CPT / HCPC	Code Description	EFFECTIVE DATE	Coverage Classification	Prior Auth Requirements
A2036	Cohealyx collagen dermal matrix, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
A2037	G4derm plus, per milliliter	10/1/2025	NON-COVERED	NO AUTH
A2038	Marigen pacto, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
A2039	Innovamatrix fd, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
A4288	Valve for breast pump, replacement	10/1/2025	SUPPLIES	PREVENT BREAST PUMP SUPPLIES INWO
C1740	Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing	10/1/2025	NON-COVERED	NO AUTH
C1741	Anchor/screw for bone fixation, absorbable (implantable)	10/1/2025	SUPPLIES	NO AUTH
C1742	Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application	10/1/2025	SUPPLIES	NO AUTH
C8006	Insertion of pleural-peritoneal shunt with intercostal pump chamber, including imaging, injection(s) of contrast with radiological supervision and interpretation, when performed	10/1/2025	SURGERY - Respiratory	NO AUTH
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height	10/1/2025	DME	NO AUTH
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest	10/1/2025	DME	AUTH
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	10/1/2025	DME	AUTH

L1007	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated	10/1/2025	DME	NO AUTH
L5657	Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials	10/1/2025	DME	AUTH
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692	10/1/2025	DME	AUTH
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	10/1/2025	DME	AUTH
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (mcp), interphalangeal (ip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	10/1/2025	DME	AUTH
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material	10/1/2025	DME	AUTH
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb	10/1/2025	DME	AUTH
Q4383	Axolotl graft ultra, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4384	Axolotl dualgraft ultra, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4385	Apollo ft, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4386	Acesso trifaca, per square centimeter	10/1/2025	NON-COVERED	NO AUTH

Q4387	Neothelium ft, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4388	Neothelium 4l, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4389	Neothelium 4l+, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4390	Ascendion, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4391	Amnioplast double, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4392	Grafix duo, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4393	Surgraft ac, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4394	Surgraft aca, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4395	Acelagraft, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4396	Natalin, per square centimeter	10/1/2025	NON-COVERED	NO AUTH
Q4397	Summit aaa, per square centimeter	10/1/2025	NON-COVERED	NO AUTH