



Additional Codes for Quarterly New Code Review List Effective Oct. 1, 2026

This list is provided for reference purposes only and may not be all-inclusive. The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply. Please refer to Itiliti, the Johns Hopkins prior authorization look-up tool located in Availity, for requirements for outpatient services and procedures. Prior authorization requirements are subject to change.

Key: PA=Prior Authorization Required; NPA=No Prior Authorization Required; NC=Not Covered; NC-I&E=Not Covered Investigative & Experimental; NC=Not on MDH fee schedule

Procedure Code	Procedure Description	Advantage MD	Priority Partners	USFHP	EHP
E0788	Ambulatory infusion pump, specific device-drug combination, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	NPA	NC Not on MDH Fee Sched	NPA	NPA
A4228	Supplies for maintenance of non-insulin, device-drug combination infusion catheter, per week	NPA	NC Not on MDH Fee Sched	NPA	NPA
E2403	External ocular negative pressure pump, electric	PA	NC Not on MDH Fee Sched	PA	NPA
A6614	Supplies and accessories for use with an external ocular negative pressure pump, any type, per month	NPA	NC Not on MDH Fee Sched	NPA	NPA
L8697	External accessory for use with implantable phrenic nerve stimulation device, replacement, each	NPA	NC Not on MDH Fee Sched	NPA	NPA
L1330	Thoracic orthosis, sternal and/or sternocostal compression, may include anterior and/or posterior pads, panels, with or without frame, prefabricated, includes fitting and adjustment	PA	NC Not on MDH Fee Sched	PA	PA
L1972	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, off-the shelf	NPA	NC Not on MDH Fee Sched	NPA	NPA
G0685	Algorithm-based assessment of likelihood of autism spectrum disorder (asd), derived from validated analysis of eye-gaze data or other technology	NPA	NC Not on MDH Fee Sched	NC	NPA
A9613	Piflufolastat f 18 (pylarify truvu), diagnostic, 1 millicurie	NPA	NC Not on MDH Fee Sched	NPA	NPA
A2046	Dermisphere hdrt, per square centimeter (add-on, list separately in addition to primary procedure)	NPA	NC Not on MDH Fee Sched	NPA	NPA
A2047	Lacertamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	NPA	NC Not on MDH Fee Sched	NPA	NPA

A2048	Puraply mz, per milligram	NPA	NC Not on MDH Fee Sched	NPA	NPA
A2049	Theracor, per square centimeter (add-on, list separately in addition to primary procedure)	NPA	NC Not on MDH Fee Sched	NPA	NPA
A2050	Fibrillar collagen wound dressing, per milligram	NPA	NC Not on MDH Fee Sched	NPA	NPA
Q4207	Carbon life, per square centimeter (add-on, list separately in addition to primary procedure)	NPA	NC Not on MDH Fee Sched	NPA	NPA
Q4223	Dermabind sl optic, per square centimeter (add-on, list separately in addition to primary procedure)	NPA	NC Not on MDH Fee Sched	NPA	NPA
Q4243	Amchomatrix, per square centimeter (add-on, list separately in addition to primary procedure)	NPA	NC Not on MDH Fee Sched	NPA	NPA