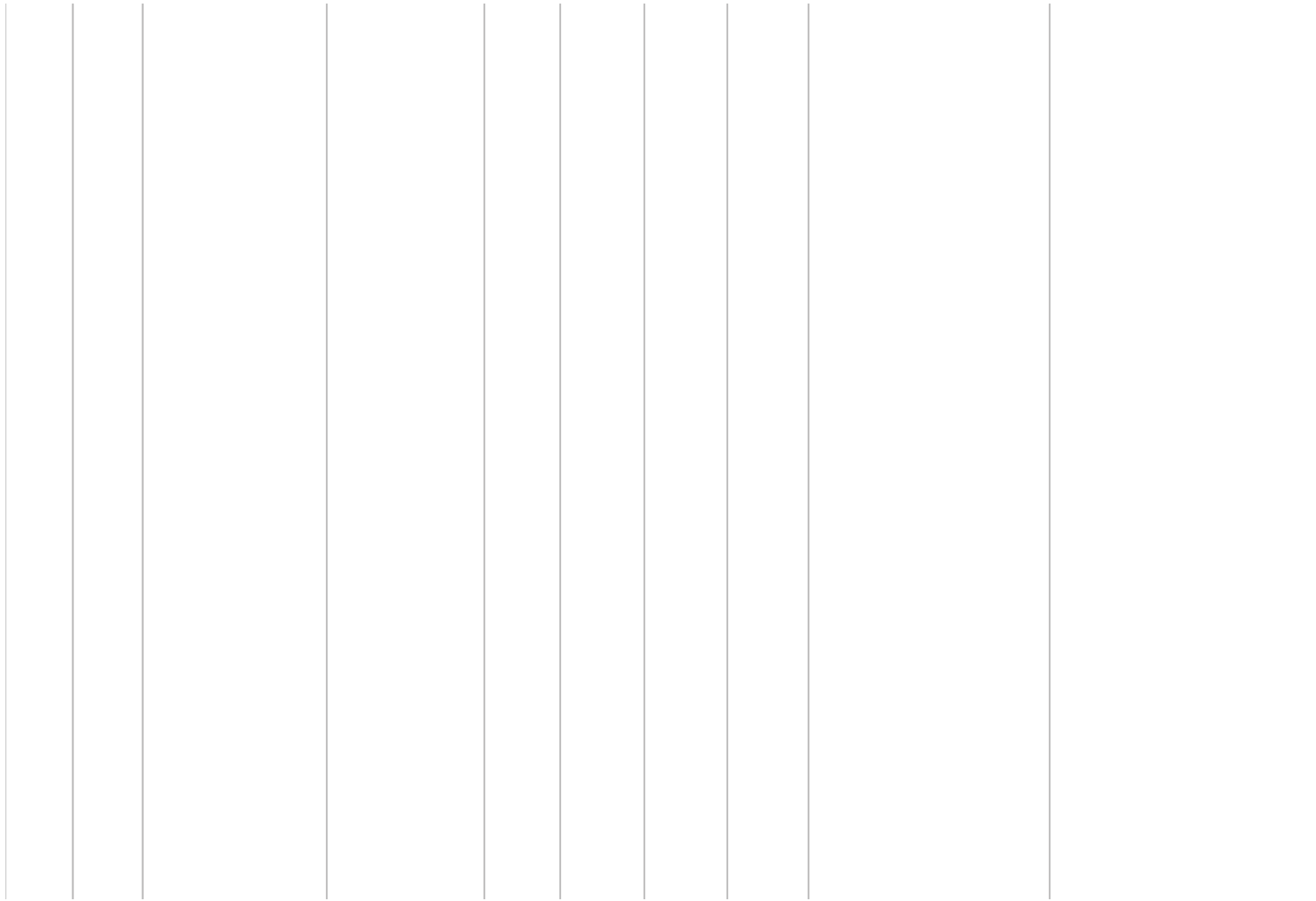
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	6070F	Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	60605	Excision of carotid body tumor; with excision of carotid artery	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60600	Excision of carotid body tumor; without excision of carotid artery	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60520	Thymectomy, partial or total; transcervical approach (separate procedure)	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	SURGERY - ENDOCRINE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	60500	Parathyroidectomy or exploration of parathyroid(s);	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60280	Excision of thyroglossal duct cyst or sinus;	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60281	Excision of thyroglossal duct cyst or sinus; recurrent	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60300	Aspiration and/or injection, thyroid cyst	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	6030F	All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed (CRIT)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	6040F	Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60271	Thyroidectomy, including substernal thyroid; cervical approach	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	60240	Thyroidectomy, total or complete	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60100	Biopsy thyroid, percutaneous core needle	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	60000	Incision and drainage of thyroglossal duct cyst, infected	SURGERY - ENDOCRINE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	59871	Removal of cerclage suture under anesthesia (other than local)	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59866	Multifetal pregnancy reduction (s) (MPR)	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/31/2078			
STAR	59870	Uterine evacuation and curettage for hydatidiform mole	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	SURGERY - MATERNITY CARE AND D	YES	12/27/2019	12/31/2078			
STAR	59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	SURGERY - MATERNITY CARE AND D	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	SURGERY - MATERNITY CARE AND D	YES	12/27/2019	12/31/2078			
STAR	59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	SURGERY - MATERNITY CARE AND D	YES	12/27/2019	12/31/2078			
STAR	59830	Treatment of septic abortion, completed surgically	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59840	Induced abortion, by dilation and curettage	SURGERY - MATERNITY CARE AND D	YES	12/27/2019	12/31/2078			
STAR	59841	Induced abortion, by dilation and evacuation	SURGERY - MATERNITY CARE AND D	YES	12/27/2019	12/31/2078			
STAR	59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	SURGERY - MATERNITY CARE AND D	YES	12/27/2019	12/31/2078			
STAR	59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	SURGERY - MATERNITY CARE AND D	YES	12/27/2019	12/31/2078			
STAR	59820	Treatment of missed abortion, completed surgically; first trimester	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59821	Treatment of missed abortion, completed surgically; second trimester	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59812	Treatment of incomplete abortion, any trimester, completed surgically	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/27/2019			
STAR	59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/27/2019			
STAR	59514	Cesarean delivery only;	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			



STAR	59515	Cesarean delivery only; including postpartum care	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59430	Postpartum care only (separate procedure)	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/27/2019			
STAR	59426	Antepartum care only; 7 or more visits	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/27/2019			
STAR	59425	Antepartum care only; 4-6 visits	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/27/2019			
STAR	59414	Delivery of placenta (separate procedure)	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59412	External cephalic version, with or without tocolysis	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	SURGERY - MATERNITY CARE AND D	NON-COV	12/27/2019	12/27/2019			
STAR	59409	Vaginal delivery only (with or without episiotomy and/or forceps);	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59325	Cerclage of cervix, during pregnancy; abdominal	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59350	Hysterorrhaphy of ruptured uterus	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59300	Episiotomy or vaginal repair, by other than attending	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59320	Cerclage of cervix, during pregnancy; vaginal	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59160	Curettage, postpartum	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59076	Fetal shunt placement, including ultrasound guidance	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59070	Transabdominal amnioinfusion, including ultrasound guidance	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59072	Fetal umbilical cord occlusion, including ultrasound guidance	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59025	Fetal non-stress test	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59030	Fetal scalp blood sampling	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59015	Chorionic villus sampling, any method	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	59020	Fetal contraction stress test	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	59012	Cordocentesis (intrauterine), any method	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	58976	Gamete, zygote, or embryo intrafallopian transfer, any method	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	59000	Amniocentesis; diagnostic	SURGERY - MATERNITY CARE AND D	NO	12/27/2019	12/27/2019			
STAR	58974	Embryo transfer, intrauterine	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58970	Follicle puncture for oocyte retrieval, any method	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy (s), with or without omentectomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58920	Wedge resection or bisection of ovary, unilateral or bilateral	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58925	Ovarian cystectomy, unilateral or bilateral	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	58825	Transposition, ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58820	Drainage of ovarian abscess; vaginal approach, open	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58822	Drainage of ovarian abscess; abdominal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58770	Salpingostomy (salpingoneostomy)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58752	Tubouterine implantation	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	58760	Fimbrioplasty	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	58750	Tubotubal anastomosis	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58672	Laparoscopy, surgical; with fimbrioplasty	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

STAR	58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electro surgical ablation, thermoablation)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58561	Hysteroscopy, surgical; with removal of leiomyomata	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58562	Hysteroscopy, surgical; with removal of impacted foreign body	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58555	Hysteroscopy, diagnostic (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58353	Endometrial ablation, thermal, without hysteroscopic guidance	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58346	Insertion of Heyman capsules for clinical brachytherapy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58350	Chromotubation of oviduct, including materials	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	58322	Artificial insemination; intra-uterine	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	58323	Sperm washing for artificial insemination	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	58321	Artificial insemination; intra-cervical	SURGERY - FEMALE GENITAL SYSTE	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	58300	Insertion of intrauterine device (IUD)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58301	Removal of intrauterine device (IUD)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57800	Dilation of cervical canal, instrumental (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57558	Dilation and curettage of cervical stump	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57700	Cerclage of uterine cervix, nonobstetrical	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57556	Excision of cervical stump, vaginal approach; with repair of enterocele	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57550	Excision of cervical stump, vaginal approach;	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57540	Excision of cervical stump, abdominal approach;	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57511	Cautery of cervix; cryocautery, initial or repeat	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57513	Cautery of cervix; laser ablation	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57505	Endocervical curettage (not done as part of a dilation and curettage)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57510	Cautery of cervix; electro or thermal	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57452	Colposcopy of the cervix including upper/adjacent vagina;	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	57420	Colposcopy of the entire vagina, with cervix if present;	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57410	Pelvic examination under anesthesia (other than local)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57320	Closure of vesicovaginal fistula; vaginal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57400	Dilation of vagina under anesthesia (other than local)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	57310	Closure of urethrovaginal fistula;	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57305	Closure of rectovaginal fistula; abdominal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57300	Closure of rectovaginal fistula; vaginal or transanal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57288	Sling operation for stress incontinence (eg, fascia or synthetic)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57289	Pereyra procedure, including anterior colporrhaphy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57268	Repair of enterocele, vaginal approach (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57270	Repair of enterocele, abdominal approach (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57280	Colpopexy, abdominal approach	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57230	Plastic repair of urethrocele	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57170	Diaphragm or cervical cap fitting with instructions	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57160	Fitting and insertion of pessary or other intravaginal support device	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	57130	Excision of vaginal septum	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57135	Excision of vaginal cyst or tumor	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57120	Colpocleisis (Le Fort type)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57100	Biopsy of vaginal mucosa; simple (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57065	Destruction of vaginal lesion (s); extensive (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57061	Destruction of vaginal lesion (s); simple (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57010	Colpotomy; with drainage of pelvic abscess	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57020	Colpocentesis (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56821	Colposcopy of the vulva; with biopsy(s)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	57000	Colpotomy; with exploration	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56820	Colposcopy of the vulva;	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56700	Partial hymenectomy or revision of hymenal ring	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56740	Excision of Bartholin's gland or cyst	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56633	Vulvectomy, radical, complete;	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56630	Vulvectomy, radical, partial;	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56620	Vulvectomy simple; partial	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	56441	Lysis of labial adhesions	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56442	Hymenotomy, simple incision	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56420	Incision and drainage of Bartholin's gland abscess	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56440	Marsupialization of Bartholin's gland cyst	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	56405	Incision and drainage of vulva or perineal abscess	SURGERY - FEMALE GENITAL SYSTE	NO	12/27/2019	12/27/2019			
STAR	55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	55870	Electroejaculation	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55860	Exposure of prostate, any approach, for insertion of radioactive substance;	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55840	Prostatectomy, retropubic radical, with or without nerve sparing;	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55810	Prostatectomy, perineal radical;	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55700	Biopsy, prostate; needle or punch, single or multiple, any approach	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55705	Biopsy, prostate; incisional, any approach	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55680	Excision of Mullerian duct cyst	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55605	Vesiculotomy; complicated	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55650	Vesiculectomy, any approach	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55600	Vesiculotomy;	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55520	Excision of lesion of spermatic cord (separate procedure)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	55400	Vasovasostomy, vasovasorrhaphy	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	55120	Removal of foreign body in scrotum	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55150	Resection of scrotum	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55100	Drainage of scrotal wall abscess	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55110	Scrotal exploration	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55041	Excision of hydrocele; bilateral	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55060	Repair of tunica vaginalis hydrocele (Bottle type)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	55040	Excision of hydrocele; unilateral	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54861	Epididymectomy; bilateral	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54865	Exploration of epididymis, with or without biopsy	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54840	Excision of spermatocele, with or without epididymectomy	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54860	Epididymectomy; unilateral	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54800	Biopsy of epididymis, needle	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54830	Excision of local lesion of epididymis	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54670	Suture or repair of testicular injury	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54620	Fixation of contralateral testis (separate procedure)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54560	Exploration for undescended testis with abdominal exploration	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54522	Orchiectomy, partial	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			

STAR	54530	Orchiectomy, radical, for tumor; inguinal approach	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
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LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	54535	Orchiectomy, radical, for tumor; with abdominal exploration	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54550	Exploration for undescended testis (inguinal or scrotal area)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54505	Biopsy of testis, incisional (separate procedure)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54512	Excision of extraparenchymal lesion of testis	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54450	Foreskin manipulation including lysis of preputial adhesions and stretching	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54500	Biopsy of testis, needle (separate procedure)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54438	Replantation, penis, complete amputation including urethral repair	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54440	Plastic operation of penis for injury	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54437	Repair of traumatic corporeal tear(s)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54430	Corpora cavernosa-corporis spongiosum shunt (priapism operation), unilateral or bilateral	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54360	Plastic operation on penis to correct angulation	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54380	Plastic operation on penis for epispadias distal to external sphincter;	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54240	Penile plethysmography	SURGERY - MALE GENITAL SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	54250	Nocturnal penile tumescence and/or rigidity test	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54230	Injection procedure for corpora cavernosography	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54220	Irrigation of corpora cavernosa for priapism	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54164	Frenulotomy of penis	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54200	Injection procedure for Peyronie disease;	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54163	Repair incomplete circumcision	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	SURGERY - MALE GENITAL SYSTEM	YES	12/27/2019	12/31/2078		Circumcision in children over 1 year of age requires PA	
STAR	54162	Lysis or excision of penile post-circumcision adhesions	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	SURGERY - MALE GENITAL SYSTEM	YES	12/27/2019	12/31/2078		Circumcision in children over 1 year of age requires PA	
STAR	54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54130	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	54115	Removal foreign body from deep penile tissue (eg, plastic implant)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54120	Amputation of penis; partial	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54100	Biopsy of penis; (separate procedure)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54105	Biopsy of penis; deep structures	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54110	Excision of penile plaque (Peyronie disease);	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54015	Incision and drainage of penis, deep	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	SURGERY - MALE GENITAL SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	SURGERY - URINARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53665	Dilation of female urethra, general or conduction (spinal) anesthesia	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53660	Dilation of female urethra including suppository and/or instillation; initial	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53661	Dilation of female urethra including suppository and/or instillation; subsequent	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53502	Urethrorrhaphy, suture of urethral wound or injury, female	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53505	Urethrorrhaphy, suture of urethral wound or injury; penile	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53450	Urethromeatoplasty, with mucosal advancement	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53444	Insertion of tandem cuff (dual cuff)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53270	Excision or fulguration; Skene's glands	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53275	Excision or fulguration; urethral prolapse	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53260	Excision or fulguration; urethral polyp(s), distal urethra	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53265	Excision or fulguration; urethral caruncle	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53240	Marsupialization of urethral diverticulum, male or female	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53250	Excision of bulbourethral gland (Cowper's gland)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53230	Excision of urethral diverticulum (separate procedure); female	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	53235	Excision of urethral diverticulum (separate procedure); male	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53220	Excision or fulguration of carcinoma of urethra	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53210	Urethrectomy, total, including cystostomy; female	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53215	Urethrectomy, total, including cystostomy; male	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53085	Drainage of perineal urinary extravasation; complicated	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53200	Biopsy of urethra	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53060	Drainage of Skene's gland abscess or cyst	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53025	Meatotomy, cutting of meatus (separate procedure); infant	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53040	Drainage of deep periurethral abscess	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53020	Meatotomy, cutting of meatus (separate procedure); except infant	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52700	Transurethral drainage of prostatic abscess	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52640	Transurethral resection; of postoperative bladder neck contracture	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52500	Transurethral resection of bladder neck (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	5250F	Asthma discharge plan provided to patient (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	52450	Transurethral incision of prostate	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	SURGERY - URINARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

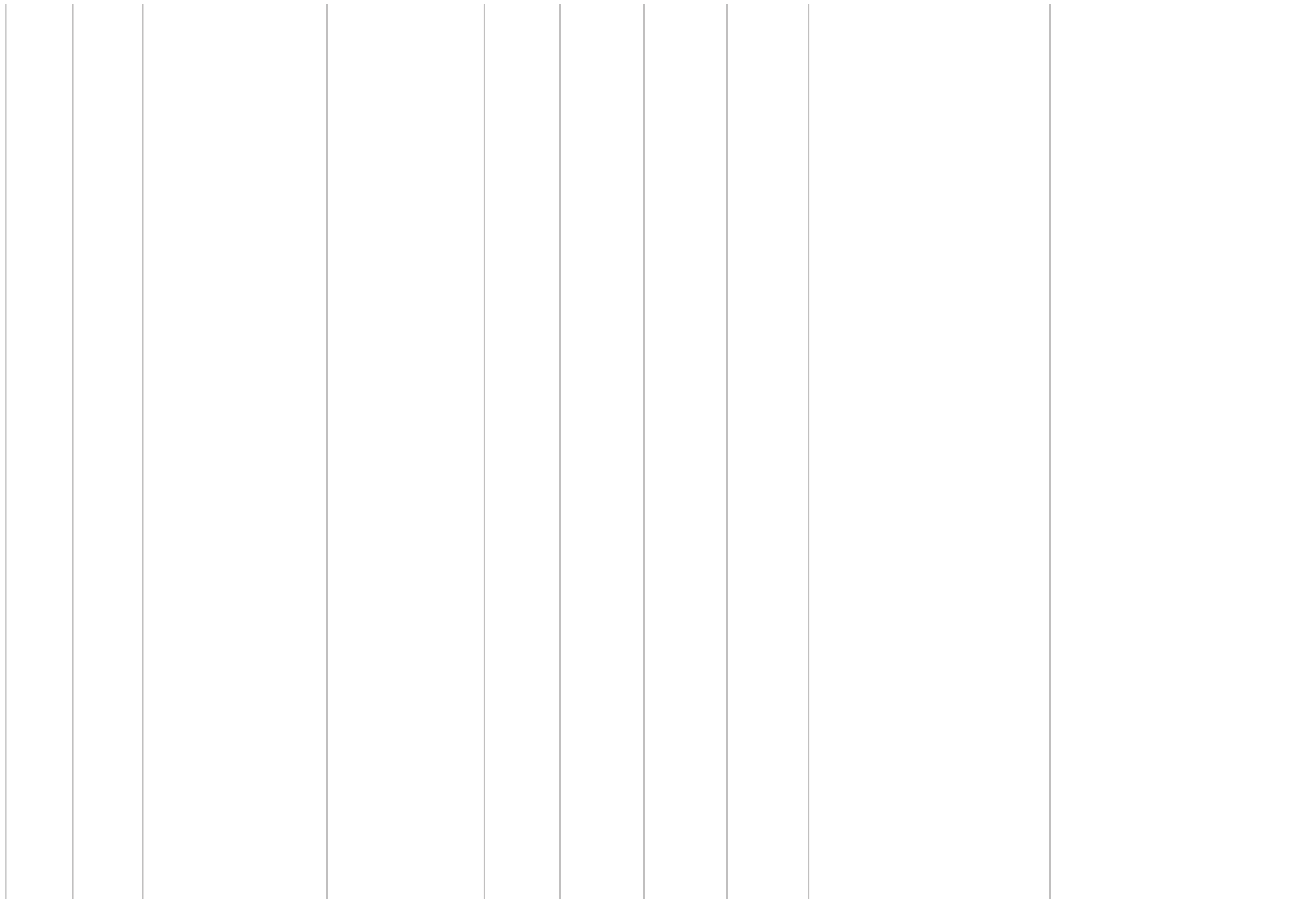
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp (s) of urethra, bladder neck, and/or trigone	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52282	Cystourethroscopy, with insertion of permanent urethral stent	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52283	Cystourethroscopy, with steroid injection into stricture	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	52275	Cystourethroscopy, with internal urethrotomy; male	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52276	Cystourethroscopy with direct vision internal urethrotomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52270	Cystourethroscopy, with internal urethrotomy; female	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52204	Cystourethroscopy, with biopsy(s)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years (EPI)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	52000	Cystourethroscopy (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51990	Laparoscopy, surgical; urethral suspension for stress incontinence	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51960	Enterocystoplasty, including intestinal anastomosis	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51980	Cutaneous vesicostomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51900	Closure of vesicovaginal fistula, abdominal approach	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51920	Closure of vesicouterine fistula;	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51925	Closure of vesicouterine fistula; with hysterectomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	51940	Closure, exstrophy of bladder	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51880	Closure of cystostomy (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51741	Complex uroflowmetry (eg, calibrated electronic equipment)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51725	Simple cystometrogram (CMG) (eg, spinal manometer)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			



STAR	51726	Complex cystometrogram (ie, calibrated electronic equipment);	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51720	Bladder instillation of anticarcinogenic agent (including retention time)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51705	Change of cystostomy tube; simple	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51710	Change of cystostomy tube; complicated	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51700	Bladder irrigation, simple, lavage and/or instillation	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51600	Injection procedure for cystography or voiding urethrocytography	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	51610	Injection procedure for retrograde urethrocytography	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51570	Cystectomy, complete; (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51550	Cystectomy, partial; simple	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51535	Cystotomy for excision, incision, or repair of ureterocele	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	51530	Cystotomy; for excision of bladder tumor	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51520	Cystotomy; for simple excision of vesical neck (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51102	Aspiration of bladder; with insertion of suprapubic catheter	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51101	Aspiration of bladder; by trocar or intracatheter	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	51080	Drainage of perivesical or prevesical space abscess	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51100	Aspiration of bladder; by needle	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51060	Transvesical ureterolithotomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51040	Cystostomy, cystotomy with drainage	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	5100F	Potential risk for fracture communicated to the referring physician or other qualified health care professional within 24 hours of completion of the imaging study (NUC_MED)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50945	Laparoscopy, surgical; ureterolithotomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50845	Cutaneous appendico-vesicostomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50860	Ureterostomy, transplantation of ureter to skin	SURGERY - URINARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	50900	Ureterorrhaphy, suture of ureter (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50920	Closure of ureterocutaneous fistula	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50930	Closure of ureterovisceral fistula (including visceral repair)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50940	Deligation of ureter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50815	Ureterocolon conduit, including intestine anastomosis	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50760	Ureteroureterostomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50783	Ureteroneocystostomy; with extensive ureteral tailoring	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50722	Ureterolysis for ovarian vein syndrome	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50686	Manometric studies through ureterostomy or indwelling ureteral catheter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50630	Ureterolithotomy; lower one-third of ureter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50650	Ureterectomy, with bladder cuff (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	5062F	Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	50610	Ureterolithotomy; upper one-third of ureter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50620	Ureterolithotomy; middle one-third of ureter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	5060F	Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretation (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	50605	Ureterotomy for insertion of indwelling stent, all types	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50590	Lithotripsy, extracorporeal shock wave	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	50600	Ureterotomy with exploration or drainage (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	SURGERY - URINARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50543	Laparoscopy, surgical; partial nephrectomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50544	Laparoscopy, surgical; pyeloplasty	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50541	Laparoscopy, surgical; ablation of renal cysts	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	5050F	Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (ML)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	50520	Closure of nephrocutaneous or pyelocutaneous fistula	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50500	Nephrorrhaphy, suture of kidney wound or injury	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

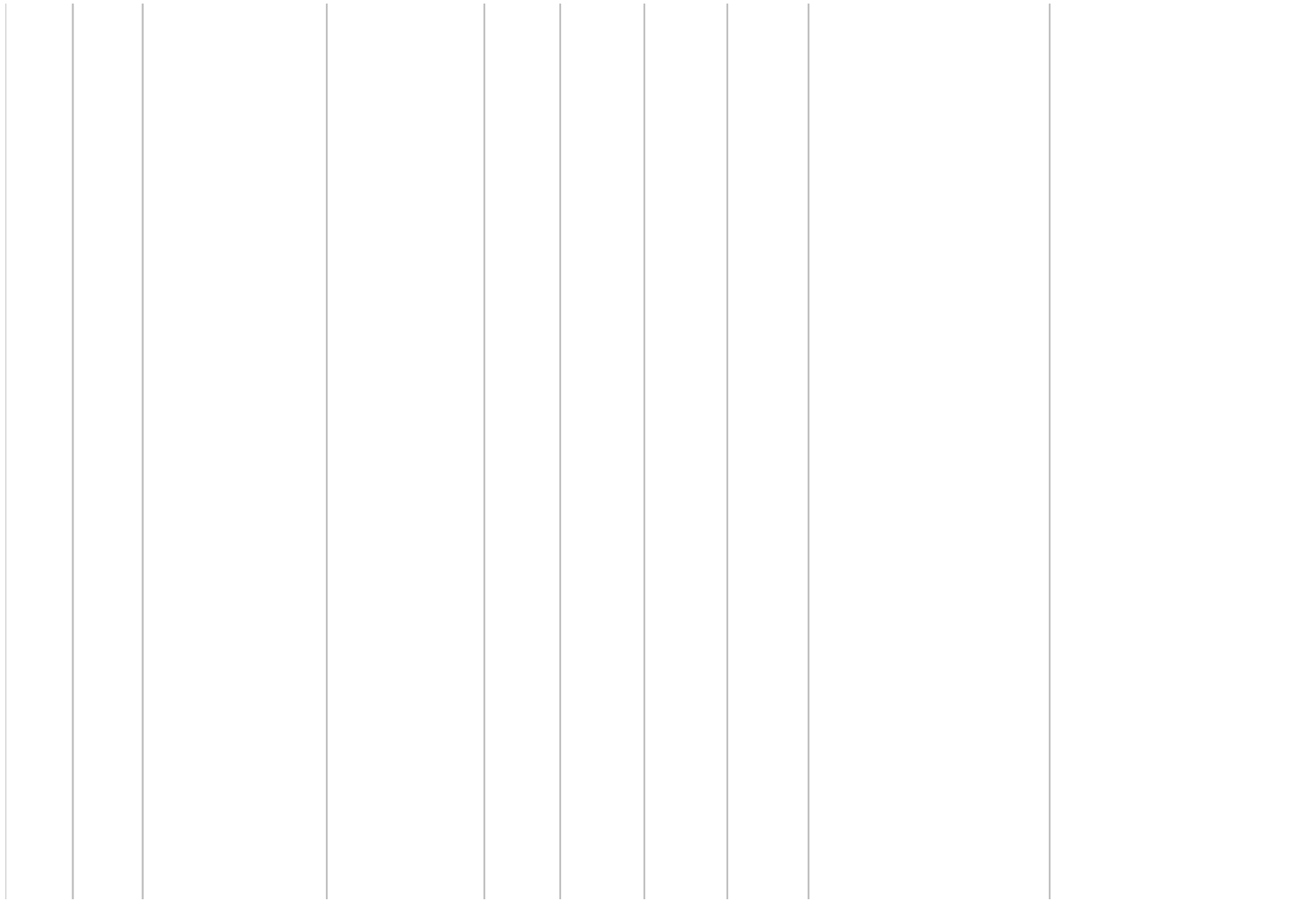
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycooplasty)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	SURGERY - URINARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	SURGERY - URINARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	50370	Removal of transplanted renal allograft	SURGERY - URINARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	50380	Renal autotransplantation, reimplantation of kidney	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50340	Recipient nephrectomy (separate procedure)	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50320	Donor nephrectomy (including cold preservation); open, from living donor	SURGERY - URINARY SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	50290	Excision of perinephric cyst	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	SURGERY - URINARY SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	50280	Excision or unroofing of cyst(s) of kidney	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50240	Nephrectomy, partial	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	5020F	Treatment summary report communicated to physician(s) or other qualified health care professional(s) managing continuing care and to the patient within 1 month of completing treatment (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	50200	Renal biopsy; percutaneous, by trocar or needle	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis (OP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	5010F	Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	5005F	Patient counseled on self-examination for new or changing moles (ML)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	50010	Renal exploration, not necessitating other specific procedures	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	50020	Drainage of perirenal or renal abscess, open	SURGERY - URINARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49906	Free omental flap with microvascular anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49651	Laparoscopy, surgical; repair recurrent inguinal hernia	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49611	Repair of omphalocele (Gross type operation); second stage	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49650	Laparoscopy, surgical; repair initial inguinal hernia	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49610	Repair of omphalocele (Gross type operation); first stage	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49600	Repair of small omphalocele, with primary closure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49557	Repair recurrent femoral hernia; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49540	Repair lumbar hernia	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			



STAR	49550	Repair initial femoral hernia, any age; reducible	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49553	Repair initial femoral hernia, any age; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49555	Repair recurrent femoral hernia; reducible	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49520	Repair recurrent inguinal hernia, any age; reducible	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49525	Repair inguinal hernia, sliding, any age	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49505	Repair initial inguinal hernia, age 5 years or older; reducible	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2008 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	49428	Ligation of peritoneal-venous shunt	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49429	Removal of peritoneal-venous shunt	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49426	Revision of peritoneal-venous shunt	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49425	Insertion of peritoneal-venous shunt	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49422	Removal of tunneled intraperitoneal catheter	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49402	Removal of peritoneal foreign body from peritoneal cavity	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49400	Injection of air or contrast into peritoneal cavity (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49321	Laparoscopy, surgical; with biopsy (single or multiple)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	49215	Excision of presacral or sacrococcygeal tumor	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	2008 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	49084	Peritoneal lavage, including imaging guidance, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49060	Drainage of retroperitoneal abscess, open	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49040	Drainage of subdiaphragmatic or subphrenic abscess, open	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	49002	Reopening of recent laparotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48556	Removal of transplanted pancreatic allograft	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48554	Transplantation of pancreatic allograft	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48545	Pancreatorrhaphy for injury	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48510	External drainage, pseudocyst of pancreas, open	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	48500	Marsupialization of pancreatic cyst	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48155	Pancreatectomy, total	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48148	Excision of ampulla of Vater	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48120	Excision of lesion of pancreas (eg, cyst, adenoma)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48102	Biopsy of pancreas, percutaneous needle	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48020	Removal of pancreatic calculus	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	48000	Placement of drains, peripancreatic, for acute pancreatitis;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47801	Placement of choledochal stent	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47802	U-tube hepaticoenterostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47740	Cholecystoenterostomy; Roux-en-Y	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47720	Cholecystoenterostomy; direct	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47721	Cholecystoenterostomy; with gastroenterostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47715	Excision of choledochal cyst	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47701	Portoenterostomy (eg, Kasai procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47612	Cholecystectomy with exploration of common duct; with choledchoenterostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47605	Cholecystectomy; with cholangiography	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47610	Cholecystectomy with exploration of common duct;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47600	Cholecystectomy;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47570	Laparoscopy, surgical; cholecystoenterostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47562	Laparoscopy, surgical; cholecystectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47563	Laparoscopy, surgical; cholecystectomy with cholangiography	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47542	Balloon dilation of biliary duct (s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47300	Marsupialization of cyst or abscess of liver	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47350	Management of liver hemorrhage; simple suture of liver wound or injury	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	47130	Hepatectomy, resection of liver; total right lobectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47133	Donor hepatectomy (including cold preservation), from cadaver donor	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47122	Hepatectomy, resection of liver; trisegmentectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	47125	Hepatectomy, resection of liver; total left lobectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47100	Biopsy of liver, wedge	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47120	Hepatectomy, resection of liver; partial lobectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	47000	Biopsy of liver, needle; percutaneous	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46751	Sphincteroplasty, anal, for incontinence or prolapse; child	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46754	Removal of Thiersch wire or suture, anal canal	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46705	Anoplasty, plastic operation for stricture; infant	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46706	Repair of anal fistula with fibrin glue	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46700	Anoplasty, plastic operation for stricture; adult	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

STAR	46608	Anoscopy; with removal of foreign body	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46606	Anoscopy; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46500	Injection of sclerosing solution, hemorrhoids	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46288	Closure of anal fistula with rectal advancement flap	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46320	Excision of thrombosed hemorrhoid, external	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46250	Hemorrhoidectomy, external, 2 or more columns/groups	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46255	Hemorrhoidectomy, internal and external, single column/group;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46230	Excision of multiple external papillae or tags, anus	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46220	Excision of single external papilla or tag, anus	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46083	Incision of thrombosed hemorrhoid, external	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46200	Fissurectomy, including sphincterotomy, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46070	Incision, anal septum (infant)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46080	Sphincterotomy, anal, division of sphincter (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46050	Incision and drainage, perianal abscess, superficial	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46020	Placement of seton	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	46030	Removal of anal seton, other marker	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45820	Closure of rectourethral fistula;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45825	Closure of rectourethral fistula; with colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45900	Reduction of procidentia (separate procedure) under anesthesia	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4561F	Patient has a coronary artery stent (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4562F	Patient does not have a coronary artery stent (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4563F	Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	45800	Closure of rectovesical fistula;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45805	Closure of rectovesical fistula; with colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4560F	Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4558F	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4559F	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4557F	Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4556F	Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	45562	Exploration, repair, and presacral drainage for rectal injury;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4555F	Patient did not receive inhalational anesthetic agent (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	45560	Repair of rectocele (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4554F	Patient received inhalational anesthetic agent (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45540	Proctopexy (eg, for prolapse); abdominal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45541	Proctopexy (eg, for prolapse); perineal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4553F	Patient offered assistance in planning for end of life issues (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4551F	Nutritional support offered (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	45520	Perirectal injection of sclerosing solution for prolapse	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4552F	Patient offered referral to a speech language pathologist (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	45500	Proctoplasty; for stenosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45505	Proctoplasty; for prolapse of mucous membrane	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4550F	Options for noninvasive respiratory support discussed with patient (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4541F	Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4540F	Disease modifying pharmacotherapy discussed (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45399	Unlisted procedure, colon	SURGERY - DIGESTIVE	NON-COV	12/27/2019	12/27/2019			

SYSTEM

STAR	45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45390	Colonoscopy, flexible; with endoscopic mucosal resection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45386	Colonoscopy, flexible; with transendoscopic balloon dilation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45382	Colonoscopy, flexible; with control of bleeding, any method	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45380	Colonoscopy, flexible; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45381	Colonoscopy, flexible; with directed submucosal injection (s), any substance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45379	Colonoscopy, flexible; with removal of foreign body(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45334	Sigmoidoscopy, flexible; with control of bleeding, any method	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45335	Sigmoidoscopy, flexible; with directed submucosal injection (s), any substance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45307	Proctosigmoidoscopy, rigid; with removal of foreign body	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4525F	Neuropsychiatric intervention ordered (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4526F	Neuropsychiatric intervention received (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45136	Excision of ileoanal reservoir with ileostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45150	Division of stricture of rectum	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45130	Excision of rectal procidentia, with anastomosis; perineal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45123	Proctectomy, partial, without anastomosis, perineal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45111	Proctectomy; partial resection of rectum, transabdominal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45108	Anorectal myomectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	45110	Proctectomy; complete, combined abdominoperineal, with colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	45005	Incision and drainage of submucosal abscess, rectum	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4500F	Referred to an outpatient cardiac rehabilitation program (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	45000	Transrectal drainage of pelvic abscess	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44970	Laparoscopy, surgical, appendectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44900	Incision and drainage of appendiceal abscess, open	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44950	Appendectomy;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

STAR	44850	Suture of mesentery (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4481F	Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for less than 3 months or patient not receiving ACE inhibitor/ARB therapy and beta-blocker therapy (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	44820	Excision of lesion of mesentery (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4480F	Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for 3 months or longer (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44799	Unlisted procedure, small intestine	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4470F	Implantable cardioverter-defibrillator (ICD) counseling provided (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	44680	Intestinal plication (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44660	Closure of enterovesical fistula; without intestinal or bladder resection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44661	Closure of enterovesical fistula; with intestine and/or bladder resection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44640	Closure of intestinal cutaneous fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44650	Closure of enteroenteric or enterocolic fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44620	Closure of enterostomy, large or small intestine;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4450F	Self-care education provided to patient (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44405	Colonoscopy through stoma; with transendoscopic balloon dilation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	44403	Colonoscopy through stoma; with endoscopic mucosal resection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44390	Colonoscopy through stoma; with removal of foreign body (s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44391	Colonoscopy through stoma; with control of bleeding, any method	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44389	Colonoscopy through stoma; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44382	Ileoscopy, through stoma; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilatation)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44320	Colostomy or skin level cecostomy;	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44316	Continent ileostomy (Kock procedure) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44310	Ileostomy or jejunostomy, non-tube	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44147	Colectomy, partial; abdominal and transanal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44140	Colectomy, partial; with anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44141	Colectomy, partial; with skin level cecostomy or colostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44136	Intestinal allotransplantation; from living donor	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	44137	Removal of transplanted intestinal allograft, complete	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	44135	Intestinal allotransplantation; from cadaver donor	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	44133	Donor enterectomy (including cold preservation), open; partial, from living donor	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	44132	Donor enterectomy (including cold preservation), open; from cadaver donor	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44125	Enterectomy, resection of small intestine; with enterostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44120	Enterectomy, resection of small intestine; single resection and anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44025	Colotomy, for exploration, biopsy(s), or foreign body removal	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43880	Closure of gastrocolic fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43870	Closure of gastrostomy, surgical	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43831	Gastrostomy, open; neonatal, for feeding	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43810	Gastroduodenostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43820	Gastrojejunostomy; without vagotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43825	Gastrojejunostomy; with vagotomy, any type	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43800	Pyloroplasty	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43651	Laparoscopy, surgical; transection of vagus nerves, truncal	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43634	Gastrectomy, partial, distal; with formation of intestinal pouch	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43631	Gastrectomy, partial, distal; with gastroduodenostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43632	Gastrectomy, partial, distal; with gastrojejunostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43620	Gastrectomy, total; with esophagoenterostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43621	Gastrectomy, total; with Roux-en-Y reconstruction	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43622	Gastrectomy, total; with formation of intestinal pouch, any type	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43610	Excision, local; ulcer or benign tumor of stomach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43611	Excision, local; malignant tumor of stomach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43605	Biopsy of stomach, by laparotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4350F	Counseling provided on symptom management, end of life decisions, and palliation (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	43501	Gastrotomy; with suture repair of bleeding ulcer	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43460	Esophagogastric tamponade, with balloon (Sengstaken type)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43496	Free jejunum transfer with microvascular anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43500	Gastrotomy; with exploration or foreign body removal	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43453	Dilation of esophagus, over guide wire	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43420	Closure of esophagostomy or fistula; cervical approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4340F	Counseling for women of childbearing potential with epilepsy (EPI)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	43410	Suture of esophageal wound or injury; cervical approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43400	Ligation, direct, esophageal varices	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43352	Esophagostomy, fistulization of esophagus, external; cervical approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43331	Esophagomyotomy (Heller type); thoracic approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43328	Esophagogastric fundoplasty partial or complete; thoracotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43330	Esophagomyotomy (Heller type); abdominal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43327	Esophagogastric fundoplasty partial or complete; laparotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43320	Esophagogastronomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4330F	Counseling about epilepsy specific safety issues provided to patient (or caregiver(s)) (EPI)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastronomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43285	Removal of esophageal sphincter augmentation device	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor (s), polyp(s), or other lesion (s), including pre- and post-dilation and guide wire passage, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	2010 Code Set	NO	12/27/2019	12/27/2019			
STAR	43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct (s) (List separately in addition to code(s) for primary procedure)	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	SURGERY - DIGESTIVE SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator (s) through esophagus over guide wire	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection (s), any substance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4322F	Caregiver provided with education and referred to additional resources for support (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis (es)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis (es)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	43100	Excision of lesion, esophagus, with primary repair; cervical approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43045	Esophagotomy, thoracic approach, with removal of foreign body	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4305F	Patient education regarding appropriate foot care and daily inspection of the feet received (CWC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	43020	Esophagotomy, cervical approach, with removal of foreign body	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	43030	Cricopharyngeal myotomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42955	Pharyngostomy (fistulization of pharynx, external for feeding)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42953	Pharyngoesophageal repair	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42900	Suture pharynx for wound or injury	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42890	Limited pharyngectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42870	Excision or destruction lingual tonsil, any method (separate procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42860	Excision of tonsil tags	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42830	Adenoidectomy, primary; younger than age 12	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42831	Adenoidectomy, primary; age 12 or over	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42835	Adenoidectomy, secondary; younger than age 12	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42836	Adenoidectomy, secondary; age 12 or over	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42825	Tonsillectomy, primary or secondary; younger than age 12	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42826	Tonsillectomy, primary or secondary; age 12 or over	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42820	Tonsillectomy and adenoidectomy; younger than age 12	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42821	Tonsillectomy and adenoidectomy; age 12 or over	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	42809	Removal of foreign body from pharynx	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42806	Biopsy; nasopharynx, survey for unknown primary lesion	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42808	Excision or destruction of lesion of pharynx, any method	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42800	Biopsy; oropharynx	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42804	Biopsy; nasopharynx, visible lesion, simple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4276F	Potent antiretroviral therapy prescribed (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4269F	Appropriate method of offloading (pressure relief) prescribed (CWC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42700	Incision and drainage abscess; peritonsillar	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (CWC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4266F	Use of wet to dry dressings neither prescribed nor recommended (CWC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4267F	Compression therapy prescribed (CWC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42660	Dilation and catheterization of salivary duct, with or without injection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	42665	Ligation salivary duct, intraoral	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4265F	Use of wet to dry dressings prescribed or recommended (CWC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42600	Closure salivary fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4260F	Wound surface culture technique used (CWC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4261F	Technique other than surface culture of the wound exudate used (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique) or wound surface culture technique not used (CWC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42650	Dilation salivary duct	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42550	Injection procedure for sialography	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (CRIT) (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (CRIT) (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least 1 body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (CRIT)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42507	Parotid duct diversion, bilateral (Wilke type procedure);	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4245F	Patient counseled during the initial visit to maintain or resume normal activities (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42450	Excision of sublingual gland	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42440	Excision of submandibular (submaxillary) gland	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4240F	Instruction in therapeutic exercise with follow-up provided to patients during episode of back pain lasting longer than 12 weeks (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42409	Marsupialization of sublingual salivary cyst (ranula)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42408	Excision of sublingual salivary cyst (ranula)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42400	Biopsy of salivary gland; needle	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42405	Biopsy of salivary gland; incisional	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42340	Sialolithotomy; parotid, extraoral or complicated intraoral	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42320	Drainage of abscess; submaxillary, external	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4230F	Anticonvulsant medication therapy for 6 months or more (MM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42310	Drainage of abscess; submaxillary or sublingual, intraoral	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42300	Drainage of abscess; parotid, simple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42305	Drainage of abscess; parotid, complicated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42260	Repair of nasolabial fistula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42280	Maxillary impression for palatal prosthesis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42281	Insertion of pin-retained palatal prosthesis	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42227	Lengthening of palate, with island flap	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42235	Repair of anterior palate, including vomer flap	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42225	Palatoplasty for cleft palate; attachment pharyngeal flap	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42226	Lengthening of palate, and pharyngeal flap	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	42220	Palatoplasty for cleft palate; secondary lengthening procedure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42215	Palatoplasty for cleft palate; major revision	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4221F	Diuretic medication therapy for 6 months or more (MM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4220F	Digoxin medication therapy for 6 months or more (MM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42182	Repair, laceration of palate; over 2 cm or complex	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42200	Palatoplasty for cleft palate, soft and/or hard palate only	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42140	Uvulectomy, excision of uvula	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	SURGERY - DIGESTIVE SYSTEM	YES	12/27/2019	12/31/2078			
STAR	4210F	Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42120	Resection of palate or extensive resection of lesion	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42106	Excision, lesion of palate, uvula; with simple primary closure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42107	Excision, lesion of palate, uvula; with local flap closure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42100	Biopsy of palate, uvula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	42104	Excision, lesion of palate, uvula; without closure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4200F	External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	42000	Drainage of abscess of palate, uvula	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4194F	Patient receiving EQU GT 10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4192F	Patient not receiving glucocorticoid therapy (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4193F	Patient receiving LT 10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (AM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (AM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	41874	Alveoloplasty, each quadrant (specify)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4185F	Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4186F	No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	41870	Periodontal mucosal grafting	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41850	Destruction of lesion (except excision), dentoalveolar structures	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4182F	Conformal radiation therapy not received (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41821	Operculectomy, excision pericoronal tissues	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41822	Excision of fibrous tuberosities, dentoalveolar structures	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41820	Gingivectomy, excision gingiva, each quadrant	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4180F	Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4181F	Conformal radiation therapy received (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41806	Removal of embedded foreign body from dentoalveolar structures; bone	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4179F	Tamoxifen or aromatase inhibitor (AI) prescribed (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4176F	Counseling about value of protection from UV light and lack of proven efficacy of nutritional supplements in prevention or progression of cataract development provided to patient and/or caregiver(s) (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4177F	Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4178F	Anti-D immune globulin received between 26 and 30 weeks gestation (Pre-Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s) (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4171F	Patient receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4172F	Patient not receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4169F	Patient either not receiving care in the intensive care unit (ICU) OR not receiving mechanical ventilation OR receiving mechanical ventilation greater than 24 hours (CRIT)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gonadotropin-releasing hormone [GnRH] agonist or antagonist) prescribed/administered (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4165F	3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4158F	Patient counseled about risks of alcohol use (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, and interstitial prostate brachytherapy, and external beam radiotherapy, and radical prostatectomy, provided prior to initiation of treatment (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4155F	Hepatitis A vaccine series previously received (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4157F	Hepatitis B vaccine series previously received (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	41512	Tongue base suspension, permanent suture technique	2009 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	4151F	Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4150F	Patient receiving antiviral treatment for Hepatitis C (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4145F	Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4142F	Corticosteroid sparing therapy prescribed (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4144F	Alternative long-term control medication prescribed (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4136F	Systemic corticosteroids not prescribed (OME)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4140F	Inhaled corticosteroids prescribed (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4134F	Antihistamines or decongestants neither prescribed nor recommended (OME)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4135F	Systemic corticosteroids prescribed (OME)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4132F	Systemic antimicrobial therapy not prescribed (AOE)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4133F	Antihistamines or decongestants prescribed or recommended (OME)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4130F	Topical preparations (including OTC) prescribed for acute otitis externa (AOE)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4131F	Systemic antimicrobial therapy prescribed (AOE)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41130	Glossectomy; hemiglossectomy	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41135	Glossectomy; partial, with unilateral radical neck dissection	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41120	Glossectomy; less than one-half tongue	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41115	Excision of lingual frenum (frenectomy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41116	Excision, lesion of floor of mouth	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41113	Excision of lesion of tongue with closure; posterior one-third	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41114	Excision of lesion of tongue with closure; with local tongue flap	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41110	Excision of lesion of tongue without closure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41112	Excision of lesion of tongue with closure; anterior two-thirds	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41108	Biopsy of floor of mouth	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41100	Biopsy of tongue; anterior two-thirds	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41105	Biopsy of tongue; posterior one-third	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41010	Incision of lingual frenum (frenotomy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4086F	Aspirin or clopidogrel prescribed or currently being taken (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40844	Vestibuloplasty; entire arch	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40843	Vestibuloplasty; posterior, bilateral	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40840	Vestibuloplasty; anterior	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40842	Vestibuloplasty; posterior, unilateral	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40819	Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40818	Excision of mucosa of vestibule of mouth as donor graft	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40808	Biopsy, vestibule of mouth	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40805	Removal of embedded foreign body, vestibule of mouth; complicated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	40806	Incision of labial frenum (frenotomy)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40804	Removal of embedded foreign body, vestibule of mouth; simple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4069F	Venous thromboembolism (VTE) prophylaxis received (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	4067F	Patient referral for electroconvulsive therapy (ECT) documented (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4065F	Antipsychotic pharmacotherapy prescribed (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4066F	Electroconvulsive therapy (ECT) provided (MDD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4063F	Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4062F	Patient referral for psychotherapy documented (MDD, MDD ADOL)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4060F	Psychotherapy services provided (MDD, MDD ADOL)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4058F	Pediatric gastroenteritis education provided to caregiver (PAG)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4056F	Appropriate oral rehydration solution recommended (PAG)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40530	Resection of lip, more than one-fourth, without reconstruction	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40510	Excision of lip; transverse wedge excision with primary closure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40520	Excision of lip; V-excision with primary direct linear closure	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40500	Vermilionectomy (lip shave), with mucosal advancement	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			
STAR	40490	Biopsy of lip	SURGERY - DIGESTIVE SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	4019F	Documentation of receipt of counseling on exercise and either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use (OP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4013F	Statin therapy prescribed or currently being taken (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4011F	Oral antiplatelet therapy prescribed (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4008F	Beta-blocker therapy prescribed or currently being taken (CAD, HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (OP) (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	39560	Resection, diaphragm; with simple repair (eg, primary suture)	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	39501	Repair, laceration of diaphragm, any approach	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	39200	Resection of mediastinal cyst	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	39220	Resection of mediastinal tumor	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	SURGERY - MEDIASTINUM AND DIAP	NO	12/27/2019	12/27/2019			
STAR	38794	Cannulation, thoracic duct	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	38790	Injection procedure; lymphangiography	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38792	Injection procedure; radioactive tracer for identification of sentinel node	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38740	Axillary lymphadenectomy; superficial	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38745	Axillary lymphadenectomy; complete	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38724	Cervical lymphadenectomy (modified radical neck dissection)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38700	Suprahyoid lymphadenectomy	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38720	Cervical lymphadenectomy (complete)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38542	Dissection, deep jugular node(s)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38531	Biopsy or excision of lymph node(s); open, inguofemoral node(s)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	38500	Biopsy or excision of lymph node(s); open, superficial	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38381	Suture and/or ligation of thoracic duct; thoracic approach	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38382	Suture and/or ligation of thoracic duct; abdominal approach	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38308	Lymphangiectomy or other operations on lymphatic channels	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38380	Suture and/or ligation of thoracic duct; cervical approach	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38305	Drainage of lymph node abscess or lymphadenitis; extensive	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38243	Hematopoietic progenitor cell (HPC); HPC boost	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38300	Drainage of lymph node abscess or lymphadenitis; simple	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38221	Diagnostic bone marrow; biopsy(ies)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	SURGERY - HEMIC AND LYMPHATIC	NON-COV	12/27/2019	12/31/2078			
STAR	38200	Injection procedure for splenoportography	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38120	Laparoscopy, surgical, splenectomy	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38100	Splenectomy; total (separate procedure)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	38101	Splenectomy; partial (separate procedure)	SURGERY - HEMIC AND LYMPHATIC	NO	12/27/2019	12/27/2019			
STAR	37790	Penile venous occlusive procedure	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/27/2019			
STAR	37788	Penile revascularization, artery, with or without vein graft	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	3776F	Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	3775F	Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	37650	Ligation of femoral vein	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37660	Ligation of common iliac vein	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3763F	Patient is not dysarthric (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3762F	Patient is dysarthric (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37619	Ligation of inferior vena cava	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3761F	Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3760F	Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	37615	Ligation, major artery (eg, post-traumatic, rupture); neck	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37616	Ligation, major artery (eg, post-traumatic, rupture); chest	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37607	Ligation or banding of angioaccess arteriovenous fistula	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37609	Ligation or biopsy, temporal artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37605	Ligation; internal or common carotid artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37600	Ligation; external carotid artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3759F	Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3757F	Patient does not have pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3758F	Patient referred for pulmonary function testing or peak cough expiratory flow (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	37565	Ligation, internal jugular vein	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3756F	Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3755F	Cognitive and behavioral impairment screening performed (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3753F	Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3754F	Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3752F	Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3751F	Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	3725F	Screening for depression performed (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	2010 Code Set	NO	12/27/2019	12/27/2019			
STAR	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	2010 Code Set	NO	12/27/2019	12/27/2019			

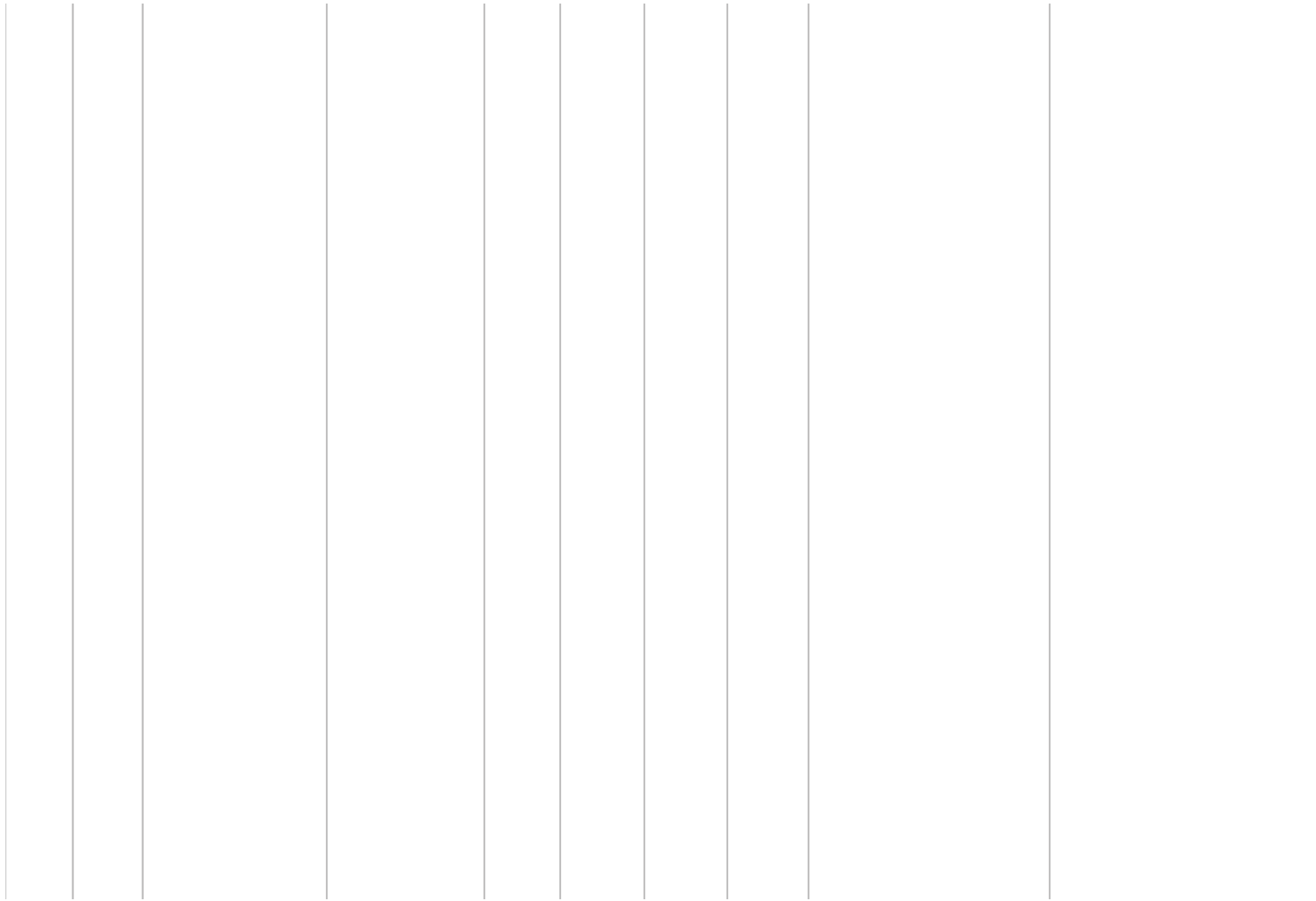
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	2010 Code Set	NO	12/27/2019	12/27/2019			
STAR	37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement (s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement (s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	2010 Code Set	NO	12/27/2019	12/27/2019			
STAR	37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement (s), includes angioplasty within the same vessel, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37200	Transcatheter biopsy	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			



STAR	37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37195	Thrombolysis, cerebral, by intravenous infusion	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37180	Venous anastomosis, open; splenorenal, proximal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37140	Venous anastomosis, open; portocaval	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37145	Venous anastomosis, open; renoportal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	37160	Venous anastomosis, open; caval-mesenteric	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	CATEGORY II CODES	NO	12/27/2019	12/27/2019			
STAR	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36861	External cannula declotting (separate procedure); with balloon catheter	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36860	External cannula declotting (separate procedure); without balloon catheter	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36835	Insertion of Thomas shunt (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36820	Arteriovenous anastomosis, open; by forearm vein transposition	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36680	Placement of needle for intraosseous infusion	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36600	Arterial puncture, withdrawal of blood for diagnosis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36591	Collection of blood specimen from a completely implantable venous access device	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port (s)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36522	Photopheresis, extracorporeal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36514	Therapeutic apheresis; for plasma pheresis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36513	Therapeutic apheresis; for platelets	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36511	Therapeutic apheresis; for white blood cells	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36512	Therapeutic apheresis; for red blood cells	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36500	Venous catheterization for selective organ blood sampling	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3650F	Electroencephalogram (EEG) ordered, reviewed or requested (EPI)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein (s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	36481	Percutaneous portal vein catheterization by any method	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	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	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	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)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36415	Collection of venous blood by venipuncture	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	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	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	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	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36261	Revision of implanted intra-arterial infusion pump	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36262	Removal of implanted intra-arterial infusion pump	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery (s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery (s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery (s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection (s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery (s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection (s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36200	Introduction of catheter, aorta	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36160	Introduction of needle or intracatheter, aortic, translumbar	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36100	Introduction of needle or intracatheter, carotid or vertebral artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36140	Introduction of needle or intracatheter, upper or lower extremity artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36014	Selective catheter placement, left or right pulmonary artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	36015	Selective catheter placement, segmental or subsegmental pulmonary artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36013	Introduction of catheter, right heart or main pulmonary artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36010	Introduction of catheter, superior or inferior vena cava	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36000	Introduction of needle or intracatheter, vein	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35907	Excision of infected graft; abdomen	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35905	Excision of infected graft; thorax	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35903	Excision of infected graft; extremity	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35901	Excision of infected graft; neck	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35870	Repair of graft-enteric fistula	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35695	Transposition and/or reimplantation; carotid to subclavian artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35694	Transposition and/or reimplantation; subclavian to carotid artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35691	Transposition and/or reimplantation; vertebral to carotid artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35693	Transposition and/or reimplantation; vertebral to subclavian artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35663	Bypass graft, with other than vein; ilioliac	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35665	Bypass graft, with other than vein; iliofemoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35656	Bypass graft, with other than vein; femoral-popliteal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35661	Bypass graft, with other than vein; femoral-femoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35650	Bypass graft, with other than vein; axillary-axillary	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35654	Bypass graft, with other than vein; axillary-femoral-femoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35647	Bypass graft, with other than vein; aortofemoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35645	Bypass graft, with other than vein; subclavian-vertebral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35646	Bypass graft, with other than vein; aortobifemoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35637	Bypass graft, with other than vein; aortoiliac	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35638	Bypass graft, with other than vein; aortobi-iliac	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35642	Bypass graft, with other than vein; carotid-vertebral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35632	Bypass graft, with other than vein; ilio-celiac	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	35633	Bypass graft, with other than vein; ilio-mesenteric	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	35634	Bypass graft, with other than vein; iliorenal	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35621	Bypass graft, with other than vein; axillary-femoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35616	Bypass graft, with other than vein; subclavian-axillary	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35612	Bypass graft, with other than vein; subclavian-subclavian	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35606	Bypass graft, with other than vein; carotid-subclavian	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35587	In-situ vein bypass; popliteal-tibial, peroneal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35583	In-situ vein bypass; femoral-popliteal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35565	Bypass graft, with vein; iliofemoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35560	Bypass graft, with vein; aortorenal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35563	Bypass graft, with vein; ilioiliac	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35558	Bypass graft, with vein; femoral-femoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35540	Bypass graft, with vein; aortobifemoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35556	Bypass graft, with vein; femoral-popliteal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35538	Bypass graft, with vein; aortobi-iliac	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35539	Bypass graft, with vein; aortofemoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35536	Bypass graft, with vein; splenorenal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35537	Bypass graft, with vein; aortoiliac	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35535	Bypass graft, with vein; hepatorenal	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	35525	Bypass graft, with vein; brachial-brachial	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35531	Bypass graft, with vein; aortoceliac or aortomesenteric	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35533	Bypass graft, with vein; axillary-femoral-femoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35523	Bypass graft, with vein; brachial-ulnar or -radial	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	35521	Bypass graft, with vein; axillary-femoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35522	Bypass graft, with vein; axillary-brachial	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35516	Bypass graft, with vein; subclavian-axillary	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35518	Bypass graft, with vein; axillary-axillary	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35512	Bypass graft, with vein; subclavian-brachial	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35515	Bypass graft, with vein; subclavian-vertebral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35511	Bypass graft, with vein; subclavian-subclavian	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35510	Bypass graft, with vein; carotid-brachial	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35508	Bypass graft, with vein; carotid-vertebral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35509	Bypass graft, with vein; carotid-contralateral carotid	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35400	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35371	Thromboendarterectomy, including patch graft, if performed; common femoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35351	Thromboendarterectomy, including patch graft, if performed; iliac	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35281	Repair blood vessel with graft other than vein; intra-abdominal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35286	Repair blood vessel with graft other than vein; lower extremity	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35266	Repair blood vessel with graft other than vein; upper extremity	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35256	Repair blood vessel with vein graft; lower extremity	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35261	Repair blood vessel with graft other than vein; neck	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35246	Repair blood vessel with vein graft; intrathoracic, without bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35251	Repair blood vessel with vein graft; intra-abdominal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35241	Repair blood vessel with vein graft; intrathoracic, with bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35226	Repair blood vessel, direct; lower extremity	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35231	Repair blood vessel with vein graft; neck	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35236	Repair blood vessel with vein graft; upper extremity	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35221	Repair blood vessel, direct; intra-abdominal	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35211	Repair blood vessel, direct; intrathoracic, with bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35216	Repair blood vessel, direct; intrathoracic, without bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35207	Repair blood vessel, direct; hand, finger	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3520F	Clostridium difficile testing performed (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35201	Repair blood vessel, direct; neck	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35206	Repair blood vessel, direct; upper extremity	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35190	Repair, acquired or traumatic arteriovenous fistula; extremities	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35182	Repair, congenital arteriovenous fistula; thorax and abdomen	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35184	Repair, congenital arteriovenous fistula; extremities	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3517F	Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	35180	Repair, congenital arteriovenous fistula; head and neck	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3498F	CD4+ cell percentage GT EQU 15PCT (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3497F	CD4+ cell percentage LT 15PCT (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3496F	CD4+ cell count EQU GT 500 cells/mm3 (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3495F	CD4+ cell count 200 - 499 cells/mm3 (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3490F	History of AIDS-defining condition (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3491F	HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3492F	History of nadir CD4+ cell count LT 350 cells/mm3 (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3493F	No history of nadir CD4+ cell count LT 350 cells/mm3 and no history of AIDS-defining condition (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3494F	CD4+ cell count LT 200 cells/mm3 (HIV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3476F	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3472F	Rheumatoid arthritis (RA) disease activity, high (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3475F	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3471F	Rheumatoid arthritis (RA) disease activity, moderate (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization (s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery (ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization (s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3470F	Rheumatoid arthritis (RA) disease activity, low (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization (s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization (s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization (s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization (s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization (s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34530	Saphenopopliteal vein anastomosis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34520	Cross-over vein graft to venous system	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3452F	Dyspnea not screened (Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	34510	Venous valve transposition, any vein donor	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3451F	Dyspnea screened, moderate or severe dyspnea (Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	34502	Reconstruction of vena cava, any method	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3450F	Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34501	Valvuloplasty, femoral vein	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump (s), single or each pump	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33977	Removal of ventricular assist device; extracorporeal, single ventricle	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33978	Removal of ventricular assist device; extracorporeal, biventricular	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33975	Insertion of ventricular assist device; extracorporeal, single ventricle	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33976	Insertion of ventricular assist device; extracorporeal, biventricular	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33973	Insertion of intra-aortic balloon assist device through the ascending aorta	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33968	Removal of intra-aortic balloon assist device, percutaneous	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33967	Insertion of intra-aortic balloon assist device, percutaneous	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	3395F	Quantitative non-HER2 immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	3394F	Quantitative HER2 immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33945	Heart transplant, with or without recipient cardiectomy	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	SURGERY - CARDIOVASCULAR SYSTE	YES	12/27/2019	12/31/2078			
STAR	33940	Donor cardiectomy (including cold preservation)	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	33930	Donor cardiectomy-pneumonectomy (including cold preservation)	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33928	Removal and replacement of total replacement heart system (artificial heart)	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	33922	Transection of pulmonary artery with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33910	Pulmonary artery embolectomy; with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33875	Descending thoracic aorta graft, with or without bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33824	Repair of patent ductus arteriosus; by division, 18 years and older	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33820	Repair of patent ductus arteriosus; by ligation	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33822	Repair of patent ductus arteriosus; by division, younger than 18 years	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33803	Division of aberrant vessel (vascular ring); with reanastomosis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33802	Division of aberrant vessel (vascular ring);	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33788	Reimplantation of an anomalous pulmonary artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33786	Total repair, truncus arteriosus (Rastelli type operation)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33764	Shunt; central, with prosthetic graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33732	Repair of cor triatriatum or supra-avalvular mitral ring by resection of left atrial membrane	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33726	Repair of pulmonary venous stenosis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33690	Banding of pulmonary artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33692	Complete repair tetralogy of Fallot without pulmonary atresia;	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33681	Closure of single ventricular septal defect, with or without patch;	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33670	Repair of complete atrioventricular canal, with or without prosthetic valve	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33675	Closure of multiple ventricular septal defects;	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33542	Myocardial resection (eg, ventricular aneurysmectomy)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33533	Coronary artery bypass, using arterial graft(s); single arterial graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33513	Coronary artery bypass, vein only; 4 coronary venous grafts	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33514	Coronary artery bypass, vein only; 5 coronary venous grafts	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33512	Coronary artery bypass, vein only; 3 coronary venous grafts	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33511	Coronary artery bypass, vein only; 2 coronary venous grafts	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33510	Coronary artery bypass, vein only; single coronary venous graft	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33508	Endoscopy, surgical, including video-assisted harvest of vein (s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33475	Replacement, pulmonary valve	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33465	Replacement, tricuspid valve, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33468	Tricuspid valve repositioning and plication for Ebstein anomaly	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33463	Valvuloplasty, tricuspid valve; without ring insertion	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33464	Valvuloplasty, tricuspid valve; with ring insertion	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3344F	Mammogram assessment category of "suspicious," documented (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3345F	Mammogram assessment category of "highly suggestive of malignancy," documented (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3343F	Mammogram assessment category of "probably benign," documented (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3342F	Mammogram assessment category of "benign," documented (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33430	Replacement, mitral valve, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33420	Valvotomy, mitral valve; closed heart	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			
STAR	3341F	Mammogram assessment category of "negative," documented (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33417	Aortoplasty (gusset) for supra-ventricular stenosis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	SURGERY - CARDIOVASCULAR	NON-COV	12/27/2019	12/27/2019			
STAR	33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation" documented (RAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33404	Construction of apical-aortic conduit	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	SURGERY - CARDIOVASCULAR	NO	12/27/2019	12/27/2019			
STAR	33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33321	Suture repair of aorta or great vessels; with shunt bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3331F	Imaging study not ordered (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3330F	Imaging study ordered (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33300	Repair of cardiac wound; without bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33305	Repair of cardiac wound; with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	SURGERY - CARDIOVASCULAR SYSTE	NON-COV	12/27/2019	12/31/2078			
STAR	3328F	Performance status documented and reviewed within 2 weeks prior to surgery (Lung/Esop Cx)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33286	Removal, subcutaneous cardiac rhythm monitor	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33272	Removal of subcutaneous implantable defibrillator electrode	SURGERY - CARDIOVASCULAR	NON-COV	12/27/2019	12/31/2078			
STAR	33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	SURGERY - CARDIOVASCULAR	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33271	Insertion of subcutaneous implantable defibrillator electrode	SURGERY - CARDIOVASCULAR	NON-COV	12/27/2019	12/31/2078			
STAR	33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	2008 Code Set	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3325F	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3324F	MRI or CT scan ordered, reviewed or requested (EPI)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33241	Removal of implantable defibrillator pulse generator only	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3323F	Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery (Lung/Esop Cx)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33238	Removal of permanent transvenous electrode(s) by thoracotomy	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33233	Removal of permanent pacemaker pulse generator only	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33235	Removal of transvenous pacemaker electrode(s); dual lead system	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33222	Relocation of skin pocket for pacemaker	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33223	Relocation of skin pocket for implantable defibrillator	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33221	Insertion of pacemaker pulse generator only; with existing multiple leads	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33213	Insertion of pacemaker pulse generator only; with existing dual leads	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33212	Insertion of pacemaker pulse generator only; with existing single lead	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3320F	None of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3319F	1 of the following diagnostic imaging studies ordered: chest x-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3317F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3315F	Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3316F	Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33130	Resection of external cardiac tumor	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33050	Resection of pericardial cyst or tumor	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33025	Creation of pericardial window or partial resection for drainage	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	SURGERY - CARDIOVASCULAR SYSTE	NO	12/27/2019	12/27/2019			
STAR	3301F	Cancer stage documented in medical record as metastatic and reviewed (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3300F	American Joint Committee on Cancer (AJCC) stage documented and reviewed (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32997	Total lung lavage (unilateral)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	SURGERY - RESPIRATORY SYSTEM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	SURGERY - RESPIRATORY SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	3294F	Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation (Pre-Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32960	Pneumothorax, therapeutic, intrapleural injection of air	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3293F	ABO and Rh blood typing documented as performed (Pre-Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3291F	Patient is D (Rh) positive or sensitized (Pre-Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3292F	HIV testing ordered or documented and reviewed during the first or second prenatal visit (Pre-Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3290F	Patient is D (Rh) negative and unsensitized (Pre-Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3285F	Intraocular pressure (IOP) reduced by a value less than 15PCT from the pre-intervention level (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3288F	Falls risk assessment documented (GER)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32900	Resection of ribs, extrapleural, all stages	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32905	Thoracoplasty, Schede type or extrapleural (all stages);	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	32852	Lung transplant, single; with cardiopulmonary bypass	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	SURGERY - RESPIRATORY SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	32851	Lung transplant, single; without cardiopulmonary bypass	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	32820	Major reconstruction, chest wall (posttraumatic)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32800	Repair lung hernia through chest wall	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3280F	Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32815	Open closure of major bronchial fistula	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3281F	Hemoglobin level less than 11 g/dL (CKD, ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3274F	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3278F	Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered (CKD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3272F	Intermediate risk of recurrence, prostate cancer (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3273F	High risk of recurrence, prostate cancer (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3271F	Low risk of recurrence, prostate cancer (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3267F	Pathology report includes pT category, pN category, Gleason score, and statement about margin status (PATH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3268F	Prostate-specific antigen (PSA), and primary tumor (T) stage, and Gleason score documented prior to initiation of treatment (PRCA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3266F	Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C (HEP C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32664	Thoracoscopy, surgical; with thoracic sympathectomy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32663	Thoracoscopy, surgical; with lobectomy (single lobe)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3265F	Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32656	Thoracoscopy, surgical; with parietal pleurectomy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32651	Thoracoscopy, surgical; with partial pulmonary decortication	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32609	Thoracoscopy; with biopsy(ies) of pleura	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3260F	pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (PATH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32552	Removal of indwelling tunneled pleural catheter with cuff	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32550	Insertion of indwelling tunneled pleural catheter with cuff	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	32540	Extrapleural enucleation of empyema (empyemectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32445	Removal of lung, pneumonectomy; extrapleural	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32440	Removal of lung, pneumonectomy;	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32320	Decortication and parietal pleurectomy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32400	Biopsy, pleura, percutaneous needle	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32310	Pleurectomy, parietal (separate procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32225	Decortication, pulmonary (separate procedure); partial	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (OME)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32215	Pleural scarification for repeat pneumothorax	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32220	Decortication, pulmonary (separate procedure); total	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32200	Pneumonostomy, with open drainage of abscess or cyst	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3220F	Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3218F	RNA testing for Hepatitis C documented as performed within 6 months prior to initiation of antiviral treatment for Hepatitis C (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	32151	Thoracotomy; with removal of intrapulmonary foreign body	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3215F	Patient has documented immunity to Hepatitis A (HEP-C)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	32160	Thoracotomy; with cardiac massage	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32124	Thoracotomy; with open intrapleural pneumonolysis	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32120	Thoracotomy; for postoperative complications	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32100	Thoracotomy; with exploration	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32098	Thoracotomy, with biopsy(ies) of pleura	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32035	Thoracostomy; with rib resection for empyema	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	32036	Thoracostomy; with open flap drainage for empyema	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31825	Surgical closure tracheostomy or fistula; with plastic repair	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31830	Revision of tracheostomy scar	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31820	Surgical closure tracheostomy or fistula; without plastic repair	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31786	Excision of tracheal tumor or carcinoma; thoracic	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31800	Suture of tracheal wound or injury; cervical	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31805	Suture of tracheal wound or injury; intrathoracic	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31785	Excision of tracheal tumor or carcinoma; cervical	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31780	Excision tracheal stenosis and anastomosis; cervical	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31781	Excision tracheal stenosis and anastomosis; cervicothoracic	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31770	Bronchoplasty; graft repair	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31775	Bronchoplasty; excision stenosis and anastomosis	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31760	Tracheoplasty; intrathoracic	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31766	Carinal reconstruction	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31730	Transtacheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31750	Tracheoplasty; cervical	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31720	Catheter aspiration (separate procedure); nasotracheal	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31717	Catheterization with bronchial brush biopsy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

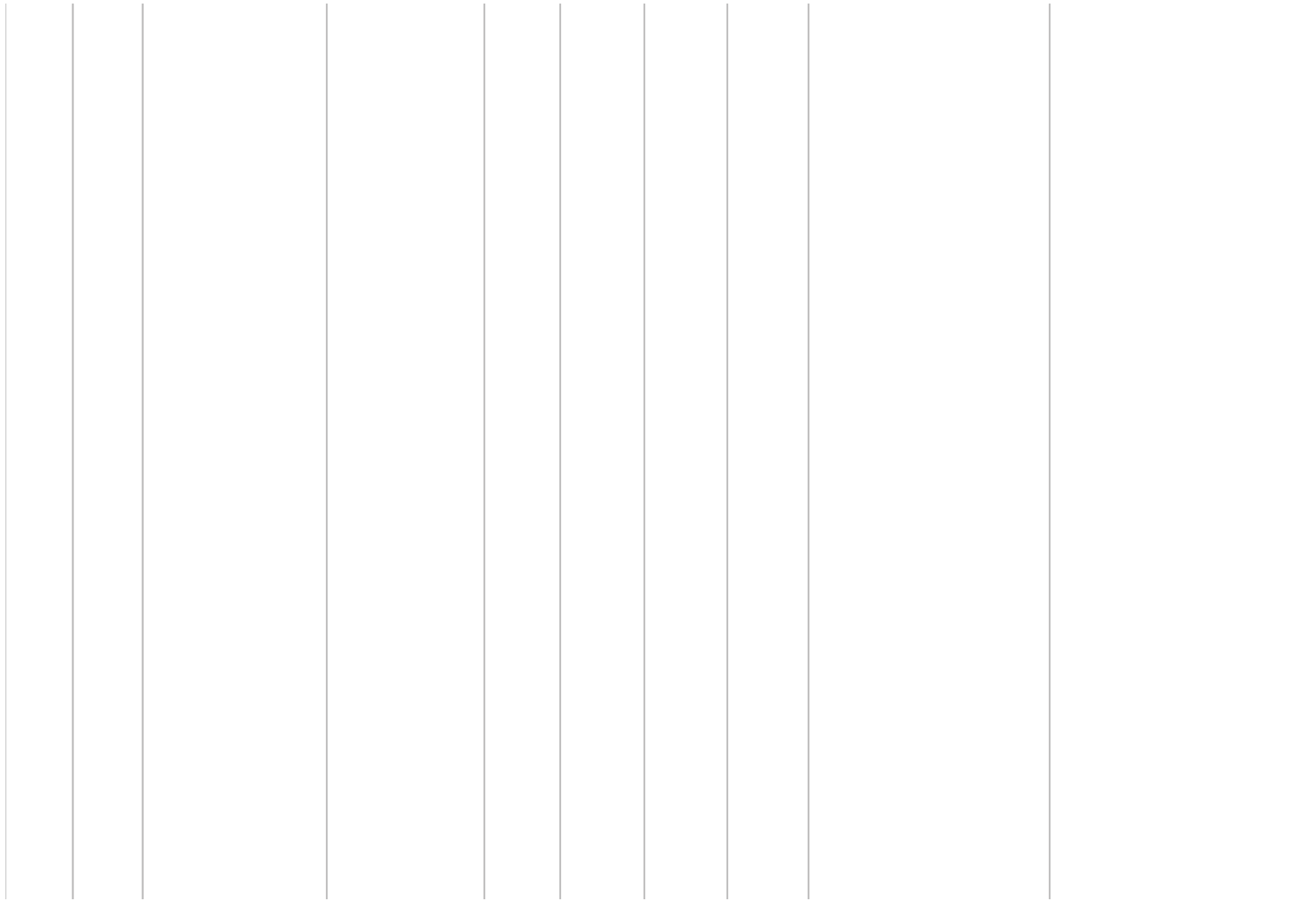
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration [s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration [s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy (s), each additional lobe (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy (s), single lobe	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31615	Tracheobronchoscopy through established tracheostomy incision	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31613	Tracheostoma revision; simple, without flap rotation	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31614	Tracheostoma revision; complex, with flap rotation	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31610	Tracheostomy, fenestration procedure with skin flaps	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31605	Tracheostomy, emergency procedure; cricothyroid membrane	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31601	Tracheostomy, planned (separate procedure); younger than 2 years	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31603	Tracheostomy, emergency procedure; transtracheal	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31600	Tracheostomy, planned (separate procedure);	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31587	Laryngoplasty, cricoid split, without graft placement	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31590	Laryngeal reinnervation by neuromuscular pedicle	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31591	Laryngoplasty, medialization, unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31592	Cricotracheal resection	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			



STAR	31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31577	Laryngoscopy, flexible; with removal of foreign body(s)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31576	Laryngoscopy, flexible; with biopsy(ies)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31575	Laryngoscopy, flexible; diagnostic	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31560	Laryngoscopy, direct, operative, with arytenoidectomy;	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft (s) (includes obtaining autograft)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31535	Laryngoscopy, direct, operative, with biopsy;	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31530	Laryngoscopy, direct, operative, with foreign body removal;	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31513	Laryngoscopy, indirect; with vocal cord injection	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31511	Laryngoscopy, indirect; with removal of foreign body	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31512	Laryngoscopy, indirect; with removal of lesion	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31510	Laryngoscopy, indirect; with biopsy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31502	Tracheotomy tube change prior to establishment of fistula tract	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31505	Laryngoscopy, indirect; diagnostic (separate procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31500	Intubation, endotracheal, emergency procedure	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31420	Epiglottidectomy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31400	Arytenoidectomy or arytenoidopexy, external approach	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31370	Partial laryngectomy (hemilaryngectomy); horizontal	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31375	Partial laryngectomy (hemilaryngectomy); laterovertical	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31380	Partial laryngectomy (hemilaryngectomy); anterovertical	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31365	Laryngectomy; total, with radical neck dissection	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31360	Laryngectomy; total, without radical neck dissection	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3126F	Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31225	Maxillectomy; without orbital exenteration	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31230	Maxillectomy; with orbital exenteration (en bloc)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31201	Ethmoidectomy; intranasal, total	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31205	Ethmoidectomy; extranasal, total	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3119F	No evaluation of level of activity or clinical symptoms (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	31200	Ethmoidectomy; intranasal, anterior	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	3117F	Heart failure disease specific structured assessment tool completed (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3118F	New York Heart Association (NYHA) Class documented (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp (s)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31070	Sinusotomy frontal; external, simple (trephine operation)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31050	Sinusotomy, sphenoid, with or without biopsy;	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31040	Pterygomaxillary fossa surgery, any approach	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31020	Sinusotomy, maxillary (antrotomy); intranasal	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	31002	Lavage by cannulation; sphenoid sinus	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3095F	Central dual-energy X-ray absorptiometry (DXA) results documented (OP) (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3096F	Central dual-energy X-ray absorptiometry (DXA) ordered (OP) (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	30930	Fracture nasal inferior turbinate(s), therapeutic	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30920	Ligation arteries; internal maxillary artery, transantral	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30915	Ligation arteries; ethmoidal	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3075F	Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within 12 months prior to surgery (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	30630	Repair nasal septal perforations	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30600	Repair fistula; oronasal	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3056F	Left ventricular ejection fraction (LVEF) greater than 35PCT or no LVEF result available (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3055F	Left ventricular ejection fraction (LVEF) less than or equal to 35PCT (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0PCT (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3038F	Pulmonary function test performed within 12 months prior to surgery (Lung/Esop Cx)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	30320	Removal foreign body, intranasal; by lateral rhinotomy	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30310	Removal foreign body, intranasal; requiring general anesthesia	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30300	Removal foreign body, intranasal; office type procedure	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30220	Insertion, nasal septal prosthesis (button)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30210	Displacement therapy (Proetz type)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3018F	Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp (s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (End/Polyp)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	3019F	Left ventricular ejection fraction (LVEF) assessment planned post discharge (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	30200	Injection into turbinate(s), therapeutic	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	30160	Rhinectomy; total	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3016F	Patient screened for unhealthy alcohol use using a systematic screening method (PV) (DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	30150	Rhinectomy; partial	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3015F	Cervical cancer screening results documented and reviewed (PV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	30130	Excision inferior turbinate, partial or complete, any method	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30140	Submucous resection inferior turbinate, partial or complete, any method	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30125	Excision dermoid cyst, nose; complex, under bone or cartilage	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30120	Excision or surgical planing of skin of nose for rhinophyma	SURGERY - RESPIRATORY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30115	Excision, nasal polyp(s), extensive	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30100	Biopsy, intranasal	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30110	Excision, nasal polyp(s), simple	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30000	Drainage abscess or hematoma, nasal, internal approach	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	30020	Drainage abscess or hematoma, nasal septum	SURGERY - RESPIRATORY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	3008F	Body Mass Index (BMI), documented (PV)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	29916	Arthroscopy, hip, surgical; with labral repair	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29906	Arthroscopy, subtalar joint, surgical; with debridement	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	29905	Arthroscopy, subtalar joint, surgical; with synovectomy	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29893	Endoscopic plantar fasciotomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29873	Arthroscopy, knee, surgical; with lateral release	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29863	Arthroscopy, hip, surgical; with synovectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29844	Arthroscopy, wrist, surgical; synovectomy, partial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29845	Arthroscopy, wrist, surgical; synovectomy, complete	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29838	Arthroscopy, elbow, surgical; debridement, extensive	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29836	Arthroscopy, elbow, surgical; synovectomy, complete	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29837	Arthroscopy, elbow, surgical; debridement, limited	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29835	Arthroscopy, elbow, surgical; synovectomy, partial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	29804	Arthroscopy, temporomandibular joint, surgical	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29740	Wedging of cast (except clubfoot casts)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29750	Wedging of clubfoot cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29720	Repair of spica, body cast or jacket	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29730	Windowing of cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29705	Removal or bivalving; full arm or full leg cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29700	Removal or bivalving; gauntlet, boot or body cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29580	Strapping; Unna boot	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29540	Strapping; ankle and/or foot	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29550	Strapping; toes	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29520	Strapping; hip	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29530	Strapping; knee	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29505	Application of long leg splint (thigh to ankle or toes)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29515	Application of short leg splint (calf to foot)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29445	Application of rigid total contact leg cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29450	Application of clubfoot cast with molding or manipulation, long or short leg	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	29425	Application of short leg cast (below knee to toes); walking or ambulatory type	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29435	Application of patellar tendon bearing (PTB) cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29440	Adding walker to previously applied cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29405	Application of short leg cast (below knee to toes);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29358	Application of long leg cast brace	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29365	Application of cylinder cast (thigh to ankle)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29345	Application of long leg cast (thigh to toes);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29355	Application of long leg cast (thigh to toes); walker or ambulatory type	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29305	Application of hip spica cast; 1 leg	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29325	Application of hip spica cast; 1 and one-half spica or both legs	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29260	Strapping; elbow or wrist	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29280	Strapping; hand or finger	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29130	Application of finger splint; static	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29131	Application of finger splint; dynamic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29200	Strapping; thorax	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29240	Strapping; shoulder (eg, Velpeau)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29125	Application of short arm splint (forearm to hand); static	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29086	Application, cast; finger (eg, contracture)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29105	Application of long arm splint (shoulder to hand)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29085	Application, cast; hand and lower forearm (gauntlet)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29065	Application, cast; shoulder to hand (long arm)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	29075	Application, cast; elbow to finger (short arm)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29049	Application, cast; figure-of-eight	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29055	Application, cast; shoulder spica	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29058	Application, cast; plaster Velpeau	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29046	Application of body cast, shoulder to hips; including both thighs	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29040	Application of body cast, shoulder to hips; including head, Minerva type	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29044	Application of body cast, shoulder to hips; including 1 thigh	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29015	Application of Risser jacket, localizer, body; including head	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29035	Application of body cast, shoulder to hips;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29000	Application of halo type body cast (see 20661-20663 for insertion)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	29010	Application of Risser jacket, localizer, body; only	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28820	Amputation, toe; metatarsophalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28825	Amputation, toe; interphalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28805	Amputation, foot; transmetatarsal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28810	Amputation, metatarsal, with toe, single	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28750	Arthrodesis, great toe; metatarsophalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28755	Arthrodesis, great toe; interphalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28725	Arthrodesis; subtalar	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28705	Arthrodesis; pantalar	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28715	Arthrodesis; triple	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28570	Closed treatment of talotarsal joint dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28531	Open treatment of sesamoid fracture, with or without internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28530	Closed treatment of sesamoid fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28475	Closed treatment of metatarsal fracture; with manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28470	Closed treatment of metatarsal fracture; without manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28445	Open treatment of talus fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28446	Open osteochondral autograft, talus (includes obtaining graft [s])	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	28435	Closed treatment of talus fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28436	Percutaneous skeletal fixation of talus fracture, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28430	Closed treatment of talus fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28400	Closed treatment of calcaneal fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28405	Closed treatment of calcaneal fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28360	Reconstruction, cleft foot	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28341	Reconstruction, toe, macrodactyly; requiring bone resection	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28344	Reconstruction, toe(s); polydactyly	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28340	Reconstruction, toe, macrodactyly; soft tissue resection	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28315	Sesamoidectomy, first toe (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28320	Repair, nonunion or malunion; tarsal bones	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28302	Osteotomy; talus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28304	Osteotomy, tarsal bones, other than calcaneus or talus;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28260	Capsulotomy, midfoot; medial release only (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28261	Capsulotomy, midfoot; with tendon lengthening	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28240	Tenotomy, lengthening, or release, abductor hallucis muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28234	Tenotomy, open, extensor, foot or toe, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28222	Tenolysis, flexor, foot; multiple tendons	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28225	Tenolysis, extensor, foot; single tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28226	Tenolysis, extensor, foot; multiple tendons	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28220	Tenolysis, flexor, foot; single tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28192	Removal of foreign body, foot; deep	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28193	Removal of foreign body, foot; complicated	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28175	Radical resection of tumor; phalanx of toe	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28190	Removal of foreign body, foot; subcutaneous	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28171	Radical resection of tumor; tarsal (except talus or calcaneus)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28173	Radical resection of tumor; metatarsal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28153	Resection, condyle(s), distal end of phalanx, each toe	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28140	Metatarsectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28150	Phalangectomy, toe, each toe	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28130	Talectomy (astragalectomy)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28126	Resection, partial or complete, phalangeal base, each toe	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28118	Ostectomy, calcaneus;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28116	Ostectomy, excision of tarsal coalition	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28113	Ostectomy, complete excision; fifth metatarsal head	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28111	Ostectomy, complete excision; first metatarsal head	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28086	Synovectomy, tendon sheath, foot; flexor	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28088	Synovectomy, tendon sheath, foot; extensor	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28072	Synovectomy; metatarsophalangeal joint, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28080	Excision, interdigital (Morton) neuroma, single, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28070	Synovectomy; intertarsal or tarsometatarsal joint, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28062	Fasciectomy, plantar fascia; radical (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28055	Neurectomy, intrinsic musculature of foot	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28060	Fasciectomy, plantar fascia; partial (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28052	Arthrotomy with biopsy; metatarsophalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28054	Arthrotomy with biopsy; interphalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	28035	Release, tarsal tunnel (posterior tibial nerve decompression)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28011	Tenotomy, percutaneous, toe; multiple tendons	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28008	Fasciotomy, foot and/or toe	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28010	Tenotomy, percutaneous, toe; single tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28001	Incision and drainage, bursa, foot	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27889	Ankle disarticulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27886	Amputation, leg, through tibia and fibula; re-amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27871	Arthrodesis, tibiofibular joint, proximal or distal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27880	Amputation, leg, through tibia and fibula;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27870	Arthrodesis, ankle, open	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27840	Closed treatment of ankle dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27818	Closed treatment of trimalleolar ankle fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27816	Closed treatment of trimalleolar ankle fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27767	Closed treatment of posterior malleolus fracture; without manipulation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	27768	Closed treatment of posterior malleolus fracture; with manipulation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27760	Closed treatment of medial malleolus fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27726	Repair of fibula nonunion and/or malunion with internal fixation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	27727	Repair of congenital pseudarthrosis, tibia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27722	Repair of nonunion or malunion, tibia; with sliding graft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27715	Osteoplasty, tibia and fibula, lengthening or shortening	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27709	Osteotomy; tibia and fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27707	Osteotomy; fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27704	Removal of ankle implant	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27705	Osteotomy; tibia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27702	Arthroplasty, ankle; with implant (total ankle)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27703	Arthroplasty, ankle; revision, total ankle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27700	Arthroplasty, ankle;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27695	Repair, primary, disrupted ligament, ankle; collateral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27687	Gastrocnemius recession (eg, Strayer procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27676	Repair, dislocating peroneal tendons; with fibular osteotomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27675	Repair, dislocating peroneal tendons; without fibular osteotomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27664	Repair, extensor tendon, leg; primary, without graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27658	Repair, flexor tendon, leg; primary, without graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27654	Repair, secondary, Achilles tendon, with or without graft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27656	Repair, fascial defect of leg	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27647	Radical resection of tumor; talus or calcaneus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27648	Injection procedure for ankle arthrography	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27645	Radical resection of tumor; tibia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27646	Radical resection of tumor; fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27625	Arthrotomy, with synovectomy, ankle;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27613	Biopsy, soft tissue of leg or ankle area; superficial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27603	Incision and drainage, leg or ankle; deep abscess or hematoma	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27604	Incision and drainage, leg or ankle; infected bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27601	Decompression fasciotomy, leg; posterior compartment(s) only	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27596	Amputation, thigh, through femur, any level; re-amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27598	Disarticulation at knee	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27580	Arthrodesis, knee, any technique	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27590	Amputation, thigh, through femur, any level;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27560	Closed treatment of patellar dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27562	Closed treatment of patellar dislocation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27552	Closed treatment of knee dislocation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27550	Closed treatment of knee dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27520	Closed treatment of patellar fracture, without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27500	Closed treatment of femoral shaft fracture, without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27486	Revision of total knee arthroplasty, with or without allograft; 1 component	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27466	Osteoplasty, femur; lengthening	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27465	Osteoplasty, femur; shortening (excluding 64876)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27448	Osteotomy, femur, shaft or supracondylar; without fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27450	Osteotomy, femur, shaft or supracondylar; with fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27440	Arthroplasty, knee, tibial plateau;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27438	Arthroplasty, patella; with prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27430	Quadricepsplasty (eg, Bennett or Thompson type)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27435	Capsulotomy, posterior capsular release, knee	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27427	Ligamentous reconstruction (augmentation), knee; extra-articular	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27425	Lateral retinacular release, open	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27424	Reconstruction of dislocating patella; with patellectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27415	Osteochondral allograft, knee, open	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27403	Arthrotomy with meniscus repair, knee	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27405	Repair, primary, torn ligament and/or capsule, knee; collateral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27412	Autologous chondrocyte implantation, knee	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27395	Lengthening of hamstring tendon; multiple tendons, bilateral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27393	Lengthening of hamstring tendon; single tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27390	Tenotomy, open, hamstring, knee to hip; single tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27385	Suture of quadriceps or hamstring muscle rupture; primary	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27372	Removal of foreign body, deep, thigh region or knee area	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27380	Suture of infrapatellar tendon; primary	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27365	Radical resection of tumor, femur or knee	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27355	Excision or curettage of bone cyst or benign tumor of femur;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27350	Patellectomy or hemipatellectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27340	Excision, prepatellar bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27326	Neurectomy, popliteal (gastrocnemius)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27325	Neurectomy, hamstring muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27323	Biopsy, soft tissue of thigh or knee area; superficial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27305	Fasciotomy, iliotibial (tenotomy), open	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27295	Disarticulation of hip	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27290	Interpelviabdominal amputation (hindquarter amputation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27275	Manipulation, hip joint, requiring general anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27253	Open treatment of hip dislocation, traumatic, without internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27250	Closed treatment of hip dislocation, traumatic; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27246	Closed treatment of greater trochanteric fracture, without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27200	Closed treatment of coccygeal fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27202	Open treatment of coccygeal fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27215	Open treatment of iliac spine (s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27185	Epiphyseal arrest by epiphysodesis or stapling, greater trochanter of femur	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27161	Osteotomy, femoral neck (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27175	Treatment of slipped femoral epiphysis; by traction, without reduction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27146	Osteotomy, iliac, acetabular or innominate bone;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27110	Transfer iliopsoas; to greater trochanter of femur	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27111	Transfer iliopsoas; to femoral neck	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27098	Transfer, adductor to ischium	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27095	Injection procedure for hip arthrography; with anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27097	Release or recession, hamstring, proximal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27093	Injection procedure for hip arthrography; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27090	Removal of hip prosthesis; (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27080	Coccygectomy, primary	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27077	Radical resection of tumor; innominate bone, total	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27060	Excision; ischial bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27062	Excision; trochanteric bursa or calcification	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27057	Decompression fasciotomy (ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27052	Arthrotomy, with biopsy; hip joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27054	Arthrotomy with synovectomy, hip joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27050	Arthrotomy, with biopsy; sacroiliac joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27040	Biopsy, soft tissue of pelvis and hip area; superficial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	27027	Decompression fasciotomy (ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	2009 Code Set	NO	12/27/2019	12/27/2019			
STAR	27030	Arthrotomy, hip, with drainage (eg, infection)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27025	Fasciotomy, hip or thigh, any type	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27005	Tenotomy, hip flexor(s), open (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	27001	Tenotomy, adductor of hip, open	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26991	Incision and drainage, pelvis or hip joint area; infected bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26593	Release, intrinsic muscles of hand, each muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26596	Excision of constricting ring of finger, with multiple Z-plasties	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26590	Repair macrodactylia, each digit	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26591	Repair, intrinsic muscles of hand, each muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26580	Repair cleft hand	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26587	Reconstruction of polydactylous digit, soft tissue and bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26565	Osteotomy; metacarpal, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26567	Osteotomy; phalanx of finger, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26568	Osteoplasty, lengthening, metacarpal or phalanx	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26560	Repair of syndactyly (web finger) each web space; with skin flaps	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26555	Transfer, finger to another position without microvascular anastomosis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26556	Transfer, free toe joint, with microvascular anastomosis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26550	Pollicization of a digit	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26535	Arthroplasty, interphalangeal joint; each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26530	Arthroplasty, metacarpophalangeal joint; each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26517	Capsulodesis, metacarpophalangeal joint; 2 digits	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26510	Cross intrinsic transfer, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26516	Capsulodesis, metacarpophalangeal joint; single digit	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26508	Release of thenar muscle(s) (eg, thumb contracture)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26498	Transfer of tendon to restore intrinsic function; all 4 fingers	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26499	Correction claw finger, other methods	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26496	Opponensplasty; other methods	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26497	Transfer of tendon to restore intrinsic function; ring and small finger	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26494	Opponensplasty; hypothenar muscle transfer	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26490	Opponensplasty; superficialis tendon transfer type, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	26479	Shortening of tendon, flexor, hand or finger, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26474	Tenodesis; of distal joint, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26476	Lengthening of tendon, extensor, hand or finger, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26477	Shortening of tendon, extensor, hand or finger, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26478	Lengthening of tendon, flexor, hand or finger, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26460	Tenotomy, extensor, hand or finger, open, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26471	Tenodesis; of proximal interphalangeal joint, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26455	Tenotomy, flexor, finger, open, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26450	Tenotomy, flexor, palm, open, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26442	Tenolysis, flexor tendon; palm AND finger, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26445	Tenolysis, extensor tendon, hand OR finger, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26437	Realignment of extensor tendon, hand, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26440	Tenolysis, flexor tendon; palm OR finger, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26320	Removal of implant from finger or hand	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26340	Manipulation, finger joint, under anesthesia, each joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26262	Radical resection of tumor, distal phalanx of finger	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26250	Radical resection of tumor, metacarpal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26260	Radical resection of tumor, proximal or middle phalanx of finger	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26185	Sesamoidectomy, thumb or finger (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26180	Excision of tendon, finger, flexor or extensor, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26170	Excision of tendon, palm, flexor or extensor, single, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26130	Synovectomy, carpometacarpal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26100	Arthrotomy with biopsy; carpometacarpal joint, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26110	Arthrotomy with biopsy; interphalangeal joint, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26055	Tendon sheath incision (eg, for trigger finger)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26060	Tenotomy, percutaneous, single, each digit	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26037	Decompressive fasciotomy, hand (excludes 26035)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26025	Drainage of palmar bursa; single, bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26030	Drainage of palmar bursa; multiple bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26011	Drainage of finger abscess; complicated (eg, felon)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26020	Drainage of tendon sheath, digit and/or palm, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	26010	Drainage of finger abscess; simple	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25929	Transmetacarpal amputation; secondary closure or scar revision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25931	Transmetacarpal amputation; re-amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25924	Disarticulation through wrist; re-amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25927	Transmetacarpal amputation;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25920	Disarticulation through wrist;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25922	Disarticulation through wrist; secondary closure or scar revision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25909	Amputation, forearm, through radius and ulna; re-amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25915	Krukenberg procedure	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25900	Amputation, forearm, through radius and ulna;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25695	Open treatment of lunate dislocation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25805	Arthrodesis, wrist; with sliding graft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25690	Closed treatment of lunate dislocation, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25676	Open treatment of distal radioulnar dislocation, acute or chronic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25671	Percutaneous skeletal fixation of distal radioulnar dislocation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25675	Closed treatment of distal radioulnar dislocation with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25651	Percutaneous skeletal fixation of ulnar styloid fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25652	Open treatment of ulnar styloid fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25650	Closed treatment of ulnar styloid fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25530	Closed treatment of ulnar shaft fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25535	Closed treatment of ulnar shaft fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/dislocation), includes percutaneous skeletal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25505	Closed treatment of radial shaft fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25500	Closed treatment of radial shaft fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25450	Epiphyseal arrest by epiphysodesis or stapling; distal radius OR ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25455	Epiphyseal arrest by epiphysodesis or stapling; distal radius AND ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25449	Revision of arthroplasty, including removal of implant, wrist joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25444	Arthroplasty with prosthetic replacement; lunate	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25445	Arthroplasty with prosthetic replacement; trapezium	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25442	Arthroplasty with prosthetic replacement; distal ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25441	Arthroplasty with prosthetic replacement; distal radius	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25425	Repair of defect with autograft; radius OR ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25426	Repair of defect with autograft; radius AND ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25393	Osteoplasty, radius AND ulna; lengthening with autograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25394	Osteoplasty, carpal bone, shortening	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25391	Osteoplasty, radius OR ulna; lengthening with autograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25390	Osteoplasty, radius OR ulna; shortening	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25360	Osteotomy; ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25365	Osteotomy; radius AND ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25350	Osteotomy, radius; distal third	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25355	Osteotomy, radius; middle or proximal third	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25335	Centralization of wrist on ulna (eg, radial club hand)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25301	Tenodesis at wrist; extensors of fingers	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25310	Tendon transplplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25300	Tenodesis at wrist; flexors of fingers	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25251	Removal of wrist prosthesis; complicated, including total wrist	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25259	Manipulation, wrist, under anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25248	Exploration with removal of deep foreign body, forearm or wrist	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25250	Removal of wrist prosthesis; (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25246	Injection procedure for wrist arthrography	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25215	Carpectomy; all bones of proximal row	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25230	Radial styloidectomy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25170	Radical resection of tumor, radius or ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25210	Carpectomy; 1 bone	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25112	Excision of ganglion, wrist (dorsal or volar); recurrent	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25110	Excision, lesion of tendon sheath, forearm and/or wrist	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25111	Excision of ganglion, wrist (dorsal or volar); primary	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25105	Arthrotomy, wrist joint; with synovectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25085	Capsulotomy, wrist (eg, contracture)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25100	Arthrotomy, wrist joint; with biopsy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25065	Biopsy, soft tissue of forearm and/or wrist; superficial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	25031	Incision and drainage, forearm and/or wrist; bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24940	Cineplasty, upper extremity, complete procedure	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24935	Stump elongation, upper extremity	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24930	Amputation, arm through humerus; re-amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24931	Amputation, arm through humerus; with implant	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24920	Amputation, arm through humerus; open, circular (guillotine)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24925	Amputation, arm through humerus; secondary closure or scar revision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24900	Amputation, arm through humerus; with primary closure	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process [es]), includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24800	Arthrodesis, elbow joint; local	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process [es]); without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process [es]); with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24655	Closed treatment of radial head or neck fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24650	Closed treatment of radial head or neck fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24615	Open treatment of acute or chronic elbow dislocation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24600	Treatment of closed elbow dislocation; without anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24605	Treatment of closed elbow dislocation; requiring anesthesia	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24500	Closed treatment of humeral shaft fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24495	Decompression fasciotomy, forearm, with brachial artery exploration	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24400	Osteotomy, humerus, with or without internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24365	Arthroplasty, radial head;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24366	Arthroplasty, radial head; with implant	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24360	Arthroplasty, elbow; with membrane (eg, fascial)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	24345	Repair medial collateral ligament, elbow, with local tissue	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	24343	Repair lateral collateral ligament, elbow, with local tissue	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24332	Tenolysis, triceps	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24065	Biopsy, soft tissue of upper arm or elbow area; superficial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23480	Osteotomy, clavicle, with or without internal fixation;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23460	Capsulorrhaphy, anterior, any type; with bone block	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23430	Tenodesis of long tendon of biceps	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23440	Resection or transplantation of long tendon of biceps	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	23415	Coracoacromial ligament release, with or without acromioplasty	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23405	Tenotomy, shoulder area; single tendon	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23406	Tenotomy, shoulder area; multiple tendons through same incision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23395	Muscle transfer, any type, shoulder or upper arm; single	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23397	Muscle transfer, any type, shoulder or upper arm; multiple	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23210	Radical resection of tumor; scapula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23220	Radical resection of tumor, proximal humerus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23330	Removal of foreign body, shoulder; subcutaneous	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23195	Resection, humeral head	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23200	Radical resection of tumor; clavicle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23190	Ostectomy of scapula, partial (eg, superior medial angle)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23125	Claviclectomy; total	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23120	Claviclectomy; partial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	23100	Arthrotomy, glenohumeral joint, including biopsy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23066	Biopsy, soft tissue of shoulder area; deep	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23065	Biopsy, soft tissue of shoulder area; superficial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23031	Incision and drainage, shoulder area; infected bursa	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23020	Capsular contracture release (eg, Sever type procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23030	Incision and drainage, shoulder area; deep abscess or hematoma	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	23000	Removal of subdeltoid calcareous deposits, open	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment (s) (including body and posterior elements); single or 2 segments	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment (s) (including body and posterior elements); 3 or more segments	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22830	Exploration of spinal fusion	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22326	Open treatment and/or reduction of vertebral fracture (s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22327	Open treatment and/or reduction of vertebral fracture (s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22328	Open treatment and/or reduction of vertebral fracture (s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22505	Manipulation of spine requiring anesthesia, any region	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22318	Open treatment and/or reduction of odontoid fracture (s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22319	Open treatment and/or reduction of odontoid fracture (s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22315	Closed treatment of vertebral fracture(s) and/or dislocation (s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21920	Biopsy, soft tissue of back or flank; superficial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21925	Biopsy, soft tissue of back or flank; deep	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21820	Closed treatment of sternum fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21825	Open treatment of sternum fracture with or without skeletal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21812	Open treatment of rib fracture (s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	21813	Open treatment of rib fracture (s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	21750	Closure of median sternotomy separation with or without debridement (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21811	Open treatment of rib fracture (s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			
STAR	21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21705	Division of scalenus anticus; with resection of cervical rib	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21685	Hyoid myotomy and suspension	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21700	Division of scalenus anticus; without resection of cervical rib	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21627	Sternal debridement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21630	Radical resection of sternum;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21632	Radical resection of sternum; with mediastinal lymphadenectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21616	Excision first and/or cervical rib; with sympathectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21620	Ostectomy of sternum, partial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21615	Excision first and/or cervical rib;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21600	Excision of rib, partial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21610	Costotransversectomy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21550	Biopsy, soft tissue of neck or thorax	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21497	Interdental wiring, for condition other than fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21490	Open treatment of temporomandibular dislocation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21480	Closed treatment of temporomandibular dislocation; initial or subsequent	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21465	Open treatment of mandibular condylar fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21461	Open treatment of mandibular fracture; without interdental fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21462	Open treatment of mandibular fracture; with interdental fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21453	Closed treatment of mandibular fracture with interdental fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21454	Open treatment of mandibular fracture with external fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21451	Closed treatment of mandibular fracture; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21452	Percutaneous treatment of mandibular fracture, with external fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21450	Closed treatment of mandibular fracture; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21422	Open treatment of palatal or maxillary fracture (LeFort I type);	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21406	Open treatment of fracture of orbit, except blowout; without implant	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21407	Open treatment of fracture of orbit, except blowout; with implant	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21400	Closed treatment of fracture of orbit, except blowout; without manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21401	Closed treatment of fracture of orbit, except blowout; with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21386	Open treatment of orbital floor blowout fracture; periorbital approach	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21387	Open treatment of orbital floor blowout fracture; combined approach	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21343	Open treatment of depressed frontal sinus fracture	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21338	Open treatment of nasoethmoid fracture; without external fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21339	Open treatment of nasoethmoid fracture; with external fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21336	Open treatment of nasal septal fracture, with or without stabilization	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21337	Closed treatment of nasal septal fracture, with or without stabilization	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21325	Open treatment of nasal fracture; uncomplicated	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21282	Lateral canthopexy	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21270	Malar augmentation, prosthetic material	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21275	Secondary revision of orbitocraniofacial reconstruction	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21280	Medial canthopexy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/31/2078			
STAR	21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21242	Arthroplasty, temporomandibular joint, with allograft	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21215	Graft, bone; mandible (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21199	Osteotomy, mandible, segmental; with genioglossus advancement	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21198	Osteotomy, mandible, segmental;	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	SURGERY - MUSCULOSKELETAL SYST	YES	12/27/2019	12/31/2078			
STAR	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21137	Reduction forehead; contouring only	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21116	Injection procedure for temporomandibular joint arthrography	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21088	Impression and custom preparation; facial prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21086	Impression and custom preparation; auricular prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21087	Impression and custom preparation; nasal prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21084	Impression and custom preparation; speech aid prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21085	Impression and custom preparation; oral surgical splint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21082	Impression and custom preparation; palatal augmentation prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21083	Impression and custom preparation; palatal lift prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21077	Impression and custom preparation; orbital prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21079	Impression and custom preparation; interim obturator prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21080	Impression and custom preparation; definitive obturator prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21081	Impression and custom preparation; mandibular resection prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	2008 Code Set	NO	12/27/2019	12/27/2019			
STAR	21076	Impression and custom preparation; surgical obturator prosthesis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21070	Coronoidectomy (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21050	Condylectomy, temporomandibular joint (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21045	Excision of malignant tumor of mandible; radical resection	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21044	Excision of malignant tumor of mandible;	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21032	Excision of maxillary torus palatinus	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21034	Excision of malignant tumor of maxilla or zygoma	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21031	Excision of torus mandibularis	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	21010	Arthrotomy, temporomandibular joint	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/31/2078			
STAR	20975	Electrical stimulation to aid bone healing; invasive (operative)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	SURGERY - MUSKULOSKELETAL SYST	NON-COV	12/27/2019	12/31/2078			
STAR	20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20956	Bone graft with microvascular anastomosis; iliac crest	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20957	Bone graft with microvascular anastomosis; metatarsal	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20955	Bone graft with microvascular anastomosis; fibula	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20922	Fascia lata graft; by incision and area exposure, complex or sheet	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20912	Cartilage graft; nasal septum	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20920	Fascia lata graft; by stripper	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20910	Cartilage graft; costochondral	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20900	Bone graft, any donor area; minor or small (eg, dowel or button)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20902	Bone graft, any donor area; major or large	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20838	Replantation, foot, complete amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

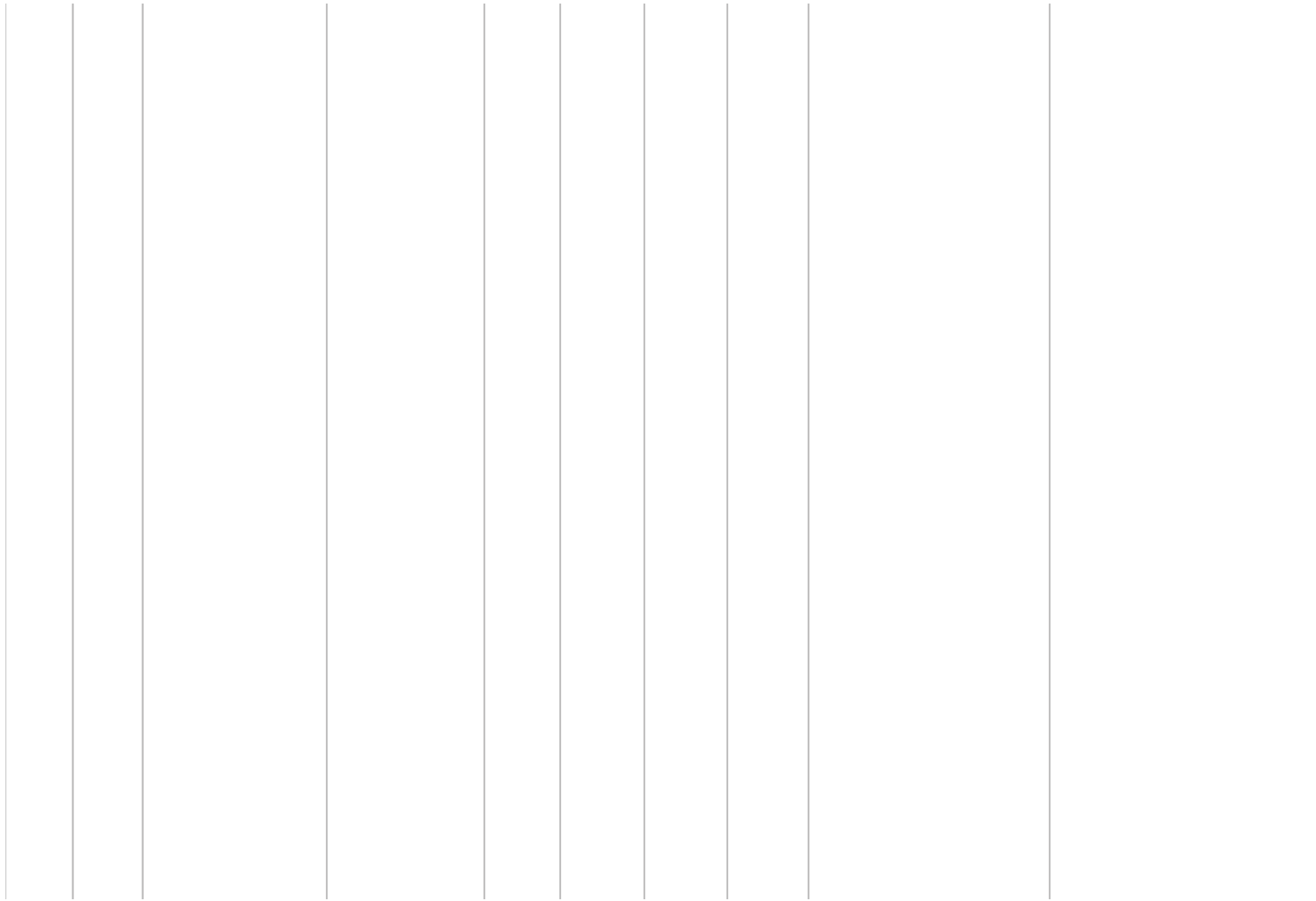
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20615	Aspiration and injection for treatment of bone cyst	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20612	Aspiration and/or injection of ganglion cyst(s) any location	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	SURGERY - MUSKULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	SURGERY - MUSKULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	2008 Code Set	NON-COV	12/27/2019	12/27/2019			
STAR	20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20551	Injection(s); single tendon origin/insertion	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (CWC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	20520	Removal of foreign body in muscle or tendon sheath; simple	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	20501	Injection of sinus tract; diagnostic (sinogram)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than 6 weeks (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	20500	Injection of sinus tract; therapeutic (separate procedure)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2029F	Complete physical skin exam performed (ML)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2027F	Optic nerve head evaluation performed (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	20205	Biopsy, muscle; deep	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	2020F	Dilated fundus evaluation performed within 12 months prior to cataract surgery (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	2019F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage and the level of macular degeneration severity (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2016F	Asthma risk assessed (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

STAR	20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	2015F	Asthma impairment assessed (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			



STAR	20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20103	Exploration of penetrating wound (separate procedure); extremity	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20100	Exploration of penetrating wound (separate procedure); neck	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	20101	Exploration of penetrating wound (separate procedure); chest	SURGERY - MUSCULOSKELETAL SYST	NO	12/27/2019	12/27/2019			
STAR	2002F	Clinical signs of volume overload (excess) assessed (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2004F	Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (OA) [Instructions: Report only for initial osteoarthritis visit or for visits for new joint involvement]	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2001F	Weight recorded (PAG)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	2000F	Blood pressure measured (CKD) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	19396	Preparation of moulage for custom breast implant	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19355	Correction of inverted nipples	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19300	Mastectomy for gynecomastia	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19112	Excision of lactiferous duct fistula	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/27/2019			
STAR	19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19101	Biopsy of breast; open, incisional	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	2010 Code Set	NO	12/27/2019	12/27/2019			
STAR	19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	2010 Code Set	NO	12/27/2019	12/27/2019			
STAR	19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17340	Cryotherapy (CO2 slush, liquid N2) for acne	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17360	Chemical exfoliation for acne (eg, acne paste, acid)	SURGERY - INTEGUMENTARY SYSTEM	NON-COV	12/27/2019	12/31/2078			
STAR	17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17250	Chemical cauterization of granulation tissue (ie, proud flesh)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17110	Destruction (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	17111	Destruction (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17004	Destruction (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses), 15 or more lesions	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17000	Destruction (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); first lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	17003	Destruction (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10PCT total body surface area)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	16035	Escharotomy; initial incision	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5PCT total body surface area)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5PCT to 10PCT total body surface area)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	16000	Initial treatment, first degree burn, when no more than local treatment is required	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15950	Excision, trochanteric pressure ulcer, with primary suture;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15952	Excision, trochanteric pressure ulcer, with skin flap closure;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15944	Excision, ischial pressure ulcer, with skin flap closure;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15940	Excision, ischial pressure ulcer, with primary suture;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15934	Excision, sacral pressure ulcer, with skin flap closure;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15931	Excision, sacral pressure ulcer, with primary suture;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15852	Dressing change (for other than burns) under anesthesia (other than local)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15845	Graft for facial nerve paralysis; regional muscle transfer	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15819	Cervicoplasty	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	15792	Chemical peel, nonfacial; epidermal	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15793	Chemical peel, nonfacial; dermal	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15788	Chemical peel, facial; epidermal	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15789	Chemical peel, facial; dermal	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15786	Abrasion; single lesion (eg, keratosis, scar)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15782	Dermabrasion; regional, other than face	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15781	Dermabrasion; segmental, face	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15770	Graft; derma-fat-fascia	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15758	Free fascial flap with microvascular anastomosis	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15756	Free muscle or myocutaneous flap with microvascular anastomosis	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15757	Free skin flap with microvascular anastomosis	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15750	Flap; neurovascular pedicle	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15600	Delay of flap or sectioning of flap (division and inset); at trunk	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, o	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15570	Formation of direct or tubed pedicle, with or without transfer; trunk	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1PCT of bo	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1PCT of body area of infants and children, or	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1PCT of body area of infants and children	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1PCT of body area of infants and children, or part thereof (List separately i	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1PCT of body area of infants and children (except 15050)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1PCT of body area of infants and children (except 15050)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1PCT of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1505F	Patient does not have respiratory insufficiency (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1504F	Patient has respiratory insufficiency (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1502F	Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1503F	Patient queried about symptoms of respiratory insufficiency (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, f	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1500F	Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1501F	Not initial evaluation for condition (DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or ea	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, f	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	1494F	Cognition assessed and reviewed (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1PCT of body area of infants and	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1493F	Dementia severity classified, severe (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1490F	Dementia severity classified, mild (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1491F	Dementia severity classified, moderate (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1460F	Qualifying cardiac event/diagnosis in previous 12 months (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1461F	No qualifying cardiac event/diagnosis in previous 12 months (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	14350	Filletted finger or toe flap, including preparation of recipient site	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1450F	Symptoms improved or remained consistent with treatment goals since last assessment (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1451F	Symptoms demonstrated clinically important deterioration since last assessment (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1205F	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (EPI)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1200F	Seizure type(s) and current seizure frequency(ies) documented (EPI)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11983	Removal with reinsertion, non-biodegradable drug delivery implant	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11982	Removal, non-biodegradable drug delivery implant	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11976	Removal, implantable contraceptive capsules	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11901	Injection, intralesional; more than 7 lesions	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1183F	Neuropsychiatric symptoms, absent (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	11900	Injection, intralesional; up to and including 7 lesions	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1181F	Neuropsychiatric symptoms assessed and results reviewed (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1182F	Neuropsychiatric symptoms, one or more present (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	11772	Excision of pilonidal cyst or sinus; complicated	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11770	Excision of pilonidal cyst or sinus; simple	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11771	Excision of pilonidal cyst or sinus; extensive	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11762	Reconstruction of nail bed with graft	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1175F	Functional status for dementia assessed and results reviewed (DEM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11760	Repair of nail bed	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11740	Evacuation of subungual hematoma	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11730	Avulsion of nail plate, partial or complete, simple; single	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11721	Debridement of nail(s) by any method(s); 6 or more	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11719	Trimming of nondystrophic nails, any number	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11720	Debridement of nail(s) by any method(s); 1 to 5	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1170F	Functional status assessed (COA) (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	YES	12/27/2019	12/31/2078			
STAR	1159F	Medication list documented in medical record (COA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1157F	Advance care plan or similar legal document present in the medical record (COA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1158F	Advance care planning discussion documented in the medical record (COA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1152F	Documentation of advanced disease diagnosis, goals of care prioritize comfort (Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1153F	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1150F	Documentation that a patient has a substantial risk of death within 1 year (Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1151F	Documentation that a patient does not have a substantial risk of death within one year (Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

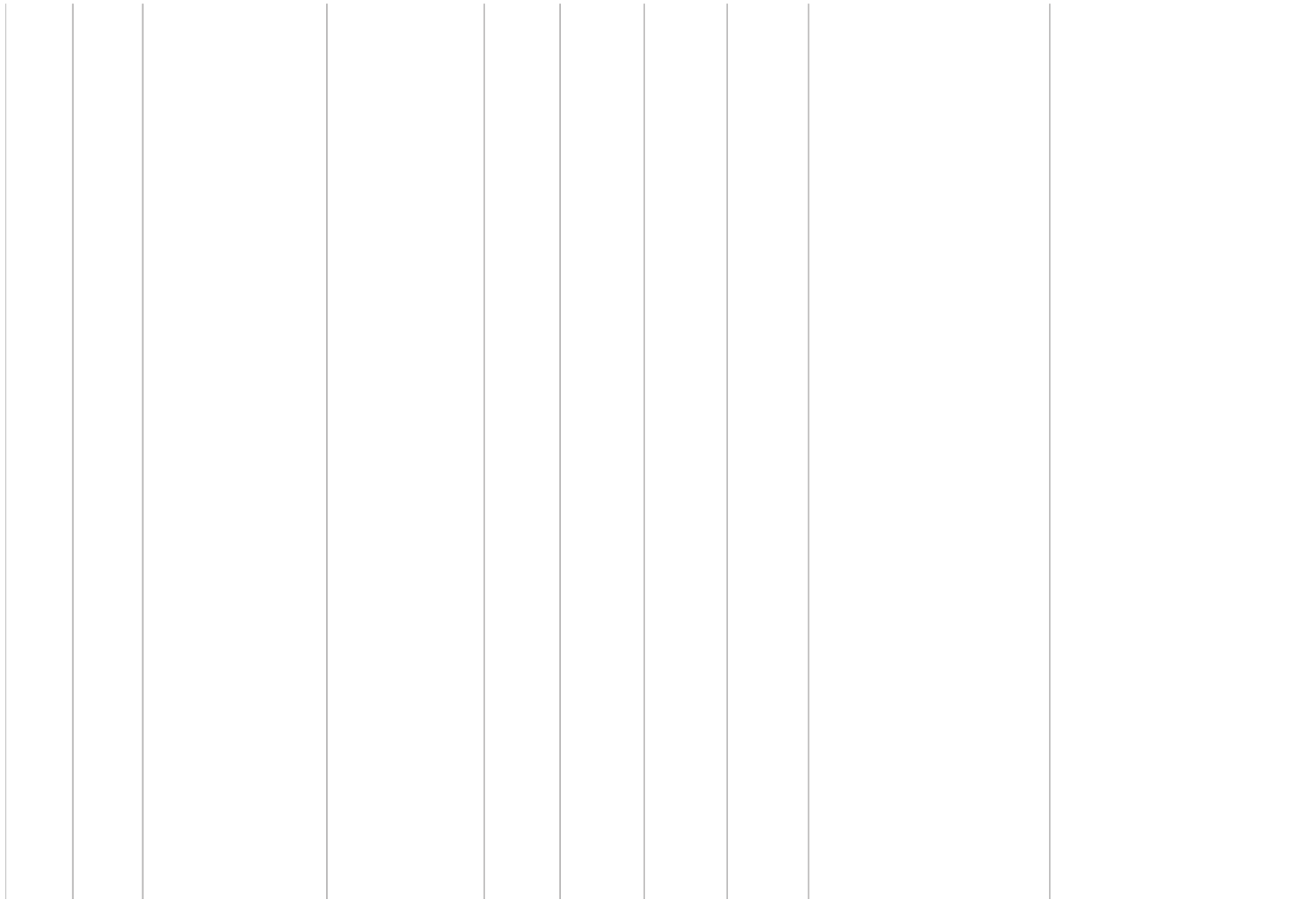
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1137F	Episode of back pain lasting longer than 12 weeks (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1135F	Episode of back pain lasting longer than 6 weeks (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1136F	Episode of back pain lasting 12 weeks or less (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1134F	Episode of back pain lasting 6 weeks or less (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1130F	Back pain and function assessed, including all of the following: Pain assessment and functional status and patient history, including notation of presence or absence of "red flags" (warning signs) and assessment of prior treatment and response, and employment status (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1126F	Pain severity quantified; no pain present (COA) (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1123F	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1124F	Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM) (GER, Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1125F	Pain severity quantified; pain present (COA) (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1121F	Subsequent evaluation for condition (HEP C) (EPI)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1118F	GERD symptoms assessed after 12 months of therapy (GERD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1119F	Initial evaluation for condition (HEP C) (EPI, DSP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1116F	Auricular or periauricular pain assessed (AOE)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11104	Punch biopsy of skin (including simple closure, when performed); single lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1052F	Type, anatomic location, and activity all assessed (IBD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1055F	Visual functional status assessed (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1050F	History obtained regarding new or changing moles (ML)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1032F	Current tobacco smoker or currently exposed to secondhand smoke (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1033F	Current tobacco non-smoker and not currently exposed to secondhand smoke (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1031F	Smoking status and exposure to second hand smoke in the home assessed (Asthma)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1012F	Angina absent (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			



STAR	1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) (OA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1010F	Severity of angina assessed by level of activity (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1011F	Angina present (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

STAR	1006F	Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS Hip & Knee Questionnaire) (OA) [Instructions: Report when osteoarthritis is addressed during the patient encounter]	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed (OA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1005F	Asthma symptoms evaluated (includes documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1004F	Clinical symptoms of volume overload (excess) assessed (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1003F	Level of activity assessed (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	1002F	Anginal symptoms and level of activity assessed (NMA-No Measure Associated)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	SURGERY - GENERAL	NO	12/27/2019	12/27/2019			
STAR	10011	Fine needle aspiration biopsy, including MR guidance; first lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10009	Fine needle aspiration biopsy, including CT guidance; first lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	1000F	Tobacco use assessed (CAD, CAP, COPD, PV) (DM)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	0584F	Transfer of care checklist not used (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	SURGERY - INTEGUMENTARY SYSTEM	NO	12/27/2019	12/27/2019			
STAR	0580F	Multidisciplinary care plan developed or updated (ALS)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0582F	Patient not transferred directly from anesthetizing location to critical care unit (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0583F	Transfer of care checklist used (Peri2)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0561T	Anatomic guide 3D-printed and designed from image data set (s); first anatomic guide	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0562T	Anatomic guide 3D-printed and designed from image data set (s); each additional anatomic guide (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0557F	Plan of care to manage anginal symptoms documented (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0556F	Plan of care to achieve lipid control documented (CAD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0555F	Symptom management plan of care documented (HF)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0550F	Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0551F	Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0545F	Plan for follow-up care for major depressive disorder, documented (MDD ADOL)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

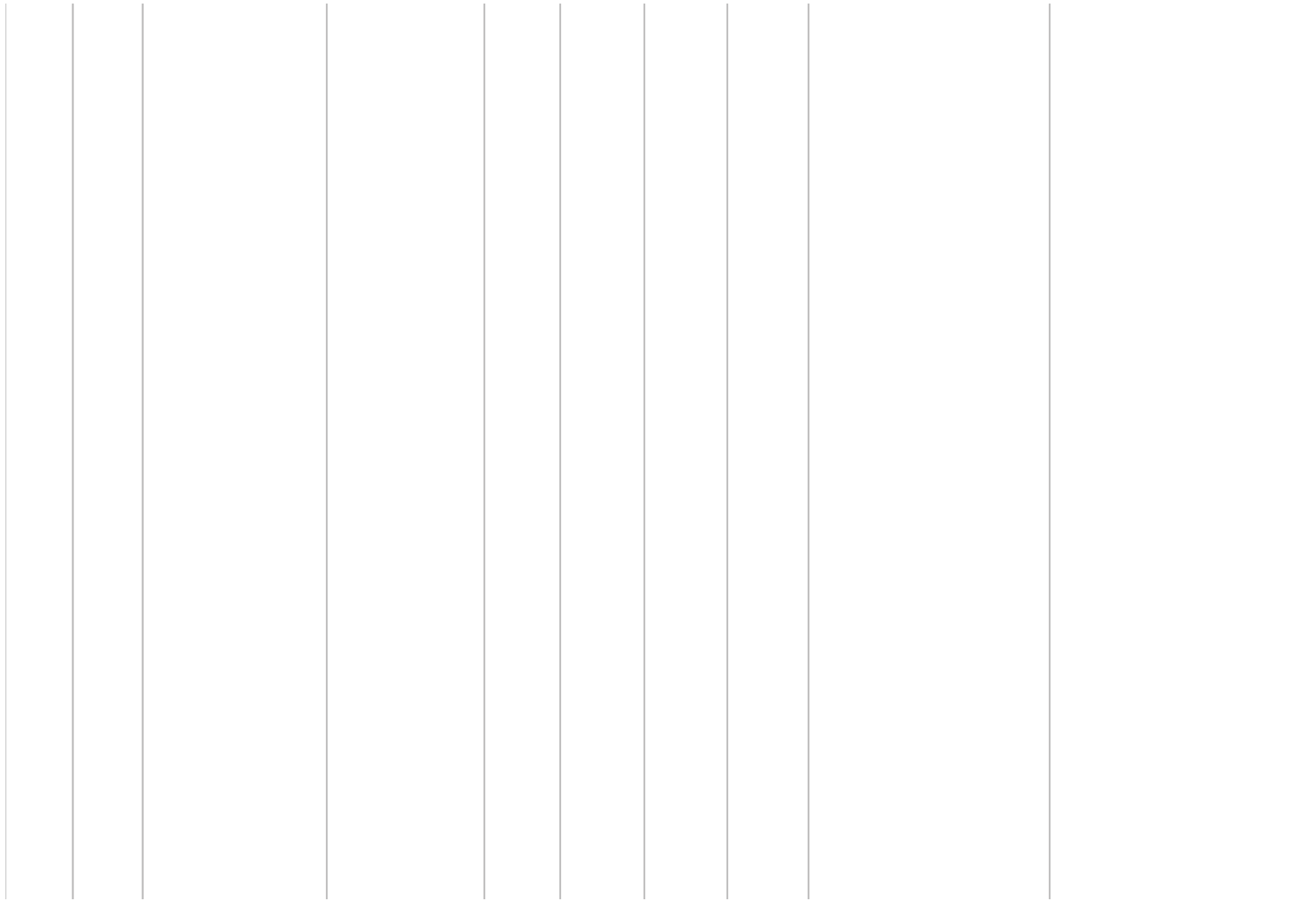
LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0540F	Glucocorticoid Management Plan Documented (RA)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0535F	Dyspnea management plan of care, documented (Pall Cr)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0529F	Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0526F	Subsequent visit for episode (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0525F	Initial visit for episode (BkP)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0521F	Plan of care to address pain documented (COA) (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0520F	Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of 2 tissue/organ (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen (ONC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0518F	Falls plan of care documented (GER)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0517F	Glaucoma plan of care documented (EC)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0516F	Anemia plan of care documented (ESRD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0514F	Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent therapy (ESA) (CKD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0513F	Elevated blood pressure plan of care documented (CKD)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0513T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0510T	Removal of sinus tarsi implant	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization (s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0503F	Postpartum care visit (Prenatal)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			



STAR	0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung (s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1PCT of body surface area of infants and children, or part thereof (List separately in addition to code for	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1PCT of body surface area of infants and children	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Category III Codes	NON-COV	12/27/2019	12/31/2078			
STAR	0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	Category III Codes	NON-COV	12/27/2019	12/31/2078			
STAR	0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	Category III Codes	NON-COV	12/27/2019	12/31/2078			
STAR	0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	Category III Codes	NON-COV	12/27/2019	12/31/2078			
STAR	0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0420T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement (s) renal artery(ies), fluoroscopy, contrast injection (s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement (s) renal artery(ies), fluoroscopy, contrast injection (s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0333T	Visual evoked potential, screening of visual acuity, automated, with report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0210T	Speech audiometry threshold, automated;	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0211T	Speech audiometry threshold, automated; with speech recognition	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0208T	Pure tone audiometry (threshold), automated; air only	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0209T	Pure tone audiometry (threshold), automated; air and bone	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	ANESTH - OTHER PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	01996	Daily hospital management of epidural or subarachnoid continuous drug administration	ANESTH - OTHER PROCEDURES	NO	12/27/2019	12/27/2019			
STAR	01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position	ANESTH - OTHER PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	01990	Physiological support for harvesting of organ(s) from brain-dead patient	ANESTH - OTHER PROCEDURES	NON-COV	12/27/2019	12/27/2019			
STAR	01952	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4PCT and 9PCT of total body surface area	ANESTH - BURN EXCISIONS OR DEB	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01953	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9PCT total body surface area or part thereof (L	ANESTH - BURN EXCISIONS OR DEB	NON-COV	12/27/2019	12/27/2019			
STAR	01951	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4PCT total body surface area	ANESTH - BURN EXCISIONS OR DEB	NON-COV	12/27/2019	12/27/2019			
STAR	01933	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			
STAR	01931	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			
STAR	01932	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			
STAR	01926	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			
STAR	01930	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01924	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			
STAR	01925	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			
STAR	01922	Anesthesia for non-invasive imaging or radiation therapy	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			
STAR	01920	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			
STAR	01860	Anesthesia for forearm, wrist, or hand cast application, removal, or repair	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	01916	Anesthesia for diagnostic arteriography/venography	ANESTH - RADIOLOGICAL PROCEDUR	NON-COV	12/27/2019	12/27/2019			
STAR	01852	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	01850	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	01842	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	01844	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	01840	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	01830	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01832	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	01820	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	01829	Anesthesia for diagnostic arthroscopic procedures on the wrist	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	01810	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	ANESTH - FOREARM, WRIST AND HA	NON-COV	12/27/2019	12/27/2019			
STAR	01772	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01780	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01782	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01760	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01770	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01758	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	01756	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01742	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01744	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01732	Anesthesia for diagnostic arthroscopic procedures of elbow joint	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01740	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01716	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01730	Anesthesia for all closed procedures on humerus and elbow	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01712	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01714	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01680	Anesthesia for shoulder cast application, removal or repair, not otherwise specified	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified	ANESTH - UPPER ARM AND ELBOW	NON-COV	12/27/2019	12/27/2019			
STAR	01670	Anesthesia for all procedures on veins of shoulder and axilla	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	01656	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	01650	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	01652	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	01654	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	01638	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	01634	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01636	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	01622	Anesthesia for diagnostic arthroscopic procedures of shoulder joint	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	01630	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	01522	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01610	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	01620	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint	ANESTH - SHOULDER AND AXILLA	NON-COV	12/27/2019	12/27/2019			
STAR	01520	Anesthesia for procedures on veins of lower leg; not otherwise specified	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01500	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01502	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01486	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01490	Anesthesia for lower leg cast application, removal, or repair	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01484	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01480	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01482	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01472	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01474	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01464	Anesthesia for arthroscopic procedures of ankle and/or foot	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01470	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01462	Anesthesia for all closed procedures on lower leg, ankle, and foot	ANESTH - LOWER LEG (BELOW KNEE	NON-COV	12/27/2019	12/27/2019			
STAR	01442	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01444	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01432	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01440	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01420	Anesthesia for all cast applications, removal, or repair involving knee joint	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01430	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01404	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01402	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01392	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01400	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01382	Anesthesia for diagnostic arthroscopic procedures of knee joint	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01390	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01360	Anesthesia for all open procedures on lower one-third of femur	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01380	Anesthesia for all closed procedures on knee joint	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01320	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01340	Anesthesia for all closed procedures on lower one-third of femur	ANESTH - KNEE AND POPLITEAL AR	NON-COV	12/27/2019	12/27/2019			
STAR	01272	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01274	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01270	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01250	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01260	Anesthesia for all procedures involving veins of upper leg, including exploration	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01234	Anesthesia for open procedures involving upper two-thirds of femur; radical resection	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01230	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01232	Anesthesia for open procedures involving upper two-thirds of femur; amputation	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01215	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01220	Anesthesia for all closed procedures involving upper two-thirds of femur	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01214	Anesthesia for open procedures involving hip joint; total hip arthroplasty	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01210	Anesthesia for open procedures involving hip joint; not otherwise specified	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01212	Anesthesia for open procedures involving hip joint; hip disarticulation	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01200	Anesthesia for all closed procedures involving hip joint	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01202	Anesthesia for arthroscopic procedures of hip joint	ANESTH - UPPER LEG (EXCEPT KNE	NON-COV	12/27/2019	12/27/2019			
STAR	01170	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint	ANESTH - PELVIS (EXCEPT HIP)	NON-COV	12/27/2019	12/27/2019			
STAR	01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum	ANESTH - PELVIS (EXCEPT HIP)	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	ANESTH - PELVIS (EXCEPT HIP)	NON-COV	12/27/2019	12/27/2019			
STAR	01160	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint	ANESTH - PELVIS (EXCEPT HIP)	NON-COV	12/27/2019	12/27/2019			
STAR	01130	Anesthesia for body cast application or revision	ANESTH - PELVIS (EXCEPT HIP)	NON-COV	12/27/2019	12/27/2019			
STAR	01140	Anesthesia for interpelviabdominal (hindquarter) amputation	ANESTH - PELVIS (EXCEPT HIP)	NON-COV	12/27/2019	12/27/2019			
STAR	01120	Anesthesia for procedures on bony pelvis	ANESTH - PELVIS (EXCEPT HIP)	NON-COV	12/27/2019	12/27/2019			
STAR	0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	01112	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest	ANESTH - PELVIS (EXCEPT HIP)	NON-COV	12/27/2019	12/27/2019			
STAR	0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00950	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00948	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00942	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00944	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00938	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00932	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00934	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00936	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00930	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00928	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00924	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00926	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00922	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00916	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00918	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00912	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	00908	Anesthesia for; perineal prostatectomy	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00904	Anesthesia for; radical perineal procedure	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00906	Anesthesia for; vulvectomy	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch (es)	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00902	Anesthesia for; anorectal procedure	ANESTH - PERINEUM	NON-COV	12/27/2019	12/27/2019			
STAR	0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00880	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00882	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00873	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00870	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00872	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00865	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00866	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00868	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00862	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00864	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00848	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00844	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/31/2078			
STAR	00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00836	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00832	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00834	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/31/2078			
STAR	00820	Anesthesia for procedures on lower posterior abdominal wall	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), uti	HCPCS - PATH & LAB	NON-COV	12/27/2019	12/31/2078			
STAR	00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00800	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified	ANESTH - LOWER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00730	Anesthesia for procedures on upper posterior abdominal wall	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00700	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	00702	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy	ANESTH - UPPER ABDOMEN	NON-COV	12/27/2019	12/27/2019			
STAR	0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			
STAR	0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			
STAR	00635	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			
STAR	00632	Anesthesia for procedures in lumbar region; lumbar sympathectomy	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			
STAR	0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00630	Anesthesia for procedures in lumbar region; not otherwise specified	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00625	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			
STAR	00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			
STAR	00620	Anesthesia for procedures on thoracic spine and cord, not otherwise specified	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			
STAR	0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/31/2078			
STAR	0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/31/2078			
STAR	00604	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			
STAR	00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified	ANESTH - SPINE AND SPINAL CORD	NON-COV	12/27/2019	12/27/2019			
STAR	0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	2009 Code Set	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00580	Anesthesia for heart transplant or heart/lung transplant	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00562	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all noncoronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00563	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00560	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00550	Anesthesia for sternal debridement	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00548	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	CATEGORY III CODES	NON-COV	12/27/2019	12/27/2019			
STAR	00546	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00541	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00542	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00540	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00539	Anesthesia for tracheobronchial reconstruction	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00532	Anesthesia for access to central venous circulation	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00530	Anesthesia for permanent transvenous pacemaker insertion	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00524	Anesthesia for closed chest procedures; pneumocentesis	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00528	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00520	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00522	Anesthesia for closed chest procedures; needle biopsy of pleura	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	00500	Anesthesia for all procedures on esophagus	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/27/2019			
STAR	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	ANESTH - INTRATHORACIC	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation (s)	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/31/2078			
STAR	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/31/2078			
STAR	00474	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/31/2078			
STAR	00472	Anesthesia for partial rib resection; thoracoplasty (any type)	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	00470	Anesthesia for partial rib resection; not otherwise specified	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/31/2078			
STAR	00454	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00450	Anesthesia for procedures on clavicle and scapula; not otherwise specified	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00410	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	00406	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	00404	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified	ANESTH - THORAX (CHEST WALL AN	NON-COV	12/27/2019	12/27/2019			
STAR	0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00352	Anesthesia for procedures on major vessels of neck; simple ligation	ANESTH - NECK	NON-COV	12/27/2019	12/27/2019			
STAR	0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	Pathology & Laboratory	NON-COV	12/27/2019	12/31/2078			
STAR	00350	Anesthesia for procedures on major vessels of neck; not otherwise specified	ANESTH - NECK	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211TGT C], HTR2C rs3813929 [c.-759CGT T] and rs1414334 [c.551-3008CGT G])	Pathology & Laboratory	NON-COV	12/27/2019	12/31/2078			
STAR	00322	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid	ANESTH - NECK	NON-COV	12/27/2019	12/27/2019			
STAR	00326	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age	ANESTH - NECK	NON-COV	12/27/2019	12/27/2019			
STAR	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	ANESTH - NECK	NON-COV	12/27/2019	12/27/2019			
STAR	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Pathology & Laboratory	NON-COV	12/27/2019	12/31/2078			
STAR	0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Pathology & Laboratory	NON-COV	12/27/2019	12/31/2078			
STAR	0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Pathology & Laboratory	NON-COV	12/27/2019	12/31/2078			
STAR	00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified	ANESTH - NECK	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	Pathology & Laboratory	NON-COV	12/27/2019	12/31/2078			
STAR	0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	Pathology & Laboratory	NON-COV	12/27/2019	12/31/2078			
STAR	0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	Pathology & Laboratory	NON-COV	12/27/2019	12/31/2078			
STAR	0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00220	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00222	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00218	Anesthesia for intracranial procedures; procedures in sitting position	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00215	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00216	Anesthesia for intracranial procedures; vascular procedures	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00212	Anesthesia for intracranial procedures; subdural taps	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00214	Anesthesia for intracranial procedures; burr holes, including ventriculography	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00210	Anesthesia for intracranial procedures; not otherwise specified	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00190	Anesthesia for procedures on facial bones or skull; not otherwise specified	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00176	Anesthesia for intraoral procedures, including biopsy; radical surgery	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00164	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00162	Anesthesia for procedures on nose and accessory sinuses; radical surgery	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0015F	Melanoma follow up completed (includes assessment of all of the following components) (ML): History obtained regarding new or changing moles (1050F) Complete physical skin exam performed (2029F) Patient counseled to perform a monthly self skin examination (5005F)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	00160	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement (includes assessment of all of the following components) (EC): Dilated fundus evaluation performed within 12 months prior to cataract surgery (2020F) Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within 12 months prior to surgery) (3073F) Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (3325F)	CATEGORY II CODES	NON-COV	12/27/2019	12/27/2019			
STAR	00147	Anesthesia for procedures on eye; iridectomy	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00148	Anesthesia for procedures on eye; ophthalmoscopy	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00144	Anesthesia for procedures on eye; corneal transplant	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00145	Anesthesia for procedures on eye; vitreoretinal surgery	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00140	Anesthesia for procedures on eye; not otherwise specified	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00142	Anesthesia for procedures on eye; lens surgery	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	CATEGORY II CODES	NON-COV	12/27/2019	12/31/2078			
STAR	00124	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00126	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	Pathology & Laboratory	NON-COV	12/27/2019	12/31/2078			
STAR	0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	00104	Anesthesia for electroconvulsive therapy	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	00100	Anesthesia for procedures on salivary glands, including biopsy	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00102	Anesthesia for procedures involving plastic repair of cleft lip	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	ANESTH - HEAD	NON-COV	12/27/2019	12/27/2019			
STAR	0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next-generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	PATH & LAB - CHEMISTRY	NON-COV	12/27/2019	12/31/2078			
STAR	0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			

LOB	CPT	CPT Description	CPT Group	Prior Auth Required?	PA Eff Date	PA Term Date	PA Exception	Variance Detail	Service Partner Detail
STAR	0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			
STAR	0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	CATEGORY III CODES	NON-COV	12/27/2019	12/31/2078			