

Services Requiring Precertification for City of New York Employee or Non-Medicare Eligible Retirees:

Table 1: Unless otherwise noted, the services below are managed by EMPIRE. Please call the NYC Healthline at 1-800-521-9574.	
Service	Precertification Required Yes/No
<p>*Attention Providers* As of 1/1/19, if you are planning to perform any of these procedures, Cataract surgery, Knee Arthroscopy, Colonoscopy, or Endoscopy in a hospital setting, you are required to call the NYC Healthline 800-521-9574, at least 3 weeks in advance of the scheduled date, to discuss with Medical Management.</p>	Notification is required
<p>Acute Inpatient Rehabilitation <i>NOTE: This benefit is part of the Skilled Nursing Facility (SNF) benefit. 1 day in an acute inpatient rehabilitation bed = 2 days in a SNF. 30 days in an acute inpatient rehab is equal to 60 SNF days. Therefore, the SNF benefit remaining would only be 30.</i></p>	Yes
Air Ambulance (scheduled only)	Yes
Cardiac Rehabilitation Outpatient	Yes
Dialysis	<i>Pre-cert for network status and place of service only as dialysis is a NYS Mandate</i>
<p>DME (Par and Non-Par) <i>Examples-Not limited to the following:</i></p> <ul style="list-style-type: none"> • Electric Beds • Wheelchairs 	Yes
Genetic Testing	Yes
Inpatient Facility	Yes
Inpatient Psychiatric & Substance Abuse Facility	Yes- Contact Beacon Health at #800-692-2489
<p>Maternity-Pregnancy & Delivery</p> <ul style="list-style-type: none"> • Stays under 48 hours normal delivery, 96 hours C-Section requires notification only • Over 48/96 hours requires pre-certification 	Yes
NICU Admission	Yes

Table 1:

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Service	Precertification Required Yes/No
Outpatient hospital or free-standing ambulatory surgery facility (not in a doctor's office) <ul style="list-style-type: none"> Includes possible/cosmetic procedures, reconstruction, outpatient transplants, optical/vision related procedures, breast reconstruction, cochlear implants, functional endoscopy/nasal surgery, joint replacements, experimental/investigational procedures, hyperbaric O2 chamber, pain management, spinal stimulatory implants, wound vacuum, bariatric surgery and spinal surgery. 	Yes
Skilled Nursing Facility (SNF) <i>NOTE: NYC Healthline can choose to substitute outpatient benefits for SNF days. The formula used is 2 ½ outpatient visits = 1 inpatient SNF day. Only NYC Healthline can authorize substitution of benefits. No outpatient benefits are available under this benefit if no pre-certification is received.</i>	Yes
Infertility services, including artificial insemination and IVF <ul style="list-style-type: none"> Precertification required when in the MD office, outpatient facility or free-standing facility 	Yes - Contact WIN Fertility at #833-439-1515
Occupational Therapy Outpatient	Not covered, except as part of the home care services benefit. <i>NOTE: If part of homecare services, preauthorization is managed by EH.</i>
Outpatient Physical Therapy <i>NOTE: Precertification required when in the MD office, outpatient facility or free-standing facility after 16 visits per calendar year</i>	Yes
Outpatient speech therapy <i>NOTE: Precertification required when in the MD office, outpatient facility or free-standing facility after 16 visits per calendar year</i>	Yes
Prosthetics (Par and Non-Par)	Yes
Radiology - Advanced	Yes- Please contact eviCore at Tel #866-417-2345
Radiation Therapy/Cardiology	Yes

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Service	Precertification Required Yes/No
Specialty Drugs (non-self-injectables) in office or outpatient facility • Please refer to list of specialty drugs requiring pre-certification	Yes

Table 2: The following services continue to require precertification by EmblemHealth. <u>Providers should call 1-800-223-9870 for precertification.</u>	
SERVICE	Precertification Required Yes/No
<i>Scroll Down to View Preauthorization List by CPT/HCPCS CODE</i>	
Allergy Therapy <i>(only therapy/treatment, not testing)</i>	Yes
Home Health Care •Includes Occupational therapy when part of homecare. <i>Occupational therapy is not covered, except as part of the home care services</i>	Yes
Home Infusion Therapy (billed by a home infusion specialist)	Yes
Nutritional Supplements and Enteral formulae	Yes - <i>Preauthorization requirement does not apply to DME Providers</i>
Private Duty Nursing	Yes
Vision Therapy	Yes

Revision History:

Scroll Down to View Preauthorization List by CPT/HCPCS CODE

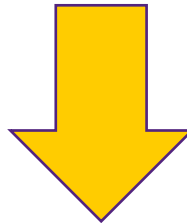
Date	Revision
5/09/2024	<ul style="list-style-type: none"> • Table 2 (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to indicate preauthorization requirement terminated for following CPT/HCPCS code effective 9/01/2024: S9470
3/26/2024	<ul style="list-style-type: none"> • Table 2 (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include 12 new codes effective 4/01/2024: <ul style="list-style-type: none"> ○ <u>12 new codes (Home Infusion Therapy Drugs)</u>: <ul style="list-style-type: none"> J0650 (Synthroid, Levoxyl, Levothroid) J0651 (Synthroid, Levoxyl, Levothroid) J0652 (Synthroid, Levoxyl, Levothroid) J1010 (Solumedrol, Depo Medrol) J1203 (Pombiliti) <i>replacing J3590</i> J1434 (Emend) J2919 (Solumedrol, Depo Medrol) J3424 (Cyanokit-B12a) J7165 (Kcentra) J9376 (Veopoz) Q5133 (Tofidence) Q5134 (Tyruko) ○ <u>3 Deleted codes effective 4/01/2024</u>: J1840, J1850 and J2920
3/26/2024	<ul style="list-style-type: none"> • Table 2 (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include one new drug effective 2/28/2024: <ul style="list-style-type: none"> ○ J9999 (Loqtorzi)
2/27/2024	<ul style="list-style-type: none"> • Table 2 (Preauthorization managed by EmblemHealth) 'Nutritional Supplements/Enteral Formula' category updated to clarify that PA requirement does not apply to DME providers
12/28/2023	<ul style="list-style-type: none"> • Table 2 (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include 15 new codes effective 1/01/2024: <ul style="list-style-type: none"> ○ <u>One new code - Advanced Radiology</u>: 75580 ○ <u>14 new codes (Home Infusion Therapy Drugs)</u>: <ul style="list-style-type: none"> J0184 (Barhemsys) replacing C9153 J0217 (Lamzedo) replacing J3590

Date	Revision
	<p>J0391 (Artesunate) J0688 (Cefazolin Sodium) J0873 (Daptomycin) J1412 (Roctavian) replacing J3590 J1413 (Elevidys) replacing J3590 J2404 (Nicardipine) J2508 (Elfabrio) replacing J3590 J3425 (Hydroxocobalamin) J9052 (BICNU) J9255 (Methotrexate) J9333 (Rystiggo) replacing J3590 Q5132 (Abrilada)</p> <ul style="list-style-type: none"> ○ One code deleted effective 1/01/2024: C9153 (Barhemsys) replaced by J0184
12/13/2023	<ul style="list-style-type: none"> ● Table 2 (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include 4 (four) new drugs (home infusion therapy): <ul style="list-style-type: none"> ○ <u>Effective 10/03/2023</u>: Elevidys (J3590) and Talvey (J9999) ○ <u>Effective 10/13/2023</u>: Roctavian (J3590) ○ <u>Effective 10/30/2023</u>: Pombiliti (J3590)
10/24/2023	<ul style="list-style-type: none"> ● Table 2 (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to indicate preauthorization requirement terminated effective 1/01/2024: Q5001 and Q5002
9/26/2023	<ul style="list-style-type: none"> ● Table 2 (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include new codes effective 10/01/2023: B4148, Acthar HP (J0802), Altuviiio (J7214), Barhemsys (C9153 replacing J3490), CellCept (J7519), Daptomycin (J0874) and Rezzayo (J0349)
9/2023	<ul style="list-style-type: none"> ● Table 2 (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include new drugs effective 7/28/2023: Elfabrio (J3590) and Rystiggo (J3590)

Date	Revision
7/27/2023	<ul style="list-style-type: none"> Added 1 new code effective 7/6/2023: J0174 Leqembi replacing J3590 Removed deleted codes: 78647, 78710, 78805, 78806, 78807 and G0297
7/27/2023	<ul style="list-style-type: none"> Table 2 Updated to include 1 new drug codes effective 7/6/2023: J0174 (Leqembi) replacing J3590
7/2023	<ul style="list-style-type: none"> Corrected PA List – removed Chiropractic Services from Table 1.
6/21/2023	<ul style="list-style-type: none"> Table 2 Updated to include 4 new drug codes effective 7/1/2023: J2329 (Briumvi) replacing J3590, J7213 (Ixinity), J1576 (Panzyga), J9381 (Tzielid) Table 2 Deleted 3 codes effective 6/30/2023: S0030, S0073, S0077
5/17/2023	<ul style="list-style-type: none"> Table 2 Updated to include 1 new drug effective 3/30/2023: J3590 – Leqembi, and 2 new drugs effective 4/21/2023: J7199 – Altuviiio, J3590 – Lamzedo
4/11/2023	<ul style="list-style-type: none"> Table 2 Updated to include 5 (five) new drug codes (home infusion therapy) effective 4/1/2023: J0218, J1747, Q5128, Q5129, Q5130
2/23/2023	<ul style="list-style-type: none"> Table 2 Updated to include 1 new drug code (home infusion therapy) effective 2/9/2023: (Briumvi) J3590
1/11/2023	<ul style="list-style-type: none"> Table 2 Updated to include new drug codes (home infusion therapy) effective 1/01/2023: J0134, J0136, J0173, J0225, J0283, J0611, J0689, J0701, J0703, J0877, J0891, J0892, J0893, J0898, J0899, J1456, J1574, J1611, J1643, J1954, J2021, J2184, J2247, J2251, J2272, J2281, J2311, J2327, J2401, J2402, J3244, J3371, J3372, J9046, J9048, J9049, J9314, J9393, J9394 and Q5126
12/16/2022	<ul style="list-style-type: none"> Table 2 updated to include 4 new drugs: Cimerli, Fylnetra, Spevigo and Xenpozyme (J3590) effective 11/10/2022
11/30/2022	<ul style="list-style-type: none"> Table 2 updated to include 19 Homecare codes (G0151, G0300, M0244, M0246, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S9097, T1021, T1000, T1002, T1022, T1030 and T1031)
10/2022	<ul style="list-style-type: none"> Table 2 updated to include 76497 and 76498 (Advanced Radiology); Preauthorization required effective 11/15/2022

Date	Revision
6/2022	<ul style="list-style-type: none">• Added Tables to clarify preauthorization management with contact information• Table 2 (Preauthorization managed by EmblemHealth) list of services requiring preauthorization by CPT/HCPCS Code updated to include Advanced Radiology managed by eviCore. <i>Note: Please see Table 1 for list of services managed by Empire</i>

SCROLL DOWN TO VIEW PREAUTHORIZATION LIST BY CPT/HCPCS CODE



The table below contains precertification requirements by CPT Code and is limited to those that are managed by EmblemHealth and eviCore.

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast materials(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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	1/1/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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)	1/1/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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	1/1/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70336	MRI TEMPOROMANDIBULAR JOINT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70450	CT OF THE HEAD OR BRAIN W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70460	CT OF THE HEAD OR BRAIN W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70470	CT OF THE HEAD OR BRAIN W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70480	CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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70481	CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70482	CT ORBIT , SELLA, POSTERIOR FOSSA OUTER, MIDDLE OR INNER EAR W/ AND W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70486	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70487	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70488	CT MAXILLOFACIAL AREA INCLUDING PARANASAL SINUSES W/O AND W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70490	CT SOFT TISSUE NECK W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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70491	CT SOFT TISSUE NECK W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70492	CT SOFT TISSUE NECK W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70496	CTA OF THE HEAD			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70498	CTA OF THE CAROTID AND VERTEBRAL ARTERIES			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70540	MRI ORBIT, FACE, NECK W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70542	MRI ORBIT, FACE, NECK W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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70543	MRI ORBIT, FACE, NECK W & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70544	MRA OR MRV OF THE BRAIN W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70545	MRA OR MRV OF THE BRAIN W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70546	MRA OR MRV OF THE BRAIN W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70547	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70548	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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70549	MRA OR MRV CAROTID AND VERTEBRAL ARTERIES W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70551	MRI OF THE BRAIN W/OUT GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70552	MRI HEAD W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70553	MRI HEAD W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70554	FUNCTIONAL MRI OF THE BRAIN W/O PHYSICAN OR PSYCHOLOGIST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
70555	FUNCTIONAL MRI OF THE BRAIN W/O PHYSICAN OR PSYCHOLOGIST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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71250	CT OF THE CHEST W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71260	CT OF THE CHEST W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71270	CT OF THE CHEST W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71275	CTA CHEST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71550	MRI OF THE CHEST W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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71551	MRI OF THE CHEST W GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71552	MRI OF THE CHEST W & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
71555	MRA OR MRV CHEST W/O OR W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72125	CT CERVICAL SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72126	CT CERVICAL SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72127	CT CERVICAL SPINE W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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72128	CT CERVICAL SPINE W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72129	CT OF THE THORACIC SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72130	CT OF THE THORACIC SPINE W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72131	CT OF THE LUMABR SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72132	CT OF THE LUMBAR SPINE W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72133	CT OF THE LUMBAR SPINE W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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72141	MRI CERVICAL SPINE W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72142	MRI OF THE CERVICAL SPINE W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72146	MRI THORACIC SPINE W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72147	MRI THORACIC SPINE W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72148	MRI LUMBAR SPINE W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72149	MRI LUMBAR SPINE W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
72156	MRI OF THE CERVICAL SPINE W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72157	MRI THORACIC SPINE W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72158	MRI LUMBAR SPINE W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72159	MRA OF THE SPINAL CANAL			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72191	CTA OF THE PELVIS			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72192	CT OF THE PELVIS W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
72193	CT OF THE PELVIS W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72194	CT OF THE PELVIS W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72195	MRI OF THE PELVIS W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72196	MRI OF THE PELVIS W GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72197	MRI OF THE PELVIS W & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
72198	MRA OR MRV OF THE PELVIS W/O OR W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
73200	CT OF THE UPPER EXTREMITY W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73201	CT OF THE UPPER EXTREMITY W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73202	CT OF THE UPPER EXTREMITY W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73206	CTA OF THE UPPER EXTREMITY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73218	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73219	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
73220	MRI UPPER EXTREMITY OTHER THAN JOINT INCLUDING HAND W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73221	MRI UPPER EXTREMITY JOINT W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73222	MRI UPPER EXTREMITY JOINT W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73223	MRI UPPER EXTREMITY JOINT W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73225	MRA OF THE UPPER EXTREMITY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73700	CT LOWER EXTREMITY W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
73701	CT LOWER EXTREMITY W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73702	CT LOWER EXTREMITY W/O & W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73706	CTA OF THE LOWER EXTREMITY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73718	MRI LOWER EXTREMITY OTHER THAN JOINTS W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73719	MRI LOWER EXTREMITY OTHER THAN JOINTS W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73720	MRI LOWER EXTREMITY OTHER THAN JOINTS W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
73721	MRI LOWER EXTREMITY JOINT W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73722	MRI LOWER EXTREMITY JOINT W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73723	MRI LOWER EXTREMITY JOINT W/ & W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
73725	MRA OF THE LOWER EXTREMITY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74150	CT ABDOMEN W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74160	CT ABDOMEN W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
74170	CT ABDOMEN W/ & W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74174	CTA OF THE ABDOMEN AND PELVIS WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74175	CTA OF THE ABDOMEN			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74176	CT ABDOMEN AND PELVIS W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74177	CT ABDOMEN AND PELVIS W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74178	CT ABDOMEN ONE OR BOTH BODY REGIONS W/O AND W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
74181	MRI OF THE ABDOMEN W/O GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74182	MRI OF THE ABDOMEN W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74183	MRI OF THE ABDOMEN W/O AND W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74185	MRA OF THE ABDOMEN W/O OR W/ GADOLINIUM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74261	VIRTUAL COLONOSCOPY DIAGNOSTIC W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74262	VIRTUAL COLONOSCOPY DIAGNOSTIC W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
74263	VIRTUAL COLONOSCOPY DIAGNOSTIC SCREENING INCLUDING IMAGE POSTPROCESSING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74712	MAGNETIC RESONANCE (E.G. PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
74713	MAGNETIC RESONANCE (E.G. PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75557	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75559	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST; W/ STRESS IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75561	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
75563	CARDIAC MRI FOR MORPHOLOGY AND FUNCTION W/O CONTRAST FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES; W/ STRESS IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75572	CT HEART STRUCTURE AND MORPHOLOGY WITH CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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 venous vascular structures, if performed)	1/1/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
75574	CTA CORONARY ARTERIES AND STRUCTURE AND MORPHOLOGY W/FUNCTION AND W/ CONTRAST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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	1/1/2024		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New code effective 1/01/2024
75635	CTA OF THE ABDOMINAL AORTA AND BILATERAL ILOFEMORAL LOWER EXTREMITY RUNOFF			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
76380	CT LIMITED OR LOCALIZED FOLLOW-UP STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
76391	Magnetic resonance (eg, vibration) elastography			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	11/15/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	11/15/2022		eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	New PA requirement

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
77011	CT FOR STEREOTACTIC LOCALIZATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
77084	MRI, BONE MARROW BLOOD SUPPLY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78015	THYROID CARCINOMA METASTASES IMAGING LIMITED AREA			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78016	THYROID CARCINOMA METASTASES IMAGING WITH ADDITIONAL STUDIES			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78018	THYROID CARCINOMA METASTASES IMAGING WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78020	THYROID CARCINOMA METASTASES UPTAKE (Add on code)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78075	ADRENAL NUCLEAR IMAGING CORTEX AND/OR MEDULLA			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78102	BONE MARROW IMAGING, LIMITED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78103	BONE MARROW IMAGING, MULTIPLE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78104	BONE MARROW IMAGING, WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78140	LABELED RED CELL SEQUESTRATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78185	SPLEEN IMAGING W/ OR WO VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78190	PLATELET SURVIVAL W/ OR W/OUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78191	PLATELET SURVIVAL STUDY ONLY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78195	LYMPH SYSTEM IMAGING (LYMPHOSCINTIGRAPHY)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78201	LIVER IMAGING STATIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78202	LIVER IMAGING W/ VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78205	LIVER IMAGING SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78215	LIVER AND SPLEEN IMAGING STATIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78216	LIVER AND SPLEEN IMAGING W VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78230	SALIVARY GLAND NUCLEAR IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78231	SALIVARY GLAND NUCLEAR IMAGING WITH SERIAL IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78232	SALIVARY GLAND FUNCTION STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78258	ESOPHAGUS MOTILITY STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78261	GASTRIC MUCOSA IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78262	GASTROESOPHAGAEAL REFLUX STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78264	GASTRIC EMPTYING IMAGING STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78265	GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78266	GASTRIC EMPTYING IMAGING STUDY (E.G. SOLID, LIQUID, BOTH); WITH SMALL BOWEL TRANSIT, MULTIPLE DAYS			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78278	GI BLEEDING SCINTIGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78282	GASTRONINTESTINAL PROTEIN LOSS			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78290	INTESTINAL IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78291	PERITONEAL- VENOUS SHUNT PATENCY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78300	NUCLEAR BONE SCAN LIMITED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78305	NUCLEAR BONE SCAN MULTIPLE AREAS			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
78306	NUCLEAR BONE SCAN WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78315	BONE SCAN THREE PHASE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78320	NUCLEAR BONE SCAN SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78414	CENTRAL C-V HEMODYNAMICS (NON-IMAGING) SINGLE OR MULTIPLE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78428	CARDIAC SHUNT DETECTION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78445	NON-CARDIAC VASCULAR FLOW IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78456	ACUTE VENOUS THROMBOSIS IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78457	VENOUS THROMBOSIS IMAGING UNILATERAL			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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78458	VENOUS THROMBOSIS IMAGING BILATERAL			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78466	INFARCT AVID MYOCARDIAL IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78468	INFARCT AVID MYOCARDIAL IMAGING WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78469	INFARCT AVID MYOCARDIAL IMAGING TOMOGRAPHIC SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78472	GATED CARDIAC RADIONUCLIDE ANGIOGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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78473	GATED MULTIPLE CARDIAC RADIONUCLIDE ANGIOGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78481	PLANAR FIRST PASS CARDIAC RADIONUCLIDE ANGIOGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78483	CARDIAC BLOOD POOL IMAGING, MULTI			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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/or stress (exercise or pharmacologic)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78494	CARDIAC BLOOD POOL IMAGING, SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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78496	CARDIAC BLOOD POOL IMAGING, SINGLE AT REST			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78579	PULMONARY VENTILATION (EG, AEROSOL OR GAS) IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78600	BRAIN SCINTIGRAPHY STATIC LIMITED			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78601	BRAIN SCINTIGRAPHY LIMITED WITH VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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78605	BRAIN SCINTIGRAPHY COMPLETE STATIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78606	BRAIN SCINTIGRAPHY COMPLETE WITH VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78607	BRAIN IMAGING SPECT			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78608	BRAIN PET METABOLIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78610	BRAIN IMAGING VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78630	CISTERNOGRAM			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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78635	CEREBROSPINAL VENTRICULOGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78645	SHUNT EVALUATION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78650	CSF LEAKAGE DETECTION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78660	RADIOPHARMACEUTICAL DACRYOCYSTORGRAPHY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78700	KIDNEY IMAGING (NUCLEAR) STATIC			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78701	KIDNEY IMAGING (NUCLEAR) W/ VASCULAR FLOW			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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78707	KIDNEY FLOW AND FUNCTION, SINGLE STUDY W/O PHARMACOLOGIC INTERVENTION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78708	KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ PHARMACOLOGICAL INTERVENTION, SINGLE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78709	KIDNEY IMAGING W/ VASCULAR FLOW AND FUNCTION W/ AND W/O PHARMACOLOGICAL INTERVENTION, MULTIPLE			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78725	NUCLEAR NON-IMAGING RENAL FUNCTION			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78730	URINARY BLADDER RESIDUAL STUDY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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78761	TESTICULAR SCAN- VASCULAR FLOW AND DELAYED IMAGES			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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 multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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), single day imaging			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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78811	PET LIMITED AREA			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78812	PET SKULL BASE TO MID-THIGH			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78813	PET WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78814	PET/CT LIMITED AREA			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78815	PET/CT SKULL BASE TO MID THIGH			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
78816	PET/CT WHOLE BODY			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	

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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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
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			eviCore - Advanced Radiology	Advanced Radiology	GHI PPO CNY	eviCore	
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation			Vision therapy - For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Vision therapy	GHI PPO CNY	N/A	POS = 11 only Code requires pre-auth only after 8 visits.
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections			Allergy Therapy - For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections			Allergy Therapy - For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
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			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
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			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
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			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
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			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
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			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	

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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			Allergy Immunotherapy -For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Allergy	GHI PPO CNY	N/A	
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
99501	Home visit, postnatal			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
99502	Home visit, nb care			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
99503	Home visit, resp therapy			Homecare	Homecare	GHI PPO CNY	N/A	
99504	Home visit mech ventilator			Homecare	Homecare	GHI PPO CNY	N/A	

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99505	Home visit, stoma care			Homecare	Homecare	GHI PPO CNY	N/A	
99506	Home visit, im injection			Homecare	Homecare	GHI PPO CNY	N/A	
99507	Home visit, cath maintain			Homecare	Homecare	GHI PPO CNY	N/A	
99509	Home visit day life activity			Homecare	Homecare:Home Health (HH) Aide	GHI PPO CNY	N/A	
99510	Home visit, sing/m/fam couns			Homecare	Homecare: Medical Social Services	GHI PPO CNY	N/A	
99511	Home visit, fecal/enema mgmt			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	

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99512	Home visit, hemodialysis			Homecare	Homecare	GHI PPO CNY	N/A	
99600	Home visit nos			Homecare	Homecare: Home Health (HH) Aide	GHI PPO CNY	N/A	
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)			Home infusion	Home infusion	GHI PPO CNY	N/A	
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)			Home infusion	Home infusion	GHI PPO CNY	N/A	
A4305	Disposable drug delivery system, flow rate of 50mL or greater per hour			Other Charges	Home infusion	GHI PPO CNY	N/A	
A4306	Disposable drug delivery system, flow rate of 50mL or less per hour			Other Charges	Home infusion	GHI PPO CNY	N/A	

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B4087	Gastronomy /Jejunostomy tube, standard, each			Enteral Nutrition	Home infusion	GHI PPO CNY	N/A	
B4088	Gastronomy/Jejunostomy tube, Low Profile, each			Enteral Nutrition	Home infusion	GHI PPO CNY	N/A	
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit (Code Price is per 500 mL and based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 mL = 1 unit (Code Price is per 500 mL and based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
B4104	Additive for enteral formula (e.g., fiber) (Code Price is per 1 gm) (Code Price is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	10/1/2023		Home Infusion	Home Infusion	GHI PPO CNY	N/A	New Code effective 10/01/2023

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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 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
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 = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
B4152	Enteral formula, nutritionally complete, calorically dense (= or > 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
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= 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
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 ent feeding tube, 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acid (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 cal=1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	

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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 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
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 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
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 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (= or > 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through enteral feeding tube, 100 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
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 = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	
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 cal = 1 unit (Code Price is per 100 calories and is based on median pricing methodology)			ENTERAL THERAPY	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
B4185	Parenteral nutrition solution, per 10 grams lipids (Effective 2/1/07 Code Price is per 10 gm lipids and is based on median pricing methodology - previously Code Price was based on 1 mL and average pricing methodology)			TOTAL PARENTERAL NUTRITION (TPN):	Home infusion	GHI PPO CNY	N/A	
B5000	SPECIALTY AMINO ACIDS (SEE ABOVE), PER DAY (in addition to Per Diem charge)			HOME INFUSION THERAPY	Home infusion	GHI PPO CNY	N/A	
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic -HepatAmine - premix (Code Price is per 1 mL and is based on median pricing methodology)			TOTAL PARENTERAL NUTRITION (TPN):	Home infusion	GHI PPO CNY	N/A	
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix (Code Price is per 1 mL and is based on median pricing methodology)			TOTAL PARENTERAL NUTRITION (TPN):	Home infusion	GHI PPO CNY	N/A	
C9153	Barhemsys	10/1/2023	1/1/2024	Home Infusion	Home Infusion	GHI PPO CNY	N/A	Deleted Code Effective 1/01/2024 New Code effective 10/01/2023
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	12/1/2022		Homecare	Homecare: PT	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes			Homecare	Homecare: OT	GHI PPO CNY	N/A	
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes			Homecare	Homecare: ST	GHI PPO CNY	N/A	
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes			Homecare	Homecare: Medical Social Services	GHI PPO CNY	N/A	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes			Homecare	Homecare: Home Health (HH) Aide	GHI PPO CNY	N/A	
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes			Homecare	Homecare: PT	GHI PPO CNY	N/A	
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes			Homecare	Homecare: OT	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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			Homecare	Homecare: PT	GHI PPO CNY	N/A	
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			Homecare	Homecare: OT	GHI PPO CNY	N/A	
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			For GHI PPO membership it is an internal EH process with BENEFIT EXTENSIONS	Homecare: ST	GHI PPO CNY	N/A	
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)			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY		
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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)	12/1/2022		Homecare	Homecare:Skilled Nursing	GHI PPO CNY		
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)			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
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)			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
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			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
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			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
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			Homecare	Homecare: PT	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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			Homecare	Homecare: OT	GHI PPO CNY	N/A	
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	12/1/2022		Homecare	Homecare	GHI PPO CNY		
J0129	Orencia			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J0133	Acyclovir Sodium			Antiviral	Home infusion	GHI PPO CNY	N/A	
J0134	Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to J0131, 10 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0135	HUMIRA			SPECIALTY DRUG PRICING	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0136	Injection, acetaminophen (b braun) not therapeutically equivalent to j0131, 10 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0173	Injection, epinephrine (belcher) not therapeutically equivalent to j0171, 0.1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0174	Leqembi (Injection, lecanemab-irmb, 1 mg)	7/6/2023		Monoclonal Antibodies	Home infusion	GHI PPO CNY	N/A	New code effective 7/6/2023 replacing J3590
J0180	Fabrazyme			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J0184	Injection, amisulpride, 1 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J0202	Lemtrada			Medication Carve Out List Including LDD Drugs	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0217	Injection, velmanase alfa-tycv, 1 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J0218	Injection, olipudase alfa-rpcp, 1 mg	4/1/2023		Enzymes, Metabolic	Home infusion	GHI PPO CNY		New code effective 4/1/2023
J0220	ALL DRUGS: MYOZYME, DILUENT, SOLUTION, HEPARIN, SALINE, STERILE WATER, ETC.			ENZYME REPLACEMENT THERAPIES	Home infusion	GHI PPO CNY	N/A	
J0221	Lumizyme			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J0225	Injection, vutrisiran, 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0256	ZEMAIRA			ALPHA 1 DEFICIENCY	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0257	GLASSIA			ALPHA 1 DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J0278	Amikacin			Aminoglycoside	Home infusion	GHI PPO CNY	N/A	
J0283	Injection, amiodarone hydrochloride (nexterone), 30 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0285	Amphotericin B			Antifungal	Home infusion	GHI PPO CNY	N/A	
J0287	Abelcet			Antifungal	Home infusion	GHI PPO CNY	N/A	
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg			DRUG FEE SCHEDULE	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0289	AmBisome			Antifungal	Home infusion	GHI PPO CNY	N/A	
J0290	Ampicillin Sodium			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0295	Unasyn			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0348	Eraxis			Antifungal	Home infusion	GHI PPO CNY	N/A	
J0349	Injection, rezafungin, 1 mg	10/1/2023		Home Infusion	Home Infusion	GHI PPO CNY	N/A	New Code effective 10/01/2023
J0364	APOKYN			MISCELLANEOUS DISEASES	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0391	Injection, artesunate, 1 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J0456	Azithromycin			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0480	SIMULECT			SPECIALTY DRUG PRICING	Home infusion	GHI PPO CNY	N/A	
J0485	Nulojix			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J0490	Benlysta			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J0584	CRYSVITA			ENDOCRINE DISORDERS	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0596	RUCONEST			HEREDITARY ANGIOEDEMA	Home infusion	GHI PPO CNY	N/A	
J0597	BERINERT			HEREDITARY ANGIOEDEMA	Home infusion	GHI PPO CNY	N/A	
J0598	CINRYZE			HEREDITARY ANGIOEDEMA	Home infusion	GHI PPO CNY	N/A	
J0599	HAEGARDA			HEREDITARY ANGIOEDEMA	Home infusion	GHI PPO CNY	N/A	
J0610	Calcium Chloride 10%		4/1/2023		Home infusion	GHI PPO CNY	N/A	Deleted code effective 4/1/2023
J0611	Injection, calcium gluconate (wg critical care), per 10 ml	1/1/2023	4/1/2023	Homecare	Home infusion	GHI PPO CNY	N/A	Deleted code effective 4/1/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 mL			DRUG FEE SCHEDULE	Home infusion	GHI PPO CNY	N/A	
J0636	Calcitriol			Antipsoriatic	Home infusion	GHI PPO CNY	N/A	
J0637	Candidas			Antifungal	Home infusion	GHI PPO CNY	N/A	
J0638	ILARIS			INFLAMMATORY CONDITIONS	Home infusion	GHI PPO CNY	N/A	
J0640	LEUCOVORIN			SPECIALTY DRUG PRICING	Home infusion	GHI PPO CNY	N/A	
J0650	Synthroid, Levoxyl, Levothroid (Injection, levothyroxine sodium, not otherwise specified, 10 mcg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0651	Synthroid, Levoxyl, Levothroid (Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to j0650, 10 mcg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024
J0652	Synthroid, Levoxyl, Levothroid (Injection, levothyroxine sodium (hikma) not therapeutically equivalent to j0650, 10 mcg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0690	Cefazolin Sod			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0692	Cefepime			Antibiotic	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0694	Cefoxitin			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0695	Zerbaxa			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0696	Ceftriaxone			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0697	Cefuroxime			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0698	Cefotaxime Sod			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0701	Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0703	Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0712	Teflaro			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0713	Ceftazidime			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0714	Avycaz			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0717	CIMZIA			INFLAMMATORY CONDITIONS	Home infusion	GHI PPO CNY	N/A	
J0743	Imipenem-Cilastatin			Antibiotic	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0744	Ciprofloxacin			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0770	Colistimethate			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0780	Prochlorperazine			Antiemetic	Home infusion	GHI PPO CNY	N/A	
J0802	Injection, corticotropin (ani), up to 40 units	10/1/2023		Home Infusion	Home Infusion	GHI PPO CNY	N/A	New Code effective 10/01/2023
J0850	CYTOGAM			IMMUNE DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J0873	Injection, daptomycin (xellia) not therapeutically equivalent to j0878, 1 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg	10/1/2023		Home Infusion	Home Infusion	GHI PPO CNY	N/A	New Code effective 10/01/2023
J0877	Injection, daptomycin (hospira), not therapeutically equivalent to j0878, 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0878	Cubicin			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J0881	ARANESP			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J0885	PROCRIT			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J0891	Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J0892	Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0893	Injection, decitabine (sun pharma) not therapeutically equivalent to j0894, 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0895	Deferoxamine Mesylate			Antidote	Home infusion	GHI PPO CNY	N/A	
J0898	Injection, argatroban (auromedics), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J0899	Injection, argatroban (auromedics), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J1010	Solumedrol, Depo Medrol (Injection, methylprednisolone acetate, 1 mg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1100	Dexamethasone Sod			Adrenal Glucocorticoid	Home infusion	GHI PPO CNY	N/A	
J1203	Pombiliti (Injection, cipaglucoasidase alfa-atga, 5 mg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024
J1250	Dobutamine HCl			Adrenergic	Home infusion	GHI PPO CNY	N/A	
J1260	Injection, dolasetron mesylate, 10 mg			DRUG FEE SCHEDULE	Home infusion	GHI PPO CNY	N/A	
J1265	DOPamine HCl			Adrenergic	Home infusion	GHI PPO CNY	N/A	
J1267	Doribax			Antibiotic	Home infusion	GHI PPO CNY	N/A	

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J1290	KALBITOR			HEREDITARY ANGIOEDEMA	Home infusion	GHI PPO CNY	N/A	
J1300	Soliris			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J1301	Radicava			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J1303	Ultomiris			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J1322	VIMIZIM			ENZYME DEFICIENCIES	Home infusion	GHI PPO CNY	N/A	
J1325	EPOPROSTENOL SODIUM			PULMONARY HYPERTENSION	Home infusion	GHI PPO CNY	N/A	

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J1335	Invanz			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J1364	Erythromycin Lact			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J1428	Exondys 51			Medication Carve Out List Including LDD Drugs	Home infusion	GHI PPO CNY	N/A	
J1434	Emend (Injection, fosaprepitant (focinvez), 1 mg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1438	ENBREL SURECLICK			SPECIALTY DRUG PRICING	Home infusion	GHI PPO CNY	N/A	
J1439	Injectafer			Iron Supplement	Home infusion	GHI PPO CNY	N/A	
J1442	NEUPOGEN			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J1447	GRANIX			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J1450	Fluconazole/NaCl			Anifungal	Home infusion	GHI PPO CNY	N/A	
J1455	Foscarnet Sod			Antiviral	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J1458	NAGLAZYME			ENZYLE DEFICIENCIES	Home infusion	GHI PPO CNY	N/A	
J1459	PRIVIGEN 10%			Immune Globulin	Home infusion	GHI PPO CNY	N/A	
J1460	GAMASTAN S/D, 2 ML Vial			Immune Globulin	Home infusion	GHI PPO CNY	N/A	
J1555	CUVITRU			IMMUNE DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J1556	Bivigam			IMMUNOGLOBULIN THERAPY	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1557	GAMMAPLEX			IMMUNE DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J1559	HIZENTRA			Immune Globulin	Home infusion	GHI PPO CNY	N/A	
J1560	Gamastan (2CC)			IMMUNOGLOBULIN THERAPY	Home infusion	GHI PPO CNY	N/A	
J1561	GAMUNEX-C			Immune Globulin	Home infusion	GHI PPO CNY	N/A	
J1566	GAMMAGARD S-D			IMMUNE DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J1568	OCTAGAM 5 &10%			Immune Globulin	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1569	GAMMAGARD LIQUID			Immune Globulin	Home infusion	GHI PPO CNY	N/A	
J1570	Cytovene-IV			Antiviral	Home infusion	GHI PPO CNY	N/A	
J1572	Flebogamma			Immune Globulins	Home infusion	GHI PPO CNY	N/A	
J1574	Injection, ganciclovir sodium (exela) not therapeutically equivalent to j1570, 500 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J1575	HYQVIA			Immune Globulin	Home infusion	GHI PPO CNY	N/A	
J1576	PANZYGA	7/1/2023		Immune Globulin	Home infusion	GHI PPO CNY	N/A	New Code effective 7/1/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1580	Gentamicin Sulf			Aminoglycoside	Home infusion	GHI PPO CNY	N/A	
J1599	PANZYGA			Immune Globulin	Home infusion	GHI PPO CNY	N/A	
J1602	Simponi Aria			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J1610	Glucagon			Glucose Regulation	Home infusion	GHI PPO CNY	N/A	
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J1628	TREMFYA			INFLAMMATORY CONDITIONS	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1630	Haldol			Antipsychotic	Home infusion	GHI PPO CNY	N/A	
J1643	Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J1644	Heparin			Blood Modifer Agent	Home infusion	GHI PPO CNY	N/A	
J1650	Lovenox			Blood Modifer Agent	Home infusion	GHI PPO CNY	N/A	
J1720	Solu-Cortef			Adrenal Glucocorticoid	Home infusion	GHI PPO CNY	N/A	
J1725	Makena		1/1/2018	Medication Carve Out List Including LDD Drugs	Home infusion	GHI PPO CNY	N/A	Deleted Code effective 1/1/2018

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1743	Elaprase			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J1744	FIRAZYR			HEREDITARY ANGIOEDEMA	Home infusion	GHI PPO CNY	N/A	
J1745	RENFLEXIS			SPECIALTY DRUG PRICING	Home infusion	GHI PPO CNY	N/A	
J1746	TROGARZO			HIV	Home infusion	GHI PPO CNY	N/A	
J1747	Injection, spesolimab-sbzo, 1 mg	4/1/2023		Interleukin Inhibitors	Home infusion	GHI PPO CNY		New code effective 4/1/2023
J1750	Infed(Iron Dextran)			Nutritive Agent	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1756	Venofer			Nutritive Agent	Home infusion	GHI PPO CNY	N/A	
J1786	Cerezyme			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J1815	Humulin R			Insulin	Home infusion	GHI PPO CNY	N/A	
J1840	Injection, kanamycin sulfate, up to 500 mg		4/1/2024	DRUG FEE SCHEDULE	Home infusion	GHI PPO CNY	N/A	Deleted code effective 4/01/2024
J1850	Injection, kanamycin sulfate, up to 75 mg (Code Price is per 75 mg)		4/1/2024	DRUG FEE SCHEDULE	Home infusion	GHI PPO CNY	N/A	Deleted code effective 4/01/2024
J1885	Ketorolac			Analgesic	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1930	SOMATULINE DEPOT			ENDOCRINE DISORDERS	Home infusion	GHI PPO CNY	N/A	
J1931	ALDURAZYME			ENZYME DEFICIENCIES	Home infusion	GHI PPO CNY	N/A	
J1940	Furosemide			Diuretic	Home infusion	GHI PPO CNY	N/A	
J1953	Levetiracetam			Anticonvulsant	Home infusion	GHI PPO CNY	N/A	
J1954	Injection, leuprolide acetate for depot suspension (cipl), 7.5 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	Code description updated 4/1/2023
J1955	Carnitor			Nutritive Agent	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J1956	Levaquin			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J2001	Lidocaine HCl			Anesthetic	Home infusion	GHI PPO CNY	N/A	
J2020	Linezolid			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J2021	Injection, linezolid (hospira) not therapeutically equivalent to j2020, 200 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J2060	Lorazepam			Antianxiety	Home infusion	GHI PPO CNY	N/A	
J2184	Injection, meropenem (b. braun) not therapeutically equivalent to j2185, 100 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2185	Meropenem			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J2247	Injection, micafungin sodium (par pharm) not thereapeutically equivalent to j2248, 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J2248	MYCAMINE			IV ANTIBIOTIC PRICING	Home infusion	GHI PPO CNY	N/A	
J2251	Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to j2250, per 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J2260	Milrinone			Cardiovascular Agent	Home infusion	GHI PPO CNY	N/A	
J2265	Minocin			Amebicide	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2270	Synercid			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J2272	Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to j2270, up to 10 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J2280	Avelox			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J2281	Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to j2280, 100 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J2311	Injection, naloxone hydrochloride (zimhi), 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J2323	TYSABRI			SPECIALTY DRUG PRICING	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J2329	Briumvi	7/1/2023		Neurologic	Home infusion	GHI PPO CNY	N/A	New code- replacing J3590 (Briumvi) effective 7/1/2023
J2350	Ocrevus			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J2354	SANDOSTATIN			SPECIALTY DRUG PRICING	Home infusion	GHI PPO CNY	N/A	
J2401	Injection, chlorprocaine hydrochloride, per 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J2402	Injection, chlorprocaine hydrochloride (clorotekal), per 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2404	Injection, nicardipine, 0.1 mg	1/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J2405	Ondansetron HCl			Antiemetic	Home infusion	GHI PPO CNY	N/A	
J2469	Aloxi			Antiemetic	Home infusion	GHI PPO CNY	N/A	
J2505	NEULASTA		1/1/2022	BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	Deleted Code effective 1/01/2022
J2507	Krystexxa			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2540	Penicillin G Potassium			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J2543	Zosyn			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J2545	Pentam			Anti-Infective Agent	Home infusion	GHI PPO CNY	N/A	
J2550	Phenergan			Antiemetic	Home infusion	GHI PPO CNY	N/A	
J2562	MOZOBIL			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
J2597	DDAVP 10ML			HEMOPHILIA	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2700	Oxacillin Sodium			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J2724	CEPROTIN			HEMOPHILIA	Home infusion	GHI PPO CNY	N/A	
J2765	Metoclopramide			Antiemetic	Home infusion	GHI PPO CNY	N/A	
J2780	Ranitidine			Gastric acid secretion inhibitor	Home infusion	GHI PPO CNY	N/A	
J2786	CINQAIR			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J2820	LEUKINE			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J2840	KANUMA			ENZYME DEFICIENCIES	Home infusion	GHI PPO CNY	N/A	
J2916	Ferlecit			Nutritive Agent	Home infusion	GHI PPO CNY	N/A	
J2919	Solumedrol, Depo Medrol (Injection, methylprednisolone sodium succinate, 5 mg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024
J2920	Methylprednisolone Sod		4/1/2024	Adrenal Glucocorticoid	Home infusion	GHI PPO CNY	N/A	Deleted code effective 4/01/2024
J2997	Cathflo Activase			Blood Modifer Agent	Home infusion	GHI PPO CNY	N/A	
J3000	Streptomycin			Aminoglycoside	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3060	ELELYSO			ENZYLE DEFICIENCIES	Home infusion	GHI PPO CNY	N/A	
J3090	Sivextro			Antibacterial	Home infusion	GHI PPO CNY	N/A	
J3095	Vibativ			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J3110	FORTEO			OSTEOPOROSIS	Home infusion	GHI PPO CNY	N/A	
J3230	Chlorpromazine			Antiemetic	Home infusion	GHI PPO CNY	N/A	
J3243	Tygacil			Antibiotic	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3244	Injection, tigecycline (accord) not therapeutically equivalent to j3243, 1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J3260	Tobramycin			Aminoglycoside	Home infusion	GHI PPO CNY	N/A	
J3262	Actemra			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J3285	REMODULIN			PULMONARY HYPERTENSION	Home infusion	GHI PPO CNY	N/A	
J3357	STELARA			INFLAMMATORY CONDITIONS	Home infusion	GHI PPO CNY	N/A	
J3358	Stelara			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3364	Injection, urokinase, 5,000 IU vial			DRUG FEE SCHEDULE	Home infusion	GHI PPO CNY	N/A	
J3365	Injection, IV, urokinase, 250,000 IU vial			DRUG FEE SCHEDULE	Home infusion	GHI PPO CNY	N/A	
J3370	Vancomycin			Antibiotic	Home infusion	GHI PPO CNY	N/A	
J3371	Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3370, 500 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J3372	Injection, vancomycin hcl (xellia) not therapeutically equivalent to j3370, 500 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J3380	Entyvio			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3385	Vpriv			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J3397	MEPSEVII			ENZYM DEFICIENCIES	Home infusion	GHI PPO CNY	N/A	
J3410	HydroXYzine HCl			Antianxiety	Home infusion	GHI PPO CNY	N/A	
J3411	Thiamine HCl			Nutritive Agent	Home infusion	GHI PPO CNY	N/A	
J3415	Pyridoxine HCl			Nutritive Agent	Home infusion	GHI PPO CNY	N/A	
J3420	Cyanocobalamin			Nutritive Agent	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3424	Cyanokit-B12a (Injection, hydroxocobalamin, intravenous, 25 mg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024
J3425	Injection, hydroxocobalamin, 10 mcg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J3465	Vfend			Antifungal	Home infusion	GHI PPO CNY	N/A	
J3475	Manganese Sulfate			Nutritive Agent	Home infusion	GHI PPO CNY	N/A	
J3480	Potassium Acet			Nutritive Agent	Home infusion	GHI PPO CNY	N/A	
J3489	Reclast			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3490	TEGSEDI			MISCELLANEOUS DISEASES	Home infusion	GHI PPO CNY	N/A	
J3490	Copper (Cupric Chloride) Chloride Injection	1/1/2023		Minerals and electrolytes	Home infusion	GHI PPO CNY	N/A	
J3490	Injection, amisulpride, 1 mg			Home Infusion	Home infusion	GHI PPO CNY	N/A	
J3590	Briumvi	2/9/2023		Neurologic	Home infusion	GHI PPO CNY	N/A	New PA requirement effective 2/9/23
J3590	Cimerli (Injection, ranibizumab-eqrn)	11/10/2022		Vascular Endothelial Growth Factor (VEGF) Inhibitor	Home infusion	GHI PPO CNY	N/A	
J3590	Elevidys (Injection, delandisotrogene moxeparvocev-rokl)	10/3/2023			Home infusion	GHI PPO CNY	N/A	New Drug/New PA requirement

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J3590	Elfabrio (pegunigalsidase alfa-iwxj injection, for intravenous use)	7/28/2023		Lysosomal enzymes	Home infusion	GHI PPO CNY	N/A	New Drug/New PA requirement
J3590	Fylnetra (Injection, pegfilgrastim-pbbk)	11/10/2022		Hematopoietic Growth Factors	Home infusion	GHI PPO CNY	N/A	
J3590	Lamzede	4/21/2023		Recombinant human lysosomal alpha-mannosidase	Home infusion	GHI PPO CNY	N/A	New Drug -PA requirement effective 4/21/2023
J3590	Leqembi (Injection, lecanemab-irmb, 1 mg)	3/30/2023		Monoclonal Antibodies	Home infusion	GHI PPO CNY	N/A	New Drug - PA requirement effective 3/30/2023
J3590	MYALEPT			ENDOCRINE DISORDERS	Home infusion	GHI PPO CNY	N/A	
J3590	Pombiliti (Injection, cipaglicosidase alfa-atga)	10/30/2023			Home infusion	GHI PPO CNY	N/A	New Drug/New PA requirement

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J3590	Roctavian (Injection, valoctocogene roxaparvovec-rvox)	10/13/2023			Home infusion	GHI PPO CNY	N/A	New Drug/New PA requirement
J3590	Rystiggo (rozanolixizumab-noli injection, for subcutaneous use)	7/28/2023		Fc Receptor Antagonists	Home infusion	GHI PPO CNY	N/A	New Drug/New PA requirement
J3590	Spevigo (Injection, spesolimab-sbzo)	11/10/2022		Interleukin Inhibitors	Home infusion	GHI PPO CNY	N/A	
J3590	Xenpozyme (Injection, olipudase alfa)	11/10/2022		Lysosomal Enzymes	Home infusion	GHI PPO CNY	N/A	
J7060	Dextrose 50%			Diagnostic agent	Home infusion	GHI PPO CNY	N/A	
J7070	D5W-1/2NS w/20mEq KCl			Fluids	Home infusion	GHI PPO CNY	N/A	

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J7131	Hypertonic saline solution, 1 ml			DRUG FEE SCHEDULE	Home infusion	GHI PPO CNY	N/A	replacement code for J7130
J7165	Kcentra (Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024
J7170	Hemlibra			HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	
J7175	Coagadex			HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	
J7178	Riastap			HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	
J7179	VONVENDI			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	

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J7180	CORIFACT			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7181	TRETTEN			HEMOPHILIA	Home infusion	GHI PPO CNY	N/A	
J7182	NOVOEIGHT			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7183	WILATE			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7185	Xyntha			HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	
J7186	Alphanate			HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	

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J7187	HUMATE-P			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (Obizur), per i.u.			FACTOR THERAPY	Home infusion	GHI PPO CNY	N/A	
J7189	NOVOSEVEN RT			HEMOPHILIA	Home infusion	GHI PPO CNY	N/A	
J7190	Koate			HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	
J7192	RECOMBINATE			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7193	MONONINE			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	

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J7194	PROFILNINE			HEMOPHILIA	Home infusion	GHI PPO CNY	N/A	
J7195	BeneFIX			HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	
J7196	Injection antithrombin recombinant, 50 I.U.			FACTOR THERAPY	Home infusion	GHI PPO CNY	N/A	
J7197	Thrombate			HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	
J7198	FEIBA			HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	
J7199	ALTUVIIIIO	4/21/2023		Antihemophilic factor	Home infusion	GHI PPO CNY	N/A	New Drug -PA requirement effective 4/21/2023

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J7200	RIXUBIS			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7201	ALPROLIX			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7202	IDELVION			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7203	REBINYN			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7205	ELOCTATE			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7207	ADYNOVATE			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	

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J7208	JIVI			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7209	NUWIQ			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7210	AFSTYLA			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7211	KOVALTRY			Antihemophilic Factor	Home infusion	GHI PPO CNY	N/A	
J7213	Ixinity	7/1/2023		HEMOPHILIA/ BLEEDING DISORDER THERAPY	Home infusion	GHI PPO CNY	N/A	New Code effective 7/1/2023
J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u.	10/1/2023		Home Infusion	Home Infusion	GHI PPO CNY	N/A	New Code effective 10/01/2023

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J7340	DUOPA			MISCELLANEOUS DISEASES	Home infusion	GHI PPO CNY	N/A	
J7519	Injection, mycophenolate mofetil, 10 mg	10/1/2023		Home Infusion	Home Infusion	GHI PPO CNY	N/A	New Code effective 10/01/2023
J7686	TYVASO			PULMONARY HYPERTENSION	Home infusion	GHI PPO CNY	N/A	
J9039	Blincyto			Medication Carve Out List Including LDD Drugs	Home infusion	GHI PPO CNY	N/A	
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023

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J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J9255	Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260, 50 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J9271	Injection, pembrolizumab, 1 mg (Keytruda)	1/1/2023		Antineoplastics, Monoclonal Antibody; PD-1/PD-L1 Inhibitors	Home infusion	GHI PPO CNY	N/A	
J9312	Rituxan			OTHER INFUSED MEDICATIONS	Home infusion	GHI PPO CNY	N/A	
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023

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J9333	Injection, rozanolixizumab-noli, 1 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
J9376	Veopoz (Injection, pozelimab-bbfg, 1 mg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024
J9381	Tzield	7/1/2023		Miscellaneous antidiabetic agent	Home infusion	GHI PPO CNY	N/A	New code - (Tzield) effective 7/1/2023
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
J9999	Talvey (Injection, talquetamab-tgvs)	10/3/2023			Home infusion	GHI PPO CNY	N/A	New Drug/New PA requirement

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
J9999	Loqtorzi (toripalimab-tpzi) injection, for intravenous use	2/8/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New Drug/New PA requirement
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	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
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	12/1/2022		Homecare	Homecare: Home Health (HH)	GHI PPO CNY	N/A	
P9047	Flexbumin 25%			Blood Modifer Agent	Home infusion	GHI PPO CNY	N/A	
Q4074	VENTAVIS			PULMONARY HYPERTENSION	Home infusion	GHI PPO CNY	N/A	
Q5001	Hospice or home health care provided in patient's home/residence. See Medicare Learning Network (MLN) Matters® article, MM8136	12/1/2022	1/1/2024	Homecare	Homecare	GHI PPO CNY	N/A	PA requirement removed

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
Q5002	Hospice or home health care provided in assisted living facility. See Medicare Learning Network (MLN) Matters® article, MM8136	12/1/2022	1/1/2024	Homecare	Homecare	GHI PPO CNY	N/A	PA requirement removed
Q5009	Hospice or home health care provided in place not otherwise specified (NO). See Medicare Learning Network (MLN) Matters® article, MM8136	12/1/2022		Homecare	Homecare	GHI PPO CNY	N/A	
Q5101	ZARXIO			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	
Q5103	INFLECTRA			INFLAMMATORY CONDITIONS	Home infusion	GHI PPO CNY	N/A	
Q5104	RENFLEXIS			INFLAMMATORY CONDITIONS	Home infusion	GHI PPO CNY	N/A	
Q5105	RETACRIT			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	

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Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	Code description updated 4/1/2023
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg			BLOOD CELL DEFICIENCY	Home infusion	GHI PPO CNY	N/A	Code description updated 4/1/2024
Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg	1/1/2023		Homecare	Home infusion	GHI PPO CNY	N/A	New code effective 1/01/2023
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	4/1/2023		Ophthalmics, VEGF Inhibitors.	Home infusion	GHI PPO CNY		New code effective 4/1/2023
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	4/1/2023		Antineoplastics, Monoclonal Antibody; Antineoplastics, VEGF Inhibitor	Home infusion	GHI PPO CNY		New code effective 4/1/2023
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	4/1/2023		Hematopoietic Growth Factors	Home infusion	GHI PPO CNY		New code effective 4/1/2023

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	1/1/2024			Home Infusion	GHI PPO CNY	N/A	New Code effective 1/01/2024
Q5133	Tofidence (Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024
Q5134	Tyruko (Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg)	4/1/2024		Homecare	Home Infusion	GHI PPO CNY	N/A	New code effective 4/01/2024
S0030	Metronidazole		6/30/2023	Antifungal	Home infusion	GHI PPO CNY	N/A	Deleted Code effective 6/30/2023
S0032	Nafcillin Sodium			Antibiotic	Home infusion	GHI PPO CNY	N/A	
S0039	Sulfa-Trime			Antibiotic	Home infusion	GHI PPO CNY	N/A	

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S0073	Azactam		6/30/2023	Antibiotic	Home infusion	GHI PPO CNY	N/A	Deleted Code effective 6/30/2023
S0074	Cefotetan			Antibiotic	Home infusion	GHI PPO CNY	N/A	
S0077	Cleocin Phosphate		6/30/2023	Antibiotic	Home infusion	GHI PPO CNY	N/A	Deleted Code effective 6/30/2023
S0155	EPOPROSTENOL SODIUM DILUENT			PULMONARY HYPERTENSION	Home infusion	GHI PPO CNY	N/A	
S0164	Protonix			Gastric acid secretion inhibitor	Home infusion	GHI PPO CNY	N/A	
S0171	Bumetanide			Diuretic	Home infusion	GHI PPO CNY	N/A	

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S5108	Home care training to home care client, per 15 minutes	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5109	Home care training to home care client, per session	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5110	Home care training, family; per 15 minutes	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5111	Home care training, family; per session	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5115	Home care training, nonfamily; per 15 minutes	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5116	Home care training, nonfamily; per session	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	

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S5180	Home health respiratory therapy, initial evaluation	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5181	Home health respiratory therapy, NOS, per diem	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem Drugs and nursing visits coded separately.	12/1/2022		CATHETER CARE MAINTENANCE	Home infusion	GHI PPO CNY	N/A	
S5498	Catheter Care- Single Lumen	12/1/2022		CATHETER INSERTION AND MAINTENANCE SUPPLIES	Home infusion	GHI PPO CNY	N/A	
S5501	Catheter Care-More Than One	12/1/2022		CATHETER INSERTION AND MAINTENANCE SUPPLIES	Home infusion	GHI PPO CNY	N/A	
S5502	Catheter Care-Implanted Port	12/1/2022		CATHETER INSERTION AND MAINTENANCE SUPPLIES	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or de clotting.			CATHETER CARE MAINTENANCE	Home infusion	GHI PPO CNY	N/A	
S5518	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	12/1/2022		CATHETER CARE & INSERTION SUPPLIES	Home infusion	GHI PPO CNY	N/A	
S5520	PICC Line Supplies	12/1/2022		CATHETER INSERTION AND MAINTENANCE SUPPLIES	Home infusion	GHI PPO CNY	N/A	
S5521	Midline Supplies	12/1/2022		CATHETER INSERTION AND MAINTENANCE SUPPLIES	Home infusion	GHI PPO CNY	N/A	
S5522	PICC Line Placement	12/1/2022		CATHETER INSERTION AND MAINTENANCE SUPPLIES	Home infusion	GHI PPO CNY	N/A	
S5523	Midline Placement	12/1/2022		CATHETER INSERTION AND MAINTENANCE SUPPLIES	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9001	Home uterine monitor with or without associated nursing services			Homecare	Homecare	GHI PPO CNY	N/A	
S9061	Tyvaso			PAH	Home infusion	GHI PPO CNY	N/A	
S9097	Home visit for wound care	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour			Homecare	Homecare: Home Health (HH) Aide	GHI PPO CNY	N/A	
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)			Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	

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S9124	Nursing care, in the home; by licensed practical nurse, per hour			Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
S9127	Social work visit, in the home, per diem			Homecare	Homecare	GHI PPO CNY	N/A	
S9128	Speech therapy, in the home, per diem			Homecare	Homecare: ST	GHI PPO CNY	N/A	
S9129	Occupational therapy, in the home, per diem			Homecare	Homecare:OT	GHI PPO CNY	N/A	
S9131	Physical therapy; in the home, per diem			Homecare	Homecare: PT	GHI PPO CNY	N/A	
S9140	Home management of non-insulin dependent gestational diabetes includes administrative services, data collection and evaluation, care coordination (glucometer and supplies to be obtained through payer's pharmacy; nursing visits coded separately) 14-day case rate			DIABETES IN PREGNANCY PROGRAM:	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)			Homecare	Homecare	GHI PPO CNY	N/A	
S9152	Speech therapy, re-evaluation			Homecare	Homecare: ST	GHI PPO CNY	N/A	
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)			Home Infusion	Home Infusion	GHI PPO CNY	N/A	
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)	12/1/2022		Home Infusion	Home Infusion	GHI PPO CNY	N/A	
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)			Home Infusion	Home Infusion	GHI PPO CNY	N/A	
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)			Home Infusion	Home Infusion	GHI PPO CNY	N/A	

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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)			Home infusion	Home Infusion	GHI PPO CNY	N/A	
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)			Home infusion	Home infusion	GHI PPO CNY	N/A	
S9325	HIT-Pain Management Infusion, NOC	12/1/2022		PAIN MANAGEMENT	Home infusion	GHI PPO CNY	N/A	
S9326	HIT-Continuous Pain Management Infusion	12/1/2022		PAIN MANAGEMENT	Home infusion	GHI PPO CNY	N/A	
S9327	HIT-Intermittent Pain Management Infusion	12/1/2022		PAIN MANAGEMENT	Home infusion	GHI PPO CNY	N/A	
S9328	HIT-Implanted Pump Pain Management Infusion	12/1/2022		PAIN MANAGEMENT	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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)	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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			IMMUNE GLOBULINS/Immunoglobulin Therapy(IVIG-SS)	Home infusion	GHI PPO CNY	N/A	
S9340	Enteral Nutrition	12/1/2022		ENTERAL NUTRITION	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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	12/1/2022		Nutritional Supplements and Enteral Formulas	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Nutritional Supplements and Enteral Formulas	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Nutritional Supplements and Enteral Formulas	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Nursing and Per Diems/Anti-Hemophilic Factors (ATS-SS)	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
S9347	Epoprostenol Sodium Therapy	12/1/2022		Epoprostenol Sodium Therapy	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9348	Inotropic Therapy	12/1/2022		MISCELLANEOUS INFUSION THERAPIES	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	12/1/2022		MISCELLANEOUS INFUSION / INJECTIBLE THERAPY/Enzyme Replacement Therapy (ATS - SS)	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
S9361	Home Infusion Therapy, Diuretic Intravenous Therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem.	12/1/2022		MISCELLANEOUS INFUSION / INJECTIBLE THERAPY	Home infusion	GHI PPO CNY	N/A	
S9363	Home Infusion Therapy, Anti-Spasmotic Intravenous Therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem.	12/1/2022		MISCELLANEOUS INFUSION / INJECTIBLE THERAPY	Home infusion	GHI PPO CNY	N/A	
S9364	HIT-TPN, NOC	12/1/2022		TOTAL PARENTERAL NUTRITION	Home infusion	GHI PPO CNY	N/A	
S9365	TPN one liter per day	12/1/2022		Total Parenteral Nutrition (TPN)	Home infusion	GHI PPO CNY	N/A	
S9366	TPN two liters per day	12/1/2022		Total Parenteral Nutrition (TPN)	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9367	TPN three liters per day	12/1/2022		Total Parenteral Nutrition (TPN)	Home infusion	GHI PPO CNY	N/A	
S9368	TPN > three liters per day	12/1/2022		Total Parenteral Nutrition (TPN)	Home infusion	GHI PPO CNY	N/A	
S9370	HIT-Intermittent Anti-emetic Injection			ANTI-EMETIC IV THERAPY	Home infusion	GHI PPO CNY	N/A	
S9372	HIT-Intermittent Anti-coagulation Injection (e.g. Heparin)			ANTI-COAGULATION THERAPY	Home infusion	GHI PPO CNY	N/A	
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)	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Home infusion	Home infusion	GHI PPO CNY	N/A	
S9430	Clinical Management Consultation / Visit			Clinical Services	Home infusion	GHI PPO CNY	N/A	
S9470	Registered Dietician		9/1/2024	ENTERAL NUTRITION	Home infusion	GHI PPO CNY	N/A	Preauthorization requirement removed effective 9/01/2024

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
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	12/1/2022		Nursing and Per Diems/IMMUNOSUPPRESSIVE THERAPY (TF)	Home infusion	GHI PPO CNY	N/A	
S9494	HIT-Antibiotic Antiviral or Antifungal, NOC (Only use when frequency is not represented by codes S9497-S9504)	12/1/2022		ANTI-INFECTIVE THERAPY	Home infusion	GHI PPO CNY	N/A	
S9497	HIT-Antibiotic Antiviral or Antifungal-every 3 hours	12/1/2022		ANTI-INFECTIVE THERAPY	Home infusion	GHI PPO CNY	N/A	
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	12/1/2022		Anti-Hemophilic Factors SS /ANTI-INFECTIVE THERAPY (HIT)	Home infusion	GHI PPO CNY	N/A	
S9501	HIT-Antibiotic Antiviral or Antifungal-every 12 hours	12/1/2022		ANTI-INFECTIVE THERAPY	Home infusion	GHI PPO CNY	N/A	
S9502	HIT-Antibiotic Antiviral or Antifungal-every 8 hours	12/1/2022		ANTI-INFECTIVE THERAPY	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9503	HIT-Antibiotic Antiviral or Antifungal-every 6 hours	12/1/2022		ANTI-INFECTIVE THERAPY	Home infusion	GHI PPO CNY	N/A	
S9504	HIT-Antibiotic Antiviral or Antifungal-every 4 hours	12/1/2022		ANTI-INFECTIVE THERAPY	Home infusion	GHI PPO CNY	N/A	
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 per diem.			MISCELLANEOUS INFUSION / INJECTIBLE THERAPY	Home infusion	GHI PPO CNY	N/A	
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment per diem			MISCELLANEOUS INFUSION / INJECTIBLE THERAPY	Home infusion	GHI PPO CNY	N/A	
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			Home infusion	Home infusion	GHI PPO CNY	N/A	
S9558	Home Injectable Therapy, Growth Hormone; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately) per diem			MISCELLANEOUS INFUSION / INJECTIBLE THERAPY	Home infusion	GHI PPO CNY	N/A	

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CPT Code	Description	Effective date	Termination date	Category/Vendor/Procedure & Services	Category	Line of Business	Vendor	Notes/Comments
S9559	Home Injectable Therapy, Interferon, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately) per diem.			MISCELLANEOUS INFUSION / INJECTIBLE THERAPY	Home infusion	GHI PPO CNY	N/A	
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			Home infusion	Home infusion	GHI PPO CNY	N/A	
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 peHome 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			MISCELLANEOUS INFUSION / INJECTIBLE THERAPY Palivizumab Therapy	Home infusion	GHI PPO CNY	N/A	Code description updated 4/1/2023
S9590	Home Injectable Therapy, Irrigation Therapy (e.g. sterile irrigation of an organ or Anatomical Cavity); administrative services, professional pharmacy services, care coordination, and all necessary supplies and (drugs and nursing visits coded separately) per diem.			MISCELLANEOUS INFUSION / INJECTIBLE THERAPY	Home infusion	GHI PPO CNY	N/A	
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)			Homecare	Homecare	GHI PPO CNY	N/A	
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	

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T1001	Nursing assessment/evaluation	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	
T1002	RN services, up to 15 minutes	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	
T1003	LPN/LVN services, up to 15 minutes	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	
T1004	Services of a qualified nursing aide, up to 15 minutes	12/1/2022		Homecare	Homecare: Private Duty Nursing	GHI PPO CNY	N/A	
T1021	Home health aide or certified nurse assistant, per visit	12/1/2022		Homecare	Homecare: Skilled Nursing	GHI PPO CNY	N/A	
T1022	Contracted home health agency services, all services provided under contract, per day	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	

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T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
T1030	Nursing care, in the home, by registered nurse, per diem	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	12/1/2022		Homecare	Homecare: Home Health (HH) Visit	GHI PPO CNY	N/A	