Procedure Code Lookup Tool

Certain procedures require prior authorization (i.e. Treatment Authorization Request, abbreviated TAR) before the procedure is rendered and reimbursement can be made.

An authorization is needed to ensure that requested benefits:

- Are medically necessary.
- Do not exceed benefit limits.
- Are the lowest cost item or service covered by the program that meets the member's medical needs.

Use the search tool to determine whether a procedure code requires a prior authorization. The tool also provides information about the procedure code age, service, frequency and diagnosis code limits/requirements upon claim submission. This information is displayed as billable units based on the procedure code description.

Note: This tool is for determining TAR requirements only. For RAF requirements, please refer to the Provider Manual or contact Utilization Management at 831-430-5506. Go here for the Treatment Authorization Form (TAR).

How to use:

Please use the find feature built into Acrobat to find procedure codes. You can access this feature by hitting the control + F keys and entering the desired code or description.

Disclaimers

1. All efforts are made to provide the most current information on the Prior Authorization Search Tool. The results of this tool does not guarantee coverage, payment, or authorization
2. Prior authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member‘s eligibility on the date of service, benefit limitations/exclusions, evidence of medical necessity, and other applicable standards during the claim review, including the terms of any applicable provider agreement
3. A Referral Authorization Form/Approval does not eliminate the need for a prior authorization
4. For additional information on prior authorization submission please visit: https://thealliance.health/for-providers/resources/provider-forms/
5. Procedure codes available for purchase and rental, will only show the frequency limit for the purchase, when applicable. Rental limits are based on a rental period of one calendar month unless otherwise stated in the additional information section for that code.

Procedure Code	Description	Prior Auth Required
0001F	Heart Failure Assessed (Includes Assessment Of All The Following Components) (Cad): Blood Pressure Measured (2000F) Level Of Activity Assessed (1003F) Clinical Symptoms Of Volume Overload (Excess) Assessed (1004F) Weight, Recorded (2001F) Clinical Signs O	Yes
0001U	Red Blood Cell Antigen Typing, DNA, Human Erythrocyte Antigen Gene Analysis Of 35 Antigens From 11 Blood Groups, Utilizing Whole Blood, Common Rbc Alleles Reported	No
0002M	Liver Disease, Ten Biochemical Assays (Alt, A2-Macroglobulin, Apolipoprotein A-1, Total Bilirubin, Ggt, Haptoglobin, Ast, Glucose, Total Cholesterol And Triglycerides) Utilizing Serum, Prognostic Algorithm Reported As Quantitative Scores For Fibrosis, Ste	Yes
0002U	Oncology (Colorectal), Quantitative Assessment Of Three Urine Metabolites (Ascorbic Acid, Succinic Acid And Carnitine) By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms) Using Multiple Reaction Monitoring Acquisition, Algorithm Reported As	Yes
0003M	Liver Disease, Ten Biochemical Assays (Alt, A2-Macroglobulin, Apolipoprotein A-1, Total Bilirubin, Ggt, Haptoglobin, Ast, Glucose, Total Cholesterol And Triglycerides) Utilizing Serum, Prognostic Algorithm Reported As Quantitative Scores For Fibrosis, Ste	Yes
0003U	Oncology (Ovarian) Biochemical Assays Of Five Proteins (Apolipoprotein A-1, Ca 125 Ii, Follicle Stimulating Hormone, Human Epididymis Protein 4, Transferrin), Utilizing Serum, Algorithm Reported As A Likelihood Score	No
0004M	Scoliosis, DNA Analysis Of 53 Single Nucleotide Polymorphisms (SNPS), Using Saliva, Prognostic Algorithm Reported As A Risk Score	Yes
0005F	Osteoarthritis Assessed (Oa) Includes Assessment Of All The Following Components: Osteoarthritis Symptoms And Functional Status Assessed (1006F) Use Of Anti-Inflammatory Or Over-The-Counter (Otc) Analgesic Medications Assessed (1007F) Initial Examination	Yes
0005N	On Site Services (Infusion Treatment)	No
0005U	Oncology (Prostate) Gene Expression Profile By Real-Time Rt-PCR Of 3 Genes (Erg, Pca3, And Spdef), Urine, Algorithm Reported As Risk Score	Yes
0006M	Oncology (Hepatic), MRNA Expression Levels Of 161 Genes, Utilizing Fresh Hepatocellular Carcinoma Tumor Tissue, With Alpha-Fetoprotein Level, Algorithm Reported As A Risk Classifier	Yes
0007M	Oncology (Gastrointestinal Neuroendocrine Tumors), Real-Time PCR Expression Analysis Of 51 Genes, Utilizing Whole Peripheral Blood, Algorithm Reported As A Nomogram Of Tumor Disease Index	Yes
0007U	Drug Test(s), Presumptive, With Definitive Confirmation Of Positive Results, Any Number Of Drug Classes, Urine, Includes Specimen Verification Including DNA Authentication In Comparison To Buccal DNA, Per Date Of Service	No
0008U	Helicobacter Pylori Detection And Antibiotic Resistance, Dna, 16S And 23S Rrna, Gyra, Pbp1, Rdxa And Rpob, Next Generation Sequencing, Formalin-Fixed Paraffin Embedded Or Fresh Tissue Or Fecal Sample, Predictive, Reported As Positive Or Negative For Resis	Yes
0009U	Oncology (Breast Cancer), Erbb2 (Her2) Copy Number By Fish, Tumor Cells From Formalin Fixed Paraffin Embedded Tissue Isolated Using Image-Based Dielectrophoresis (Dep) Sorting, Reported As Erbb2 Gene Amplified Or Non-Amplified	Yes
001	FQHC - Medical Rate	No
00100	Anesthesia For Procedures On Salivary Glands, Including Biopsy	No
00102	Anesthesia For Procedures Involving Plastic Repair Of Cleft Lip	No
00103	Anesthesia For Reconstructive Procedures Of Eyelid (eg, Blepharoplasty, Ptosis Surgery)	No
00104	Anesthesia For Electroconvulsive Therapy	Yes
0010U	Infectious Disease (Bacterial), Strain Typing By Whole Genome Sequencing, Phylogenetic-Based Report Of Strain Relatedness, Per Submitted Isolate	Yes
0011M	Oncology, prostate cancer, mrna expression assay of 12 genes (10 content and 2 housekeeping), rt-pcr test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	Yes
0011U	Prescription Drug Monitoring, Evaluation Of Drugs Present By Lc-Ms/Ms, Using Oral Fluid, Reported As A Comparison To An Estimated Steady-State Range, Per Date Of Service Including All Drug Compounds And Metabolites	Yes
00120	Anesthesia For Procedures On External, Middle, And Inner Ear Including Biopsy; Not Otherwise Specified	No
00124	Anesthesia For Procedures On External, Middle, And Inner Ear Including Biopsy; Otoscopy	No
00126	Anesthesia For Procedures On External, Middle, And Inner Ear Including Biopsy; Tympanotomy	No
0012F	Community-Acquired Bacterial Pneumonia Assessment (Includes All Of The Following Components) (Cap): Co-Morbid Conditions Assessed (1026f) Vital Signs Recorded (2010f) Mental Status Assessed (2014f) Hydration Status Assessed (2018f)	Yes
0012M	Oncology (Urothelial), Mrna, Gene Expression Profiling By Real-Time Quantitative Pcr Of Five Genes (Mdk, Hoxa13, Cdc2 [Cdk1], Igfbp5, And Cxcr2), Utilizing Urine, Algorithm Reported As A Risk Score For Having Urothelial Carcinoma	Yes
0013M	Oncology (Urothelial), MRNA, Gene Expression Profiling By Real-Time Quantitative PCR Of Five Genes (Mdk, Hoxa13, Cdc2 [Cdk1], Igfbp5, And Cxcr2), Utilizing Urine, Algorithm Reported As A Risk Score For Having Recurrent Urothelial Carcinoma	Yes
00140	Anesthesia For Procedures On Eye; Not Otherwise Specified	No
00142	Anesthesia For Procedures On Eye; Lens Surgery	No
00144	Anesthesia For Procedures On Eye; Corneal Transplant	No
00145	Anesthesia For Procedures On Eye; Vitreoretinal Surgery	No
00147	Anesthesia For Procedures On Eye; Iridectomy	No
00148	Anesthesia For Procedures On Eye; Ophthalmoscopy	No

Procedure Code	Description	Prior Auth Required
0014F	Comprehensive Preoperative Assessment Performed For Cataract Surgery With Intraocular Lens (Iol) Placement (Includes Assessment Of All Of The Following Components) (Ec): Dilated Fundus Evaluation Performed Within 12 Months Prior To Cataract Surgery (2020F	Yes
0015F	Melanoma Follow Up Completed (Includes Assessment Of All Of The Following Components) (Ml): History Obtained Regarding New Or Changing Moles (1050F) Complete Physical Skin Exam Performed (2029F) Patient Counseled To Perform A Monthly Self Skin Examination	Yes
0015M	Adrenal Cortical Tumor, Biochemical Assay Of 25 Steroid Markers, Utilizing 24-Hour Urine Specimen And Clinical Parameters, Prognostic Algorithm Reported As A Clinical Risk And Integrated Clinical Steroid Risk For Adrenal Cortical Carcinoma, Adenoma, Or Ot	Yes
0015U	Drug Metabolism (Adverse Drug Reactions), DNA, 22 Drug Metabolism And Transporter Genes, Real-Time PCR, Blood Or Buccal Swab, Genotype And Metabolizer Status For Therapeutic Decision Support	Yes
00160	Anesthesia For Procedures On Nose And Accessory Sinuses; Not Otherwise Specified	No
00162	Anesthesia For Procedures On Nose And Accessory Sinuses; Radical Surgery	No
00164	Anesthesia For Procedures On Nose And Accessory Sinuses; Biopsy, Soft Tissue	No
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Yes
0016U	Oncology (Hematolymphoid Neoplasia), RNa, Bcr/Abl1 Major And Minor Breakpoint Fusion Transcripts, Quantitative PCR Amplification, Blood Or Bone Marrow, Report Of Fusion Not Detected Or Detected With Quantitation	No
00170	Anesthesia For Intraoral Procedures, Including Biopsy; Not Otherwise Specified	No
00172	Anesthesia For Intraoral Procedures, Including Biopsy; Repair Of Cleft Palate	No
00174	Anesthesia For Intraoral Procedures, Including Biopsy; Excision Of Retropharyngeal Tumor	No
00176	Anesthesia For Intraoral Procedures, Including Biopsy; Radical Surgery	No
0017M	Oncology (Diffuse Large B-Cell Lymphoma [DLBCL]), Mrna, Gene Expression Profiling By Fluorescent Probe Hybridization Of 20 Genes, Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Cell Of Origin	No
0017U	Oncology (Hematolymphoid Neoplasia), Jak2 Mutation, DNA, PCR Amplification Of Exons 12-14 And Sequence Analysis, Blood Or Bone Marrow, Report Of Jak2 Mutation Not Detected Or Detected	No
0018M	Transplantation Medicine (Allograft Rejection, Renal), Measurement Of Donor And Third-Party-Induced Cd154+T-Cytotoxic Memory Cells, Utilizing Whole Peripheral Blood, Algorithm Reported As A Rejection Risk Score	Yes
0018U	Oncology (Thyroid), Microrna Profiling By Rt-PCR Of 10 Microrna Sequences, Utilizing Fine Needle Aspirate, Algorithm Reported As A Positive Or Negative Result For Moderate To High Risk Of Malignancy	Yes
00190	Anesthesia For Procedures On Facial Bones Or Skull; Not Otherwise Specified	No
00192	Anesthesia For Procedures On Facial Bones Or Skull; Radical Surgery (Including Prognathism)	No
0019M	Cardiovascular Disease, Plasma, Analysis Of Protein Biomarkers By Aptamer-Based Microarray And Algorithm Reported As 4-Year Likelihood Of Coronary Event In High-Risk Populations	Yes
0019U	Oncology, RNa, Gene Expression By Whole Transcriptome Sequencing, Formalin-Fixed Paraffin Embedded Tissue Or Fresh Frozen Tissue, Predictive Algorithm Reported As Potential Targets For Therapeutic Agents	Yes
002	FQHC - Crossover Rate	No
0020M	Oncology (Central Nervous System), Analysis Of 30000 Dna Methylation Loci By Methylation Array, Utilizing Dna Extracted From Tumor Tissue, Diagnostic Algorithm Reported As Probability Of Matching A Reference Tumor Subclass	Yes
0020U	Drug Test(s), Presumptive, With Definitive Confirmation Of Positive Results, Any Number Of Drug Classes, Urine, With Specimen Verification Including DNA Authentication In Comparison To Buccal DNA, Per Date Of Service	Yes
00210	Anesthesia For Intracranial Procedures; Not Otherwise Specified	No
00211	Anesthesia For Intracranial Procedures; Craniotomy Or Craniectomy For Evacuation Of Hematoma	No
00212	Anesthesia For Intracranial Procedures; Subdural Taps	No
00214	Anesthesia For Intracranial Procedures; Burr Holes, Including Ventriculography	No
00215	Anesthesia For Intracranial Procedures; Cranioplasty Or Elevation Of Depressed Skull Fracture, Extradural (Simple Or Compound)	No
00216	Anesthesia For Intracranial Procedures; Vascular Procedures	No
00218	Anesthesia For Intracranial Procedures; Procedures In Sitting Position	No
0021U	Oncology (Prostate), Detection Of 8 Autoantibodies (Arf 6, Nkx3-1, 5'-Utr-Bmi1, Cep 164, 3'-Utr-Ropporin, Desmocollin, Aurkaip-1, Csnk2a2), Multiplexed Immunoassay And Flow Cytometry Serum, Algorithm Reported As Risk Score	Yes
0022	Health Insurance - Prospective Payment System (HIPPS): Skilled Nursing Facility - PPS	No
00220	Anesthesia For Intracranial Procedures; Cerebrospinal Fluid Shunting Procedures	No
00222	Anesthesia For Intracranial Procedures; Electrocoagulation Of Intracranial Nerve	No
0022U	Targeted Genomic Sequence Analysis Panel, Non-Small Cell Lung Neoplasia, Dna And Rna Analysis, 23 Genes, Interrogation For Sequence Variants And Rearrangements, Reported As Presence Or Absence Of Variants And Associated Therapy(Ies) To Consider	Yes
0023	Health Insurance - Prospective Payment System (HIPPS): Home Health - PPS	No

Procedure Code	Description	Prior Auth Required
0023U	Oncology (Acute Myelogenous Leukemia), DNA, Genotyping Of Internal Tandem Duplication, P.D835, P.I836, Using Mononuclear Cells, Reported As Detection Or Non-Detection Of Flt3 Mutation And Indication For Or Against The Use Of Midostaurin	No
0024	Health Insurance - Prospective Payment System (HIPPS): Inpatient Rehab Facility - PPS	No
0024U	Glycosylated Acute Phase Proteins (Glyca), Nuclear Magnetic Resonance Spectroscopy, Quantitative	Yes
0025U	Tenofovir, By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Urine, Quantitative	Yes
0026U	Oncology (Thyroid), Dna And Mrna Of 112 Genes, Next-Generation Sequencing, Fine Needle Aspirate Of Thyroid Nodule, Algorithmic Analysis Reported As A Categorical Result (''Positive, High Probability Of Malignancy'' Or ''Negative, Low Probability Of Malign	Yes
0027U	Jak2 (Janus Kinase 2) (eg, Myeloproliferative Disorder) Gene Analysis, Targeted Sequence Analysis Exons 12-15	No
0029U	Drug Metabolism (Adverse Drug Reactions And Drug Response), Targeted Sequence Analysis (Ie, Cyp1a2, Cyp2c19, Cyp2c9, Cyp2d6, Cyp3a4, Cyp3a5, Cyp4f2, Slco1b1, Vkorc1 And Rs12777823)	Yes
003	FQHC -- Dental Services	No
00300	Anesthesia For All Procedures On The Integumentary System, Muscles And Nerves Of Head, Neck, And Posterior Trunk, Not Otherwise Specified	No
0030U	Drug Metabolism (Warfarin Drug Response), Targeted Sequence Analysis (Ie, Cyp2c9, Cyp4f2, Vkorc1, Rs12777823)	Yes
0031U	Cyp1a2 (Cytochrome P450 Family 1, Subfamily A, Member 2)(eg, Drug Metabolism) Gene Analysis, Common Variants (Ie, *1f, *1k, *6, *7)	Yes
00320	Anesthesia For All Procedures On Esophagus, Thyroid, Larynx, Trachea And Lymphatic System Of Neck; Not Otherwise Specified, Age 1 Year Or Older	No
00322	Anesthesia For All Procedures On Esophagus, Thyroid, Larynx, Trachea And Lymphatic System Of Neck; Needle Biopsy Of Thyroid	No
00326	Anesthesia For All Procedures On The Larynx And Trachea In Children Younger Than 1 Year Of Age	No
0032U	Comt (Catechol-O-Methyltransferase)(Drug Metabolism) Gene Analysis, C.472g>A (Rs4680) Variant	Yes
0034U	Tpmt (Thiopurine S-Methyltransferase), Nudt15 (Nudix Hydroxylase 15)(eg, Thiopurine Metabolism), Gene Analysis, Common Variants (Ie, Tpmt *2, *3a, *3b, *3c, *4, *5, *6, *8, *12; Nudt15 *3, *4, *5)	Yes
00350	Anesthesia For Procedures On Major Vessels Of Neck; Not Otherwise Specified	No
00352	Anesthesia For Procedures On Major Vessels Of Neck; Simple Ligation	No
0035U	Neurology (Prion Disease), Cerebrospinal Fluid, Detection Of Prion Protein By Quaking-Induced Conformational Conversion, Qualitative	Yes
0036U	Exome (Ie, Somatic Mutations), Paired Formalin-Fixed Paraffin-Embedded Tumor Tissue And Normal Specimen, Sequence Analyses	Yes
0037U	Targeted Genomic Sequence Analysis, Solid Organ Neoplasm, DNA Analysis Of 324 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, Microsatellite Instability And Tumor Mutational Burden	Yes
0038U	Vitamin D, 25 Hydroxy D2 And D3, By Lc-Ms/Ms, Serum Microsample, Quantitative	No
0039U	Deoxyribonucleic Acid (DNA) Antibody, Double Stranded, High Avidity	No
004	FQHC - Optometry Rate	No
00400	Anesthesia For Procedures On The Integumentary System On The Extremities, Anterior Trunk And Perineum; Not Otherwise Specified	No
00402	Anesthesia For Procedures On The Integumentary System On The Extremities, Anterior Trunk And Perineum; Reconstructive Procedures On Breast (eg, Reduction Or Augmentation Mammoplasty, Muscle Flaps)	No
00404	Anesthesia For Procedures On The Integumentary System On The Extremities, Anterior Trunk And Perineum; Radical Or Modified Radical Procedures On Breast	No
00406	Anesthesia For Procedures On The Integumentary System On The Extremities, Anterior Trunk And Perineum; Radical Or Modified Radical Procedures On Breast With Internal Mammary Node Dissection	No
0040U	Bcr/Abl1 (T(9;22)) (eg, Chronic Myelogenous Leukemia) Translocation Analysis, Major Breakpoint, Quantitative	No
00410	Anesthesia For Procedures On The Integumentary System On The Extremities, Anterior Trunk And Perineum; Electrical Conversion Of Arrhythmias	No
0041U	Borrelia Burgdorferi, Antibody Detection Of 5 Recombinant Protein Groups, By Immunoblot, Igm	No
0042U	Borrelia Burgdorferi, Antibody Detection Of 12 Recombinant Protein Groups, By Immunoblot, Igg	No
0043U	Tick-Borne Relapsing Fever Borrelia Group, Antibody Detection To 4 Recombinant Protein Groups, By Immunoblot, Igm	No
0044U	Tick-Borne Relapsing Fever Borrelia Group, Antibody Detection To 4 Recombinant Protein Groups, By Immunoblot, Igg	No
00450	Anesthesia For Procedures On Clavicle And Scapula; Not Otherwise Specified	No
00454	Anesthesia For Procedures On Clavicle And Scapula; Biopsy Of Clavicle	No
0045U	Oncology (Breast Ductal Carcinoma In Situ), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 12 Genes (7 Content And 5 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Recurrence Score	Yes

Procedure Code	Description	Prior Auth Required
0046U	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia) Internal Tandem Duplication (Itd) Variants, Quantitative	No
00470	Anesthesia For Partial Rib Resection; Not Otherwise Specified	No
00472	Anesthesia For Partial Rib Resection; Thoracoplasty (Any Type)	No
00474	Anesthesia For Partial Rib Resection; Radical Procedures (eg, Pectus Excavatum)	No
0047U	Oncology (Prostate), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 17 Genes (12 Content And 5 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Risk Score	Yes
0048U	Oncology (Solid Organ Neoplasia), Dna, Targeted Sequencing Of Protein-Coding Exons Of 468 Cancer-Associated Genes, Including Interrogation For Somatic Mutations And Microsatellite Instability, Matched With Normal Specimens, Utilizing Formalin-Fixed Paraff	Yes
0049U	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Quantitative	No
005	FQHC - Implantable Contraceptive Kit (Norplant)	No
00500	Anesthesia For All Procedures On Esophagus	No
0050U	Targeted Genomic Sequence Analysis Panel, Acute Myelogenous Leukemia, Dna Analysis, 194 Genes, Interrogation For Sequence Variants, Copy Number Variants Or Rearrangements	No
0051U	Prescription Drug Monitoring, Evaluation Of Drugs Present By Liquid Chromatography Tandem Mass Spectrometry (Lc-Ms/Ms), Urine Or Blood, 31 Drug Panel, Reported As Quantitative Results, Detected Or Not Detected, Per Date Of Service	No
00520	Anesthesia For Closed Chest Procedures; (Including Bronchoscopy) Not Otherwise Specified	No
00522	Anesthesia For Closed Chest Procedures; Needle Biopsy Of Pleura	No
00524	Anesthesia For Closed Chest Procedures; Pneumocentesis	No
00528	Anesthesia For Closed Chest Procedures; Mediastinoscopy And Diagnostic Thoracoscopy Not Utilizing 1 Lung Ventilation	No
00529	Anesthesia For Closed Chest Procedures; Mediastinoscopy And Diagnostic Thoracoscopy Utilizing 1 Lung Ventilation	No
0052U	Lipoprotein, Blood, High Resolution Fractionation And Quantitation Of Lipoproteins, Including All Five Major Lipoprotein Classes And Subclasses Of Hdl, Ldl, And Vldl By Vertical Auto Profile Ultracentrifugation	No
00530	Anesthesia For Permanent Transvenous Pacemaker Insertion	No
00532	Anesthesia For Access To Central Venous Circulation	No
00534	Anesthesia For Transvenous Insertion Or Replacement Of Pacing Cardioverter-Defibrillator	No
00537	Anesthesia For Cardiac Electrophysiologic Procedures Including Radiofrequency Ablation	No
00539	Anesthesia For Tracheobronchial Reconstruction	No
00540	Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, And Mediastinum (Including Surgical Thoracoscopy); Not Otherwise Specified	No
00541	Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, And Mediastinum (Including Surgical Thoracoscopy); Utilizing 1 Lung Ventilation	No
00542	Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, And Mediastinum (Including Surgical Thoracoscopy); Decortication	No
00546	Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, And Mediastinum (Including Surgical Thoracoscopy); Pulmonary Resection With Thoracoplasty	No
00548	Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, And Mediastinum (Including Surgical Thoracoscopy); Intrathoracic Procedures On The Trachea And Bronchi	No
0054T	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure, With Image-Guidance Based On Fluoroscopic Images (List Separately In Addition To Code For Primary Procedure)	Yes
0054U	Prescription Drug Monitoring, 14 Or More Classes Of Drugs And Substances, Definitive Tandem Mass Spectrometry With Chromatography, Capillary Blood, Quantitative Report With Therapeutic And Toxic Ranges, Including Steady-State Range For The Prescribed Dose	No
00550	Anesthesia For Sternal Debridement	No
0055T	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure, With Image-Guidance Based On Ct/MRI Images (List Separately In Addition To Code For Primary Procedure)	Yes
0055U	Cardiology (Heart Transplant), Cell-Free Dna, Pcr Assay Of 96 Dna Target Sequences (94 Single Nucleotide Polymorphism Targets And Two Control Targets), Plasma	Yes
00560	Anesthesia For Procedures On Heart, Pericardial Sac, And Great Vessels Of Chest; Without Pump Oxygenator	No
00561	Anesthesia For Procedures On Heart, Pericardial Sac, And Great Vessels Of Chest; With Pump Oxygenator, Younger Than 1 Year Of Age	No
00562	Anesthesia For Procedures On Heart, Pericardial Sac, And Great Vessels Of Chest; With Pump Oxygenator, Age 1 Year Or Older, For All Noncoronary Bypass Procedures (Eg, Valve Procedures) Or For Re-Operation For Coronary Bypass More Than 1 Month After Origin	No
00563	Anesthesia For Procedures On Heart, Pericardial Sac, And Great Vessels Of Chest; With Pump Oxygenator With Hypothermic Circulatory Arrest	No
00566	Anesthesia For Direct Coronary Artery Bypass Grafting; Without Pump Oxygenator	No
00567	Anesthesia For Direct Coronary Artery Bypass Grafting; With Pump Oxygenator	No
00580	Anesthesia For Heart Transplant Or Heart/Lung Transplant	No
0058U	Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Oncoprotein (Small T Antigen), Serum, Quantitative	No
0059U	Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Capsid Protein (Vp1), Serum, Reported As Positive Or Negative	No
006	FQHC -- ADHC Regular Day Of Service	Yes

Procedure Code	Description	Prior Auth Required
00600	Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified	No
00604	Anesthesia For Procedures On Cervical Spine And Cord; Procedures With Patient In The Sitting Position	No
0060U	Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna In Maternal Blood	Yes
0061U	Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin [Cthbo2], Deoxyhemoglobin [Cthbr], Papillary And Reticular Dermal Hemoglobin Concentrations [Cthb1 And Cthb2]), Using Spatial Frequency Domain Imaging (Sfdi) And Multi	Yes
00620	Anesthesia For Procedures On Thoracic Spine And Cord, Not Otherwise Specified	No
00625	Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation	No
00626	Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation	No
0062U	Autoimmune (systemic lupus erythematosus), igg and igm analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Yes
00630	Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified	No
00632	Anesthesia For Procedures In Lumbar Region; Lumbar Sympathectomy	No
00635	Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture	No
0063U	Neurology (autism), 32 amines by lc-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	Yes
00640	Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine	No
0064U	Antibody, treponema pallidum, total and rapid plasma reagin (rpr), immunoassay, qualitative	No
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr)	No
00670	Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures)	No
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [mmp-1], carcinoembryonic antigen-related cell adhesion molecule 6 [ceacam6], hyaluronoglucosaminidase [hyal1], highly expressed in cancer pr	Yes
0068U	Candida Species Panel (C. Albicans, C. Glabrata, C. Parapsilosis, C. Kruseii, C. Tropicalis, And C. Auris), Amplified Probe Technique With Qualitative Report Of The Presence Or Absence Of Each Species	No
0069U	Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Yes
007	FQHC -- ADHC Initial Assessment Day, With Subsequent Attendance	Yes
00700	Anesthesia For Procedures On Upper Anterior Abdominal Wall; Not Otherwise Specified	No
00702	Anesthesia For Procedures On Upper Anterior Abdominal Wall; Percutaneous Liver Biopsy	No
0070U	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (Eg, Drug Metabolism) Gene Analysis, Common And Select Rare Variants (Ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68,	Yes
0071T	Focused Ultrasound Ablation Of Uterine Leiomyomata, Including Mr Guidance; Total Leiomyomata Volume Less Than 200 Cc Of Tissue	Yes
0071U	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (list separately in addition to code for primary procedure)	Yes
0072T	Focused Ultrasound Ablation Of Uterine Leiomyomata, Including Mr Guidance; Total Leiomyomata Volume Greater Or Equal To 200 Cc Of Tissue	Yes
0072U	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, cyp2d6-2d7 hybrid gene) (list separately in addition to code for primary procedure)	Yes
00730	Anesthesia For Procedures On Upper Posterior Abdominal Wall	No
00731	Anesthesia For Upper Gastrointestinal Endoscopic Procedures, Endoscope Introduced Proximal To Duodenum; Not Otherwise Specified	No
00732	Anesthesia For Upper Gastrointestinal Endoscopic Procedures, Endoscope Introduced Proximal To Duodenum; Endoscopic Retrograde Cholangiopancreatography (Ercp)	No
0073U	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, cyp2d7-2d6 hybrid gene) (list separately in addition to code for primary procedure)	Yes
0074U	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (list separately in addition to code for primary procedure)	Yes
00750	Anesthesia For Hernia Repairs In Upper Abdomen; Not Otherwise Specified	No
00752	Anesthesia For Hernia Repairs In Upper Abdomen; Lumbar And Ventral (Incisional) Hernias And/Or Wound Dehiscence	No
00754	Anesthesia For Hernia Repairs In Upper Abdomen; Omphalocele	No
00756	Anesthesia For Hernia Repairs In Upper Abdomen; Transabdominal Repair Of Diaphragmatic Hernia	No
0075T	Transcatheter Placement Of Extracranial Vertebral Artery Stent(s), Including Radiologic Supervision And Interpretation, Open Or Percutaneous; Initial Vessel	Yes
0075U	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (list separately in addition to code for primary procedure)	Yes

Procedure Code	Description	Prior Auth Required
0076T	Transcatheter Placement Of Extracranial Vertebral Artery Stent(s), Including Radiologic Supervision And Interpretation, Open Or Percutaneous; Each Additional Vessel (List Separately In Addition To Code For Primary Procedure)	Yes
0076U	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (list separately in addition to code for primary procedure)	Yes
00770	Anesthesia For All Procedures On Major Abdominal Blood Vessels	No
0077U	Immunoglobulin paraprotein (m-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	No
00790	Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparoscopy; Not Otherwise Specified	No
00792	Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparoscopy; Partial Hepatectomy Or Management Of Liver Hemorrhage (Excluding Liver Biopsy)	No
00794	Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparoscopy; Pancreatectomy, Partial Or Total (eg, Whipple Procedure)	No
00796	Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparoscopy; Liver Transplant (Recipient)	No
00797	Anesthesia For Intraperitoneal Procedures In Upper Abdomen Including Laparoscopy; Gastric Restrictive Procedure For Morbid Obesity	No
0079U	Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for specimen identity verification	Yes
008	FQHC -- ADHC Initial Assessment Day, Without Subsequent Attendance	Yes
00800	Anesthesia For Procedures On Lower Anterior Abdominal Wall; Not Otherwise Specified	No
00802	Anesthesia For Procedures On Lower Anterior Abdominal Wall; Panniculectomy	No
0080U	Oncology (Lung), Mass Spectrometric Analysis Of Galectin-3-Binding Protein And Scavenger Receptor Cysteine-Rich Type 1 Protein M130, With Five Clinical Risk Factors (Age, Smoking Status, Nodule Diameter, Nodule-Spiculation Status And Nodule Location), Uti	Yes
00811	Anesthesia For Lower Intestinal Endoscopic Procedures, Endoscope Introduced Distal To Duodenum; Not Otherwise Specified	No
00812	Anesthesia For Lower Intestinal Endoscopic Procedures, Endoscope Introduced Distal To Duodenum; Screening Colonoscopy	No
00813	Anesthesia For Combined Upper And Lower Gastrointestinal Endoscopic Procedures, Endoscope Introduced Both Proximal To And Distal To The Duodenum	No
00820	Anesthesia For Procedures On Lower Posterior Abdominal Wall	No
0082U	Drug Test(S), Definitive, 90 Or More Drugs Or Substances, Definitive Chromatography With Mass Spectrometry, And Presumptive, Any Number Of Drug Classes, By Instrument Chemistry Analyzer (Utilizing Immunoassay), Urine, Report Of Presence Or Absence Of Each	No
00830	Anesthesia For Hernia Repairs In Lower Abdomen; Not Otherwise Specified	No
00832	Anesthesia For Hernia Repairs In Lower Abdomen; Ventral And Incisional Hernias	No
00834	Anesthesia For Hernia Repairs In The Lower Abdomen Not Otherwise Specified, Younger Than 1 Year Of Age	No
00836	Anesthesia For Hernia Repairs In The Lower Abdomen Not Otherwise Specified, Infants Younger Than 37 Weeks Gestational Age At Birth And Younger Than 50 Weeks Gestational Age At Time Of Surgery	No
0083U	Oncology, Response To Chemotherapy Drugs Using Motility Contrast Tomography, Fresh Or Frozen Tissue, Reported As Likelihood Of Sensitivity Or Resistance To Drugs Or Drug Combinations	Yes
00840	Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparoscopy; Not Otherwise Specified	No
00842	Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparoscopy; Amniocentesis	No
00844	Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparoscopy; Abdominoperineal Resection	No
00846	Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparoscopy; Radical Hysterectomy	No
00848	Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparoscopy; Pelvic Exenteration	No
0084U	Red Blood Cell Antigen Typing, Dna, Genotyping Of 10 Blood Groups With Phenotype Prediction Of 37 Red Blood Cell Antigens	No
00851	Anesthesia For Intraperitoneal Procedures In Lower Abdomen Including Laparoscopy; Tubal Ligation/Transection	No
00860	Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urinary Tract; Not Otherwise Specified	No
00862	Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urinary Tract; Renal Procedures, Including Upper One-Third Of Ureter, Or Donor Nephrectomy	No
00864	Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urinary Tract; Total Cystectomy	No
00865	Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urinary Tract; Radical Prostatectomy (Suprapubic, Retropubic)	No
00866	Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urinary Tract; Adrenalectomy	No

Procedure Code	Description	Prior Auth Required
00868	Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urinary Tract; Renal Transplant (Recipient)	No
0086U	Infectious Disease (Bacterial And Fungal), Organism Identification, Blood Culture, Using Rrna Fish, 6 Or More Organism Targets, Reported As Positive Or Negative With Phenotypic Minimum Inhibitory Concentration (Mic)-Based Antimicrobial Susceptibility	Yes
00870	Anesthesia For Extraperitoneal Procedures In Lower Abdomen, Including Urinary Tract; Cystolithotomy	No
00872	Anesthesia For Lithotripsy, Extracorporeal Shock Wave; With Water Bath	No
00873	Anesthesia For Lithotripsy, Extracorporeal Shock Wave; Without Water Bath	No
0087U	Cardiology (Heart Transplant), Mrna Gene Expression Profiling By Microarray Of 1283 Genes, Transplant Biopsy Tissue, Allograft Rejection And Injury Algorithm Reported As A Probability Score	No
00880	Anesthesia For Procedures On Major Lower Abdominal Vessels; Not Otherwise Specified	No
00882	Anesthesia For Procedures On Major Lower Abdominal Vessels; Inferior Vena Cava Ligation	No
0088U	Transplantation Medicine (Kidney Allograft Rejection), Microarray Gene Expression Profiling Of 1494 Genes, Utilizing Transplant Biopsy Tissue, Algorithm Reported As A Probability Score For Rejection	No
0089U	Oncology (Melanoma), Gene Expression Profiling By Rtqpcr, Prame And Linc00518, Superficial Collection Using Adhesive Patch(Es)	Yes
009	FQHC -- ADHC Transition	Yes
00902	Anesthesia For; Anorectal Procedure	No
00904	Anesthesia For; Radical Perineal Procedure	No
00906	Anesthesia For; Vulvectomy	No
00908	Anesthesia For; Perineal Prostatectomy	No
0090U	Oncology (Cutaneous Melanoma), Mrna Gene Expression Profiling By Rt-Pcr Of 23 Genes (14 Content And 9 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithm Reported As A Categorical Result (Ie, Benign, Intermediate, Malignant)	Yes
00910	Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Not Otherwise Specified	No
00912	Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Transurethral Resection Of Bladder Tumor(s)	No
00914	Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Transurethral Resection Of Prostate	No
00916	Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Post-Transurethral Resection Bleeding	No
00918	Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); With Fragmentation, Manipulation And/Or Removal Of Ureteral Calculus	No
0091U	Oncology (Colorectal) Screening, Cell Enumeration Of Circulating Tumor Cells, Utilizing Whole Blood, Algorithm, For The Presence Of Adenoma Or Cancer, Reported As A Positive Or Negative Result	Yes
00920	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Not Otherwise Specified	No
00921	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Vasectomy, Unilateral Or Bilateral	No
00922	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Seminal Vesicles	No
00924	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Undescended Testis, Unilateral Or Bilateral	No
00926	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Radical Orchiectomy, Inguinal	No
00928	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Radical Orchiectomy, Abdominal	No
0092U	Oncology (Lung), Three Protein Biomarkers, Immunoassay Using Magnetic Nanosensor Technology, Plasma, Algorithm Reported As Risk Score For Likelihood Of Malignancy	Yes
00930	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Orchiopexy, Unilateral Or Bilateral	No
00932	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Complete Amputation Of Penis	No
00934	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Radical Amputation Of Penis With Bilateral Inguinal Lymphadenectomy	No
00936	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Radical Amputation Of Penis With Bilateral Inguinal And Iliac Lymphadenectomy	No
00938	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Insertion Of Penile Prosthesis (Perineal Approach)	No
0093U	Prescription Drug Monitoring, Evaluation Of 65 Common Drugs By Lc-Ms/Ms, Urine, Each Drug Reported Detected Or Not Detected	Yes
00940	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium); Not Otherwise Specified	No
00942	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium); Colpotomy, Vaginectomy, Colporrhaphy, And Open Urethral Procedures	No
00944	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium); Vaginal Hysterectomy	No

Procedure Code	Description	Prior Auth Required
00948	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium); Cervical Cerclage	No
0094U	Genome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome), Rapid Sequence Analysis	No
00950	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium); Culdoscopy	No
00952	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium); Hysteroscopy And/Or Hysterosalpingography	No
0095T	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes
0095U	Eosinophilic Esophagitis, 2 Protein Biomarkers (Eotaxin-3 [Ccl26 {C-C Motif Chemokine Ligand 26}] And Major Basic Protein [Prg2 {Proteoglycan 2, Pro Eosinophil Major Basic Protein}]), Enzyme-Linked Immunosorbent Assays (Elisa), Specimen Obtained By Esopha	Yes
0096U	Human Papillomavirus (Hpv), High-Risk Types (Ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), Male Urine	Yes
0098T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes
01	Medi-Cal FQHC Per Visit Code	No
0100	All-inclusive Rate: All-inclusive room and board plus ancillary	No
0100T	Placement Of A Subconjunctival Retinal Prosthesis Receiver And Pulse Generator, And Implantation Of Intraocular Retinal Electrode Array, With Vitrectomy	Yes
0101	All-inclusive Rate: All-inclusive room and board	Yes
0101T	Extracorporeal Shock Wave Involving Musculoskeletal System, Not Otherwise Specified	Yes
0101U	Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden Syndrome, Familial Adenomatosis Polyposis), Genomic Sequence Analysis Panel Utilizing A Combination Of Ngs, Sanger, Mlpa, And Array Cgh, With Mrna Analytics To Resolve	Yes
0102T	Extracorporeal Shock Wave Performed By A Physician, Requiring Anesthesia Other Than Local, And Involving The Lateral Humeral Epicondyle	Yes
0102U	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Genomic Sequence Analysis Panel Utilizing A Combination Of Ngs, Sanger, Mlpa, And Array Cgh, With Mrna Analytics To Resolv	Yes
0103U	Hereditary Ovarian Cancer (Eg, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Genomic Sequence Analysis Panel Utilizing A Combination Of Ngs, Sanger, Mlpa, And Array Cgh, With Mrna Analytics To Resolve Variants Of Unknown Significance When Ind	Yes
0105U	Nephrology (Chronic Kidney Disease), Multiplex Electrochemiluminescent Immunoassay (Eclia) Of Tumor Necrosis Factor Receptor 1A, Receptor Superfamily 2 (Tnfr1, Tnfr2), And Kidney Injury Molecule-1 (Kim-1) Combined With Longitudinal Clinical Data, Includin	Yes
0106T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Touch Pressure Stimuli To Assess Large Diameter Sensation	Yes
0106U	Gastric Emptying, Serial Collection Of 7 Timed Breath Specimens, Non-Radioisotope Carbon-13 (13c) Spirulina Substrate, Analysis Of Each Specimen By Gas Isotope Ratio Mass Spectrometry, Reported As Rate Of 13co2 Excretion	Yes
0107T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Vibration Stimuli To Assess Large Diameter Fiber Sensation	Yes
0107U	Clostridium Difficile Toxin(s) Antigen Detection By Immunoassay Technique, Stool, Qualitative, Multiple-Step Method	No
0108T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Cooling Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia	Yes
0108U	Gastroenterology (Barrett'S Esophagus), Whole Slide-Digital Imaging, Including Morphometric Analysis, Computer-Assisted Quantitative Immunolabeling Of 9 Protein Biomarkers (P16, Amacr, P53, Cd68, Cox-2, Cd45Ro, Hif1A, Her-2, K20) And Morphology, Formalin-	Yes
0109T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Heat-Pain Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia	Yes
0109U	Infectious Disease (Aspergillus Species), Real-Time PCR For Detection Of DNA From 4 Species (A. Fumigatus, A. Terreus, A. Niger, And A. Flavus), Blood, Lavage Fluid, Or Tissue, Qualitative Reporting Of Presence Or Absence Of Each Species	No
011	FQHC - Licensed Clinical Social Worker (Lscw)	No
0110	Room & Board - Private (One Bed): General Classification	Yes
0110T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Other Stimuli To Assess Sensation	Yes
0110U	Prescription Drug Monitoring, One Or More Oral Oncology Drug(S) And Substances, Definitive Tandem Mass Spectrometry With Chromatography, Serum Or Plasma From Capillary Blood Or Venous Blood, Quantitative Report With Steady-State Range For The Prescribed D	Yes
0111	Room & Board - Private (One Bed): Medical/Surgical/GYN	Yes
01112	Anesthesia For Bone Marrow Aspiration And/Or Biopsy, Anterior Or Posterior Iliac Crest	No
0111U	Oncology (Colon Cancer), Targeted Kras (Codons 12, 13, And 61) And Nras (Codons 12, 13, And 61) Gene Analysis Utilizing Formalin-Fixed Paraffin-Embedded Tissue	Yes
0112	Room & Board - Private (One Bed): Obstetrics (OB)	No
01120	Anesthesia For Procedures On Bony Pelvis	No
0112U	Infectious Agent Detection And Identification, Targeted Sequence Analysis (16s And 18s Rrna Genes) With Drug-Resistance Gene	Yes
0113	Room & Board - Private (One Bed): Pediatric	Yes

Procedure Code	Description	Prior Auth Required
01130	Anesthesia For Body Cast Application Or Revision	No
0113U	Oncology (Prostate), Measurement Of Pca3 And Tmprss2-Erg In Urine And Psa In Serum Following Prostatic Massage, By RNa Amplification And Fluorescence-Based Detection, Algorithm Reported As Risk Score	Yes
0114	Room & Board - Private (One Bed): Psychiatric	Yes
01140	Anesthesia For Interpelviabdominal (Hindquarter) Amputation	No
0114U	Gastroenterology (Barrett's Esophagus), Vim And Ccna1 Methylation Analysis, Esophageal Cells, Algorithm Reported As Likelihood For Barrett's Esophagus	Yes
0115	Room & Board - Private (One Bed): Hospice	No
01150	Anesthesia For Radical Procedures For Tumor Of Pelvis, Except Hindquarter Amputation	No
0115U	Respiratory Infectious Agent Detection By Nucleic Acid (Dna And Rna), 18 Viral Types And Subtypes And 2 Bacterial Targets, Amplified Probe Technique, Including Multiplex Reverse Transcription For Rna Targets, Each Analyte Reported As Detected Or Not Detec	Yes
0116	Room & Board - Private (One Bed): Detoxification	Yes
01160	Anesthesia For Closed Procedures Involving Symphysis Pubis Or Sacroiliac Joint	No
0116U	Prescription Drug Monitoring, Enzyme Immunoassay Of 35 Or More Drugs Confirmed With Lc-Ms/Ms, Oral Fluid, Algorithm Results Reported As A Patient-Compliance Measurement With Risk Of Drug To Drug Interactions For Prescribed Medications	Yes
0117	Room & Board - Private (One Bed): Oncology	Yes
01170	Anesthesia For Open Procedures Involving Symphysis Pubis Or Sacroiliac Joint	No
01173	Anesthesia For Open Repair Of Fracture Disruption Of Pelvis Or Column Fracture Involving Acetabulum	No
0117U	Pain Management, Analysis Of 11 Endogenous Analytes (Methylmalonic Acid, Xanthurenic Acid, Homocysteine, Pyroglutamic Acid, Vanilmandelate, 5-Hydroxyindoleacetic Acid, Hydroxymethylglutarate, Ethylmalonate, 3-Hydroxypropyl Mercapturic Acid (3-Hpma), Quino	Yes
0118	Room & Board - Private (One Bed): Rehabilitation	Yes
0118U	Transplantation Medicine, Quantification Of Donor-Derived Cell-Free DNA Using Whole Genome Next-Generation Sequencing, Plasma, Reported As Percentage Of Donor-Derived Cell-Free DNA In The Total Cell-Free DNA	Yes
0119	Room & Board - Private (One Bed): Other	Yes
0119U	Cardiology, Ceramides By Liquid Chromatography-Tandem Mass Spectrometry, Plasma, Quantitative Report With Risk Score For Major Cardiovascular Events	Yes
012	FQHC - Psychologist	No
0120	Room & Board - Semi-private (Two Beds): General Classification	Yes
01200	Anesthesia For All Closed Procedures Involving Hip Joint	No
01202	Anesthesia For Arthroscopic Procedures Of Hip Joint	No
0120U	Oncology (B-Cell Lymphoma Classification), Mrna, Gene Expression Profiling By Fluorescent Probe Hybridization Of 58 Genes (45 Content And 13 Housekeeping Genes), Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Likelihood For Primary Mediast	No
0121	Room & Board - Semi-private (Two Beds): Medical/Surgical/GYN	Yes
01210	Anesthesia For Open Procedures Involving Hip Joint; Not Otherwise Specified	No
01212	Anesthesia For Open Procedures Involving Hip Joint; Hip Disarticulation	No
01214	Anesthesia For Open Procedures Involving Hip Joint; Total Hip Arthroplasty	No
01215	Anesthesia For Open Procedures Involving Hip Joint; Revision Of Total Hip Arthroplasty	No
0121U	Sickle Cell Disease, Microfluidic Flow Adhesion (Vcam-1), Whole Blood	Yes
0122	Room & Board - Semi-private (Two Beds): Obstetrics (OB)	No
01220	Anesthesia For All Closed Procedures Involving Upper Two-Thirds Of Femur	No
0122U	Sickle Cell Disease, Microfluidic Flow Adhesion (P-Selectin), Whole Blood	Yes
0123	Room & Board - Semi-private (Two Beds): Pediatric	Yes
01230	Anesthesia For Open Procedures Involving Upper Two-Thirds Of Femur; Not Otherwise Specified	No
01232	Anesthesia For Open Procedures Involving Upper Two-Thirds Of Femur; Amputation	No
01234	Anesthesia For Open Procedures Involving Upper Two-Thirds Of Femur; Radical Resection	No
0123U	Mechanical Fragility, Rbc, Shear Stress And Spectral Analysis Profiling	Yes
0124	Room & Board - Semi-private (Two Beds): Psychiatric	Yes
0125	Room & Board - Semi-private (Two Beds): Hospice	No
01250	Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Upper Leg	No
0126	Room & Board - Semi-private (Two Beds): Detoxification	Yes
01260	Anesthesia For All Procedures Involving Veins Of Upper Leg, Including Exploration	No
0127	Room & Board - Semi-private (Two Beds): Oncology	Yes
01270	Anesthesia For Procedures Involving Arteries Of Upper Leg, Including Bypass Graft; Not Otherwise Specified	No
01272	Anesthesia For Procedures Involving Arteries Of Upper Leg, Including Bypass Graft; Femoral Artery Ligation	No
01274	Anesthesia For Procedures Involving Arteries Of Upper Leg, Including Bypass Graft; Femoral Artery Embolectomy	No
0128	Room & Board - Semi-private (Two Beds): Rehabilitation	Yes
0129	Room & Board - Semi-private (Two Beds): Other	Yes
0129U	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Genomic Sequence Analysis And Deletion/Duplication Analysis Panel (Atm, Brca1, Brca2, Cdh1, Chek2, Palb2, Pten, And Tp53)	Yes
013	FQHC - Psychiatrist	No

Procedure Code	Description	Prior Auth Required
0130	Room & Board - Three and Four Beds: General Classification	Yes
0130U	Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden Syndrome, Familial Adenomatosis Polyposis), Targeted Mrna Sequence Analysis Panel (Apc, Cdh1, Chek2, Mlh1, Msh2, Msh6, Mutyh, Pms2, Pten, And Tp53) (List Separately In	Yes
0131	Room & Board - Three and Four Beds: Medical/Surgical/GYN	Yes
0132	Room & Board - Three and Four Beds: Obstetrics (OB)	No
01320	Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Knee And/Or Popliteal Area	No
0133	Room & Board - Three and Four Beds: Pediatric	Yes
0133U	Hereditary Prostate Cancer-Related Disorders, Targeted MRNA Sequence Analysis Panel (11 Genes) (List Separately In Addition To Code For Primary Procedure)	Yes
0134	Room & Board - Three and Four Beds: Psychiatric	Yes
01340	Anesthesia For All Closed Procedures On Lower One-Third Of Femur	No
0134U	Hereditary Pan Cancer (eg, Hereditary Breast And Ovarian Cancer, Hereditary Endometrial Cancer, Hereditary Colorectal Cancer), Targeted MRNA Sequence Analysis Panel (18 Genes) (List Separately In Addition To Code For Primary Procedure)	Yes
0135	Room & Board - Three and Four Beds: Hospice	No
0136	Room & Board - Three and Four Beds: Detoxification	Yes
01360	Anesthesia For All Open Procedures On Lower One-Third Of Femur	No
0136U	Atm (Ataxia Telangiectasia Mutated) (eg, Ataxia Telangiectasia) MRNA Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	Yes
0137	Room & Board - Three and Four Beds: Oncology	Yes
0137U	Palb2 (Partner And Localizer Of Brca2) (eg, Breast And Pancreatic Cancer) MRNA Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	Yes
0138	Room & Board - Three and Four Beds: Rehabilitation	Yes
01380	Anesthesia For All Closed Procedures On Knee Joint	No
01382	Anesthesia For Diagnostic Arthroscopic Procedures Of Knee Joint	No
0138U	Brca1 (Brca1, DNA Repair Associated), Brca2 (Brca2, DNA Repair Associated) (eg, Hereditary Breast And Ovarian Cancer) MRNA Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	Yes
0139	Room & Board - Three and Four Beds: Other	Yes
01390	Anesthesia For All Closed Procedures On Upper Ends Of Tibia, Fibula, And/Or Patella	No
01392	Anesthesia For All Open Procedures On Upper Ends Of Tibia, Fibula, And/Or Patella	No
014	FQHC - Marriage, Family And Child Counselor (Mfcc)	No
0140	Room & Board - Deluxe Private: General Classification	Yes
01400	Anesthesia For Open Or Surgical Arthroscopic Procedures On Knee Joint; Not Otherwise Specified	No
01402	Anesthesia For Open Or Surgical Arthroscopic Procedures On Knee Joint; Total Knee Arthroplasty	No
01404	Anesthesia For Open Or Surgical Arthroscopic Procedures On Knee Joint; Disarticulation At Knee	No
0140U	Infectious Disease (Fungi), Fungal Pathogen Identification, DNA (15 Fungal Targets), Blood Culture, Amplified Probe Technique, Each Target Reported As Detected Or Not Detected	No
0141	Room & Board - Deluxe Private: Medical/Surgical/GYN	Yes
0141U	Infectious Disease (Bacteria And Fungi), Gram-Positive Organism Identification And Drug Resistance Element Detection, DNA (20 Gram-Positive Bacterial Targets, 4 Resistance Genes, 1 Pan Gram-Negative Bacterial Target, 1 Pan Candida Target), Blood Culture,	No
0142	Room & Board - Deluxe Private: Obstetrics (OB)	No
01420	Anesthesia For All Cast Applications, Removal, Or Repair Involving Knee Joint	No
0142U	Infectious Disease (Bacteria And Fungi), Gram-Negative Bacterial Identification And Drug Resistance Element Detection, DNA (21 Gram-Negative Bacterial Targets, 6 Resistance Genes, 1 Pan Gram-Positive Bacterial Target, 1 Pan Candida Target), Amplified Prob	No
0143	Room & Board - Deluxe Private: Pediatric	Yes
01430	Anesthesia For Procedures On Veins Of Knee And Popliteal Area; Not Otherwise Specified	No
01432	Anesthesia For Procedures On Veins Of Knee And Popliteal Area; Arteriovenous Fistula	No
0144	Room & Board - Deluxe Private: Psychiatric	Yes
01440	Anesthesia For Procedures On Arteries Of Knee And Popliteal Area; Not Otherwise Specified	No
01442	Anesthesia For Procedures On Arteries Of Knee And Popliteal Area; Popliteal Thromboendarterectomy, With Or Without Patch Graft	No
01444	Anesthesia For Procedures On Arteries Of Knee And Popliteal Area; Popliteal Excision And Graft Or Repair For Occlusion Or Aneurysm	No
0145	Room & Board - Deluxe Private: Hospice	No
0146	Room & Board - Deluxe Private: Detoxification	Yes
01462	Anesthesia For All Closed Procedures On Lower Leg, Ankle, And Foot	No
01464	Anesthesia For Arthroscopic Procedures Of Ankle And/Or Foot	No
0147	Room & Board - Deluxe Private: Oncology	Yes
01470	Anesthesia For Procedures On Nerves, Muscles, Tendons, And Fascia Of Lower Leg, Ankle, And Foot; Not Otherwise Specified	No
01472	Anesthesia For Procedures On Nerves, Muscles, Tendons, And Fascia Of Lower Leg, Ankle, And Foot; Repair Of Ruptured Achilles Tendon, With Or Without Graft	No
01474	Anesthesia For Procedures On Nerves, Muscles, Tendons, And Fascia Of Lower Leg, Ankle, And Foot; Gastrocnemius Recession (eg, Strayer Procedure)	No
0148	Room & Board - Deluxe Private: Rehabilitation	Yes

Procedure Code	Description	Prior Auth Required
01480	Anesthesia For Open Procedures On Bones Of Lower Leg, Ankle, And Foot; Not Otherwise Specified	No
01482	Anesthesia For Open Procedures On Bones Of Lower Leg, Ankle, And Foot; Radical Resection (Including Below Knee Amputation)	No
01484	Anesthesia For Open Procedures On Bones Of Lower Leg, Ankle, And Foot; Osteotomy Or Osteoplasty Of Tibia And/Or Fibula	No
01486	Anesthesia For Open Procedures On Bones Of Lower Leg, Ankle, And Foot; Total Ankle Replacement	No
0149	Room & Board - Deluxe Private: Other	Yes
01490	Anesthesia For Lower Leg Cast Application, Removal, Or Repair	No
015	FQHC - Acupuncture	No
0150	Room & Board - Ward: General Classification	Yes
01500	Anesthesia For Procedures On Arteries Of Lower Leg, Including Bypass Graft; Not Otherwise Specified	No
01502	Anesthesia For Procedures On Arteries Of Lower Leg, Including Bypass Graft; Embolectomy, Direct Or With Catheter	No
0151	Room & Board - Ward: Medical/Surgical/GYN	Yes
0152	Room & Board - Ward: Obstetrics (OB)	No
01520	Anesthesia For Procedures On Veins Of Lower Leg; Not Otherwise Specified	No
01522	Anesthesia For Procedures On Veins Of Lower Leg; Venous Thrombectomy, Direct Or With Catheter	No
0152U	Infectious Disease (Bacteria, Fungi, Parasites, And Dna Viruses), Microbial Cell-Free Dna, Plasma, Untargeted Next-Generation Sequencing, Report For Significant Positive Pathogens	Yes
0153	Room & Board - Ward: Pediatric	Yes
0153U	Oncology (Breast), Mrna, Gene Expression Profiling By Next-Generation Sequencing Of 101 Genes, Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Triple Negative Breast Cancer Clinical Subtype(S) With Information On Immune Cell Inv	Yes
0154	Room & Board - Ward: Psychiatric	Yes
0154U	Oncology (Urothelial Cancer), Rna, Analysis By Real-Time Rt-Pcr Of The Fgfr3 (Fibroblast Growth Factor Receptor 3) Gene Analysis (Ie, P.R248c [C.742c>T], P.S249c [C.746c>G], P.G370c [C.1108g>T], P.Y373c [C.1118a>G], Fgfr3-Tacc3v1, And Fgfr3-Tacc3v3), Util	No
0155	Room & Board - Ward: Hospice	No
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H10	No
0156	Room & Board - Ward: Detoxification	Yes
0156U	Copy Number (Eg, Intellectual Disability, Dysmorphology), Sequence Analysis	Yes
0157	Room & Board - Ward: Oncology	Yes
0157U	APC (APC Regulator Of WNT Signaling Pathway) (Eg, Familial Adenomatosis Polyposis [FAP]) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	No
0158	Room & Board - Ward: Rehabilitation	Yes
0158U	MLH1 (Mutl Homolog 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	No
0159	Room & Board - Ward: Other	Yes
0159U	MSH2 (Muts Homolog 2) (Eg, Hereditary Colon Cancer, Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	No
016	FQHC - Chiropractic'S	No
0160	Room & Board - Other: General Classification	Yes
0160U	MSH6 (Muts Homolog 6) (Eg, Hereditary Colon Cancer, Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	No
01610	Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Shoulder And Axilla	No
0161U	PMS2 (PMS1 Homolog 2, Mismatch Repair System Component) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	No
01620	Anesthesia For All Closed Procedures On Humeral Head And Neck, Sternoclavicular Joint, Acromioclavicular Joint, And Shoulder Joint	No
01622	Anesthesia For Diagnostic Arthroscopic Procedures Of Shoulder Joint	No
0162U	Hereditary Colon Cancer (Lynch Syndrome), Targeted Mrna Sequence Analysis Panel (MLH1, MSH2, MSH6, PMS2) (List Separately In Addition To Code For Primary Procedure)	No
01630	Anesthesia For Open Or Surgical Arthroscopic Procedures On Humeral Head And Neck, Sternoclavicular Joint, Acromioclavicular Joint, And Shoulder Joint; Not Otherwise Specified	No
01634	Anesthesia For Open Or Surgical Arthroscopic Procedures On Humeral Head And Neck, Sternoclavicular Joint, Acromioclavicular Joint, And Shoulder Joint; Shoulder Disarticulation	No
01636	Anesthesia For Open Or Surgical Arthroscopic Procedures On Humeral Head And Neck, Sternoclavicular Joint, Acromioclavicular Joint, And Shoulder Joint; Interthoracoscapular (Forequarter) Amputation	No
01638	Anesthesia For Open Or Surgical Arthroscopic Procedures On Humeral Head And Neck, Sternoclavicular Joint, Acromioclavicular Joint, And Shoulder Joint; Total Shoulder Replacement	No
0163U	Oncology (Colorectal) Screening, Biochemical Enzyme-Linked Immunosorbent Assay (ELISA) Of 3 Plasma Or Serum Proteins (Teratocarcinoma Derived Growth Factor-1 [TDGF-1, Cripto-1], Carcinoembryonic Antigen [CEA], Extracellular Matrix Protein [ECM]), With Dem	Yes

Procedure Code	Description	Prior Auth Required
0164	Room & Board - Other: Sterile Environment	Yes
0164T	Removal Of Total Disc Arthroplasty, (Artificial Disc), Anterior Approach, Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes
0164U	Gastroenterology (Irritable Bowel Syndrome [IBS]), Immunoassay For Anti-Cdtb And Anti-Vinculin Antibodies, Utilizing Plasma, Algorithm For Elevated Or Not Elevated Qualitative Results	Yes
01650	Anesthesia For Procedures On Arteries Of Shoulder And Axilla; Not Otherwise Specified	No
01652	Anesthesia For Procedures On Arteries Of Shoulder And Axilla; Axillary-Brachial Aneurysm	No
01654	Anesthesia For Procedures On Arteries Of Shoulder And Axilla; Bypass Graft	No
01656	Anesthesia For Procedures On Arteries Of Shoulder And Axilla; Axillary-Femoral Bypass Graft	No
0165T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes
0165U	Peanut Allergen-Specific Quantitative Assessment Of Multiple Epitopes Using Enzyme-Linked Immunosorbent Assay (Elisa), Blood, Individual Epitope Results And Probability Of Peanut Allergy	No
0166U	Liver Disease, 10 Biochemical Assays (Alpha2-Macroglobulin, Haptoglobin, Apolipoprotein A1, Bilirubin, GGT, ALT, AST, Triglycerides, Cholesterol, Fasting Glucose) And Biometric And Demographic Data, Utilizing Serum, Algorithm Reported As Scores For Fibros	No
0167	Room & Board - Other: Self Care	Yes
01670	Anesthesia For All Procedures On Veins Of Shoulder And Axilla	No
01680	Anesthesia For Shoulder Cast Application, Removal Or Repair, Not Otherwise Specified	No
0169	Room & Board - Other: Other	Yes
0169U	NUDT15 (Nudix Hydrolase 15) And TPMT (Thiopurine S-Methyltransferase) (Eg, Drug Metabolism) Gene Analysis, Common Variants	Yes
017	FQHC - Heroin Detoxification	No
0170	Nursery: General Classification	Yes
0170U	Neurology (Autism Spectrum Disorder [ASD]), RNA, Next-Generation Sequencing, Saliva, Algorithmic Analysis, And Results Reported As Predictive Probability Of ASD Diagnosis	Yes
0171	Nursery: Newborn - Level I	No
01710	Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Upper Arm And Elbow; Not Otherwise Specified	No
01712	Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Upper Arm And Elbow; Tenotomy, Elbow To Shoulder, Open	No
01714	Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Upper Arm And Elbow; Tenoplasty, Elbow To Shoulder	No
01716	Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Upper Arm And Elbow; Tenodesis, Rupture Of Long Tendon Of Biceps	No
0171U	Targeted Genomic Sequence Analysis Panel, Acute Myeloid Leukemia, Myelodysplastic Syndrome, And Myeloproliferative Neoplasms, DNA Analysis, 23 Genes, Interrogation For Sequence Variants, Rearrangements And Minimal Residual Disease, Reported As Presence/Ab	No
0172	Nursery: Newborn - Level II	Yes
0172U	Oncology (Solid Tumor As Indicated By The Label), Somatic Mutation Analysis Of Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repair Associated) And Analysis Of Homologous Recombination Deficiency Pathways, Dna, Formalin-Fixed Paraffin-Embedded T	Yes
0173	Nursery: Newborn - Level III	Yes
01730	Anesthesia For All Closed Procedures On Humerus And Elbow	No
01732	Anesthesia For Diagnostic Arthroscopic Procedures Of Elbow Joint	No
0173U	Psychiatry (Ie, Depression, Anxiety), Genomic Analysis Panel, Includes Variant Analysis Of 14 Genes	Yes
0174	Nursery: Newborn - Level IV	Yes
01740	Anesthesia For Open Or Surgical Arthroscopic Procedures Of The Elbow; Not Otherwise Specified	No
01742	Anesthesia For Open Or Surgical Arthroscopic Procedures Of The Elbow; Osteotomy Of Humerus	No
01744	Anesthesia For Open Or Surgical Arthroscopic Procedures Of The Elbow; Repair Of Nonunion Or Malunion Of Humerus	No
0174T	Computer-Aided Detection (Cad) (Computer Algorithm Analysis Of Digital Image Data For Lesion Detection) With Further Physician Review For Interpretation And Report, With Or Without Digitization Of Film Radiographic Images, Chest Radiograph(S), Performed C	No
0174U	Oncology (Solid Tumor), Mass Spectrometric 30 Protein Targets, Formalin-Fixed Paraffin-Embedded Tissue, Prognostic And Predictive Algorithm Reported As Likely, Unlikely, Or Uncertain Benefit Of 39 Chemotherapy And Targeted Therapeutic Oncology Agents	Yes
01756	Anesthesia For Open Or Surgical Arthroscopic Procedures Of The Elbow; Radical Procedures	No
01758	Anesthesia For Open Or Surgical Arthroscopic Procedures Of The Elbow; Excision Of Cyst Or Tumor Of Humerus	No
0175T	Computer-Aided Detection (Cad) (Computer Algorithm Analysis Of Digital Image Data For Lesion Detection) With Further Physician Review For Interpretation And Report, With Or Without Digitization Of Film Radiographic Images, Chest Radiograph(S), Performed R	No
0175U	Psychiatry (Eg, Depression, Anxiety), Genomic Analysis Panel, Variant Analysis Of 15 Genes	Yes
01760	Anesthesia For Open Or Surgical Arthroscopic Procedures Of The Elbow; Total Elbow Replacement	No
0176U	Cytolethal Distending Toxin B (Cdtb) And Vinculin Igg Antibodies By Immunoassay (Ie, Elisa)	Yes
01770	Anesthesia For Procedures On Arteries Of Upper Arm And Elbow; Not Otherwise Specified	No

Procedure Code	Description	Prior Auth Required
01772	Anesthesia For Procedures On Arteries Of Upper Arm And Elbow; Embolectomy	No
0177U	Oncology (Breast Cancer), Dna, Pik3ca (Phosphatidylinositol-4,5-Bisphosphate 3-Kinase Catalytic Subunit Alpha) Gene Analysis Of 11 Gene Variants Utilizing Plasma, Reported As Pik3ca Gene Mutation Status	Yes
01780	Anesthesia For Procedures On Veins Of Upper Arm And Elbow; Not Otherwise Specified	No
01782	Anesthesia For Procedures On Veins Of Upper Arm And Elbow; Phleborrhaphy	No
0178U	Peanut Allergen-Specific Quantitative Assessment Of Multiple Epitopes Using Enzyme-Linked Immunosorbent Assay (Elisa), Blood, Report Of Minimum Eliciting Exposure For A Clinical Reaction	No
0179	Nursery: Other Nursery	Yes
0179U	Oncology (Non-Small Cell Lung Cancer), Cell-Free Dna, Targeted Sequence Analysis Of 23 Genes (Single Nucleotide Variations, Insertions And Deletions, Fusions Without Prior Knowledge Of Partner/Breakpoint, Copy Number Variations), With Report Of Significan	Yes
018	FQHC - Differential Interim Rate	Yes
0180	Leave of Absence: General Classification	Yes
0180U	Red Cell Antigen (Abo Blood Group) Genotyping (Abo), Gene Analysis Sanger/Chain Termination/Conventional Sequencing, Abo (Abo, Alpha 1-3-N-Acetylgalactosaminyltransferase And Alpha 1-3-Galactosyltransferase) Gene, Including Subtyping, 7 Exons	No
01810	Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Forearm, Wrist, And Hand	No
0181U	Red Cell Antigen (Colton Blood Group) Genotyping (Co), Gene Analysis, Aqp1 (Aquaporin 1 [Colton Blood Group]) Exon 1	No
0182	Leave of Absence: Patient Convenience	No
01820	Anesthesia For All Closed Procedures On Radius, Ulna, Wrist, Or Hand Bones	No
01829	Anesthesia For Diagnostic Arthroscopic Procedures On The Wrist	No
0182U	Red Cell Antigen (Cromer Blood Group) Genotyping (Crom), Gene Analysis, Cd55 (Cd55 Molecule [Cromer Blood Group]) Exons 1-10	No
0183	Leave of Absence: Therapeutic Leave	No
01830	Anesthesia For Open Or Surgical Arthroscopic/Endoscopic Procedures On Distal Radius, Distal Ulna, Wrist, Or Hand Joints; Not Otherwise Specified	No
01832	Anesthesia For Open Or Surgical Arthroscopic/Endoscopic Procedures On Distal Radius, Distal Ulna, Wrist, Or Hand Joints; Total Wrist Replacement	No
0183U	Red Cell Antigen (Diego Blood Group) Genotyping (Di), Gene Analysis, Slc4a1 (Solute Carrier Family 4 Member 1 [Diego Blood Group]) Exon 19	No
01840	Anesthesia For Procedures On Arteries Of Forearm, Wrist, And Hand; Not Otherwise Specified	No
01842	Anesthesia For Procedures On Arteries Of Forearm, Wrist, And Hand; Embolectomy	No
01844	Anesthesia For Vascular Shunt, Or Shunt Revision, Any Type (eg, Dialysis)	No
0184T	Excision Of Rectal Tumor, Transanal Endoscopic Microsurgical Approach (Ie, Tems), Including Muscularis Propria (Ie, Full Thickness)	Yes
0184U	Red Cell Antigen (Dombrock Blood Group) Genotyping (Do), Gene Analysis, Art4 (Adp-Ribosyltransferase 4 [Dombrock Blood Group]) Exon 2	No
0185	Leave of Absence: Nursing Home (for Hospitalization)	Yes
01850	Anesthesia For Procedures On Veins Of Forearm, Wrist, And Hand; Not Otherwise Specified	No
01852	Anesthesia For Procedures On Veins Of Forearm, Wrist, And Hand; Phleborrhaphy	No
0185U	Red Cell Antigen (H Blood Group) Genotyping (Fut1), Gene Analysis, Fut1 (Fucosyltransferase 1 [H Blood Group]) Exon 4	No
01860	Anesthesia For Forearm, Wrist, Or Hand Cast Application, Removal, Or Repair	No
0186U	Red Cell Antigen (H Blood Group) Genotyping (Fut2), Gene Analysis, Fut2 (Fucosyltransferase 2) Exon 2	No
0187U	Red Cell Antigen (Duffy Blood Group) Genotyping (Fy), Gene Analysis, Ackr1 (Atypical Chemokine Receptor 1 [Duffy Blood Group]) Exons 1-2	No
0188U	Red Cell Antigen (Gerbich Blood Group) Genotyping (Ge), Gene Analysis, Gypc (Glycophorin C [Gerbich Blood Group]) Exons 1-4	No
0189	Leave of Absence: Other LOA	No
0189U	Red Cell Antigen (Mns Blood Group) Genotyping (Gypa), Gene Analysis, Gypa (Glycophorin A [Mns Blood Group]) Introns 1, 5, Exon 2	No
019	FQHC - Differential Rates	No
0190	Subacute Care: General Classification	Yes
0190U	Red Cell Antigen (Mns Blood Group) Genotyping (Gypb), Gene Analysis, Gypb (Glycophorin B [Mns Blood Group]) Introns 1, 5, Pseudoexon 3	No
0191	Subacute Care: Subacute Care - Level I	Yes
01916	Anesthesia For Diagnostic Arteriography/Venography	No
0191U	Red Cell Antigen (Indian Blood Group) Genotyping (In), Gene Analysis, Cd44 (Cd44 Molecule [Indian Blood Group]) Exons 2, 3, 6	No
0192	Subacute Care: Subacute Care - Level II	Yes
01920	Anesthesia For Cardiac Catheterization Including Coronary Angiography And Ventriculography (Not To Include Swan-Ganz Catheter)	No
01922	Anesthesia For Non-Invasive Imaging Or Radiation Therapy	No
01924	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Arterial System; Not Otherwise Specified	No
01925	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Arterial System; Carotid Or Coronary	No

Procedure Code	Description	Prior Auth Required
01926	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Arterial System; Intracranial, Intracardiac, Or Aortic	No
0192U	Red Cell Antigen (Kidd Blood Group) Genotyping (Jk), Gene Analysis, Slc14a1 (Solute Carrier Family 14 Member 1 [Kidd Blood Group]) Gene Promoter, Exon 9	No
0193	Subacute Care: Subacute Care - Level III	Yes
01930	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Venous/Lymphatic System (Not To Include Access To The Central Circulation); Not Otherwise Specified	No
01931	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Venous/Lymphatic System (Not To Include Access To The Central Circulation); Intrahepatic Or Portal Circulation (Eg, Transvenous Intrahepatic Portosystemic Shunt[S] [Tips])	No
01932	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Venous/Lymphatic System (Not To Include Access To The Central Circulation); Intrathoracic Or Jugular	No
01933	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Venous/Lymphatic System (Not To Include Access To The Central Circulation); Intracranial	No
01937	Anesthesia For Percutaneous Image-Guided Injection, Drainage Or Aspiration Procedures On The Spine Or Spinal Cord; Cervical Or Thoracic	No
01938	Anesthesia For Percutaneous Image-Guided Injection, Drainage Or Aspiration Procedures On The Spine Or Spinal Cord; Lumbar Or Sacral	No
01939	Anesthesia For Percutaneous Image-Guided Destruction Procedures By Neurolytic Agent On The Spine Or Spinal Cord; Cervical Or Thoracic	No
0193U	Red Cell Antigen (Jr Blood Group) Genotyping (Jr), Gene Analysis, Abcg2 (Atp Binding Cassette Subfamily G Member 2 [Junior Blood Group]) Exons 2-26	No
0194	Subacute Care: Subacute Care - Level IV	Yes
01940	Anesthesia For Percutaneous Image-Guided Destruction Procedures By Neurolytic Agent On The Spine Or Spinal Cord; Lumbar Or Sacral	No
01941	Anesthesia For Percutaneous Image-Guided Neuromodulation Or Intravertebral Procedures (Eg, Kyphoplasty, Vertebroplasty) On The Spine Or Spinal Cord; Cervical Or Thoracic	No
01942	Anesthesia For Percutaneous Image-Guided Neuromodulation Or Intravertebral Procedures (Eg, Kyphoplasty, Vertebroplasty) On The Spine Or Spinal Cord; Lumbar Or Sacral	No
0194U	Red Cell Antigen (Kell Blood Group) Genotyping (Kel), Gene Analysis, Kel (Kell Metallo-Endopeptidase [Kell Blood Group]) Exon 8	No
01951	Anesthesia For Second- And Third-Degree Burn Excision Or Debridement With Or Without Skin Grafting, Any Site, For Total Body Surface Area (Tbsa) Treated During Anesthesia And Surgery; Less Than 4% Total Body Surface Area	No
01952	Anesthesia For Second- And Third-Degree Burn Excision Or Debridement With Or Without Skin Grafting, Any Site, For Total Body Surface Area (Tbsa) Treated During Anesthesia And Surgery; Between 4% And 9% Of Total Body Surface Area	No
01953	Anesthesia For Second- And Third-Degree Burn Excision Or Debridement With Or Without Skin Grafting, Any Site, For Total Body Surface Area (Tbsa) Treated During Anesthesia And Surgery; Each Additional 9% Total Body Surface Area Or Part Thereof (List Separa	No
01958	Anesthesia For External Cephalic Version Procedure	No
0195U	Klf1 (Kruppel-Like Factor 1), Targeted Sequencing (Ie, Exon 13)	No
01960	Anesthesia For Vaginal Delivery Only	No
01961	Anesthesia For Cesarean Delivery Only	No
01962	Anesthesia For Urgent Hysterectomy Following Delivery	No
01963	Anesthesia For Cesarean Hysterectomy Without Any Labor Analgesia/Anesthesia Care	No
01965	Anesthesia For Incomplete Or Missed Abortion Procedures	No
01966	Anesthesia For Induced Abortion Procedures	No
01967	Neuraxial Labor Analgesia/Anesthesia For Planned Vaginal Delivery (This Includes Any Repeat Subarachnoid Needle Placement And Drug Injection And/Or Any Necessary Replacement Of An Epidural Catheter During Labor)	No
01968	Anesthesia For Cesarean Delivery Following Neuraxial Labor Analgesia/Anesthesia (List Separately In Addition To Code For Primary Procedure Performed)	No
01969	Anesthesia For Cesarean Hysterectomy Following Neuraxial Labor Analgesia/Anesthesia (List Separately In Addition To Code For Primary Procedure Performed)	No
0196U	Red Cell Antigen (Lutheran Blood Group) Genotyping (Lu), Gene Analysis, Bcam (Basal Cell Adhesion Molecule [Lutheran Blood Group]) Exon 3	No
0197U	Red Cell Antigen (Landsteiner-Wiener Blood Group) Genotyping (Lw), Gene Analysis, Icam4 (Intercellular Adhesion Molecule 4 [Landsteiner-Wiener Blood Group]) Exon 1	No
0198T	Measurement Of Ocular Blood Flow By Repetitive Intraocular Pressure Sampling, With Interpretation And Report	Yes
0198U	Red Cell Antigen (Rh Blood Group) Genotyping (Rhd And Rhce), Gene Analysis Sanger/Chain Termination/Conventional Sequencing, Rhd (Rh Blood Group D Antigen) Exons 1-10 And Rhce (Rh Blood Group Ccee Antigens) Exon 5	No
0199	Subacute Care: Other Subacute Care	Yes
01990	Physiological Support For Harvesting Of Organ(s) From Brain-Dead Patient	No
01991	Anesthesia For Diagnostic Or Therapeutic Nerve Blocks And Injections (When Block Or Injection Is Performed By A Different Physician Or Other Qualified Health Care Professional); Other Than The Prone Position	No

Procedure Code	Description	Prior Auth Required
01992	Anesthesia For Diagnostic Or Therapeutic Nerve Blocks And Injections (When Block Or Injection Is Performed By A Different Physician Or Other Qualified Health Care Professional); Prone Position	No
01996	Daily Hospital Management Of Epidural Or Subarachnoid Continuous Drug Administration	No
01999	Unlisted Anesthesia Procedure(s)	No
0199U	Red Cell Antigen (Scianna Blood Group) Genotyping (Sc), Gene Analysis, Ermap (Erythroblast Membrane Associated Protein [Scianna Blood Group]) Exons 4, 12	No
020	FQHC - Differential Rates	No
0200	Intensive Care Unit: General Classification	Yes
0200H	Pain Management Therapy (Iv/Sq/Epideral)	No
0200T	Percutaneous Sacral Augmentation (Sacroplasty), Unilateral Injection(s), Including The Use Of A Balloon Or Mechanical Device, When Used, 1 Or More Needles, Includes Imaging Guidance And Bone Biopsy, When Performed	Yes
0200U	Red Cell Antigen (Kx Blood Group) Genotyping (Xk), Gene Analysis, Xk (X-Linked Kx Blood Group) Exons 1-3	No
0201	Intensive Care Unit: Surgical	Yes
0201T	Percutaneous Sacral Augmentation (Sacroplasty), Bilateral Injections, Including The Use Of A Balloon Or Mechanical Device, When Used, 2 Or More Needles, Includes Imaging Guidance And Bone Biopsy, When Performed	Yes
0201U	Red Cell Antigen (Yt Blood Group) Genotyping (Yt), Gene Analysis, Ache (Acetylcholinesterase [Cartwright Blood Group]) Exon 2	Yes
0202	Intensive Care Unit: Medical	Yes
0202T	Posterior Vertebral Joint(s) Arthroplasty (eg, Facet Joint[s] Replacement), Including Facetectomy, Laminectomy, Foraminotomy, And Vertebral Column Fixation, Injection Of Bone Cement, When Performed, Including Fluoroscopy, Single Level, Lumbar Spine	Yes
0202U	Infectious Disease (Bacterial Or Viral Respiratory Tract Infection), Pathogen-Specific Nucleic Acid (Dna Or Rna), 22 Targets Including Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2), Qualitative Rt-Pcr, Nasopharyngeal Swab, Each Pathogen Rep	No
0203	Intensive Care Unit: Pediatric	Yes
0203U	Autoimmune (Inflammatory Bowel Disease), Mrna, Gene Expression Profiling By Quantitative Rt-Pcr, 17 Genes (15 Target And 2 Reference Genes), Whole Blood, Reported As A Continuous Risk Score And Classification Of Inflammatory Bowel Disease Aggressiveness	Yes
0204	Intensive Care Unit: Psychiatric	Yes
0205U	Ophthalmology (Age-Related Macular Degeneration), Analysis Of 3 Gene Variants (2 Cfh Gene, 1 Arms2 Gene), Using Pcr And Maldi-Tof, Buccal Swab, Reported As Positive Or Negative For Neovascular Age-Related Macular-Degeneration Risk Associated With Zinc Sup	Yes
0206	Intensive Care Unit: Intermediate ICU	Yes
0206U	Neurology (Alzheimer Disease); Cell Aggregation Using Morphometric Imaging And Protein Kinase C-Epsilon (Pkce) Concentration In Response To Amylospheroid Treatment By Elisa, Cultured Skin Fibroblasts, Each Reported As Positive Or Negative For Alzheimer Di	Yes
0207	Intensive Care Unit: Burn Care	Yes
0207T	Evacuation Of Meibomian Glands, Automated, Using Heat And Intermittent Pressure, Unilateral	Yes
0207U	Neurology (Alzheimer Disease); Quantitative Imaging Of Phosphorylated Erk1 And Erk2 In Response To Bradykinin Treatment By In Situ Immunofluorescence, Using Cultured Skin Fibroblasts, Reported As A Probability Index For Alzheimer Disease (List Separately	Yes
0208	Intensive Care Unit: Trauma	Yes
0208T	Pure Tone Audiometry (Threshold), Automated; Air Only	Yes
0209	Intensive Care Unit: Other Intensive Care	Yes
0209T	Pure Tone Audiometry (Threshold), Automated; Air And Bone	Yes
0209U	Cytogenomic Constitutional (Genome-Wide) Analysis, Interrogation Of Genomic Regions For Copy Number, Structural Changes And Areas Of Homozygosity For Chromosomal Abnormalities	Yes
021	FQHC - Differential Rates	No
0210	Coronary Care Unit: General Classification	Yes
0210T	Speech Audiometry Threshold, Automated;	Yes
0210U	Syphilis Test, Non-Treponemal Antibody, Immunoassay, Quantitative (Rpr)	No
0211	Coronary Care Unit: Myocardial Infarction	Yes
0211T	Speech Audiometry Threshold, Automated; With Speech Recognition	Yes
0211U	Oncology (Pan-Tumor), Dna And Rna By Next-Generation Sequencing, Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Interpretative Report For Single Nucleotide Variants, Copy Number Alterations, Tumor Mutational Burden, And Microsatellite Instability, Wit	Yes
0212	Coronary Care Unit: Pulmonary Care	Yes
0212T	Comprehensive Audiometry Threshold Evaluation And Speech Recognition (0209t, 0211t Combined), Automated	Yes
0212U	Rare Diseases (Constitutional/Heritable Disorders), Whole Genome And Mitochondrial Dna Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood	No
0213	Coronary Care Unit: Heart Transplant	Yes
0213T	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Cervical Or Thoracic; Single Level	Yes
0213U	Rare Diseases (Constitutional/Heritable Disorders), Whole Genome And Mitochondrial Dna Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood	No

Procedure Code	Description	Prior Auth Required
0214	Coronary Care Unit: Intermediate CCU	Yes
0214T	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes
0214U	Rare Diseases (Constitutional/Heritable Disorders), Whole Exome And Mitochondrial Dna Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood O	Yes
0215T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary	Yes
0215U	Rare Diseases (Constitutional/Heritable Disorders), Whole Exome And Mitochondrial Dna Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood O	Yes
0216T	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral; Single Level	Yes
0216U	Neurology (Inherited Ataxias), Genomic Dna Sequence Analysis Of 12 Common Genes Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification	No
0217T	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)	Yes
0217U	Neurology (Inherited Ataxias), Genomic Dna Sequence Analysis Of 51 Genes Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene Expansions, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Cat	No
0218T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Proc	Yes
0218U	Neurology (Muscular Dystrophy), Dmd Gene Sequence Analysis, Including Small Sequence Changes, Deletions, Duplications, And Variants In Non-Uniquely Mappable Regions, Blood Or Saliva, Identification And Characterization Of Genetic Variants	Yes
0219	Coronary Care Unit: Other Coronary CCU	Yes
0219T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level; Cervical	Yes
0219U	Infectious Agent (Human Immunodeficiency Virus), Targeted Viral Next-Generation Sequence Analysis (Ie, Protease [Pr], Reverse Transcriptase [Rt], Integrase [Int]), Algorithm Reported As Prediction Of Antiviral Drug Susceptibility	No
0220	Special Charges: General Classification	No
0220T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level; Thoracic	Yes
0220U	Oncology (Breast Cancer), Image Analysis With Artificial Intelligence Assessment Of 12 Histologic And Immunohistochemical Features, Reported As A Recurrence Score	Yes
0221	Special Charges: Admission Charges	No
0221T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level; Lumbar	Yes
0221U	Red Cell Antigen (Abo Blood Group) Genotyping (Abo), Gene Analysis, Next-Generation Sequencing, Abo (Abo, Alpha 1-3-N-Acetylgalactosaminyltransferase And Alpha 1-3-Galactosyltransferase) Gene	No
0222	Special Charges: Technical Support Charge	No
0222T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	Yes
0222U	Red Cell Antigen (Rh Blood Group) Genotyping (Rhd And Rhce), Gene Analysis, Next-Generation Sequencing, Rh Proximal Promoter, Exons 1-10, Portions Of Introns 2-3	No
0223	Special Charges: U.R. Service Charge	No
0223U	Infectious Disease (Bacterial Or Viral Respiratory Tract Infection), Pathogen-Specific Nucleic Acid (Dna Or Rna), 22 Targets Including Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2), Qualitative Rt-Pcr, Nasopharyngeal Swab, Each Pathogen Rep	No
0224	Special Charges: Late Discharge, Medically Necessary	No
0224U	Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Includes Titer(S), When Performed	No
0225U	Infectious Disease (Bacterial Or Viral Respiratory Tract Infection) Pathogen-Specific Dna And Rna, 21 Targets, Including Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2), Amplified Probe Technique, Including Multiplex Reverse Transcription For	No
0226U	Surrogate Viral Neutralization Test (Svnt), Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Elisa, Plasma, Serum	No
0227U	Drug Assay, Presumptive, 30 Or More Drugs Or Metabolites, Urine, Liquid Chromatography With Tandem Mass Spectrometry (LC-MS/MS) Using Multiple Reaction Monitoring (MRM), With Drug Or Metabolite Description, Includes Sample Validation	No
0228U	Oncology (Prostate), Multianalyte Molecular Profile By Photometric Detection Of Macromolecules Adsorbed On Nanosponge Array Slides With Machine Learning, Utilizing First Morning Voided Urine, Algorithm Reported As Likelihood Of Prostate Cancer	Yes
0229	Special Charges: Other Special Charges	No

Procedure Code	Description	Prior Auth Required
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Yes
023	FQHC -- Medi-Cal Other Health Visit	Yes
0230	Incremental Nursing Charge: General Classification	No
0230U	AR (Androgen Receptor) (Eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome Inactivation), Full Sequence Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Short Tandem Repeat (STR) Expans	Yes
0231	Incremental Nursing Charge: Nursery	No
0231U	CACNA1A (Calcium Voltage-Gated Channel Subunit Alpha 1A) (Eg, Spinocerebellar Ataxia), Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Short Tandem Repeat (STR) Gene Expansions, Mobile Element	Yes
0232	Incremental Nursing Charge: OB	No
0232T	Injection(s), Platelet Rich Plasma, Any Site, Including Image Guidance, Harvesting And Preparation When Performed	Yes
0232U	CSTB (Cystatin B) (Eg, Progressive Myoclonic Epilepsy Type 1A, Unverricht-Lundborg Disease), Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Short Tandem Repeat (STR) Expansions, Mobile Element	Yes
0233	Incremental Nursing Charge: ICU	No
0233U	FXN (Frataxin) (Eg, Friedreich Ataxia), Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Short Tandem Repeat (STR) Expansions, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regions	Yes
0234	Incremental Nursing Charge: CCU	No
0234T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Renal Artery	Yes
0234U	MECP2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome), Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regions	Yes
0235	Incremental Nursing Charge: Hospice	No
0235T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Visceral Artery (Except Renal), Each Vessel	Yes
0235U	PTEN (Phosphatase And Tensin Homolog) (Eg, Cowden Syndrome, PTEN Hamartoma Tumor Syndrome), Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Mobile Element Insertions, And Variants In Non-Unique	Yes
0236T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Abdominal Aorta	Yes
0236U	Smn1 (Survival Of Motor Neuron 1, Telomeric) And Smn2 (Survival Of Motor Neuron 2, Centromeric) (Eg, Spinal Muscular Atrophy) Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Duplications, Deletions, And Mobile Element	Yes
0237T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Brachiocephalic Trunk And Branches, Each Vessel	Yes
0237U	Cardiac Ion Channelopathies (Eg, Brugada Syndrome, Long QT Syndrome, Short QT Syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia), Genomic Sequence Analysis Panel Including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, And SCN5A	Yes
0238T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Iliac Artery, Each Vessel	Yes
0238U	Oncology (Lynch Syndrome), Genomic DNA Sequence Analysis Of MLH1, MSH2, MSH6, PMS2, And EPCAM, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regio	No
0239	Incremental Nursing Charge: Other	No
0239U	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm, Cell-Free DNA, Analysis Of 311 Or More Genes, Interrogation For Sequence Variants, Including Substitutions, Insertions, Deletions, Select Rearrangements, And Copy Number Variations	Yes
024	FQHC -- Medi-Cal Ambulatory Visit	Yes
0240	All Inclusive Ancillary: General Classification	No
0241	All Inclusive Ancillary: Basic	No
0242	All Inclusive Ancillary: Comprehensive	No
0242U	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm, Cell-Free Circulating Dna Analysis Of 55-74 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, And Gene Rearrangements	Yes
0243	All Inclusive Ancillary: Specialty	No
0243U	Obstetrics (Preeclampsia), Biochemical Assay Of Placental-Growth Factor, Time-Resolved Fluorescence Immunoassay, Maternal Serum, Predictive Algorithm Reported As A Risk Score For Preeclampsia	Yes
0244U	Oncology (Solid Organ), Dna, Comprehensive Genomic Profiling, 257 Genes, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Copy Number Alterations, Gene Rearrangements, Tumor-Mutational Burden And Microsatellite Instability, Utilizing Fo	Yes
0245U	Oncology (Thyroid), Mutation Analysis Of 10 Genes And 37 Rna Fusions And Expression Of 4 Mrna Markers Using Next-Generation Sequencing, Fine Needle Aspirate, Report Includes Associated Risk Of Malignancy Expressed As A Percentage	Yes
0246U	Red Blood Cell Antigen Typing, Dna, Genotyping Of At Least 16 Blood Groups With Phenotype Prediction Of At Least 51 Red Blood Cell Antigens	No

Procedure Code	Description	Prior Auth Required
0247U	Obstetrics (Preterm Birth), Insulin-Like Growth Factor-Binding Protein 4 (Ibp4), Sex Hormone-Binding Globulin (Shbg), Quantitative Measurement By Lc-Ms/Ms, Utilizing Maternal Serum, Combined With Clinical Data, Reported As Predictive-Risk Stratification F	Yes
0248U	Oncology, Spheroid Cell Culture In 3D Microenvironment, 12-Drug Panel, Brain- Or Brain Metastasis-Response Prediction For Each Drug	Yes
0249	All Inclusive Ancillary: Other All Inclusive Ancillary	No
0249U	Oncology (Breast), Semiquantitative Analysis Of 32 Phosphoproteins And Protein Analytes, Includes Laser Capture Microdissection, With Algorithmic Analysis And Interpretative Report	Yes
0250	Pharmacy (also see 063x, an extension of 025x): General Classification	No
0250U	Oncology (Solid Organ Neoplasm), Targeted Genomic Sequence Dna Analysis Of 505 Genes, Interrogation For Somatic Alterations (Snvs [Single Nucleotide Variant], Small Insertions And Deletions, One Amplification, And Four Translocations), Microsatellite Inst	Yes
0251	Pharmacy (also see 063x, an extension of 025x): Generic Drugs	No
0251U	Hepcidin-25, Enzyme-Linked Immunosorbent Assay (Elisa), Serum Or Plasma	Yes
0252	Pharmacy (also see 063x, an extension of 025x): Non-Generic drugs	No
0252U	Fetal Aneuploidy Short Tandem-Repeat Comparative Analysis, Fetal Dna From Products Of Conception, Reported As Normal (Euploidy), Monosomy, Trisomy, Or Partial Deletion/Duplication, Mosaicism, And Segmental Aneuploidy	Yes
0253	Pharmacy (also see 063x, an extension of 025x): Take Home Drugs	No
0253T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Suprachoroidal Space	Yes
0253U	Reproductive Medicine (Endometrial Receptivity Analysis), Rna Gene Expression Profile, 238 Genes By Next-Generation Sequencing, Endometrial Tissue, Predictive Algorithm Reported As Endometrial Window Of Implantation (Eg, Pre-Receptive, Receptive, Post-Rec	Yes
0254	Pharmacy (also see 063x, an extension of 025x): Drugs Incident to Other Diagnostic Services	No
0254U	Reproductive Medicine (Preimplantation Genetic Assessment), Analysis Of 24 Chromosomes Using Embryonic Dna Genomic Sequence Analysis For Aneuploidy, And A Mitochondrial Dna Score In Euploid Embryos, Results Reported As Normal (Euploidy), Monosomy, Trisomy	Yes
0255	Pharmacy (also see 063x, an extension of 025x): Drugs Incident to Radiology	No
0255U	Andrology (Infertility), Sperm-Capacitation Assessment Of Ganglioside Gm1 Distribution Patterns, Fluorescence Microscopy, Fresh Or Frozen Specimen, Reported As Percentage Of Capacitated Sperm And Probability Of Generating A Pregnancy Score	Yes
0256	Pharmacy (also see 063x, an extension of 025x): Experimental Drugs	No
0256U	Trimethylamine/Trimethylamine N-Oxide (Tma/Tmao) Profile, Liquid Chromatography Tandem Mass Spectrometry (Lc-Ms/Ms), Urine, With Algorithmic Analysis And Interpretive Report	Yes
0257	Pharmacy (also see 063x, an extension of 025x): Non-Prescription	No
0257U	Very Long Chain Acyl-Coenzyme A (Coa) Dehydrogenase (Vlcad), Leukocyte Enzyme Activity, Whole Blood	Yes
0258	Pharmacy (also see 063x, an extension of 025x): IV Solutions	No
0258U	Autoimmune (Psoriasis), Mrna, Next-Generation Sequencing, Gene Expression Profiling Of 50-100 Genes, Skin-Surface Collection Using Adhesive Patch, Algorithm Reported As Likelihood Of Response To Psoriasis Biologics	Yes
0259	Pharmacy (also see 063x, an extension of 025x): Other Pharmacy	No
0259U	Nephrology (Chronic Kidney Disease), Nuclear Magnetic Resonance Spectroscopy Measurement Of Myo-Inositol, Valine, And Creatinine, Algorithmically Combined With Cystatin C (By Immunoassay) And Demographic Data To Determine Estimated Glomerular Filtration R	Yes
0260	IV Therapy: General Classification	No
0260U	Rare Diseases (Constitutional/Heritable Disorders), Identification Of Copy Number Variations, Inversions, Insertions, Translocations, And Other Structural Variants By Optical Genome Mapping	Yes
0261	IV Therapy: Infusion Pump	No
0261U	Oncology (Colorectal Cancer), Image Analysis With Artificial Intelligence Assessment Of 4 Histologic And Immunohistochemical Features (Cd3 And Cd8 Within Tumor-Stroma Border And Tumor Core), Tissue, Reported As Immune Response And Recurrence-Risk Score	Yes
0262	IV Therapy: IV Therapy/Pharmacy Svcs	No
0262U	Oncology (Solid Tumor), Gene Expression Profiling By Real-Time Rt-Pcr Of 7 Gene Pathways (Er, Ar, Pi3K, Mapk, Hh, Tgfb, Notch), Formalin-Fixed Paraffin-Embedded (Ffpe), Algorithm Reported As Gene Pathway Activity Score	Yes
0263	IV Therapy: IV Therapy/Drug/Supply Delivery	No
0263T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound Guidance, If Performed; Complete Procedure Including Unilateral Or Bilateral Bone Marrow Harvest	Yes
0263U	Neurology (Autism Spectrum Disorder [Asd]), Quantitative Measurements Of 16 Central Carbon Metabolites (Ie, A-Ketoglutarate, Alanine, Lactate, Phenylalanine, Pyruvate, Succinate, Carnitine, Citrate, Fumarate, Hypoxanthine, Inosine, Malate, S-Sulfocysteine	Yes
0264	IV Therapy: IV Therapy/Supplies	No
0264T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound Guidance, If Performed; Complete Procedure Excluding Bone Marrow Harvest	Yes
0264U	Rare Diseases (Constitutional/Heritable Disorders), Identification Of Copy Number Variations, Inversions, Insertions, Translocations, And Other Structural Variants By Optical Genome Mapping	Yes

Procedure Code	Description	Prior Auth Required
0265T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound Guidance, If Performed; Unilateral Or Bilateral Bone Marrow Harvest Only For Intramuscular Autologous Bone Marrow Ce	Yes
0265U	Rare Constitutional And Other Heritable Disorders, Whole Genome And Mitochondrial Dna Sequence Analysis, Blood, Frozen And Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Saliva, Buccal Swabs Or Cell Lines, Identification Of Single Nucleotide And Copy Num	Yes
0266U	Unexplained Constitutional Or Other Heritable Disorders Or Syndromes, Tissue-Specific Gene Expression By Whole-Transcriptome And Next-Generation Sequencing, Blood, Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Or Fresh Frozen Tissue, Reported As Presence	Yes
0267U	Rare Constitutional And Other Heritable Disorders, Identification Of Copy Number Variations, Inversions, Insertions, Translocations, And Other Structural Variants By Optical Genome Mapping And Whole Genome Sequencing	Yes
0268U	Hematology (Atypical Hemolytic Uremic Syndrome [Ahus]), Genomic Sequence Analysis Of 15 Genes, Blood, Buccal Swab, Or Amniotic Fluid	Yes
0269	IV Therapy: Other IV Therapy	No
0269U	Hematology (Autosomal Dominant Congenital Thrombocytopenia), Genomic Sequence Analysis Of 22 Genes, Blood, Buccal Swab, Or Amniotic Fluid	Yes
0270	Med/Surg Supplies &Devices (also see 062x, extension of 027x): General Classification	No
0270U	Hematology (Congenital Coagulation Disorders), Genomic Sequence Analysis Of 20 Genes, Blood, Buccal Swab, Or Amniotic Fluid	Yes
0271	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Non-sterile Supply	No
0271U	Hematology (Congenital Neutropenia), Genomic Sequence Analysis Of 24 Genes, Blood, Buccal Swab, Or Amniotic Fluid	No
0272	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Sterile Supply	No
0272U	Hematology (Genetic Bleeding Disorders), Genomic Sequence Analysis Of 60 Genes And Duplication/Deletion Of Plau, Blood, Buccal Swab, Or Amniotic Fluid, Comprehensive	Yes
0273	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Take Home Supplies	No
0273U	Hematology (Genetic Hyperfibrinolysis, Delayed Bleeding), Analysis Of 9 Genes (F13A1, F13B, Fga, Fgb, Fgg, Serpina1, Serpine1, Serpinf2 By Next-Generation Sequencing, And Plau By Array Comparative Genomic Hybridization), Blood, Buccal Swab, Or Amniotic Fl	Yes
0274	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Prosthetic/Orthotic Devices	No
0274T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Discectomy, Facetectomy And/Or Foraminotomy), Any Method, Under Indirect Image Guidance (Eg, Fluoroscopic, Ct), Singl	Yes
0274U	Hematology (Genetic Platelet Disorders), Genomic Sequence Analysis Of 62 Genes And Duplication/Deletion Of Plau, Blood, Buccal Swab, Or Amniotic Fluid	Yes
0275	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Pacemaker	No
0275U	Hematology (Heparin-Induced Thrombocytopenia), Platelet Antibody Reactivity By Flow Cytometry, Serum	No
0276	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Intraocular Lens	No
0276U	Hematology (Inherited Thrombocytopenia), Genomic Sequence Analysis Of 42 Genes, Blood, Buccal Swab, Or Amniotic Fluid	Yes
0277	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Oxygen - Take Home	No
0277U	Hematology (Genetic Platelet Function Disorder), Genomic Sequence Analysis Of 40 Genes And Duplication/Deletion Of Plau, Blood, Buccal Swab, Or Amniotic Fluid	Yes
0278	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Other Implant	No
0278T	Transcutaneous Electrical Modulation Pain Reprocessing (eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of Electrodes)	Yes
0278U	Hematology (Genetic Thrombosis), Genomic Sequence Analysis Of 14 Genes, Blood, Buccal Swab, Or Amniotic Fluid	Yes
0279	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Other Supplies/Devices	No
0279U	Hematology (Von Willebrand Disease [Vwd]), Von Willebrand Factor (Vwf) And Collagen Iii Binding By Enzyme-Linked Immunosorbent Assays (Elisa), Plasma, Report Of Collagen Iii Binding	No
0280	Oncology: General Classification	No
0280U	Hematology (Von Willebrand Disease [Vwd]), Von Willebrand Factor (Vwf) And Collagen Iv Binding By Enzyme-Linked Immunosorbent Assays (Elisa), Plasma, Report Of Collagen Iv Binding	No
0281U	Hematology (Von Willebrand Disease [Vwd]), Von Willebrand Propeptide, Enzyme-Linked Immunosorbent Assays (Elisa), Plasma, Diagnostic Report Of Von Willebrand Factor (Vwf) Propeptide Antigen Level	No
0282U	Red Blood Cell Antigen Typing, Dna, Genotyping Of 12 Blood Group System Genes To Predict 44 Red Blood Cell Antigen Phenotypes	No
0283U	Von Willebrand Factor (Vwf), Type 2B, Platelet-Binding Evaluation, Radioimmunoassay, Plasma	No
0284U	Von Willebrand Factor (Vwf), Type 2N, Factor Viii And Vwf Binding Evaluation, Enzyme-Linked Immunosorbent Assays (Elisa), Plasma	No
0285U	Oncology, Disease Progression And Response Monitoring To Radiation, Chemotherapy, Or Other Systematic Cancer Treatments, Cell-Free Dna, Quantitative Branched Chain Dna Amplification, Plasma, Reported In Ng/Ml	Yes
0286U	Cep72 (Centrosomal Protein, 72-Kda), Nudt15 (Nudix Hydrolase 15) And Tpmt (Thiopurine S-Methyltransferase) (Eg, Drug Metabolism) Gene Analysis, Common Variants	Yes
0287U	Oncology (Thyroid), Dna And Mrna, Next-Generation Sequencing Analysis Of 112 Genes, Fine Needle Aspirate Or Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithmic Prediction Of Cancer Recurrence, Reported As A Categorical Risk Result (Low, Intermedia	Yes

Procedure Code	Description	Prior Auth Required
0288U	Oncology (Lung), Mrna, Quantitative Pcr Analysis Of 11 Genes (Bag1, Brca1, Cdc6, Cdk2Ap1, Erbb3, Fut3, Il11, Lck, Rnd3, Sh3Bgr, Wnt3A) And 3 Reference Genes (Esd, Tbp, Yap1), Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue, Algorithmic Interpretation	Yes
0289	Oncology: Other Oncology	No
0289U	Neurology (Alzheimer Disease), Mrna, Gene Expression Profiling By Rna Sequencing Of 24 Genes, Whole Blood, Algorithm Reported As Predictive Risk Score	Yes
0290	Durable Medical Equipment (other than renal): General Classification	No
0290U	Pain Management, Mrna, Gene Expression Profiling By Rna Sequencing Of 36 Genes, Whole Blood, Algorithm Reported As Predictive Risk Score	Yes
0291	Durable Medical Equipment (other than renal): Rental	No
0291U	Psychiatry (Mood Disorders), Mrna, Gene Expression Profiling By Rna Sequencing Of 144 Genes, Whole Blood, Algorithm Reported As Predictive Risk Score	Yes
0292	Durable Medical Equipment (other than renal): Purchase of New DME	No
0292U	Psychiatry (Stress Disorders), Mrna, Gene Expression Profiling By Rna Sequencing Of 72 Genes, Whole Blood, Algorithm Reported As Predictive Risk Score	Yes
0293	Durable Medical Equipment (other than renal): Purchase of Used DME	No
0293U	Psychiatry (Suicidal Ideation), Mrna, Gene Expression Profiling By Rna Sequencing Of 54 Genes, Whole Blood, Algorithm Reported As Predictive Risk Score	Yes
0294	Durable Medical Equipment (other than renal): Supplies/Drugs for DME	No
0294U	Longevity And Mortality Risk, Mrna, Gene Expression Profiling By Rna Sequencing Of 18 Genes, Whole Blood, Algorithm Reported As Predictive Risk Score	Yes
0295U	Oncology (Breast Ductal Carcinoma In Situ), Protein Expression Profiling By Immunohistochemistry Of 7 Proteins (Cox2, Foxa1, Her2, Ki-67, P16, Pr, Siah2), With 4 Clinicopathologic Factors (Size, Age, Margin Status, Palpability), Utilizing Formalin-Fixed P	Yes
0296U	Oncology (Oral And/Or Oropharyngeal Cancer), Gene Expression Profiling By Rna Sequencing Of At Least 20 Molecular Features (Eg, Human And/Or Microbial Mrna), Saliva, Algorithm Reported As Positive Or Negative For Signature Associated With Malignancy	Yes
0297U	Oncology (Pan Tumor), Whole Genome Sequencing Of Paired Malignant And Normal Dna Specimens, Fresh Or Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Blood Or Bone Marrow, Comparative Sequence Analyses And Variant Identification	Yes
0298U	Oncology (Pan Tumor), Whole Transcriptome Sequencing Of Paired Malignant And Normal Rna Specimens, Fresh Or Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Blood Or Bone Marrow, Comparative Sequence Analyses And Expression Level And Chimeric Transcript Id	Yes
0299	Durable Medical Equipment (other than renal): Other Equipment	No
0299U	Oncology (Pan Tumor), Whole Genome Optical Genome Mapping Of Paired Malignant And Normal Dna Specimens, Fresh Frozen Tissue, Blood, Or Bone Marrow, Comparative Structural Variant Identification	Yes
0300	Laboratory: General Classification	No
0300H	Hydration Therapy (Up To 1 Liter Per Day)	No
0300U	Oncology (Pan Tumor), Whole Genome Sequencing And Optical Genome Mapping Of Paired Malignant And Normal Dna Specimens, Fresh Tissue, Blood, Or Bone Marrow, Comparative Sequence Analyses And Variant Identification	Yes
0301	Laboratory: Chemistry	No
0301U	Infectious Agent Detection By Nucleic Acid (Dna Or Rna), Bartonella Henselae And Bartonella Quintana, Droplet Digital Pcr (Ddpcr);	No
0302	Laboratory: Immunology	No
0302U	Infectious Agent Detection By Nucleic Acid (Dna Or Rna), Bartonella Henselae And Bartonella Quintana, Droplet Digital Pcr (Ddpcr); Following Liquid Enrichment	No
0303	Laboratory: Renal Patient (Home)	No
0303H	Hydration Therapy (Greater Than 1 Liter Per Day)	No
0303U	Hematology, Red Blood Cell (Rbc) Adhesion To Endothelial/Subendothelial Adhesion Molecules, Functional Assessment, Whole Blood, With Algorithmic Analysis And Result Reported As An Rbc Adhesion Index; Hypoxic	Yes
0304	Laboratory: Non-Routine Dialysis	No
0304U	Hematology, Red Blood Cell (Rbc) Adhesion To Endothelial/Subendothelial Adhesion Molecules, Functional Assessment, Whole Blood, With Algorithmic Analysis And Result Reported As An Rbc Adhesion Index; Normoxic	Yes
0305	Laboratory: Hematology	No
0305U	Hematology, Red Blood Cell (Rbc) Functionality And Deformity As A Function Of Shear Stress, Whole Blood, Reported As A Maximum Elongation Index	Yes
0306	Laboratory: Bacteriology & Microbiology	No
0306U	Oncology (Minimal Residual Disease [Mrd]), Next-Generation Targeted Sequencing Analysis, Cell-Free Dna, Initial (Baseline) Assessment To Determine A Patient-Specific Panel For Future Comparisons To Evaluate For Mrd	Yes
0307	Laboratory: Urology	No
0307U	Oncology (Minimal Residual Disease [MRD]), Next-Generation Targeted Sequencing Analysis Of A Patient-Specific Panel, Cell-Free DNA, Subsequent Assessment With Comparison To Previously Analyzed Patient Specimens To Evaluate For MRD	Yes
0308T	Insertion Of Ocular Telescope Prosthesis Including Removal Of Crystalline Lens Or Intraocular Lens Prosthesis	Yes

Procedure Code	Description	Prior Auth Required
0308U	Cardiology (Coronary Artery Disease [Cad]), Analysis Of 3 Proteins (High Sensitivity [Hs] Troponin, Adiponectin, And Kidney Injury Molecule-1 [Kim-1]), With 3 Clinical Parameters (Age, Sex, History Of Cardiac Intervention), Plasma, Algorithm Reported As A	Yes
0309	Laboratory: Other Laboratory	No
0309U	Cardiology (Cardiovascular Disease), Analysis Of 4 Proteins (NT-Probnp, Osteopontin, Tissue Inhibitor Of Metalloproteinase-1 [TIMP-1], And Kidney Injury Molecule-1 [KIM-1]), Plasma, Algorithm Reported As A Risk Score For Major Adverse Cardiac Event	Yes
0310	Laboratory Pathology: General Classification	No
0310U	Pediatrics (Vasculitis, Kawasaki Disease [KD]), Analysis Of 3 Biomarkers (NT-Probnp, C-Reactive Protein, And T-Uptake), Plasma, Algorithm Reported As A Risk Score For KD	Yes
0311	Laboratory Pathology: Cytology	No
0311U	Infectious Disease (Bacterial), Quantitative Antimicrobial Susceptibility Reported As Phenotypic Minimum Inhibitory Concentration (Mic)-Based Antimicrobial Susceptibility For Each Organism Identified	No
0312	Laboratory Pathology: Histology	No
0312U	Autoimmune Diseases (Eg, Systemic Lupus Erythematosus [SLE]), Analysis Of 8 Igg Autoantibodies And 2 Cell-Bound Complement Activation Products Using Enzyme-Linked Immunosorbent Immunoassay (ELISA), Flow Cytometry And Indirect Immunofluorescence, Serum, Or	No
0313U	Oncology (Pancreas), DNA And Mrna Next-Generation Sequencing Analysis Of 74 Genes And Analysis Of CEA (CEACAM5) Gene Expression, Pancreatic Cyst Fluid, Algorithm Reported As A Categorical Result (Ie, Negative, Low Probability Of Neoplasia Or Positive, Hig	Yes
0314	Laboratory Pathology: Biopsy	No
0314U	Oncology (Cutaneous Melanoma), Mrna Gene Expression Profiling By RT-PCR Of 35 Genes (32 Content And 3 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded (FFPE) Tissue, Algorithm Reported As A Categorical Result (Ie, Benign, Intermediate, Malignant)	No
0315U	Oncology (Cutaneous Squamous Cell Carcinoma), Mrna Gene Expression Profiling By RT-PCR Of 40 Genes (34 Content And 6 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded (FFPE) Tissue, Algorithm Reported As A Categorical Risk Result (Ie, Class 1, Cla	Yes
0316U	Borrelia Burgdorferi (Lyme Disease), Ospa Protein Evaluation, Urine	Yes
0317U	Oncology (Lung Cancer), Four-Probe FISH (3q29, 3p22.1, 10q22.3, 10cen) Assay, Whole Blood, Predictive Algorithm-Generated Evaluation Reported As Decreased Or Increased Risk For Lung Cancer	Yes
0318U	Pediatrics (Congenital Epigenetic Disorders), Whole Genome Methylation Analysis By Microarray For 50 Or More Genes, Blood	Yes
0319	Laboratory Pathology: Other Laboratory Pathology	No
0319U	Nephrology (Renal Transplant), RNA Expression By Select Transcriptome Sequencing, Using Pretransplant Peripheral Blood, Algorithm Reported As A Risk Score For Early Acute Rejection	Yes
0320	Radiology - Diagnostic: General Classification	No
0320U	Nephrology (Renal Transplant), RNA Expression By Select Transcriptome Sequencing, Using Posttransplant Peripheral Blood, Algorithm Reported As A Risk Score For Acute Cellular Rejection	Yes
0321	Radiology - Diagnostic: Angiocardiography	No
0321U	Infectious Agent Detection By Nucleic Acid (DNA Or RNA), Genitourinary Pathogens, Identification Of 20 Bacterial And Fungal Organisms And Identification Of 16 Associated Antibiotic-Resistance Genes, Multiplex Amplified Probe Technique	No
0322	Radiology - Diagnostic: Arthrography	No
0322U	Neurology (Autism Spectrum Disorder [ASD]), Quantitative Measurements Of 14 Acyl Carnitines And Microbiome-Derived Metabolites, Liquid Chromatography With Tandem Mass Spectrometry (LC-MS/MS), Plasma, Results Reported As Negative Or Positive For Risk Of Me	Yes
0323	Radiology - Diagnostic: Arteriography	No
0323U	Infectious Agent Detection By Nucleic Acid (Dna And Rna), Central Nervous System Pathogen, Metagenomic Next-Generation Sequencing, Cerebrospinal Fluid (Csf), Identification Of Pathogenic Bacteria, Viruses, Parasites, Or Fungi	No
0324	Radiology - Diagnostic: Chest X-Ray	No
0326U	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm, Cell-Free Circulating Dna Analysis Of 83 Or More Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, Microsatellite Instability And Tumor Mutatio	Yes
0327U	Fetal Aneuploidy (Trisomy 13, 18, And 21), Dna Sequence Analysis Of Selected Regions Using Maternal Plasma, Algorithm Reported As A Risk Score For Each Trisomy, Includes Sex Reporting, If Performed	Yes
0328U	Drug Assay, Definitive, 120 Or More Drugs And Metabolites, Urine, Quantitative Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Includes Specimen Validity And Algorithmic Analysis Describing Drug Or Metabolite And Presence Or Absence Of Ris	No
0329	Radiology - Diagnostic: Other Radiology - Diagnostic	No
0329T	Monitoring Of Intraocular Pressure For 24 Hours Or Longer, Unilateral Or Bilateral, With Interpretation And Report	Yes
0329U	Oncology (Neoplasia), Exome And Transcriptome Sequence Analysis For Sequence Variants, Gene Copy Number Amplifications And Deletions, Gene Rearrangements, Microsatellite Instability And Tumor Mutational Burden Utilizing Dna And Rna From Tumor With Dna Fro	Yes
0330	Radiology - Therapeutic and/or Chemotherapy Administration: General Classification	No
0330T	Tear Film Imaging, Unilateral Or Bilateral, With Interpretation And Report	No

Procedure Code	Description	Prior Auth Required
0330U	Infectious Agent Detection By Nucleic Acid (Dna Or Rna), Vaginal Pathogen Panel, Identification Of 27 Organisms, Amplified Probe Technique, Vaginal Swab	Yes
0331	Radiology - Therapeutic and/or Chemotherapy Administration: Chemotherapy Admin - Injected	No
0331T	Myocardial Sympathetic Innervation Imaging, Planar Qualitative And Quantitative Assessment;	No
0331U	Oncology (Hematolymphoid Neoplasia), Optical Genome Mapping For Copy Number Alterations And Gene Rearrangements Utilizing Dna From Blood Or Bone Marrow, Report Of Clinically Significant Alterations	Yes
0332	Radiology - Therapeutic and/or Chemotherapy Administration: Chemotherapy Admin - Oral	No
0332T	Myocardial Sympathetic Innervation Imaging, Planar Qualitative And Quantitative Assessment; With Tomographic Spect	No
0332U	Oncology (Pan-Tumor), Genetic Profiling Of 8 Dna-Regulatory (Epigenetic) Markers By Quantitative Polymerase Chain Reaction (Qpcr), Whole Blood, Reported As A High Or Low Probability Of Responding To Immune Checkpoint-Inhibitor Therapy	Yes
0333	Radiology - Therapeutic and/or Chemotherapy Administration: Radiation Therapy	No
0333T	VISUAL EVOKED POTENTIAL, SCREENING OF VISUAL ACUITY, AUTOMATED, WITH REPORT	Yes
0333U	Oncology (Liver), Surveillance For Hepatocellular Carcinoma (Hcc) In High-Risk Patients, Analysis Of Methylation Patterns On Circulating Cell-Free Dna (Cfdna) Plus Measurement Of Serum Of Afp/Afp-L3 And Oncoprotein Des-Gamma-Carboxy-Prothrombin (Dcp), Alg	No
0334U	Oncology (Solid Organ), Targeted Genomic Sequence Analysis, Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue, Dna Analysis, 84 Or More Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, Microsatellite Ins	Yes
0335	Radiology - Therapeutic and/or Chemotherapy Administration: Chemotherapy Admin - IV	No
0335T	Insertion of sinus tarsi implant	Yes
0335U	Rare Diseases (Constitutional/Heritable Disorders), Whole Genome Sequence Analysis, Including Small Sequence Changes, Copy Number Variants, Deletions, Duplications, Mobile Element Insertions, Uniparental Disomy (Upd), Inversions, Aneuploidy, Mitochondrial	Yes
0336U	Rare Diseases (Constitutional/Heritable Disorders), Whole Genome Sequence Analysis, Including Small Sequence Changes, Copy Number Variants, Deletions, Duplications, Mobile Element Insertions, Uniparental Disomy (Upd), Inversions, Aneuploidy, Mitochondrial	Yes
0337U	Oncology (Plasma Cell Disorders And Myeloma), Circulating Plasma Cell Immunologic Selection, Identification, Morphological Characterization, And Enumeration Of Plasma Cells Based On Differential Cd138, Cd38, Cd19, And Cd45 Protein Biomarker Expression, Pe	Yes
0338T	Transcatheter Renal Sympathetic Denervation, Percutaneous Approach Including Arterial Puncture, Selective Catheter Placement(S) Renal Artery(Ies), Fluoroscopy, Contrast Injection(S), Intraprocedural Roadmapping And Radiological Supervision And Interpretat	Yes
0338U	Oncology (Solid Tumor), Circulating Tumor Cell Selection, Identification, Morphological Characterization, Detection And Enumeration Based On Differential Epcam, Cytokeratins 8, 18, And 19, And Cd45 Protein Biomarkers, And Quantification Of Her2 Protein Bi	Yes
0339	Radiology - Therapeutic and/or Chemotherapy Administration: Other Radiology - Therapeutic	No
0339T	Transcatheter Renal Sympathetic Denervation, Percutaneous Approach Including Arterial Puncture, Selective Catheter Placement(S) Renal Artery(Ies), Fluoroscopy, Contrast Injection(S), Intraprocedural Roadmapping And Radiological Supervision And Interpretat	Yes
0339U	Oncology (Prostate), Mrna Expression Profiling Of Hoxc6 And Dlx1, Reverse Transcription Polymerase Chain Reaction (Rt-Pcr), First-Void Urine Following Digital Rectal Examination, Algorithm Reported As Probability Of High-Grade Cancer	No
0340	Nuclear Medicine: General Classification	No
0340U	Oncology (Pan-Cancer), Analysis Of Minimal Residual Disease (Mrd) From Plasma, With Assays Personalized To Each Patient Based On Prior Next-Generation Sequencing Of The Patient'S Tumor And Germline Dna, Reported As Absence Or Presence Of Mrd, With Disease	Yes
0341	Nuclear Medicine: Diagnostic	No
0341U	Fetal Aneuploidy Dna Sequencing Comparative Analysis, Fetal Dna From Products Of Conception, Reported As Normal (Euploidy), Monosomy, Trisomy, Or Partial Deletion/Duplication, Mosaicism, And Segmental Aneuploid	No
0342	Nuclear Medicine: Therapeutic	No
0342T	Therapeutic Apheresis With Selective Hdl Delipidation And Plasma Reinfusion	Yes
0342U	Oncology (Pancreatic Cancer), Multiplex Immunoassay Of C5, C4, Cystatin C, Factor B, Osteoprotegerin (Opg), Gelsolin, Igfbp3, Ca125 And Multiplex Electrochemiluminescent Immunoassay (Eclia) For Ca19-9, Serum, Diagnostic Algorithm Reported Qualitatively As	Yes
0343	Nuclear Medicine: Diagnostic Radiopharmaceuticals	No
0343U	Oncology (Prostate), Exosome-Based Analysis Of 442 Small Noncoding Rnas (Sncrnas) By Quantitative Reverse Transcription Polymerase Chain Reaction (Rt-Qpcr), Urine, Reported As Molecular Evidence Of No-, Low-, Intermediate- Or High-Risk Of Prostate Cancer	Yes
0344	Nuclear Medicine: Therapeutic Radiopharmaceuticals	No
0344U	Hepatology (Nonalcoholic Fatty Liver Disease [Nafld]), Semiquantitative Evaluation Of 28 Lipid Markers By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Serum, Reported As At-Risk For Nonalcoholic Steatohepatitis (Nash) Or Not Nash	Yes
0345T	Transcatheter Mitral Valve Repair Percutaneous Approach Via The Coronary Sinus	Yes
0345U	Psychiatry (Eg, Depression, Anxiety, Attention Deficit Hyperactivity Disorder [Adhd]), Genomic Analysis Panel, Variant Analysis Of 15 Genes, Including Deletion/Duplication Analysis Of Cyp2D6	Yes
0347T	Placement Of Interstitial Device(s) In Bone For Radiostereometric Analysis (Rsa)	Yes
0347U	Drug Metabolism Or Processing (Multiple Conditions), Whole Blood Or Buccal Specimen, Dna Analysis, 16 Gene Report, With Variant Analysis And Reported Phenotypes	Yes

Procedure Code	Description	Prior Auth Required
0348T	Radiologic Examination, Radiostereometric Analysis (Rsa); Spine, (Includes Cervical, Thoracic And Lumbosacral, When Performed)	No
0348U	Drug Metabolism Or Processing (Multiple Conditions), Whole Blood Or Buccal Specimen, Dna Analysis, 25 Gene Report, With Variant Analysis And Reported Phenotypes	Yes
0349	Nuclear Medicine: Other Nuclear Medicine	No
0349T	Radiologic Examination, Radiostereometric Analysis (Rsa); Upper Extremity(Ies), (Includes Shoulder, Elbow, And Wrist, When Performed)	No
0349U	Drug Metabolism Or Processing (Multiple Conditions), Whole Blood Or Buccal Specimen, Dna Analysis, 27 Gene Report, With Variant Analysis Including Reported Phenotypes And Impacted Gene-Drug Interactions	Yes
0350	CT Scan: General Classification	No
0350T	Radiologic Examination, Radiostereometric Analysis (Rsa); Lower Extremity(Ies), (Includes Hip, Proximal Femur, Knee, And Ankle, When Performed)	No
0350U	Drug Metabolism Or Processing (Multiple Conditions), Whole Blood Or Buccal Specimen, Dna Analysis, 27 Gene Report, With Variant Analysis And Reported Phenotypes	Yes
0351	CT Scan: CT - Head Scan	No
0351T	Optical Coherence Tomography Of Breast Or Axillary Lymph Node, Excised Tissue, Each Specimen; Real-Time Intraoperative	Yes
0351U	Infectious Disease (Bacterial Or Viral), Biochemical Assays, Tumor Necrosis Factor-Related Apoptosis-Inducing Ligand (Trail), Interferon Gamma-Induced Protein-10 (Ip-10), And C-Reactive Protein, Serum, Or Venous Whole Blood, Algorithm Reported As Likeliho	Yes
0352	CT Scan: CT - Body Scan	No
0352T	Optical Coherence Tomography Of Breast Or Axillary Lymph Node, Excised Tissue, Each Specimen; Interpretation And Report, Real-Time Or Referred	No
0353T	Optical Coherence Tomography Of Breast, Surgical Cavity; Real-Time Intraoperative	Yes
0354T	Optical Coherence Tomography Of Breast, Surgical Cavity; Interpretation And Report, Real-Time Or Referred	No
0355U	Apol1 (Apolipoprotein L1) (Eg, Chronic Kidney Disease), Risk Variants (G1, G2)	Yes
0356U	Oncology (Oropharyngeal Or Anal), Evaluation Of 17 Dna Biomarkers Using Droplet Digital Pcr (Ddpcr), Cell-Free Dna, Algorithm Reported As A Prognostic Risk Score For Cancer Recurrence	Yes
0358T	Bioelectrical Impedance Analysis Whole Body Composition Assessment, With Interpretation And Report	No
0358U	Neurology (Mild Cognitive Impairment), Analysis Of B-Amyloid 1-42 And 1-40, Chemiluminescence Enzyme Immunoassay, Cerebral Spinal Fluid, Reported As Positive, Likely Positive, Or Negative	Yes
0359	CT Scan: CT - Other	No
0359U	Oncology (Prostate Cancer), Analysis Of All Prostate-Specific Antigen (Psa) Structural Isoforms By Phase Separation And Immunoassay, Plasma, Algorithm Reports Risk Of Cancer	No
0360	Operating Room Services: General Classification	No
0360U	Oncology (Lung), Enzyme-Linked Immunosorbent Assay (Elisa) Of 7 Autoantibodies (P53, Ny-Eso-1, Cage, Gbu4-5, Sox2, Mage A4, And Hud), Plasma, Algorithm Reported As A Categorical Result For Risk Of Malignancy	Yes
0361	Operating Room Services: Minor Surgery	No
0362	Operating Room Services: Organ Transplant-Other than Kidney	No
0362T	Behavior Identification Supporting Assessment, Each 15 Minutes Of Technicians' Time Face-To-Face With A Patient, Requiring The Following Components: Administration By The Physician Or Other Qualified Health Care Professional Who Is On Site; With The Assis	Yes
0362U	Oncology (Papillary Thyroid Cancer), Gene-Expression Profiling Via Targeted Hybrid Capture-Enrichment Rna Sequencing Of 82 Content Genes And 10 Housekeeping Genes, Fine Needle Aspirate Or Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithm Reported	Yes
0363U	Oncology (Urothelial), Mrna, Gene-Expression Profiling By Real-Time Quantitative Pcr Of 5 Genes (Mdk, Hoxa13, Cdc2 [Cdk1], Igfbp5, And Cxcr2), Utilizing Urine, Algorithm Incorporates Age, Sex, Smoking History, And Macrohematuria Frequency, Reported As A R	Yes
0364U	Oncology (Hematolymphoid Neoplasm), Genomic Sequence Analysis Using Multiplex (Pcr) And Next-Generation Sequencing With Algorithm, Quantification Of Dominant Clonal Sequence(S), Reported As Presence Or Absence Of Minimal Residual Disease (Mrd) With Quanti	No
0365U	Oncology (Bladder), 10 Protein Biomarkers (A1At, Ang, Apoe, Ca9, Il8, Mmp9, Mmp10, Pai1, Sdc1, And Vegfa) By Immunoassays, Urine, Diagnostic Algorithm, Including Patient'S Age, Race, And Gender, Reported As A Probability Of Harboring Urothelial Cancer	Yes
0366U	Oncology (Bladder), Analysis Of 10 Protein Biomarkers (A1At, Ang, Apoe, Ca9, Il8, Mmp9, Mmp10, Pai1, Sdc1, And Vegfa) By Immunoassays, Urine, Algorithm Reported As A Probability Of Recurrent Bladder Cancer	Yes
0367	Operating Room Services: Kidney Transplant	No
0367U	Oncology (Bladder), Analysis Of 10 Protein Biomarkers (A1At, Ang, Apoe, Ca9, Il8, Mmp9, Mmp10, Pai1, Sdc1, And Vegfa) By Immunoassays, Urine, Diagnostic Algorithm Reported As A Risk Score For Probability Of Rapid Recurrence Of Recurrent Or Persistent Canc	Yes
0368U	Oncology (Colorectal Cancer), Evaluation For Mutations Of Apc, Braf, Ctnnb1, Kras, Nras, Pik3Ca, Smad4, And Tp53, And Methylation Markers (Myo1G, Kcnq5, C9Orf50, Fli1, Clip4, Znf132, And Twist1), Multiplex Quantitative Polymerase Chain Reaction (Qpcr), Ci	Yes
0369	Operating Room Services: Other OR Services	No
0370	Anesthesia: General Classification	No
0371	Anesthesia: Anesthesia Incident to Radiology	No

Procedure Code	Description	Prior Auth Required
0371U	Infectious Agent Detection By Nucleic Acid (Dna Or Rna), Genitourinary Pathogen, Semiquantitative Identification, Dna From 16 Bacterial Organisms And 1 Fungal Organism, Multiplex Amplified Probe Technique Via Quantitative Polymerase Chain Reaction (Qpcr),	No
0372	Anesthesia: Anesthesia Incident to Other DX Services	No
0372U	Infectious Disease (Genitourinary Pathogens), Antibiotic-Resistance Gene Detection, Multiplex Amplified Probe Technique, Urine, Reported As An Antimicrobial Stewardship Risk Score	No
0373T	Adaptive Behavior Treatment With Protocol Modification, Each 15 Minutes Of Technicians' Time Face-To-Face With A Patient, Requiring The Following Components: Administration By The Physician Or Other Qualified Health Care Professional Who Is On Site; With	Yes
0374	Anesthesia: Acupuncture	No
0375U	Oncology (Ovarian), Biochemical Assays Of 7 Proteins (Follicle Stimulating Hormone, Human Epididymis Protein 4, Apolipoprotein A-1, Transferrin, Beta-2 Macroglobulin, Prealbumin [Ie, Transthyretin], And Cancer Antigen 125), Algorithm Reported As Ovarian C	Yes
0376U	Oncology (Prostate Cancer), Image Analysis Of At Least 128 Histologic Features And Clinical Factors, Prognostic Algorithm Determining The Risk Of Distant Metastases, And Prostate Cancer-Specific Mortality, Includes Predictive Algorithm To Androgen Depriva	Yes
0377U	Cardiovascular Disease, Quantification Of Advanced Serum Or Plasma Lipoprotein Profile, By Nuclear Magnetic Resonance (Nmr) Spectrometry With Report Of A Lipoprotein Profile (Including 23 Variables)	Yes
0378T	Visual Field Assessment, With Concurrent Real Time Data Analysis And Accessible Data Storage With Patient Initiated Data Transmitted To A Remote Surveillance Center For Up To 30 Days; Review And Interpretation With Report By A Physician Or Other Qualified	Yes
0378U	Rfc1 (Replication Factor C Subunit 1), Repeat Expansion Variant Analysis By Traditional And Repeat-Primed Pcr, Blood, Saliva, Or Buccal Swab	No
0379	Anesthesia: Other Anesthesia	No
0379T	Visual Field Assessment, With Concurrent Real Time Data Analysis And Accessible Data Storage With Patient Initiated Data Transmitted To A Remote Surveillance Center For Up To 30 Days; Technical Support And Patient Instructions, Surveillance, Analysis, And	Yes
0379U	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm, Dna (523 Genes) And Rna (55 Genes) By Next-Generation Sequencing, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, Microsatellite Instability, And Tu	Yes
0380	Blood and Blood Components: General Classification	No
0381	Blood and Blood Components: Packed Red Cells	No
0381U	Maple Syrup Urine Disease Monitoring By Patient-Collected Blood Card Sample, Quantitative Measurement Of Allo-Isoleucine, Leucine, Isoleucine, And Valine, Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms)	No
0382	Blood and Blood Components: Whole Blood	No
0382U	Hyperphenylalaninemia Monitoring By Patient-Collected Blood Card Sample, Quantitative Measurement Of Phenylalanine And Tyrosine, Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms)	No
0383	Blood and Blood Components: Plasma	No
0383U	Tyrosinemia Type I Monitoring By Patient-Collected Blood Card Sample, Quantitative Measurement Of Tyrosine, Phenylalanine, Methionine, Succinylacetone, Nitisinone, Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms)	No
0384	Blood and Blood Components: Platelets	No
0384U	Nephrology (Chronic Kidney Disease), Carboxymethyllysine, Methylglyoxal Hydroimidazolone, And Carboxyethyl Lysine By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms) And Hba1C And Estimated Glomerular Filtration Rate (Gfr), With Risk Score R	Yes
0385	Blood and Blood Components: Leukocytes	No
0385U	Nephrology (Chronic Kidney Disease), Apolipoprotein A4 (Apoa4), Cd5 Antigen-Like (Cd5L), And Insulin-Like Growth Factor Binding Protein 3 (Igfbp3) By Enzyme-Linked Immunoassay (Elisa), Plasma, Algorithm Combining Results With Hdl, Estimated Glomerular Fil	Yes
0386	Blood and Blood Components: Other Blood Components	No
0387	Blood and Blood Components: Other Derivatives (Cryoprecipitate)	No
0387U	Oncology (Melanoma), Autophagy And Beclin 1 Regulator 1 (Ambra1) And Loricrin (Amlo) By Immunohistochemistry, Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Report For Risk Of Progression	Yes
0388U	Oncology (Non-Small Cell Lung Cancer), Next-Generation Sequencing With Identification Of Single Nucleotide Variants, Copy Number Variants, Insertions And Deletions, And Structural Variants In 37 Cancer-Related Genes, Plasma, With Report For Alteration Det	Yes
0389	Blood and Blood Components: Other Blood and Blood Components	No
0389U	Pediatric Febrile Illness (Kawasaki Disease [Kd]), Interferon Alpha-Inducible Protein 27 (Ifi27) And Mast Cell-Expressed Membrane Protein 1 (Mcemp1), Rna, Using Quantitative Reverse Transcription Polymerase Chain Reaction (Rt-Qpcr), Blood, Reported As A R	Yes
0390	Administration, Processing,& Storage Blood & Blood Components: General Classification	No
0390U	Obstetrics (Preeclampsia), Kinase Insert Domain Receptor (Kdr), Endoglin (Eng), And Retinol-Binding Protein 4 (Rbp4), By Immunoassay, Serum, Algorithm Reported As A Risk Score	Yes
0391	Administration, Processing,& Storage Blood & Blood Components: Administration (e.g., Transfusion)	No
0391U	Oncology (Solid Tumor), Dna And Rna By Next-Generation Sequencing, Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, 437 Genes, Interpretive Report For Single Nucleotide Variants, Splice-Site Variants, Insertions/Deletions, Copy Number Alterations	Yes

Procedure Code	Description	Prior Auth Required
0392	Administration, Processing,& Storage Blood & Blood Components: Processing and Storage	No
0392U	Drug Metabolism (Depression, Anxiety, Attention Deficit Hyperactivity Disorder [Adhd]), Gene-Drug Interactions, Variant Analysis Of 16 Genes, Including Deletion/Duplication Analysis Of Cyp2D6, Reported As Impact Of Gene-Drug Interaction For Each Drug	Yes
0393U	Neurology (Eg, Parkinson Disease, Dementia With Lewy Bodies), Cerebrospinal Fluid (Csf), Detection Of Misfolded A-Synuclein Protein By Seed Amplification Assay, Qualitative	Yes
0394U	Perfluoroalkyl Substances (Pfas) (Eg, Perfluorooctanoic Acid, Perfluorooctane Sulfonic Acid), 16 Pfas Compounds By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Plasma Or Serum, Quantitative	Yes
0395T	High Dose Rate Electronic Brachytherapy, Interstitial Or Intracavitary Treatment, Per Fraction, Includes Basic Dosimetry, When Performed	No
0395U	Oncology (Lung), Multi-Omics (Microbial Dna By Shotgun Next-Generation Sequencing And Carcinoembryonic Antigen And Osteopontin By Immunoassay), Plasma, Algorithm Reported As Malignancy Risk For Lung Nodules In Early-Stage Disease	Yes
0397T	Endoscopic Retrograde Cholangiopancreatography (Ercp), With Optical Endomicroscopy (List Separately In Addition To Code For Primary Procedure)	Yes
0398U	Gastroenterology (Barrett Esophagus), P16, Runx3, Hpp1, And Fbn1 Dna Methylation Analysis Using Pcr, Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithm Reported As Risk Score For Progression To High-Grade Dysplasia Or Cancer	Yes
0399	Administration, Processing,& Storage Blood & Blood Components: Other Blood Handling	No
0399U	Neurology (Cerebral Folate Deficiency), Serum, Detection Of Anti-Human Folate Receptor Igg-Binding Antibody And Blocking Autoantibodies By Enzyme-Linked Immunoassay (Elisa), Qualitative, And Blocking Autoantibodies, Using A Functional Blocking Assay For I	Yes
0400	Other Imaging Services: General Classification	No
0400H	Chemotherapy (Continuous Infusion)	No
0400U	Obstetrics (Expanded Carrier Screening), 145 Genes By Next-Generation Sequencing, Fragment Analysis And Multiplex Ligation-Dependent Probe Amplification, Dna, Reported As Carrier Positive Or Negative	Yes
0401	Other Imaging Services: Diagnostic Mammography	No
0401U	Cardiology (Coronary Heart Disease [Chd]), 9 Genes (12 Variants), Targeted Variant Genotyping, Blood, Saliva, Or Buccal Swab, Algorithm Reported As A Genetic Risk Score For A Coronary Event	Yes
0402	Other Imaging Services: Ultrasound	No
0402T	Collagen Cross-Linking Of Cornea, Including Removal Of The Corneal Epithelium, When Performed, And Intraoperative Pachymetry, When Performed	Yes
0402U	Infectious Agent (Sexually Transmitted Infection), Chlamydia Trachomatis, Neisseria Gonorrhoeae, Trichomonas Vaginalis, Mycoplasma Genitalium, Multiplex Amplified Probe Technique, Vaginal, Endocervical, Or Male Urine, Each Pathogen Reported As Detected Or	No
0403	Other Imaging Services: Screening Mammography	No
0403T	Preventive Behavior Change, Intensive Program Of Prevention Of Diabetes Using A Standardized Diabetes Prevention Program Curriculum, Provided To Individuals In A Group Setting, Minimum 60 Minutes, Per Day	Yes
0403U	Oncology (Prostate), Mrna, Gene Expression Profiling Of 18 Genes, First-Catch Urine, Algorithm Reported As Percentage Of Likelihood Of Detecting Clinically Significant Prostate Cancer	Yes
0404	Other Imaging Services: Positron Emission Tomography	No
0404U	Oncology (Breast), Semiquantitative Measurement Of Thymidine Kinase Activity By Immunoassay, Serum, Results Reported As Risk Of Disease Progression	Yes
0405U	Oncology (Pancreatic), 59 Methylation Haplotype Block Markers, Next-Generation Sequencing, Plasma, Reported As Cancer Signal Detected Or Not Detected	Yes
0406U	Oncology (Lung), Flow Cytometry, Sputum, 5 Markers (Meso-Tetra [4-Carboxyphenyl] Porphyrin [Tcpp], Cd206, Cd66B, Cd3, Cd19), Algorithm Reported As Likelihood Of Lung Cancer	Yes
0407U	Nephrology (Diabetic Chronic Kidney Disease [Ckd]), Multiplex Electrochemiluminescent Immunoassay (Eclia) Of Soluble Tumor Necrosis Factor Receptor 1 (Stnfr1), Soluble Tumor Necrosis Receptor 2 (Stnfr2), And Kidney Injury Molecule 1 (Kim-1) Combined With	Yes
0408T	Insertion Or Replacement Of Permanent Cardiac Contractility Modulation System, Including Contractility Evaluation When Performed, And Programming Of Sensing And Therapeutic Parameters; Pulse Generator With Transvenous Electrodes	Yes
0408U	Infectious Agent Antigen Detection By Bulk Acoustic Wave Biosensor Immunoassay, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])	No
0409	Other Imaging Services: Other Imaging Service	No
0409T	Insertion Or Replacement Of Permanent Cardiac Contractility Modulation System, Including Contractility Evaluation When Performed, And Programming Of Sensing And Therapeutic Parameters; Pulse Generator Only	Yes
0409U	Oncology (Solid Tumor), Dna (80 Genes) And Rna (36 Genes), By Next-Generation Sequencing From Plasma, Including Single Nucleotide Variants, Insertions/Deletions, Copy Number Alterations, Microsatellite Instability, And Fusions, Report Showing Identified M	Yes
0410	Respiratory Services: General Classification	No
0410T	Insertion Or Replacement Of Permanent Cardiac Contractility Modulation System, Including Contractility Evaluation When Performed, And Programming Of Sensing And Therapeutic Parameters; Atrial Electrode Only	Yes
0410U	Oncology (Pancreatic), Dna, Whole Genome Sequencing With 5-Hydroxymethylcytosine Enrichment, Whole Blood Or Plasma, Algorithm Reported As Cancer Detected Or Not Detected	Yes

Procedure Code	Description	Prior Auth Required
0411T	Insertion Or Replacement Of Permanent Cardiac Contractility Modulation System, Including Contractility Evaluation When Performed, And Programming Of Sensing And Therapeutic Parameters; Ventricular Electrode Only	Yes
0411U	Psychiatry (Eg, Depression, Anxiety, Attention Deficit Hyperactivity Disorder [Adhd]), Genomic Analysis Panel, Variant Analysis Of 15 Genes, Including Deletion/Duplication Analysis Of Cyp2D6	Yes
0412	Respiratory Services: Inhalation Services	No
0412T	Removal Of Permanent Cardiac Contractility Modulation System; Pulse Generator Only	Yes
0412U	Beta Amyloid, Ab42/40 Ratio, Immunoprecipitation With Quantitation By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms) And Qualitative Apoe Isoform-Specific Proteotyping, Plasma Combined With Age, Algorithm Reported As Presence Or Absence Of	Yes
0413	Respiratory Services: Hyperbaric Oxygen Therapy	No
0413T	Removal Of Permanent Cardiac Contractility Modulation System; Transvenous Electrode (Atrial Or Ventricular)	Yes
0413U	Oncology (Hematolymphoid Neoplasm), Optical Genome Mapping For Copy Number Alterations, Aneuploidy, And Balanced/Complex Structural Rearrangements, Dna From Blood Or Bone Marrow, Report Of Clinically Significant Alterations	Yes
0414T	Removal And Replacement Of Permanent Cardiac Contractility Modulation System Pulse Generator Only	Yes
0414U	Oncology (Lung), Augmentative Algorithmic Analysis Of Digitized Whole Slide Imaging For 8 Genes (Alk, Braf, Egfr, Erbb2, Met, Ntrk1-3, Ret, Ros1), And Kras G12C And Pd-L1, If Performed, Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Reported As Positive	Yes
0415T	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR LEAD)	Yes
0415U	Cardiovascular Disease (Acute Coronary Syndrome [Acs]), Il-16, Fas, Fasligand, Hgf, Ctack, Eotaxin, And Mcp-3 By Immunoassay Combined With Age, Sex, Family History, And Personal History Of Diabetes, Blood, Algorithm Reported As A 5-Year (Deleted Risk) Sco	Yes
0416T	Relocation Of Skin Pocket For Implanted Cardiac Contractility Modulation Pulse Generator	Yes
0417T	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Including Review And Report, Implantable Cardiac Contractility M	Yes
0417U	Rare Diseases (Constitutional/Heritable Disorders), Whole Mitochondrial Genome Sequence With Heteroplasmy Detection And Deletion Analysis, Nuclear-Encoded Mitochondrial Gene Analysis Of 335 Nuclear Genes, Including Sequence Changes, Deletions, Insertions,	Yes
0418T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, IMPLANTABLE CARDIAC CONTRACTILITY MODULATION SYSTEM	Yes
0418U	Oncology (Breast), Augmentative Algorithmic Analysis Of Digitized Whole Slide Imaging Of 8 Histologic And Immunohistochemical Features, Reported As A Recurrence Score	Yes
0419	Respiratory Services: Other Respiratory Services	No
0419T	DESTRUCTION OF NEUROFIBROMA, EXTENSIVE (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS); FACE, HEAD AND NECK, GREATER THAN 50 NEUROFIBROMAS	Yes
0419U	Neuropsychiatry (Eg, Depression, Anxiety), Genomic Sequence Analysis Panel, Variant Analysis Of 13 Genes, Saliva Or Buccal Swab, Report Of Each Gene Phenotype	Yes
0420	Physical Therapy: General Classification	No
0420T	DESTRUCTION OF NEUROFIBROMA, EXTENSIVE (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS); TRUNK AND EXTREMITIES, EXTENSIVE, GREATER THAN 100 NEUROFIBROMAS	Yes
0420U	Oncology (Urothelial), Mrna Expression Profiling By Real-Time Quantitative Pcr Of Mdk, Hoxa13, Cdc2, Igfbp5, And Cxcr2 In Combination With Droplet Digital Pcr (Ddpcr) Analysis Of 6 Single-Nucleotide Polymorphisms (Snps) Genes Tert And Fgfr3, Urine, Algori	Yes
0421	Physical Therapy: Visit	No
0421U	Oncology (Colorectal) Screening, Quantitative Real-Time Target And Signal Amplification Of 8 Rna Markers (Gapdh, Smad4, Acy1, Areg, Cdh1, Kras, Tnfrsf10B, Egln2) And Fecal Hemoglobin, Algorithm Reported As A Positive Or Negative For Colorectal Cancer Risk	No
0422	Physical Therapy: Hourly	No
0422T	Tactile Breast Imaging By Computer-Aided Tactile Sensors, Unilateral Or Bilateral	No
0422U	Oncology (Pan-Solid Tumor), Analysis Of Dna Biomarker Response To Anti-Cancer Therapy Using Cell-Free Circulating Dna, Biomarker Comparison To A Previous Baseline Pre-Treatment Cell-Free Circulating Dna Analysis Using Next-Generation Sequencing, Algorithm	Yes
0423	Physical Therapy: Group	No
0423U	Psychiatry (Eg, Depression, Anxiety), Genomic Analysis Panel, Including Variant Analysis Of 26 Genes, Buccal Swab, Report Including Metabolizer Status And Risk Of Drug Toxicity By Condition	Yes
0424	Physical Therapy: Evaluation or Reevaluation	No
0424U	Oncology (Prostate), Exosome-Based Analysis Of 53 Small Noncoding Rnas (Sncrnas) By Quantitative Reverse Transcription Polymerase Chain Reaction (Rt-Qpcr), Urine, Reported As No Molecular Evidence, Low-, Moderate- Or Elevated-Risk Of Prostate Cancer	Yes
0425U	Genome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome), Rapid Sequence Analysis, Each Comparator Genome (Eg, Parents, Siblings)	No
0426U	Genome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome), Ultra-Rapid Sequence Analysis	No
0427U	Monocyte Distribution Width, Whole Blood (List Separately In Addition To Code For Primary Procedure)	Yes

Procedure Code	Description	Prior Auth Required
0429	Physical Therapy: Other Physical Therapy	No
0429U	Human Papillomavirus (Hpv), Oropharyngeal Swab, 14 High-Risk Types (Ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, And 68)	Yes
0430	Occupational Therapy: General Classification	No
0430U	Gastroenterology, Malabsorption Evaluation Of Alpha-1-Antitrypsin, Calprotectin, Pancreatic Elastase And Reducing Substances, Feces, Quantitative	Yes
0431	Occupational Therapy: Visit	No
0431U	Glycine Receptor Alpha1 Igg, Serum Or Cerebrospinal Fluid (Csf), Live Cell-Binding Assay (Lcba), Qualitative	Yes
0432	Occupational Therapy: Hourly	No
0432U	Kelch-Like Protein 11 (Klhl11) Antibody, Serum Or Cerebrospinal Fluid (Csf), Cell-Binding Assay, Qualitative	Yes
0433	Occupational Therapy: Group	No
0433U	Oncology (Prostate), 5 Dna Regulatory Markers By Quantitative Pcr, Whole Blood, Algorithm, Including Prostate-Specific Antigen, Reported As Likelihood Of Cancer	Yes
0434	Occupational Therapy: Evaluation or Reevaluation	No
0434U	Drug Metabolism (Adverse Drug Reactions And Drug Response), Genomic Analysis Panel, Variant Analysis Of 25 Genes With Reported Phenotypes	Yes
0435U	Oncology, Chemotherapeutic Drug Cytotoxicity Assay Of Cancer Stem Cells (Cscs), From Cultured Cscs And Primary Tumor Cells, Categorical Drug Response Reported Based On Cytotoxicity Percentage Observed, Minimum Of 14 Drugs Or Drug Combinations	Yes
0436U	Oncology (Lung), Plasma Analysis Of 388 Proteins, Using Aptamer-Based Proteomics Technology, Predictive Algorithm Reported As Clinical Benefit From Immune Checkpoint Inhibitor Therapy	Yes
0437T	Implantation Of Non-Biologic Or Synthetic Implant (eg, Polypropylene) For Fascial Reinforcement Of The Abdominal Wall (List Separately In Addition To Code For Primary Procedure)	Yes
0437U	Psychiatry (Anxiety Disorders), Mrna, Gene Expression Profiling By Rna Sequencing Of 15 Biomarkers, Whole Blood, Algorithm Reported As Predictive Risk Score	Yes
0438U	Drug Metabolism (Adverse Drug Reactions And Drug Response), Buccal Specimen, Gene-Drug Interactions, Variant Analysis Of 33 Genes, Including Deletion/Duplication Analysis Of Cyp2D6, Including Reported Phenotypes And Impacted Gene-Drug Interactions	Yes
0439	Occupational Therapy: Other Occupational Therapy	No
0439T	MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY, AT REST OR WITH STRESS, FOR ASSESSMENT OF MYOCARDIAL ISCHEMIA OR VIABILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No
0439U	Cardiology (Coronary Heart Disease [Chd]), Dna, Analysis Of 5 Single-Nucleotide Polymorphisms (Snps) (Rs11716050 [Loc105376934], Rs6560711 [Wdr37], Rs3735222 [Scin/Loc107986769], Rs6820447 [Intergenic], And Rs9638144 [Esyt2]) And 3 Dna Methylation Markers	Yes
0440	Speech Therapy - Language Pathology: General Classification	No
0440T	Ablation, Percutaneous, Cryoablation, Includes Imaging Guidance; Upper Extremity Distal/Peripheral Nerve	Yes
0440U	Cardiology (Coronary Heart Disease [Chd]), Dna, Analysis Of 10 Single-Nucleotide Polymorphisms (Snps) (Rs710987 [Linc010019], Rs1333048 [Cdkn2B-As1], Rs12129789 [Kcnd3], Rs942317 [Ktn1-As1], Rs1441433 [Ppp3Ca], Rs2869675 [Prex1], Rs4639796 [Zbtb41], Rs437	Yes
0441	Speech Therapy - Language Pathology: Visit	No
0441T	Ablation, Percutaneous, Cryoablation, Includes Imaging Guidance; Lower Extremity Distal/Peripheral Nerve	Yes
0441U	Infectious Disease (Bacterial, Fungal, Or Viral Infection), Semiquantitative Biomechanical Assessment (Via Deformability Cytometry), Whole Blood, With Algorithmic Analysis And Result Reported As An Index	Yes
0442	Speech Therapy - Language Pathology: Hourly	No
0442T	Ablation, Percutaneous, Cryoablation, Includes Imaging Guidance; Nerve Plexus Or Other Truncal Nerve (eg, Brachial Plexus, Pudendal Nerve)	Yes
0442U	Infectious Disease (Respiratory Infection), Myxovirus Resistance Protein A (Mxa) And C-Reactive Protein (Crp), Fingerstick Whole Blood Specimen, Each Biomarker Reported As Present Or Absent	Yes
0443	Speech Therapy - Language Pathology: Group	No
0443T	REAL-TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY, INCLUDING IMAGING GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes
0443U	Neurofilament Light Chain (Nfl), Ultra-Sensitive Immunoassay, Serum Or Cerebrospinal Fluid	Yes
0444	Speech Therapy - Language Pathology: Evaluation or Reevaluation	No
0444T	Initial Placement Of A Drug-Eluting Ocular Insert Under One Or More Eyelids, Including Fitting, Training, And Insertion, Unilateral Or Bilateral	Yes
0444U	Oncology (Solid Organ Neoplasia), Targeted Genomic Sequence Analysis Panel Of 361 Genes, Interrogation For Gene Fusions, Translocations, Or Other Rearrangements, Using Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue, Report Of Clinically Sig	Yes
0445T	Subsequent Placement Of A Drug-Eluting Ocular Insert Under One Or More Eyelids, Including Re-Training, And Removal Of Existing Insert, Unilateral Or Bilateral	Yes

Procedure Code	Description	Prior Auth Required
0445U	B-Amyloid (Abeta42) And Phospho Tau (181P) (Ptau181), Electrochemiluminescent Immunoassay (Eclia), Cerebral Spinal Fluid, Ratio Reported As Positive Or Negative For Amyloid Pathology	Yes
0446T	Creation Of Subcutaneous Pocket With Insertion Of Implantable Interstitial Glucose Sensor, Including System Activation And Patient Training	Yes
0446U	Autoimmune Diseases (Systemic Lupus Erythematosus [Sle]), Analysis Of 10 Cytokine Soluble Mediator Biomarkers By Immunoassay, Plasma, Individual Components Reported With An Algorithmic Risk Score For Current Disease Activity	Yes
0447T	Removal Of Implantable Interstitial Glucose Sensor From Subcutaneous Pocket Via Incision	Yes
0447U	Autoimmune Diseases (Systemic Lupus Erythematosus [Sle]), Analysis Of 11 Cytokine Soluble Mediator Biomarkers By Immunoassay, Plasma, Individual Components Reported With An Algorithmic Prognostic Risk Score For Developing A Clinical Flare	Yes
0448T	Removal Of Implantable Interstitial Glucose Sensor With Creation Of Subcutaneous Pocket At Different Anatomic Site And Insertion Of New Implantable Sensor, Including System Activation	Yes
0449	Speech Therapy - Language Pathology: Other Speech Pathology	No
0449T	Insertion Of Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Subconjunctival Space; Initial Device	Yes
0449U	Carrier Screening For Severe Inherited Conditions (Eg, Cystic Fibrosis, Spinal Muscular Atrophy, Beta Hemoglobinopathies [Including Sickle Cell Disease], Alpha Thalassemia), Regardless Of Race Or Self-Identified Ancestry, Genomic Sequence Analysis Panel,	Yes
0450	Emergency Room: General Classification	No
0450T	Insertion Of Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Subconjunctival Space; Each Additional Device (List Separately In Addition To Code For Primary Procedure)	Yes
0451	Emergency Room: EMTALA Emergency Medical Screening	No
0452	Emergency Room: ER Beyond EMTALA	No
0452U	Oncology (Bladder), Methylated Penk Dna Detection By Linear Target Enrichment-Quantitative Methylation-Specific Real-Time Pcr (Lte-Qmsp), Urine, Reported As Likelihood Of Bladder Cancer	Yes
0453U	Oncology (Colorectal Cancer), Cell-Free Dna (Cfdna), Methylation-Based Quantitative Pcr Assay (Septin9, Ikzf1, Bcat1, Septin9-2, Vav3, Bcan), Plasma, Reported As Presence Or Absence Of Circulating Tumor Dna (Ctdna)	Yes
0454U	Rare Diseases (Constitutional/Heritable Disorders), Identification Of Copy Number Variations, Inversions, Insertions, Translocations, And Other Structural Variants By Optical Genome Mapping	Yes
0455U	Infectious Agents (Sexually Transmitted Infection), Chlamydia Trachomatis, Neisseria Gonorrhoeae, And Trichomonas Vaginalis, Multiplex Amplified Probe Technique, Vaginal, Endocervical, Gynecological Specimens, Oropharyngeal Swabs, Rectal Swabs, Female Or	No
0456	Emergency Room: Urgent Care	No
0457U	Perfluoroalkyl Substances (Pfas) (Eg, Perfluorooctanoic Acid, Perfluorooctane Sulfonic Acid), 9 Pfas Compounds By Lc-Ms/Ms, Plasma Or Serum, Quantitative	Yes
0458U	Oncology (Breast Cancer), S100A8 And S100A9, By Enzyme-Linked Immunosorbent Assay Elisa), Tear Fluid With Age, Algorithm Reported As A Risk Score	Yes
0459	Emergency Room: Other Emergency Room	No
0459U	B-Amyloid (Abeta42) And Total Tau (Ttau), Electrochemiluminescent Immunoassay (Eclia), Cerebral Spinal Fluid, Ratio Reported As Positive Or Negative For Amyloid Pathology	Yes
0460	Pulmonary Function: General Classification	No
0460U	Oncology, Whole Blood Or Buccal, Dna Single-Nucleotide Polymorphism (Snp) Genotyping By Real-Time Pcr Of 24 Genes, With Variant Analysis And Reported Phenotypes	Yes
0461U	Oncology, Pharmacogenomic Analysis Of Single-Nucleotide Polymorphism (Snp) Genotyping By Real-Time Pcr Of 24 Genes, Whole Blood Or Buccal Swab, With Variant Analysis, Including Impacted Gene-Drug Interactions And Reported Phenotypes	Yes
0462U	Melatonin Levels Test, Sleep Study, 7 Or 9 Sample Melatonin Profile (Cortisol Optional), Enzyme-Linked Immunosorbent Assay (Elisa), Saliva, Screening/Preliminary	Yes
0463U	Oncology (Cervix), Mrna Gene Expression Profiling Of 14 Biomarkers (E6 And E7 Of The Highest-Risk Human Papillomavirus [Hpv] Types 16, 18, 31, 33, 45, 52, 58), By Real-Time Nucleic Acid Sequence-Based Amplification (Nasba), Exo- Or Endocervical Epithelial	Yes
0464T	Visual Evoked Potential, Testing For Glaucoma, With Interpretation And Report	Yes
0464U	Oncology (Colorectal) Screening, Quantitative Real-Time Target And Signal Amplification, Methylated Dna Markers, Including Lass4, Lrrc4 And Ppp2R5C, A Reference Marker Zdhhc1, And A Protein Marker (Fecal Hemoglobin), Utilizing Stool, Algorithm Reported As	No
0465U	Oncology (Urothelial Carcinoma), Dna, Quantitative Methylation-Specific Pcr Of 2 Genes (Onecut2, Vim), Algorithmic Analysis Reported As Positive Or Negative	Yes
0466U	Cardiology (Coronary Artery Disease [Cad]), Dna, Genome-Wide Association Studies (564856 Single-Nucleotide Polymorphisms [Snps], Targeted Variant Genotyping), Patient Lifestyle And Clinical Data, Buccal Swab, Algorithm Reported As Polygenic Risk To Acquir	Yes
0467U	Oncology (Bladder), Dna, Next-Generation Sequencing (Ngs) Of 60 Genes And Whole Genome Aneuploidy, Urine, Algorithms Reported As Minimal Residual Disease (Mrd) Status Positive Or Negative And Quantitative Disease Burden	Yes
0468U	Hepatology (Nonalcoholic Steatohepatitis [Nash]), Mir-34A-5P, Alpha 2-Macroglobulin, Ykl40, Hba1C, Serum And Whole Blood, Algorithm Reported As A Single Score For Nash Activity And Fibrosis	Yes

Procedure Code	Description	Prior Auth Required
0469	Pulmonary Function: Other Pulmonary	No
0469T	Retinal Polarization Scan, Ocular Screening With On-Site Automated Results, Bilateral	Yes
0469U	Rare Diseases (Constitutional/Heritable Disorders), Whole Genome Sequence Analysis For Chromosomal Abnormalities, Copy Number Variants, Duplications/Deletions, Inversions, Unbalanced Translocations, Regions Of Homozygosity (Roh), Inheritance Pattern That	Yes
0470	Audiology: General Classification	No
0470U	Oncology (Oropharyngeal), Detection Of Minimal Residual Disease By Next-Generation Sequencing (Ngs) Based Quantitative Evaluation Of 8 Dna Targets, Cell-Free Hpv 16 And 18 Dna From Plasma	Yes
0471	Audiology: Diagnostic	No
0471U	Oncology (Colorectal Cancer), Qualitative Real-Time Pcr Of 35 Variants Of Kras And Nras Genes (Exons 2, 3, 4), Formalin-Fixed Paraffin-Embedded (Ffpe), Predictive, Identification Of Detected Mutations	Yes
0472	Audiology: Treatment	No
0472T	Device Evaluation, Interrogation, And Initial Programming Of Intraocular Retinal Electrode Array (Eg, Retinal Prosthesis), In Person, With Iterative Adjustment Of The Implantable Device To Test Functionality, Select Optimal Permanent Programmed Values Wit	Yes
0472U	Carbonic Anhydrase Vi (Ca Vi), Parotid Specific/Secretory Protein (Psp) And Salivary Protein (Sp1) Igg, Igm, And Iga Antibodies, Enzyme-Linked Immunosorbent Assay (Elisa), Semiqualitative, Blood, Reported As Predictive Evidence Of Early Sjogren Syndrome	Yes
0473T	Device Evaluation And Interrogation Of Intraocular Retinal Electrode Array (Eg, Retinal Prosthesis), In Person, Including Reprogramming And Visual Training, When Performed, With Review And Report By A Qualified Health Care Professional	Yes
0473U	Oncology (Solid Tumor), Next-Generation Sequencing (Ngs) Of Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue With Comparative Sequence Analysis From A Matched Normal Specimen (Blood Or Saliva), 648 Genes, Interrogation For Sequence Variants, Insert	Yes
0474T	Insertion Of Anterior Segment Aqueous Drainage Device, With Creation Of Intraocular Reservoir, Internal Approach, Into The Supraciliary Space	Yes
0474U	Hereditary Pan-Cancer (Eg, Hereditary Sarcomas, Hereditary Endocrine Tumors, Hereditary Neuroendocrine Tumors, Hereditary Cutaneous Melanoma), Genomic Sequence Analysis Panel Of 88 Genes With 20 Duplications/Deletions Using Next-Generation Sequencing (Ngs	Yes
0475U	Hereditary Prostate Cancer-Related Disorders, Genomic Sequence Analysis Panel Using Next-Generation Sequencing (Ngs), Sanger Sequencing, Multiplex Ligation-Dependent Probe Amplification (Mlpa), And Array Comparative Genomic Hybridization (Cgh), Evaluation	Yes
0476U	Drug Metabolism, Psychiatry (Eg, Major Depressive Disorder, General Anxiety Disorder, Attention Deficit Hyperactivity Disorder [Adhd], Schizophrenia), Whole Blood, Buccal Swab, And Pharmacogenomic Genotyping Of 14 Genes And Cyp2D6 Copy Number Variant Anal	Yes
0477U	Drug Metabolism, Psychiatry (Eg, Major Depressive Disorder, General Anxiety Disorder, Attention Deficit Hyperactivity Disorder [Adhd], Schizophrenia), Whole Blood, Buccal Swab, And Pharmacogenomic Genotyping Of 14 Genes And Cyp2D6 Copy Number Variant Anal	Yes
0478U	Oncology (Non-Small Cell Lung Cancer), Dna And Rna, Digital Pcr Analysis Of 9 Genes (Egfr, Kras, Braf, Alk, Ros1, Ret, Ntrk 1/2/3, Erbb2, And Met) In Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Interrogation For Single-Nucleotide Variants, Insertions/	Yes
0479	Audiology: Other Audiology	No
0479T	Fractional Ablative Laser Fenestration Of Burn And Traumatic Scars For Functional Improvement; First 100 Cm2 Or Part Thereof, Or 1% Of Body Surface Area Of Infants And Children	Yes
0479U	Tau, Phosphorylated, Ptau217	Yes
0480	Cardiology: General Classification	No
0480T	Fractional Ablative Laser Fenestration Of Burn And Traumatic Scars For Functional Improvement; Each Additional 100 Cm2, Or Each Additional 1% Of Body Surface Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Pr	Yes
0480U	Infectious Disease (Bacteria, Viruses, Fungi, And Parasites), Cerebrospinal Fluid (Csf), Metagenomic Next-Generation Sequencing (Dna And Rna), Bioinformatic Analysis, With Positive Pathogen Identification	Yes
0481	Cardiology: Cardiac Cath Lab	No
0481T	Injection(s), Autologous White Blood Cell Concentrate (Autologous Protein Solution), Any Site, Including Image Guidance, Harvesting And Preparation, When Performed	Yes
0481U	Idh1 (Isocitrate Dehydrogenase 1 [Nadp+]), Idh2 (Isocitrate Dehydrogenase 2 [Nadp+]), And Tert (Telomerase Reverse Transcriptase) Promoter (Eg, Central Nervous System [Cns] Tumors), Next-Generation Sequencing (Single-Nucleotide Variants [Snv], Deletions,	Yes
0482	Cardiology: Stress Test	No
0482U	Obstetrics (Preeclampsia), Biochemical Assay Of Soluble Fms-Like Tyrosine Kinase 1 (Sflt-1) And Placental Growth Factor (Plgf), Serum, Ratio Reported For Sflt-1/Plgf, With Risk Of Progression For Preeclampsia With Severe Features Within 2 Weeks	Yes
0483	Cardiology: Echocardiology	No
0483T	Transcatheter Mitral Valve Implantation/Replacement (Tmvi) With Prosthetic Valve; Percutaneous Approach, Including Transseptal Puncture, When Performed	Yes
0483U	Infectious Disease (Neisseria Gonorrhoeae), Sensitivity, Ciprofloxacin Resistance (Gyra S91F Point Mutation), Oral, Rectal, Or Vaginal Swab, Algorithm Reported As Probability Of Fluoroquinolone Resistance	Yes

Procedure Code	Description	Prior Auth Required
0484T	Transcatheter Mitral Valve Implantation/Replacement (Tmvi) With Prosthetic Valve; Transthoracic Exposure (eg, Thoracotomy, Transapical)	Yes
0484U	Infectious Disease (Mycoplasma Genitalium), Macrolide Sensitivity (23S Rrna Point Mutation), Oral, Rectal, Or Vaginal Swab, Algorithm Reported As Probability Of Macrolide Resistance	Yes
0485T	Optical Coherence Tomography (Oct) Of Middle Ear, With Interpretation And Report; Unilateral	Yes
0485U	Oncology (Solid Tumor), Cell-Free Dna And Rna By Next-Generation Sequencing, Interpretative Report For Germline Mutations, Clonal Hematopoiesis Of Indeterminate Potential, And Tumor-Derived Single-Nucleotide Variants, Small Insertions/Deletions, Copy Numb	Yes
0486T	Optical Coherence Tomography (Oct) Of Middle Ear, With Interpretation And Report; Bilateral	Yes
0486U	Oncology (Pan-Solid Tumor), Next-Generation Sequencing Analysis Of Tumor Methylation Markers Present In Cell-Free Circulating Tumor Dna, Algorithm Reported As Quantitative Measurement Of Methylation As A Correlate Of Tumor Fraction	Yes
0487U	Oncology (Solid Tumor), Cell-Free Circulating Dna, Targeted Genomic Sequence Analysis Panel Of 84 Genes, Interrogation For Sequence Variants, Aneuploidy-Corrected Gene Copy Number Amplifications And Losses, Gene Rearrangements, And Microsatellite Instabil	Yes
0488T	Preventive Behavior Change, Online/Electronic Structured Intensive Program For Prevention Of Diabetes Using A Standardized Diabetes Prevention Program Curriculum, Provided To An Individual, Per 30 Days	Yes
0488U	Obstetrics (Fetal Antigen Noninvasive Prenatal Test), Cell-Free Dna Sequence Analysis For Detection Of Fetal Presence Or Absence Of 1 Or More Of The Rh, C, C, D, E, Duffy (Fya), Or Kell (K) Antigen In Alloimmunized Pregnancies, Reported As Selected Antige	Yes
0489	Cardiology: Other Cardiology	No
0489T	Autologous Adipose-Derived Regenerative Cell Therapy For Scleroderma In The Hands; Adipose Tissue Harvesting, Isolation And Preparation Of Harvested Cells Including Incubation With Cell Dissociation Enzymes, Removal Of Non-Viable Cells And Debris, Determi	Yes
0489U	Obstetrics (Single-Gene Noninvasive Prenatal Test), Cell-Free Dna Sequence Analysis Of 1 Or More Targets (Eg, Cftr, Smn1, Hbb, Hba1, Hba2) To Identify Paternally Inherited Pathogenic Variants, And Relative Mutation-Dosage Analysis Based On Molecular Count	Yes
0490	Ambulatory Surgical Care: General Classification	No
0490T	Autologous Adipose-Derived Regenerative Cell Therapy For Scleroderma In The Hands; Multiple Injections In One Or Both Hands	Yes
0490U	Oncology (Cutaneous Or Uveal Melanoma), Circulating Tumor Cell Selection, Morphological Characterization And Enumeration Based On Differential Cd146, High Molecular-Weight Melanoma-Associated Antigen, Cd34 And Cd45 Protein Biomarkers, Peripheral Blood	Yes
0491U	Oncology (Solid Tumor), Circulating Tumor Cell Selection, Morphological Characterization And Enumeration Based On Differential Epithelial Cell Adhesion Molecule (Epcam), Cytokeratins 8, 18, And 19, Cd45 Protein Biomarkers, And Quantification Of Estrogen R	Yes
0492U	Oncology (Solid Tumor), Circulating Tumor Cell Selection, Morphological Characterization And Enumeration Based On Differential Epithelial Cell Adhesion Molecule (Epcam), Cytokeratins 8, 18, And 19, Cd45 Protein Biomarkers, And Quantification Of Pd-L1 Prot	Yes
0493U	Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna (Cfdna) Using Next-Generation Sequencing, Plasma, Reported As Percentage Of Donor-Derived Cell-Free Dna	Yes
0494T	Surgical Preparation And Cannulation Of Marginal (Extended) Cadaver Donor Lung(S) To Ex Vivo Organ Perfusion System, Including Decannulation, Separation From The Perfusion System, And Cold Preservation Of The Allograft Prior To Implantation, When Performe	Yes
0494U	Red Blood Cell Antigen (Fetal Rhd Gene Analysis), Next-Generation Sequencing Of Circulating Cell-Free Dna (Cfdna) Of Blood In Pregnant Individuals Known To Be Rhd Negative, Reported As Positive Or Negative	Yes
0495T	Initiation And Monitoring Marginal (Extended) Cadaver Donor Lung(S) Organ Perfusion System By Physician Or Qualified Health Care Professional, Including Physiological And Laboratory Assessment (Eg, Pulmonary Artery Flow, Pulmonary Artery Pressure, Left At	Yes
0495U	Oncology (Prostate), Analysis Of Circulating Plasma Proteins (Tpsa, Fpsa, Klk2, Psp94, And Gdf15), Germline Polygenic Risk Score (60 Variants), Clinical Information (Age, Family History Of Prostate Cancer, Prior Negative Prostate Biopsy), Algorithm Report	Yes
0496T	Initiation And Monitoring Marginal (Extended) Cadaver Donor Lung(S) Organ Perfusion System By Physician Or Qualified Health Care Professional, Including Physiological And Laboratory Assessment (Eg, Pulmonary Artery Flow, Pulmonary Artery Pressure, Left At	Yes
0496U	Oncology (Colorectal), Cell-Free Dna, 8 Genes For Mutations, 7 Genes For Methylation By Real-Time Rt-Pcr, And 4 Proteins By Enzyme-Linked Immunosorbent Assay, Blood, Reported Positive Or Negative For Colorectal Cancer Or Advanced Adenoma Risk	Yes
0497U	Oncology (Prostate), Mrna Gene-Expression Profiling By Real-Time Rt-Pcr Of 6 Genes (Foxm1, Mcm3, Mtus1, Ttc21B, Alas1, And Ppp2Ca), Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithm Reported As A Risk Score For Prostate Cancer	Yes
0498U	Oncology (Colorectal), Next-Generation Sequencing For Mutation Detection In 43 Genes And Methylation Pattern In 45 Genes, Blood, And Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Report Of Variants And Methylation Pattern With Interpretation	Yes
0499	Ambulatory Surgical Care: Other Ambulatory Surgical Care	No
0499U	Oncology (Colorectal And Lung), Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Next-Generation Sequencing Of 8 Genes (Nras, Egfr, Ctnnb1, Pik3Ca, Apc, Braf, Kras, And Tp53), Mutation Detection	Yes
0500	Outpatient Services: General Classification	No

Procedure Code	Description	Prior Auth Required
0500F	Initial Prenatal Care Visit (Report At First Prenatal Encounter With Health Care Professional Providing Obstetrical Care. Report Also Date Of Visit And, In A Separate Field, The Date Of The Last Menstrual Period [Lmp]) (Prenatal)	No
0500H	Enteral Nutrition (Basic Formula - Bolus)	Yes
0500U	Autoinflammatory Disease (Vexas Syndrome), Dna, Uba1 Gene Mutations, Targeted Variant Analysis (M41T, M41V, M41L, C.118-2A>C, C.118-1G>C, C.118-9_118-2Del, S56F, S621C)	Yes
0501F	Prenatal Flow Sheet Documented In Medical Record By First Prenatal Visit (Documentation Includes At Minimum Blood Pressure, Weight, Urine Protein, Uterine Size, Fetal Heart Tones, And Estimated Date Of Delivery). Report Also: Date Of Visit And, In A Separ	No
0501U	Oncology (Colorectal), Blood, Quantitative Measurement Of Cell-Free Dna (Cfdna)	Yes
0502F	Subsequent Prenatal Care Visit (Prenatal) [Excludes: Patients Who Are Seen For A Condition Unrelated To Pregnancy Or Prenatal Care (eg, An Upper Respiratory Infection; Patients Seen For Consultation Only, Not For Continuing Care)]	No
0502U	Human Papillomavirus (Hpv), E6/E7 Markers For High-Risk Types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, And 68), Cervical Cells, Branched-Chain Capture Hybridization, Reported As Negative Or Positive For High Risk For Hpv	Yes
0503F	Postpartum Care Visit (Prenatal)	No
0503H	Enteral Nutrition (Basic Formula - Gravity)	Yes
0503U	Neurology (Alzheimer Disease), Beta Amyloid (Ab40, Ab42, Ab42/40 Ratio) And Tau-Protein (Ptau217, Np-Tau217, Ptau217/Np-Tau217 Ratio), Blood, Immunoprecipitation With Quantitation By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Algorith	Yes
0504U	Infectious Disease (Urinary Tract Infection), Identification Of 17 Pathologic Organisms, Urine, Real-Time Pcr, Reported As Positive Or Negative For Each Organism	Yes
0505F	Hemodialysis Plan Of Care Documented (Esrd, P-Esrd)	Yes
0505T	Endovenous Femoral-Popliteal Arterial Revascularization, With Transcatheter Placement Of Intravascular Stent Graft(S) And Closure By Any Method, Including Percutaneous Or Open Vascular Access, Ultrasound Guidance For Vascular Access When Performed, All Ca	Yes
0505U	Infectious Disease (Vaginal Infection), Identification Of 32 Pathogenic Organisms, Swab, Real-Time Pcr, Reported As Positive Or Negative For Each Organism	Yes
0506H	Enteral Nutrition (Basic Formula - Pump)	Yes
0506T	Macular Pigment Optical Density Measurement By Heterochromatic Flicker Photometry, Unilateral Or Bilateral, With Interpretation And Report	Yes
0506U	Gastroenterology (Barrett'S Esophagus), Esophageal Cells, Dna Methylation Analysis By Next-Generation Sequencing Of At Least 89 Differentially Methylated Genomic Regions, Algorithm Reported As Likelihood For Barrett'S Esophagus	Yes
0507F	Peritoneal Dialysis Plan Of Care Documented (Esrd)	Yes
0507T	Near Infrared Dual Imaging (Ie, Simultaneous Reflective And Transilluminated Light) Of Meibomian Glands, Unilateral Or Bilateral, With Interpretation And Report	No
0507U	Oncology (Ovarian), Dna, Whole-Genome Sequencing With 5-Hydroxymethylcytosine (5Hmc) Enrichment, Using Whole Blood Or Plasma, Algorithm Reported As Cancer Detected Or Not Detected	Yes
0509	Outpatient Services: Other Outpatient Services	No
0509F	Urinary Incontinence Plan Of Care Documented (Ger)	Yes
0509H	Enteral Nutrition (Specialized Formula - Bolus)	Yes
0509T	Electroretinography (Erg) With Interpretation And Report, Pattern (Perg)	Yes
0510	Clinic: General Classification	No
0510T	Removal Of Sinus Tarsi Implant	Yes
0510U	Oncology (Pancreatic Cancer), Augmentative Algorithmic Analysis Of 16 Genes From Previously Sequenced Rna Whole-Transcriptome Data, Reported As Probability Of Predicted Molecular Subtype	Yes
0511	Clinic: Chronic Pain Center	No
0511T	Removal And Reinsertion Of Sinus Tarsi Implant	Yes
0511U	Oncology (Solid Tumor), Tumor Cell Culture In 3D Microenvironment, 36 Or More Drug Panel, Reported As Tumor-Response Prediction For Each Drug	Yes
0512	Clinic: Dental Clinic	No
0512H	Enteral Nutrition (Specialized Formula - Gravity)	Yes
0512T	Extracorporeal Shock Wave For Integumentary Wound Healing, Including Topical Application And Dressing Care; Initial Wound	Yes
0512U	Oncology (Prostate), Augmentative Algorithmic Analysis Of Digitized Whole-Slide Imaging Of Histologic Features For Microsatellite Instability (Msi) Status, Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Reported As Increased Or Decreased Probability Of M	Yes
0513	Clinic: Psychiatric Clinic	No
0513F	Elevated Blood Pressure Plan Of Care Documented (Ckd)	Yes
0513T	Extracorporeal Shock Wave For Integumentary Wound Healing, Including Topical Application And Dressing Care; Each Additional Wound (List Separately In Addition To Code For Primary Procedure)	Yes
0513U	Oncology (Prostate), Augmentative Algorithmic Analysis Of Digitized Whole-Slide Imaging Of Histologic Features For Microsatellite Instability (Msi) And Homologous Recombination Deficiency (Hrd) Status, Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Repor	Yes
0514	Clinic: OB-GYN Clinic	No
0514F	Plan Of Care For Elevated Hemoglobin Level Documented For Patient Receiving Erythropoiesis-Stimulating Agent Therapy (Esa) (Ckd)	Yes

Procedure Code	Description	Prior Auth Required
0514U	Gastroenterology (Irritable Bowel Disease [Ibd]), Immunoassay For Quantitative Determination Of Adalimumab (Adl) Levels In Venous Serum In Patients Undergoing Adalimumab Therapy, Results Reported As A Numerical Value As Micrograms Per Milliliter (Ug/Ml)	No
0515	Clinic: Pediatric Clinic	No
0515H	Enteral Nutrition (Specialized Formula - Pump)	Yes
0515T	Insertion Of Wireless Cardiac Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming, And Imaging Supervision And Interpretation, When Performed; Complete System (Includes Electrode And Generator [Transmitter And Battery])	Yes
0515U	Gastroenterology (Irritable Bowel Disease [Ibd]), Immunoassay For Quantitative Determination Of Infliximab (Ifx) Levels In Venous Serum In Patients Undergoing Infliximab Therapy, Results Reported As A Numerical Value As Micrograms Per Milliliter (Ug/Ml)	No
0516	Clinic: Urgent Care Clinic	No
0516F	Anemia Plan Of Care Documented (Esrd)	Yes
0516T	Insertion Of Wireless Cardiac Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming, And Imaging Supervision And Interpretation, When Performed; Electrode Only	Yes
0516U	Drug Metabolism, Whole Blood, Pharmacogenomic Genotyping Of 40 Genes And Cyp2D6 Copy Number Variant Analysis, Reported As Metabolizer Status	Yes
0517	Clinic: Family Practice Clinic	No
0517F	Glaucoma Plan Of Care Documented (Ec)	Yes
0517T	Insertion Of Wireless Cardiac Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming, And Imaging Supervision And Interpretation, When Performed; Both Components Of Pulse Generator (Battery And Transmitter) Only	Yes
0517U	Therapeutic Drug Monitoring, 80 Or More Psychoactive Drugs Or Substances, Lc-Ms/Ms, Plasma, Qualitative And Quantitative Therapeutic Minimally And Maximally Effective Dose Of Prescribed And Non-Prescribed Medications	Yes
0518F	Falls Plan Of Care Documented (Ger)	Yes
0518T	Removal Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing; Battery Component Only	Yes
0518U	Therapeutic Drug Monitoring, 90 Or More Pain And Mental Health Drugs Or Substances, Lc-Ms/Ms, Plasma, Qualitative And Quantitative Therapeutic Minimally Effective Range Of Prescribed And Non-Prescribed Medications	Yes
0519	Clinic: Other Clinic	No
0519F	Planned Chemotherapy Regimen, Including At A Minimum: Drug(S) Prescribed, Dose, And Duration, Documented Prior To Initiation Of A New Treatment Regimen (Onc)	Yes
0519T	Removal And Replacement Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming; Both Components (Battery And Transmitter)	Yes
0519U	Therapeutic Drug Monitoring, Medications Specific To Pain, Depression, And Anxiety, Lc-Ms/Ms, Plasma, 110 Or More Drugs Or Substances, Qualitative And Quantitative Therapeutic Minimally Effective Range Of Prescribed, Non-Prescribed, And Illicit Medication	Yes
0520	Free-Standing Clinic: General Classification	No
0520F	Radiation Dose Limits To Normal Tissues Established Prior To The Initiation Of A Course Of 3d Conformal Radiation For A Minimum Of 2 Tissue/Organ (Onc)	Yes
0520T	Removal And Replacement Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming; Battery Component Only	Yes
0520U	Therapeutic Drug Monitoring, 200 Or More Drugs Or Substances, Lc-Ms/Ms, Plasma, Qualitative And Quantitative Therapeutic Minimally Effective Range Of Prescribed And Non-Prescribed Medications	Yes
0521	Free-Standing Clinic: Clinic Visit by Member to RHC/FQHC	No
0521F	Plan Of Care To Address Pain Documented (Coa) (Onc)	Yes
0521T	Interrogation Device Evaluation (In Person) With Analysis, Review And Report, Includes Connection, Recording, And Disconnection Per Patient Encounter, Wireless Cardiac Stimulator For Left Ventricular Pacing	Yes
0521U	Rheumatoid Factor Iga And Igm, Cyclic Citrullinated Peptide (Ccp) Antibodies, And Scavenger Receptor A (Sr-A) By Immunoassay, Blood	Yes
0522	Free-Standing Clinic: Home Visit by RHC/FQHC Practitioner	No
0522T	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Including Review And Report, Wireless Cardiac Stimulator For Lef	Yes
0522U	Carbonic Anhydrase Vi, Parotid Specific/Secretory Protein And Salivary Protein 1 (Sp1), Igg, Igm, And Iga Antibodies, Chemiluminescence, Semiqualitative, Blood	Yes
0523	Free-Standing Clinic: Family Practice Clinic	No
0523T	Intraprocedural Coronary Fractional Flow Reserve (Ffr) With 3D Functional Mapping Of Color-Coded Ffr Values For The Coronary Tree, Derived From Coronary Angiogram Data, For Real-Time Review And Interpretation Of Possible Atherosclerotic Stenosis(Es) Inter	No
0523U	Oncology (Solid Tumor), Dna, Qualitative, Next-Generation Sequencing (Ngs) Of Single-Nucleotide Variants (Snv) And Insertion/Deletions In 22 Genes Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Reported As Presence Or Absence Of Mutation(S), Location	Yes
0524	Free-Standing Clinic: Visit by RHC/FQHC Practitioner to a Member in a SNF or Skilled Swing Bed in a Covered Part A Stay	No

Procedure Code	Description	Prior Auth Required
0524T	Endovenous Catheter Directed Chemical Ablation With Balloon Isolation Of Incompetent Extremity Vein, Open Or Percutaneous, Including All Vascular Access, Catheter Manipulation, Diagnostic Imaging, Imaging Guidance And Monitoring	Yes
0524U	Obstetrics (Preeclampsia), Sflt-1/Plgf Ratio, Immunoassay, Utilizing Serum Or Plasma, Reported As A Value	Yes
0525	Free-Standing Clinic: Visit by RHC/FQHC Practitioner to a Member in a SNF (not in a Covered Part A stay) or NF or ICF MR or Other Residential Facility	No
0525F	Initial Visit For Episode (Bkp)	Yes
0525T	Insertion Or Replacement Of Intracardiac Ischemia Monitoring System, Including Testing Of The Lead And Monitor, Initial System Programming, And Imaging Supervision And Interpretation; Complete System (Electrode And Implantable Monitor)	Yes
0525U	Oncology, Spheroid Cell Culture, 11-Drug Panel (Carboplatin, Docetaxel, Doxorubicin, Etoposide, Gemcitabine, Niraparib, Olaparib, Paclitaxel, Rucaparib, Topotecan, Veliparib) Ovarian, Fallopian, Or Peritoneal Response Prediction For Each Drug	Yes
0526	Free-Standing Clinic: Urgent Care Clinic	No
0526F	Subsequent Visit For Episode (Bkp)	Yes
0526T	Insertion Or Replacement Of Intracardiac Ischemia Monitoring System, Including Testing Of The Lead And Monitor, Initial System Programming, And Imaging Supervision And Interpretation; Electrode Only	Yes
0526U	Nephrology (Renal Transplant), Quantification Of Cxcl10 Chemokines, Flow Cytometry, Urine, Reported As Pg/Ml Creatinine Baseline And Monitoring Over Time	Yes
0527	Free-Standing Clinic: Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area	No
0527T	Insertion Or Replacement Of Intracardiac Ischemia Monitoring System, Including Testing Of The Lead And Monitor, Initial System Programming, And Imaging Supervision And Interpretation; Implantable Monitor Only	Yes
0527U	Herpes Simplex Virus (Hsv) Types 1 And 2 And Varicella Zoster Virus (Vzv), Amplified Probe Technique, Each Pathogen Reported As Detected Or Not Detected	No
0528	Free-Standing Clinic: Visit by RHC/FQHC Practitioner to Other non-RHC/FQHC Site (e.g. Scene of Accident)	No
0528F	Recommended Follow-Up Interval For Repeat Colonoscopy Of At Least 10 Years Documented In Colonoscopy Report (End/Polyp)	Yes
0528T	Programming Device Evaluation (In Person) Of Intracardiac Ischemia Monitoring System With Iterative Adjustment Of Programmed Values, With Analysis, Review, And Report	Yes
0528U	Lower Respiratory Tract Infectious Agent Detection, 18 Bacteria, 8 Viruses, And 7 Antimicrobial-Resistance Genes, Amplified Probe Technique, Including Reverse Transcription For Rna Targets, Each Analyte Reported As Detected Or Not Detected With Semiquanti	No
0529	Free-Standing Clinic: Other Freestanding Clinic	No
0529F	Interval Of 3 Or More Years Since Patient's Last Colonoscopy, Documented (End/Polyp)	Yes
0529T	Interrogation Device Evaluation (In Person) Of Intracardiac Ischemia Monitoring System With Analysis, Review, And Report	Yes
0529U	Hematology (Venous Thromboembolism [Vte]), Genome-Wide Single-Nucleotide Polymorphism Variants, Including F2 And F5 Gene Analysis, And Leiden Variant, By Microarray Analysis, Saliva, Report As Risk Score For Vte	Yes
0530	Osteopathic Services: General Classification	No
0530T	Removal Of Intracardiac Ischemia Monitoring System, Including All Imaging Supervision And Interpretation; Complete System (Electrode And Implantable Monitor)	Yes
0530U	Oncology (Pan-Solid Tumor), Ctdna, Utilizing Plasma, Next-Generation Sequencing (Ngs) Of 77 Genes, 8 Fusions, Microsatellite Instability, And Tumor Mutation Burden, Interpretative Report For Single-Nucleotide Variants, Copy-Number Alterations, With Therap	Yes
0531	Osteopathic Services: Osteopathic Therapy	No
0531T	Removal Of Intracardiac Ischemia Monitoring System, Including All Imaging Supervision And Interpretation; Electrode Only	Yes
0531U	Infectious Disease (Acid-Fast Bacteria And Invasive Fungi), Dna (673 Organisms), Next-Generation Sequencing, Plasma	Yes
0532T	Removal Of Intracardiac Ischemia Monitoring System, Including All Imaging Supervision And Interpretation; Implantable Monitor Only	Yes
0532U	Rare Diseases (Constitutional Disease/Hereditary Disorders), Rapid Whole Genome And Mitochondrial Dna Sequencing For Single-Nucleotide Variants, Insertions/Deletions, Copy Number Variations, Peripheral Blood, Buffy Coat, Saliva, Buccal Or Tissue Sample, R	No
0533U	Drug Metabolism (Adverse Drug Reactions And Drug Response), Genotyping Of 16 Genes (Ie, Abcg2, Cyp2B6, Cyp2C9, Cyp2C19, Cyp2C, Cyp2D6, Cyp3A5, Cyp4F2, Dpyd, G6Pd, Ggcx, Nudt15, Slco1B1, Tpmt, Ugt1A1, Vkorc1), Reported As Metabolizer Status And Transporter	Yes
0534U	Oncology (Prostate), Microrna, Single-Nucleotide Polymorphisms (Snps) Analysis By Rt-Pcr Of 32 Variants, Using Buccal Swab, Algorithm Reported As A Risk Score	Yes
0535F	Dyspnea Management Plan Of Care, Documented (Pall Cr)	Yes
0535U	Perfluoroalkyl Substances (Pfas) (Eg, Perfluorooctanoic Acid, Perfluorooctane Sulfonic Acid), By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Plasma Or Serum, Quantitative	Yes
0536U	Red Blood Cell Antigen (Fetal Rhd), Pcr Analysis Of Exon 4 Of Rhd Gene And Housekeeping Control Gene Gapdh From Whole Blood In Pregnant Individuals At 10+ Weeks Gestation Known To Be Rhd Negative, Reported As Fetal Rhd Status	Yes

Procedure Code	Description	Prior Auth Required
0537U	Oncology (Colorectal Cancer), Analysis Of Cell-Free Dna For Epigenomic Patterns, Next-Generation Sequencing, >2,500 Differentially Methylated Regions (Dmrs), Plasma, Algorithm Reported As Positive Or Negative	Yes
0538U	Oncology (Solid Tumor), Next-Generation Targeted Sequencing Analysis, Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue, Dna Analysis Of 600 Genes, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Gene Rearrangements, And Copy Number	Yes
0539	Osteopathic Services: Other Osteopathic Services	No
0539U	Oncology (Solid Tumor), Cell-Free Circulating Tumor Dna (Ctdna), 152 Genes, Next-Generation Sequencing, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Gene Rearrangements, Copy Number Alterations, And Microsatellite Instability, Using	Yes
0540	Ambulance: General Classification	No
0540F	Glucocorticoid Management Plan Documented (Ra)	Yes
0540U	Transplantation Medicine, Quantification Of Donor-Derived Cell-Free Dna Using Next-Generation Sequencing Analysis Of Plasma, Reported As Percentage Of Donor-Derived Cell-Free Dna To Determine Probability Of Rejection	Yes
0541	Ambulance: Supplies	No
0541T	Myocardial Imaging By Magnetocardiography (Mcg) For Detection Of Cardiac Ischemia, By Signal Acquisition Using Minimum 36 Channel Grid, Generation Of Magnetic-Field Time-Series Images, Quantitative Analysis Of Magnetic Dipoles, Machine Learning-Derived Cl	No
0541U	Cardiovascular Disease (Hdl Reverse Cholesterol Transport), Cholesterol Efflux Capacity, Lc-Ms/Ms, Quantitative Measurement Of 5 Distinct Hdl-Bound Apolipoproteins (Apolipoproteins A1, C1, C2, C3, And C4), Serum, Algorithm Reported As Prediction Of Corona	Yes
0542	Ambulance: Medical Transport	No
0542T	Myocardial Imaging By Magnetocardiography (Mcg) For Detection Of Cardiac Ischemia, By Signal Acquisition Using Minimum 36 Channel Grid, Generation Of Magnetic-Field Time-Series Images, Quantitative Analysis Of Magnetic Dipoles, Machine Learning-Derived Cl	No
0542U	Nephrology (Renal Transplant), Urine, Nuclear Magnetic Resonance (Nmr) Spectroscopy Measurement Of 84 Urinary Metabolites, Combined With Patient Data, Quantification Of Bk Virus (Human Polyomavirus 1) Using Real-Time Pcr And Serum Creatinine, Algorithm Re	Yes
0543	Ambulance: Heart Mobile	No
0543T	Transapical Mitral Valve Repair, Including Transthoracic Echocardiography, When Performed, With Placement Of Artificial Chordae Tendineae	Yes
0543U	Oncology (Solid Tumor), Next-Generation Sequencing Of Dna From Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue Of 517 Genes, Interrogation For Single- Nucleotide Variants, Multi-Nucleotide Variants, Insertions And Deletions From Dna, Fusions In 24 Genes An	Yes
0544	Ambulance: Oxygen	No
0544T	Transcatheter Mitral Valve Annulus Reconstruction, With Implantation Of Adjustable Annulus Reconstruction Device, Percutaneous Approach Including Transseptal Puncture	Yes
0545	Ambulance: Air Ambulance	No
0545F	Plan For Follow-Up Care For Major Depressive Disorder, Documented (Mdd Adol)	Yes
0545T	Transcatheter Tricuspid Valve Annulus Reconstruction With Implantation Of Adjustable Annulus Reconstruction Device, Percutaneous Approach	Yes
0545U	Acetylcholine Receptor (Achr), Antibody Identification By Immunofluorescence, Using Live Cells, Reported As Positive Or Negative	Yes
0546	Ambulance: Neonatal Ambulance Services	No
0546T	Radiofrequency Spectroscopy, Real Time, Intraoperative Margin Assessment, At The Time Of Partial Mastectomy, With Report	Yes
0546U	Low-Density Lipoprotein Receptor-Related Protein 4 (Lrp4), Antibody Identification By Immunofluorescence, Using Live Cells, Reported As Positive Or Negative	Yes
0547	Ambulance: Pharmacy	No
0547T	Bone-Material Quality Testing By Microindentation(S) Of The Tibia(S), With Results Reported As A Score	Yes
0547U	Neurofilament Light Chain (Nfl), Chemiluminescent Enzyme Immunoassay, Plasma, Quantitative	Yes
0548	Ambulance: EKG Transmission	No
0548U	Glial Fibrillary Acidic Protein (Gfap), Chemiluminescent Enzyme Immunoassay, Using Plasma	Yes
0549	Ambulance: Other Ambulance	No
0549U	Oncology (Urothelial), Dna, Quantitative Methylated Real-Time Pcr Of Trna-Cys, Sim2, And Nkx1-1, Using Urine, Diagnostic Algorithm Reported As A Probability Index For Bladder Cancer And/Or Upper Tract Urothelial Carcinoma (Utuc)	Yes
0550	Skilled Nursing: General Classification	Yes
0550F	Cytopathology Report On Routine Nongynecologic Specimen Finalized Within Two Working Days Of Accession Date (Path)	Yes
0551	Skilled Nursing: Visit Charge	Yes
0551F	Cytopathology Report On Nongynecologic Specimen With Documentation That The Specimen Was Non-Routine (Path)	Yes
0552	Skilled Nursing: Hourly Charge	No
0552T	Low-Level Laser Therapy, Dynamic Photonic And Dynamic Thermokinetic Energies, Provided By A Physician Or Other Qualified Health Care Professional	Yes
0552U	Reproductive Medicine (Preimplantation Genetic Assessment), Analysis For Known Genetic Disorders From Trophectoderm Biopsy, Linkage Analysis Of Disease-Causing Locus, And When Possible, Targeted Mutation Analysis For Known Familial Variant, Reported As Lo	Yes

Procedure Code	Description	Prior Auth Required
0553U	Reproductive Medicine (Preimplantation Genetic Assessment), Analysis Of 24 Chromosomes Using Dna Genomic Sequence Analysis From Embryonic Trophectoderm For Structural Rearrangements, Aneuploidy, And A Mitochondrial Dna Score, Results Reported As Normal/Ba	Yes
0554T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone-m	No
0554U	Reproductive Medicine (Preimplantation Genetic Assessment), Analysis Of 24 Chromosomes Using Dna Genomic Sequence Analysis From Trophectoderm Biopsy For Aneuploidy, Ploidy, A Mitochondrial Dna Score, And Embryo Quality Control, Results Reported As Normal	Yes
0555F	Symptom Management Plan Of Care Documented (Hf)	Yes
0555T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; retrieval and transmission of the scan data	No
0555U	Reproductive Medicine (Preimplantation Genetic Assessment), Analysis Of 24 Chromosomes Using Dna Genomic Sequence Analysis From Embryonic Trophectoderm For Structural Rearrangements, Aneuploidy, Ploidy, A Mitochondrial Dna Score, And Embryo Quality Contro	Yes
0556F	Plan Of Care To Achieve Lipid Control Documented (CAD)	Yes
0556T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone-mineral density	No
0556U	Infectious Disease (Bacterial Or Viral Respiratory Tract Infection), Pathogen-Specific Dna And Rna By Real-Time Pcr, 12 Targets, Nasopharyngeal Or Oropharyngeal Swab, Including Multiplex Reverse Transcription For Rna Targets, Each Analyte Reported As Dete	Yes
0557F	Plan Of Care To Manage Anginal Symptoms Documented (CAD)	Yes
0557T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; interpretation and report	No
0557U	Infectious Disease (Bacterial Vaginosis And Vaginitis), Real-Time Amplification Of Dna Markers For Atopobium Vaginae, Gardnerella Vaginalis, Megasphaera Types 1 And 2, Bacterial Vaginosis Associated Bacteria-2 And -3 (Bvab-2, Bvab-3), Mobiluncus Species,	Yes
0558T	Computed Tomography Scan Taken For The Purpose Of Biomechanical Computed Tomography Analysis	Yes
0558U	Oncology (Colorectal), Quantitative Enzyme-Linked Immunosorbent Assay (Elisa) For Secreted Colorectal Cancer Protein Marker (Bf7 Antigen), Using Serum, Result Reported As Indicative Of Response/No Response To Therapy Or Disease Progression/Regression	Yes
0559	Skilled Nursing: Other Skilled Nursing	Yes
0559T	Anatomic Model 3d-Printed From Image Data Set(S); First Individually Prepared And Processed Component Of An Anatomic Structure	No
0559U	Oncology (Breast), Quantitative Enzyme-Linked Immunosorbent Assay (Elisa) For Secreted Breast Cancer Protein Marker (Bf9 Antigen), Serum, Result Reported As Indicative Of Response/No Response To Therapy Or Disease Progression/Regression	Yes
0560	Home Health (HH) - Medical Social Services: General Classification	No
0560T	Anatomic Model 3d-Printed From Image Data Set(S); Each Additional Individually Prepared And Processed Component Of An Anatomic Structure (List Separately In Addition To Code For Primary Procedure)	No
0560U	Oncology (Minimal Residual Disease [Mrd]), Genomic Sequence Analysis, Cell-Free Dna, Whole Blood And Tumor Tissue, Baseline Assessment For Design And Construction Of A Personalized Variant Panel To Evaluate Current Mrd And For Comparison To Subsequent Mrd	Yes
0561	Home Health (HH) - Medical Social Services: Visit Charge	No
0561T	Anatomic Guide 3d-Printed And Designed From Image Data Set(S); First Anatomic Guide	No
0561U	Oncology (Minimal Residual Disease [Mrd]), Genomic Sequence Analysis, Cell-Free Dna, Whole Blood, Subsequent Assessment With Comparison To Initial Assessment To Evaluate For Mrd	Yes
0562	Home Health (HH) - Medical Social Services: Hourly Charge	No
0562T	Anatomic Guide 3d-Printed And Designed From Image Data Set(S); Each Additional Anatomic Guide (List Separately In Addition To Code For Primary Procedure)	No
0562U	Oncology (Solid Tumor), Targeted Genomic Sequence Analysis, 33 Genes, Detection Of Single-Nucleotide Variants (Snvs), Insertions And Deletions, Copy-Number Amplifications, And Translocations In Human Genomic Circulating Cell-Free Dna, Plasma, Reported As	Yes
0563T	Evacuation Of Meibomian Glands, Using Heat Delivered Through Wearable, Open-Eye Eyelid Treatment Devices And Manual Gland Expression, Bilateral	Yes
0563U	Infectious Disease (Bacterial And/Or Viral Respiratory Tract Infection), Pathogen-Specific Nucleic Acid (Dna Or Rna), 11 Viral Targets And 4 Bacterial Targets, Qualitative Rt-Pcr, Upper Respiratory Specimen, Each Pathogen Reported As Positive Or Negative	No
0564U	Infectious Disease (Bacterial And/Or Viral Respiratory Tract Infection), Pathogen-Specific Nucleic Acid (Dna Or Rna), 10 Viral Targets And 4 Bacterial Targets, Qualitative Rt-Pcr, Upper Respiratory Specimen, Each Pathogen Reported As Positive Or Negative	No
0565T	Autologous Cellular Implant Derived From Adipose Tissue For The Treatment Of Osteoarthritis Of The Knees; Tissue Harvesting And Cellular Implant Creation	Yes
0565U	Oncology (Hepatocellular Carcinoma), Next-Generation Sequencing Methylation Pattern Assay To Detect 6,626 Epigenetic Alterations, Cell-Free Dna, Plasma, Algorithm Reported As Cancer Signal Detected Or Not Detected	Yes

Procedure Code	Description	Prior Auth Required
0566T	Autologous Cellular Implant Derived From Adipose Tissue For The Treatment Of Osteoarthritis Of The Knees; Injection Of Cellular Implant Into Knee Joint Including Ultrasound Guidance, Unilateral	Yes
0566U	Oncology (Lung), Qpcr-Based Analysis Of 13 Differentially Methylated Regions (Ccdc181, Hoxa7, Lrrc8A, Marchf11, Mir129-2, Ncor2, Pantr1, Prkcb, Slc9A3, Tbr1_2, Trap1, Vwc2, Znf781), Pleural Fluid, Algorithm Reported As A Qualitative Result	Yes
0567U	Rare Diseases (Constitutional/Heritable Disorders), Whole-Genome Sequence Analysis Combination Of Short And Long Reads, For Single-Nucleotide Variants, Insertions/Deletions And Characterized Intronic Variants, Copy-Number Variants, Duplications/Deletions,	Yes
0568U	Neurology (Dementia), Beta Amyloid (Ab40, Ab42, Ab42/40 Ratio), Tau-Protein Phosphorylated At Residue (Eg, Ptau217), Neurofilament Light Chain (Nfl), And Glial Fibrillary Acidic Protein (Gfap), By Ultra-High Sensitivity Molecule Array Detection, Plasma, A	Yes
0569	Home Health (HH) - Medical Social Services: Other Med. Social Services	No
0569T	Transcatheter Tricuspid Valve Repair, Percutaneous Approach; Initial Prosthesis	Yes
0569U	Oncology (Solid Tumor), Next-Generation Sequencing Analysis Of Tumor Methylation Markers (>20,000 Differentially Methylated Regions) Present In Cell-Free Circulating Tumor Dna (Ctdna), Whole Blood, Algorithm Reported As Presence Or Absence Of Ctdna With T	Yes
0570	Home Health (HH) Aide: General Classification	No
0570T	Transcatheter Tricuspid Valve Repair, Percutaneous Approach; Each Additional Prosthesis During Same Session (List Separately In Addition To Code For Primary Procedure)	Yes
0570U	Neurology (Traumatic Brain Injury), Analysis Of Glial Fibrillary Acidic Protein (Gfap) And Ubiquitin Carboxyl-Terminal Hydrolase L1 (Uch-L1), Immunoassay, Whole Blood Or Plasma, Individual Components Reported With The Overall Result Of Elevated Or Non-Ele	Yes
0571	Home Health (HH) Aide: Visit Charge	No
0571T	Insertion Or Replacement Of Implantable Cardioverter-Defibrillator System With Substernal Electrode(S), Including All Imaging Guidance And Electrophysiological Evaluation (Includes Defibrillation Threshold Evaluation, Induction Of Arrhythmia, Evaluation O	Yes
0571U	Oncology (Solid Tumor), Dna (80 Genes) And Rna (10 Genes), By Next-Generation Sequencing, Plasma, Including Single-Nucleotide Variants, Insertions/Deletions, Copy-Number Alterations, Microsatellite Instability, And Fusions, Reported As Clinically Actionab	Yes
0572	Home Health (HH) Aide: Hourly Charge	No
0572T	Insertion Of Substernal Implantable Defibrillator Electrode	Yes
0572U	Oncology (Prostate), High-Throughput Telomere Length Quantification By Fish, Whole Blood, Diagnostic Algorithm Reported As Risk Of Prostate Cancer	Yes
0573T	Removal Of Substernal Implantable Defibrillator Electrode	Yes
0573U	Oncology (Pancreas), 3 Biomarkers (Glucose, Carcinoembryonic Antigen, And Gastricsin), Pancreatic Cyst Lesion Fluid, Algorithm Reported As Categorical Mucinous Or Non-Mucinous	Yes
0574T	Repositioning Of Previously Implanted Substernal Implantable Defibrillator-Pacing Electrode	Yes
0574U	Mycobacterium Tuberculosis, Culture Filtrate Protein-10-Kda (Cfp-10), Serum Or Plasma, Liquid Chromatography Mass Spectrometry (Lc-Ms)	Yes
0575F	Hiv RNa Control Plan Of Care, Documented (Hiv)	Yes
0575T	Programming Device Evaluation (In Person) Of Implantable Cardioverter-Defibrillator System With Substernal Electrode, With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values Wit	Yes
0575U	Transplantation Medicine (Liver Allograft Rejection), Mirna Gene Expression Profiling By Rt-Pcr Of 4 Genes (Mir-122, Mir-885, Mir-23A Housekeeping, Spike-In Control), Serum, Algorithm Reported As Risk Of Liver Allograft Rejection	Yes
0576T	Interrogation Device Evaluation (In Person) Of Implantable Cardioverter-Defibrillator System With Substernal Electrode, With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional, Includes Connection, Recording And Disconn	Yes
0576U	Transplantation Medicine (Liver Allograft Rejection), Quantitative Donor-Derived Cell-Free Dna (Cfdna) By Whole Genome Next-Generation Sequencing, Plasma And Mrna Gene Expression Profiling By Multiplex Real-Time Pcr Of 56 Genes, Whole Blood, Combined Algo	Yes
0577T	Electrophysiologic Evaluation Of Implantable Cardioverter-Defibrillator System With Substernal Electrode (Includes Defibrillation Threshold Evaluation, Induction Of Arrhythmia, Evaluation Of Sensing For Arrhythmia Termination, And Programming Or Reprogram	Yes
0577U	Oncology (Ovarian), Serum, Analysis Of 39 Glycoproteins By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms) In Multiple Reaction Monitoring Mode, Reported As Likelihood Of Malignancy	Yes
0578T	Interrogation Device Evaluation(S) (Remote), Up To 90 Days, Substernal Lead Implantable Cardioverter-Defibrillator System With Interim Analysis, Review(S) And Report(S) By A Physician Or Other Qualified Health Care Professional	Yes
0578U	Oncology (Cutaneous Melanoma), Rna, Gene Expression Profiling By Real-Time Qpcr Of 10 Genes (8 Content And 2 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithm Reports A Binary Result, Either Low-Risk Or High-Risk For Senti	Yes
0579	Home Health (HH) Aide: Other HH - Aide	No
0579T	Interrogation Device Evaluation(S) (Remote), Up To 90 Days, Substernal Lead Implantable Cardioverter-Defibrillator System, Remote Data Acquisition(S), Receipt Of Transmissions And Technician Review, Technical Support And Distribution Of Results	Yes
0579U	Nephrology (Diabetic Chronic Kidney Disease), Enzyme-Linked Immunosorbent Assay (Elisa) Of Apolipoprotein A4 (Apoa4), Cd5 Antigen-Like (Cd5L) Combined With Estimated Glomerular Filtration Rate (Gfr), Age, Plasma, Algorithm Reported As A Risk Score For Kid	Yes

Procedure Code	Description	Prior Auth Required
0580	Home Health (HH) - Other Visits: General Classification	No
0580F	Multidisciplinary Care Plan Developed Or Updated (ALS)	Yes
0580T	Removal Of Substernal Implantable Defibrillator Pulse Generator Only	Yes
0580U	Borrelia Burgdorferi (Lyme Disease), Antibody Detection Of 31 Recombinant Protein Groups, By Immunoassay, Igg	No
0581	Home Health (HH) - Other Visits: Visit Charge	No
0581F	Patient Transferred Directly From Anesthetizing Location To Critical Care Unit (Peri2)	Yes
0581T	Ablation, Malignant Breast Tumor(S), Percutaneous, Cryotherapy, Including Imaging Guidance When Performed, Unilateral	Yes
0581U	Transplantation Medicine, Antibody To Non-Human Leukocyte Antigens (Non-Hla), Blood Specimen, Flow Cytometry, Single-Antigen Bead Technology, 39 Targets, Individual Positive Antibodies Reported	Yes
0582	Home Health (HH) - Other Visits: Hourly Charge	No
0582F	Patient Not Transferred Directly From Anesthetizing Location To Critical Care Unit (Peri2)	Yes
0582T	Transurethral Ablation Of Malignant Prostate Tissue By High-Energy Water Vapor Thermotherapy, Including Intraoperative Imaging And Needle Guidance	Yes
0582U	Rare Diseases (Constitutional Disease/Hereditary Disorders), Rapid Whole Genome Dna Sequencing For Single-Nucleotide Variants, Insertions/Deletions, Copy Number Variations, Blood, Saliva, Tissue Sample, Variants Reported	Yes
0583	Home Health (HH) - Other Visits: Assessment	No
0583F	Transfer Of Care Checklist Used (Peri2)	Yes
0583T	Tympanostomy (Requiring Insertion Of Ventilating Tube), Using An Automated Tube Delivery System, Iontophoresis Local Anesthesia	Yes
0583U	Rare Diseases (Constitutional Disease/Hereditary Disorders), Rapid Whole Genome Comparator Dna Sequencing For Single-Nucleotide Variants, Insertions/Deletions, Copy Number Variations, Blood, Saliva, Tissue Sample, Variants Reported With Proband Results (L	Yes
0584F	Transfer Of Care Checklist Not Used (Peri2)	Yes
0584T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Percutaneous	Yes
0584U	Neurology (Prion Disease), Cerebrospinal Fluid, Detection Of Prion Protein By Quaking-Induced Conformational Conversion, Qualitative	Yes
0585T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Laparoscopic	Yes
0585U	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm, Circulating Cell-Free Dna (Cfdna) Analysis From Plasma Of 521 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, And Microsatellite Instability,	Yes
0586T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Open	Yes
0586U	Oncology, Mrna, Gene Expression Profiling Of 216 Genes (204 Targeted And 12 Housekeeping Genes), Rna Expression Analysis, Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Quantitative, Reported As Log2 Ratio Per Gene	Yes
0587T	Percutaneous Implantation Or Replacement Of Integrated Single Device Neurostimulation System For Bladder Dysfunction Including Electrode Array And Receiver Or Pulse Generator, Including Analysis, Programming, And Imaging Guidance When Performed, Posterior	Yes
0587U	Therapeutic Drug Monitoring, 60-150 Drugs And Metabolites, Urine, Saliva, Quantitative Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Specimen Validity, And Algorithmic Analyses For Presence Or Absence Of Drug Or Metabolite, Risk Score Pr	Yes
0588T	Revision Or Removal Of Percutaneously Placed Integrated Single Device Neurostimulation System For Bladder Dysfunction Including Electrode Array And Receiver Or Pulse Generator, Including Analysis, Programming, And Imaging Guidance When Performed, Posterio	Yes
0588U	Infectious Disease (Bacterial Or Viral), 32 Genes (29 Informative And 3 Housekeeping), Immune Response Mrna, Gene Expression Profiling By Split-Well Multiplex Reverse Transcription Loop-Mediated Isothermal Amplification (Rt-Lamp), Whole Blood, Reported As	Yes
0589	Home Health (HH) - Other Visits: Other Home Health Visit	No
0589T	Electronic Analysis With Simple Programming Of Implanted Integrated Neurostimulation System For Bladder Dysfunction (Eg, Electrode Array And Receiver), Including Contact Group(S), Amplitude, Pulse Width, Frequency (Hz), On/Off Cycling, Burst, Dose Lockout	Yes
0589U	Perfluoroalkyl Substances (Pfas) (Eg, Perfluorooctanoic Acid, Perfluorooctane Sulfonic Acid), 24 Pfas Compounds By High-Performance Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Plasma Or Serum, Quantitative	Yes
0590	Home Health (HH) - Units of Service: General Classification	No
0590T	Electronic Analysis With Complex Programming Of Implanted Integrated Neurostimulation System For Bladder Dysfunction (Eg, Electrode Array And Receiver), Including Contact Group(S), Amplitude, Pulse Width, Frequency (Hz), On/Off Cycling, Burst, Dose Lockou	Yes
0590U	Infectious Disease (Bacterial And Fungal), Dna Of 44 Organisms (34 Bacteria, 10 Fungi), Urine, Next-Generation Sequencing, Reported As Positive Or Negative For Each Organism	Yes
0591T	Health And Well-Being Coaching Face-To-Face; Individual, Initial Assessment	Yes
0591U	Oncology (Prostate Cancer), Biochemical Analysis Of 3 Proteins (Total Psa, Free Psa, And He4), Plasma, Serum, Prognostic Algorithm Incorporating 3 Proteins And Digital Rectal Examination, Results Reported As A Probability Score For Clinically Significant	Yes

Procedure Code	Description	Prior Auth Required
0592T	Health And Well-Being Coaching Face-To-Face; Individual, Follow-Up Session, At Least 30 Minutes	Yes
0592U	Oncology (Hematolymphoid Neoplasms), Dna, Targeted Genomic Sequence Of 417 Genes, Interrogation For Gene Fusions, Translocations, Rearrangements, Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tumor Tissue, Results Report Clinically Significant Variant	Yes
0593T	Health And Well-Being Coaching Face-To-Face; Group (2 Or More Individuals), At Least 30 Minutes	Yes
0593U	Infectious Disease (Genitourinary Pathogens), Dna, 46 Targets (28 Pathogens, 18 Resistance Genes), Rt-Pcr Amplified Probe Technique, Urine, Each Analyte Reported As Detected Or Not Detected	Yes
0594T	Osteotomy, Humerus, With Insertion Of An Externally Controlled Intramedullary Lengthening Device, Including Intraoperative Imaging, Initial And Subsequent Alignment Assessments, Computations Of Adjustment Schedules, And Management Of The Intramedullary Le	Yes
0594U	Infectious Disease (Sepsis), Semiquantitative Measurement Of Pancreatic Stone Protein Concentration, Whole Blood, Reported As Risk Of Sepsis	Yes
0595U	Infectious Disease (Tropical Fever Pathogens), Vector-Borne And Zoonotic Pathogens, Including 2 Viruses (Chikungunya Virus And Dengue Virus Serotypes 1, 2, 3, And 4), 1 Bacterium (Leptospira Species), And 1 Parasite With Species Differentiation (Plasmodiu	No
0596T	Temporary Female Intraurethral Valve-Pump (Ie, Voiding Prosthesis); Initial Insertion, Including Urethral Measurement	Yes
0596U	Neurology (Alzheimer Disease), Plasma, 3 Distinct Isoform-Specific Peptides (Apoe2, Apoe3, And Apoe4) By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Reported As An Apoe Proteotype	Yes
0597T	Temporary Female Intraurethral Valve-Pump (Ie, Voiding Prosthesis); Replacement	Yes
0597U	Oncology (Breast), Rna Expression Profiling Of 329 Genes By Targeted Next-Generation Sequencing And 20 Proteins By Multiplex Immunofluorescence, Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithmic Analyses To Determine Tumor-Recurrence Risk Score	Yes
0598T	Real-Time Fluorescence Wound Imaging With Clinical Darkness, To Identify Location Of Bacterial Wound Pathogens And Measure Wound Size, Per Session; First Anatomic Site (Eg, Lower Extremity, Right Leg)	Yes
0598U	Gastroenterology (Irritable Bowel Syndrome), Igg Antibodies To 18 Food Items By Microarray-Based Immunoassay, Whole Blood Or Serum, Report As Elevated (Positive) Or Normal (Negative) Antibody Levels	Yes
0599T	Real-Time Fluorescence Wound Imaging With Clinical Darkness, To Identify Location Of Bacterial Wound Pathogens And Measure Wound Size, Per Session; Each Additional Anatomic Site (Eg, Upper Extremity, Left Leg) (List Separately In Addition To Code For Prim	Yes
0599U	Oncology (Pancreatic Cancer), Multiplex Immunoassay Of Icam1, Timp1, Ctsd, Thbs1, And Ca 19-9, Serum, Diagnostic Algorithm Reported As Positive Or Negative	Yes
0600	Home Health (HH) - Oxygen: General Classification	No
0600T	Ablation, Irreversible Electroporation; 1 Or More Tumors Per Organ, Other Than Liver Or Prostate, Including Imaging Guidance, When Performed, Percutaneous	Yes
0600U	Infectious disease (wound infection), identification of 65 organisms and 30 antibiotic resistance genes, wound swab, real-time PCR, reported as positive or negative for each organism	Yes
0601	Home Health (HH) - Oxygen: Oxygen - Stat Equip/Supply/Content	No
0601T	Ablation, Irreversible Electroporation; 1 Or More Tumors Per Organ, Including Fluoroscopic And Ultrasound Guidance, When Performed, Open	Yes
0601U	Infectious Disease (Periprosthetic Joint Infection), Analysis Of 11 Biomarkers (Alpha Defensins 1-3, C-Reactive Protein, Microbial Antigens For Staphylococcus [Spa, Spb], Enterococcus, Candida, And C. Acnes, Total Nucleated Cell Count, Percent	Yes
0602	Home Health (HH) - Oxygen: Oxygen - Stat Equip/Supply<1 LPM	No
0602T	Glomerular Filtration Rate (Gfr) Measurement(S), Transdermal, Including Sensor Placement And Administration Of A Single Dose Of Fluorescent Pyrazine Agent	No
0602U	Endocrinology (Diabetes), Insulin (Ins) Gene Methylation Using Digital Droplet Pcr, Insulin, And C-Peptide Immunoassay, Serum, Hemoglobin A1C Immunoassay, Whole Blood, Algorithm Reported As Diabetes-Risk Score	Yes
0603	Home Health (HH) - Oxygen: Oxygen - Stat Equip/Supply>4 LPM	No
0603T	Glomerular Filtration Rate (Gfr) Monitoring, Transdermal, Including Sensor Placement And Administration Of More Than One Dose Of Fluorescent Pyrazine Agent, Each 24 Hours	No
0603U	Drug Assay, Presumptive, 77 Drugs Or Metabolites, Urine, Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Results Reported As Positive Or Negative	Yes
0604	Home Health (HH) - Oxygen: Oxygen - Port Add-on	No
0604T	Optical Coherence Tomography (Oct) Of Retina, Remote, Patient-Initiated Image Capture And Transmission To A Remote Surveillance Center, Unilateral Or Bilateral; Initial Device Provision, Set-Up And Patient Education On Use Of Equipment	Yes
0604U	Allergy And Immunology (Chronic Recurrent Angioedema), 4 Bradykinin Peptides, Liquid Chromatography And Tandem Mass Spectrometry (Lc-Ms/ Ms), Whole Blood, Quantitative	Yes
0605T	Optical Coherence Tomography (Oct) Of Retina, Remote, Patient-Initiated Image Capture And Transmission To A Remote Surveillance Center, Unilateral Or Bilateral; Remote Surveillance Center Technical Support, Data Analyses And Reports, With A Minimum Of 8 D	Yes
0605U	Allergy And Immunology (Hereditary Alpha Tryptasemia), Dna, Analysis Of Tpsab1 Gene Copy Number Variation Using Digital Pcr, Whole Blood, Results Reported With Genotype-Specific Interpretation Of Alpha-Tryptase Copy Number And Algorithmic Classification	Yes

Procedure Code	Description	Prior Auth Required
0606T	Optical Coherence Tomography (Oct) Of Retina, Remote, Patient-Initiated Image Capture And Transmission To A Remote Surveillance Center, Unilateral Or Bilateral; Review, Interpretation And Report By The Prescribing Physician Or Other Qualified Health Care	Yes
0606U	Hematology (Red Cell Membrane Disorders), Rbcs, Osmotic Gradient Ektacytometry, Whole Blood, Quantitative	Yes
0607T	Remote Monitoring Of An External Continuous Pulmonary Fluid Monitoring System, Including Measurement Of Radiofrequency-Derived Pulmonary Fluid Levels, Heart Rate, Respiration Rate, Activity, Posture, And Cardiovascular Rhythm (Eg, Ecg Data), Transmitted T	Yes
0607U	Reproductive Medicine (Endometrial Microbiome Assessment), Real-Time Pcr Analysis For 31 Bacterial Dna Targets From Endometrial Biopsy, Reported With Quantified Levels Of Bacterial Presence And Targeted Treatment Recommendations	Yes
0608T	Remote Monitoring Of An External Continuous Pulmonary Fluid Monitoring System, Including Measurement Of Radiofrequency-Derived Pulmonary Fluid Levels, Heart Rate, Respiration Rate, Activity, Posture, And Cardiovascular Rhythm (Eg, Ecg Data), Transmitted T	Yes
0608U	Reproductive Medicine (Endometrial Microbiome Assessment), Real-Time Pcr Analysis For 10 Bacterial Dna Targets From Endometrial Biopsy, Reported With Quantified Levels Of Bacterial Presence And Targeted Treatment Recommendations	Yes
0609	Home Health (HH) - Oxygen: Oxygen - Other	No
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	No
0609U	Oncology (Prostate), Immunoassay For Total Prostate-Specific Antigen (Psa) And Free Psa, Serum Or Plasma, Combined With Clinical Features, Algorithm Reported As A Probability Score For Clinically Significant Prostate Cancer	Yes
0610	Magnetic Resonance Technology (MRT): General Classification	No
0610T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis	No
0610U	Infectious Disease (Antimicrobial Susceptibility), Phenotypic Antimicrobial Susceptibility Testing Of Positive Blood Culture Using Microfluidic Sensor Technology To Quantify Bacterial Growth Response To Multiple Antibiotic Types, Reporting Categorical	No
0611	Magnetic Resonance Technology (MRT): MRI - Brain/Brainstem	No
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	No
0611U	Oncology (Liver), Analysis Of Over 1,000 Methylated Regions, Cell-Free Dna From Plasma, Algorithm Reported As A Quantitative Result	Yes
0612	Magnetic Resonance Technology (MRT): MRI - Spinal Cord/Spine	No
0612T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical, Thoracic, Or Lumbar); Interpretation And Report	No
0612U	Oncology (Liver), Analysis Of Over 1,000 Methylated Regions, Cell-Free Dna From Plasma, Algorithm Reported As A Quantitative Result	Yes
0613T	Percutaneous Transcatheter Implantation Of Interatrial Septal Shunt Device, Including Right And Left Heart Catheterization, Intracardiac Echocardiography, And Imaging Guidance By The Proceduralist, When Performed	Yes
0613U	Oncology (Urothelial Carcinoma), Dna Methylation And Mutation Analysis Of 6 Biomarkers (Twist1, Otx1, Onecut2, Fgfr3, Hras, Tert Promoter Region), Methylation-Specific Pcr And Targeted Next-Generation Sequencing, Urine, Algorithm Reported As A	Yes
0614	Magnetic Resonance Technology (MRT): MRI - Other	No
0614T	Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator	Yes
0614U	Inborn Error Of Metabolism (Primary Mitochondrial Disease), Mitochondrial Analysis Of 4 Enzyme Complexes By Stained Blue Native Polyacrylamide Gel Electrophoresis (Page), Frozen Tissue (Muscle, Liver, Heart, Cultured Skin Fibroblasts), Diagnostic Qualitat	Yes
0615	Magnetic Resonance Technology (MRT): MRA - Head and Neck	No
0615T	Automated Analysis Of Binocular Eye Movements Without Spatial Calibration, Including Disconjugacy, Saccades, And Pupillary Dynamics For The Assessment Of Concussion, With Interpretation And Report	Yes
0615U	Borrelia Burgdorferi (Lyme Disease), Antibody Detection Of 26 Recombinant Protein Groups, By Immunoassay, Igm	No
0616	Magnetic Resonance Technology (MRT): MRA - Lower Extremities	No
0616U	Neurology (Dementia), Dna Methylation Analysis Of More Than 30,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0617U	Cardiovascular (Atherosclerotic Cardiovascular Disease [Ascvd]), Dna Methylation Analysis Of More Than 20,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0618	Magnetic Resonance Technology (MRT): MRA - Other	No
0618F	Anti-Infective Therapy (Fourth Therapy)	No
0618H	Anti-Infective Therapy (All Dosing)	No
0618S	Anti-Infective Therapy (Second Therapy)	No
0618U	Psychiatry (Bipolar Disorder), Dna Methylation Analysis Of More Than 10,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0619	Magnetic Resonance Technology (MRT): Other MRT	No
0619U	Pulmonary (Chronic Obstructive Pulmonary Disease [Copd]), Dna Methylation Analysis Of More Than 18,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes

Procedure Code	Description	Prior Auth Required
0620T	Endovascular Venous Arterialization, Tibial Or Peroneal Vein, With Transcatheter Placement Of Intravascular Stent Graft(S) And Closure By Any Method, Including Percutaneous Or Open Vascular Access, Ultrasound Guidance For Vascular Access When Performed, A	Yes
0620U	Oncology (Hepatocellular Carcinoma), Dna Methylation Analysis Of More Than 5,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0621	Medical/Surgical Supplies - Extension of 27x: Supplies Incident to Radiology	No
0621T	Trabeculostomy Ab Interno By Laser;	Yes
0621U	Infectious Disease (Lyme Borreliosis), Dna Methylation Analysis Of More Than 10,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0622	Medical/Surgical Supplies - Extension of 27x: Supplies Incident to Other DX Services	No
0622T	Trabeculostomy Ab Interno By Laser; With Use Of Ophthalmic Endoscope	Yes
0622U	Psychiatry (Major Depressive Disorder), Dna Methylation Analysis Of More Than 20,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0623	Medical/Surgical Supplies - Extension of 27x: Surgical Dressings	No
0623U	Autoimmune (Multiple Sclerosis), Dna Methylation Analysis Of More Than 5,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0624	Medical/Surgical Supplies - Extension of 27x: FDA Investigational Devices	No
0624U	Hepatology (Nonalcoholic Steatohepatitis [Nash]), Dna Methylation Analysis Of 5,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0625U	Endocrinology (Osteoporosis), Dna Methylation Analysis Of More Than 5,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0626U	Neurology (Parkinson Disease), Dna Methylation Analysis Of More Than 20,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0627T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue-Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; First Level	Yes
0627U	Psychiatry (Schizophrenia), Dna Methylation Analysis Of More Than 15,000 Sites, Whole Blood, Algorithm Reported As Positive Or Negative Risk	Yes
0628T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue-Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; Each Additional Level (List Separately In Addition To Code For Primary Procedure)	Yes
0628U	Nephrology (Kidney Disease-Related Genetic Conditions), Genomic Analysis, Renal Disease Panel, Saliva, Dna, Next-Generation Sequencing Of 449 Genes, Reported As Pathogenic Or Likely Pathogenic Variants Of Uncertain Significance Or Risk Alleles	Yes
0629T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue-Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With CT Guidance, Lumbar; First Level	Yes
0629U	Infectious Disease (Tuberculosis), Dna, Analysis Of 1 Target By Pcr With Clustered Regularly Interspaced Short Palindromic Repeat (Crispr)-Based Probe Detection, Plasma Or Serum, Qualitative Report As Detected Or Not Detected	Yes
0630T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue-Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With CT Guidance, Lumbar; Each Additional Level (List Separately In Addition To Code For Primary Procedure)	Yes
0630U	Oncology (Breast), Mrna, Gene Expression Profiling By Microarray Of 80 Genes (80 Content And 465 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue (Ffpe), Algorithm Reported As An Index That Is Diagnostic Of A Molecular Subtype (Luminal, Ba	Yes
0631	Pharmacy - Extension of 25x: Single Source Drug	No
0632	Pharmacy - Extension of 25x: Multiple Source Drug	No
0632T	Percutaneous Transcatheter Ultrasound Ablation Of Nerves Innervating The Pulmonary Arteries, Including Right Heart Catheterization, Pulmonary Artery Angiography, And All Imaging Guidance	Yes
0633	Pharmacy - Extension of 25x: Restrictive Prescription	No
0633T	Computed Tomography, Breast, Including 3D Rendering, When Performed, Unilateral; Without Contrast Material	No
0634	Pharmacy - Extension of 25x: Erythropoietin (EPO)<10,000 Units	No
0634T	Computed Tomography, Breast, Including 3D Rendering, When Performed, Unilateral; With Contrast Material(S)	No
0635	Pharmacy - Extension of 25x: Erythropoietin (EPO)>=10,000 Units	No
0635T	Computed Tomography, Breast, Including 3D Rendering, When Performed, Unilateral; Without Contrast, Followed By Contrast Material(S)	No
0636	Pharmacy - Extension of 25x: Drugs Requiring Detailed Coding	No
0636T	Computed Tomography, Breast, Including 3D Rendering, When Performed, Bilateral; Without Contrast Material(S)	No
0637	Pharmacy - Extension of 25x: Self-administrable Drugs	No
0637T	Computed Tomography, Breast, Including 3D Rendering, When Performed, Bilateral; With Contrast Material(S)	No
0638T	Computed Tomography, Breast, Including 3D Rendering, When Performed, Bilateral; Without Contrast, Followed By Contrast Material(S)	No
0639T	Wireless Skin Sensor Thermal Anisotropy Measurement(S) And Assessment Of Flow In Cerebrospinal Fluid Shunt, Including Ultrasound Guidance, When Performed	No
0640	Home IV Therapy Services: General Classification	No
0640T	Noncontact Near-Infrared Spectroscopy (Eg, For Measurement Of Deoxyhemoglobin, Oxyhemoglobin, And Ratio Of Tissue Oxygenation), Other Than For Screening For Peripheral Arterial Disease, Image Acquisition, Interpretation, And Report; First Anatomic Site	No

Procedure Code	Description	Prior Auth Required
0641	Home IV Therapy Services: Non-routine Nursing, Central Line	No
0642	Home IV Therapy Services: IV Site Care, Central Line	No
0643	Home IV Therapy Services: IV Start/Change, Peripheral Line	No
0643T	Transcatheter Left Ventricular Restoration Device Implantation Including Right And Left Heart Catheterization And Left Ventriculography When Performed, Arterial Approach	Yes
0644	Home IV Therapy Services: Non-routine Nursing, Peripheral Line	No
0644T	Transcatheter Removal Or Debulking Of Intracardiac Mass (Eg, Vegetations, Thrombus) Via Suction (Eg, Vacuum, Aspiration) Device, Percutaneous Approach, With Intraoperative Reinfusion Of Aspirated Blood, Including Imaging Guidance, When Performed	Yes
0645	Home IV Therapy Services: Training Patient/Caregiver, Central Line	No
0645T	Transcatheter Implantation Of Coronary Sinus Reduction Device Including Vascular Access And Closure, Right Heart Catheterization, Venous Angiography, Coronary Sinus Angiography, Imaging Guidance, And Supervision And Interpretation, When Performed	Yes
0646	Home IV Therapy Services: Training, Disabled Patient, Central Line	No
0646T	Transcatheter Tricuspid Valve Implantation (Ttvi)/Replacement With Prosthetic Valve, Percutaneous Approach, Including Right Heart Catheterization, Temporary Pacemaker Insertion, And Selective Right Ventricular Or Right Atrial Angiography, When Performed	Yes
0647	Home IV Therapy Services: Training, Patient/Caregiver, Peripheral Line	No
0647T	Insertion Of Gastrostomy Tube, Percutaneous, With Magnetic Gastropexy, Under Ultrasound Guidance, Image Documentation And Report	Yes
0648	Home IV Therapy Services: Training, Disabled Patient, Peripheral Line	No
0648T	Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg, Fat, Iron, Water Content), Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation And Report, Obtained Without Diagnostic Mri Examination Of The	No
0649	Home IV Therapy Services: Other IV Therapy Services	No
0649T	Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg, Fat, Iron, Water Content), Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation And Report, Obtained With Diagnostic Mri Examination Of The Sa	No
0650	Hospice Service: General Classification	No
0650T	Programming Device Evaluation (Remote) Of Subcutaneous Cardiac Rhythm Monitor System, With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanently Programmed Values With Analysis, Review And Report	Yes
0651	Hospice Service: Routine Home Care	No
0651T	Magnetically Controlled Capsule Endoscopy, Esophagus Through Stomach, Including Intraprocedural Positioning Of Capsule, With Interpretation And Report	Yes
0652	Hospice Service: Continuous Home Care	No
0652T	Esophagogastroduodenoscopy, Flexible, Transnasal; Diagnostic, Including Collection Of Specimen(S) By Brushing Or Washing, When Performed (Separate Procedure)	Yes
0653T	Esophagogastroduodenoscopy, Flexible, Transnasal; With Biopsy, Single Or Multiple	Yes
0654T	Esophagogastroduodenoscopy, Flexible, Transnasal; With Insertion Of Intraluminal Tube Or Catheter	Yes
0655	Hospice Service: Inpatient Respite Care	No
0655T	Transperineal Focal Laser Ablation Of Malignant Prostate Tissue, Including Transrectal Imaging Guidance, With Mr-Fused Images Or Other Enhanced Ultrasound Imaging	Yes
0656	Hospice Service: General Inpatient Care Non-Respite	No
0656T	Anterior Lumbar Or Thoracolumbar Vertebral Body Tethering; Up To 7 Vertebral Segments	Yes
0657	Hospice Service: Physician Services	No
0657T	Anterior Lumbar Or Thoracolumbar Vertebral Body Tethering; 8 Or More Vertebral Segments	Yes
0658	Hospice Service: Hospice Room & Board - Nursing Facility	No
0658T	Electrical Impedance Spectroscopy Of 1 Or More Skin Lesions For Automated Melanoma Risk Score	No
0659	Hospice Service: Other Hospice Service	No
0659T	Transcatheter Intracoronary Infusion Of Supersaturated Oxygen In Conjunction With Percutaneous Coronary Revascularization During Acute Myocardial Infarction, Including Catheter Placement, Imaging Guidance (Eg, Fluoroscopy), Angiography, And Radiologic Sup	Yes
0660	Respite Care: General Classification	No
0660T	Implantation Of Anterior Segment Intraocular Nonbiodegradable Drug-Eluting System, Internal Approach	Yes
0661	Respite Care: Hourly Charge - Nursing	No
0661T	Removal And Reimplantation Of Anterior Segment Intraocular Nonbiodegradable Drug-Eluting Implant	Yes
0662	Respite Care: Hourly Charge/Aide/Homemaker/Companion	No
0663	Respite Care: Daily Respite Charge	No
0664T	Donor Hysterectomy (Including Cold Preservation); Open, From Cadaver Donor	Yes
0665T	Donor Hysterectomy (Including Cold Preservation); Open, From Living Donor	Yes
0666T	Donor Hysterectomy (Including Cold Preservation); Laparoscopic Or Robotic, From Living Donor	Yes
0667T	Donor Hysterectomy (Including Cold Preservation); Recipient Uterus Allograft Transplantation From Cadaver Or Living Donor	Yes
0668T	Backbench Standard Preparation Of Cadaver Or Living Donor Uterine Allograft Prior To Transplantation, Including Dissection And Removal Of Surrounding Soft Tissues And Preparation Of Uterine Vein(S) And Uterine Artery(Ies), As Necessary	Yes
0669	Respite Care: Other Respite Care	No

Procedure Code	Description	Prior Auth Required
0669T	Backbench Reconstruction Of Cadaver Or Living Donor Uterus Allograft Prior To Transplantation; Venous Anastomosis, Each	Yes
0670	Outpatient Special Residence Charges: General Classification	No
0670T	Backbench Reconstruction Of Cadaver Or Living Donor Uterus Allograft Prior To Transplantation; Arterial Anastomosis, Each	Yes
0671	Outpatient Special Residence Charges: Hospital Owned	No
0671T	Insertion Of Anterior Segment Aqueous Drainage Device Into The Trabecular Meshwork, Without External Reservoir, And Without Concomitant Cataract Removal, One Or More	Yes
0672	Outpatient Special Residence Charges: Contracted	No
0672T	Endovaginal Cryogen-Cooled, Monopolar Radiofrequency Remodeling Of The Tissues Surrounding The Female Bladder Neck And Proximal Urethra For Urinary Incontinence	Yes
0673T	Ablation, Benign Thyroid Nodule(S), Percutaneous, Laser, Including Imaging Guidance	Yes
0674T	Laparoscopic Insertion Of New Or Replacement Of Permanent Implantable Synchronized Diaphragmatic Stimulation System For Augmentation Of Cardiac Function, Including An Implantable Pulse Generator And Diaphragmatic Lead(S)	Yes
0675T	Laparoscopic Insertion Of New Or Replacement Of Diaphragmatic Lead(S), Permanent Implantable Synchronized Diaphragmatic Stimulation System For Augmentation Of Cardiac Function, Including Connection To An Existing Pulse Generator; First Lead	Yes
0676T	Laparoscopic Insertion Of New Or Replacement Of Diaphragmatic Lead(S), Permanent Implantable Synchronized Diaphragmatic Stimulation System For Augmentation Of Cardiac Function, Including Connection To An Existing Pulse Generator; Each Additional Lead (Lis	Yes
0677T	Laparoscopic Repositioning Of Diaphragmatic Lead(S), Permanent Implantable Synchronized Diaphragmatic Stimulation System For Augmentation Of Cardiac Function, Including Connection To An Existing Pulse Generator; First Repositioned Lead	Yes
0678T	Laparoscopic Repositioning Of Diaphragmatic Lead(S), Permanent Implantable Synchronized Diaphragmatic Stimulation System For Augmentation Of Cardiac Function, Including Connection To An Existing Pulse Generator; Each Additional Repositioned Lead (List Sep	Yes
0679	Outpatient Special Residence Charges: Other Special Residence Charges	No
0679T	Laparoscopic Removal Of Diaphragmatic Lead(S), Permanent Implantable Synchronized Diaphragmatic Stimulation System For Augmentation Of Cardiac Function	Yes
0680T	Insertion Or Replacement Of Pulse Generator Only, Permanent Implantable Synchronized Diaphragmatic Stimulation System For Augmentation Of Cardiac Function, With Connection To Existing Lead(S)	Yes
0681	Trauma Response: Level I Trauma	No
0681T	Relocation Of Pulse Generator Only, Permanent Implantable Synchronized Diaphragmatic Stimulation System For Augmentation Of Cardiac Function, With Connection To Existing Dual Leads	Yes
0682	Trauma Response: Level II Trauma	No
0682T	Removal Of Pulse Generator Only, Permanent Implantable Synchronized Diaphragmatic Stimulation System For Augmentation Of Cardiac Function	Yes
0683	Trauma Response: Level III Trauma	No
0683T	Programming Device Evaluation (In-Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	Yes
0684	Trauma Response: Level IV Trauma	No
0684T	Peri-Procedural Device Evaluation (In-Person) And Programming Of Device System Parameters Before Or After A Surgery, Procedure, Or Test With Analysis, Review, And Report By A Physician Or Other Qualified Health Care Professional, Permanent Implantable Syn	Yes
0685T	Interrogation Device Evaluation (In-Person) With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional, Including Connection, Recording And Disconnection Per Patient Encounter, Permanent Implantable Synchronized Diaphragma	Yes
0686T	Histotripsy (Ie, Non-Thermal Ablation Via Acoustic Energy Delivery) Of Malignant Hepatocellular Tissue, Including Image Guidance	Yes
0687T	Treatment Of Amblyopia Using An Online Digital Program; Device Supply, Educational Set-Up, And Initial Session	Yes
0688T	Treatment Of Amblyopia Using An Online Digital Program; Assessment Of Patient Performance And Program Data By Physician Or Other Qualified Health Care Professional, With Report, Per Calendar Month	Yes
0689	Trauma Response: Other Trauma Response	No
0689T	Quantitative Ultrasound Tissue Characterization (Non-Elastographic), Including Interpretation And Report, Obtained Without Diagnostic Ultrasound Examination Of The Same Anatomy (Eg, Organ, Gland, Tissue, Target Structure)	No
0690	Pre-hospice/Palliative Care Services: General Classification	Yes
0690T	Quantitative Ultrasound Tissue Characterization (Non-Elastographic), Including Interpretation And Report, Obtained With Diagnostic Ultrasound Examination Of The Same Anatomy (Eg, Organ, Gland, Tissue, Target Structure) (List Separately In Addition To Code	No
0691	Pre-hospice/Palliative Care Services: Visit Charge	Yes
0691T	Automated Analysis Of An Existing Computed Tomography Study For Vertebral Fracture(S), Including Assessment Of Bone Density When Performed, Data Preparation, Interpretation, And Report	No
0692	Pre-hospice/Palliative Care Services: Hourly Charge	Yes
0692T	Therapeutic Ultrafiltration	Yes

Procedure Code	Description	Prior Auth Required
0693	Pre-hospice/Palliative Care Services: Evaluation	Yes
0693T	Comprehensive Full Body Computer-Based Markerless 3D Kinematic And Kinetic Motion Analysis And Report	No
0694	Pre-hospice/Palliative Care Services: Consultation and Education	Yes
0694T	3-Dimensional Volumetric Imaging And Reconstruction Of Breast Or Axillary Lymph Node Tissue, Each Excised Specimen, 3-Dimensional Automatic Specimen Reorientation, Interpretation And Report, Real-Time Intraoperative	No
0695	Pre-hospice/Palliative Care Services: Inpatient Care	Yes
0695T	Body Surface-Activation Mapping Of Pacemaker Or Pacing Cardioverter-Defibrillator Lead(S) To Optimize Electrical Synchrony, Cardiac Resynchronization Therapy Device, Including Connection, Recording, Disconnection, Review, And Report; At Time Of Implant Or	Yes
0696	Pre-hospice/Palliative Care Services: Physician Services	Yes
0696T	Body Surface-Activation Mapping Of Pacemaker Or Pacing Cardioverter-Defibrillator Lead(S) To Optimize Electrical Synchrony, Cardiac Resynchronization Therapy Device, Including Connection, Recording, Disconnection, Review, And Report; At Time Of Follow-Up	Yes
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	No
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 Sa	No
0699	Pre-hospice/Palliative Care Services: Other Pre-hospice/Palliative Care Services	Yes
0699T	Injection, Posterior Chamber Of Eye, Medication	Yes
0700	Cast Room: General Classification	No
0700T	Molecular Fluorescent Imaging Of Suspicious Nevus; First Lesion	No
0701T	Molecular Fluorescent Imaging Of Suspicious Nevus; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
0704T	Remote Treatment Of Amblyopia Using An Eye Tracking Device; Device Supply With Initial Set-Up And Patient Education On Use Of Equipment	Yes
0705T	Remote Treatment Of Amblyopia Using An Eye Tracking Device; Surveillance Center Technical Support Including Data Transmission With Analysis, With A Minimum Of 18 Training Hours, Each 30 Days	Yes
0706T	Remote Treatment Of Amblyopia Using An Eye Tracking Device; Interpretation And Report By Physician Or Other Qualified Health Care Professional, Per Calendar Month	Yes
0707T	Injection(S), Bone-Substitute Material (Eg, Calcium Phosphate) Into Subchondral Bone Defect (Ie, Bone Marrow Lesion, Bone Bruise, Stress Injury, Microtrabecular Fracture), Including Imaging Guidance And Arthroscopic Assistance For Joint Visualization	Yes
0708T	Intradermal Cancer Immunotherapy; Preparation And Initial Injection	Yes
0709T	Intradermal Cancer Immunotherapy; Each Additional Injection (List Separately In Addition To Code For Primary Procedure)	Yes
0710	Recovery Room: General Classification	No
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 Fo	No
0711T	Noninvasive Arterial Plaque Analysis Using Software Processing Of Data From Non-Coronary Computerized Tomography Angiography; Data Preparation And Transmission	No
0712T	Noninvasive Arterial Plaque Analysis Using Software Processing Of Data From Non-Coronary Computerized Tomography Angiography; Quantification Of The Structure And Composition Of The Vessel Wall And Assessment For Lipid-Rich Necrotic Core Plaque To Assess A	No
0713T	Noninvasive Arterial Plaque Analysis Using Software Processing Of Data From Non-Coronary Computerized Tomography Angiography; Data Review, Interpretation And Report	No
0714T	Transperineal Laser Ablation Of Benign Prostatic Hyperplasia, Including Imaging Guidance; Prostate Volume Less Than 50 Ml	Yes
0716T	Cardiac Acoustic Waveform Recording With Automated Analysis And Generation Of Coronary Artery Disease Risk Score	No
0717T	Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy For Partial Thickness Rotator Cuff Tear; Adipose Tissue Harvesting, Isolation And Preparation Of Harvested Cells, Including Incubation With Cell Dissociation Enzymes, Filtration, Washing, And Con	Yes
0718T	Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy For Partial Thickness Rotator Cuff Tear; Injection Into Supraspinatus Tendon Including Ultrasound Guidance, Unilateral	Yes
0719T	Posterior Vertebral Joint Replacement, Including Bilateral Facetectomy, Laminectomy, And Radical Discectomy, Including Imaging Guidance, Lumbar Spine, Single Segment	Yes
0720	Labor Room/Delivery: General Classification	No
0721	Labor Room/Delivery: Labor	No
0721T	Quantitative Computed Tomography (Ct) Tissue Characterization, Including Interpretation And Report, Obtained Without Concurrent Ct Examination Of Any Structure Contained In Previously Acquired Diagnostic Imaging	No
0722	Labor Room/Delivery: Delivery	No
0722T	Quantitative Computed Tomography (Ct) Tissue Characterization, Including Interpretation And Report, Obtained With Concurrent Ct Examination Of Any Structure Contained In The Concurrently Acquired Diagnostic Imaging Dataset (List Separately In Addition To	No
0723	Labor Room/Delivery: Circumcision	No

Procedure Code	Description	Prior Auth Required
0723T	Quantitative Magnetic Resonance Cholangiopancreatography (Qmrcp), Including Data Preparation And Transmission, Interpretation And Report, Obtained Without Diagnostic Magnetic Resonance Imaging (Mri) Examination Of The Same Anatomy (Eg, Organ, Gland, Tissu	No
0724	Labor Room/Delivery: Birthing Center	No
0724T	Quantitative Magnetic Resonance Cholangiopancreatography (Qmrcp), Including Data Preparation And Transmission, Interpretation And Report, Obtained With Diagnostic Magnetic Resonance Imaging (Mri) Examination Of The Same Anatomy (Eg, Organ, Gland, Tissue,	No
0725T	Vestibular Device Implantation, Unilateral	Yes
0726T	Removal Of Implanted Vestibular Device, Unilateral	Yes
0727T	Removal And Replacement Of Implanted Vestibular Device, Unilateral	Yes
0728T	Diagnostic Analysis Of Vestibular Implant, Unilateral; With Initial Programming	Yes
0729	Labor Room/Delivery: Other Labor Room/Delivery	No
0729T	Diagnostic Analysis Of Vestibular Implant, Unilateral; With Subsequent Programming	Yes
0730	EKG/ECG (Electrocardiogram): General Classification	No
0730T	Trabeculotomy By Laser, Including Optical Coherence Tomography (Oct) Guidance	Yes
0731	EKG/ECG (Electrocardiogram): Holter Monitor	No
0731T	Augmentative Ai-Based Facial Phenotype Analysis With Report	Yes
0732	EKG/ECG (Electrocardiogram): Telemetry	No
0732T	Immunotherapy Administration With Electroporation, Intramuscular	Yes
0733T	Remote Real-Time, Motion Capture-Based Neurorehabilitative Therapy Ordered By A Physician Or Other Qualified Health Care Professional; Supply And Technical Support, Per 30 Days	Yes
0734T	Remote Real-Time, Motion Capture-Based Neurorehabilitative Therapy Ordered By A Physician Or Other Qualified Health Care Professional; Treatment Management Services By A Physician Or Other Qualified Health Care Professional, Per Calendar Month	Yes
0735T	Preparation Of Tumor Cavity, With Placement Of A Radiation Therapy Applicator For Intraoperative Radiation Therapy (Iort) Concurrent With Primary Craniotomy (List Separately In Addition To Code For Primary Procedure)	Yes
0736T	Colonic Lavage, 35 Or More Liters Of Water, Gravity-Fed, With Induced Defecation, Including Insertion Of Rectal Catheter	Yes
0737T	Xenograft Implantation Into The Articular Surface	Yes
0738T	Treatment Planning For Magnetic Field Induction Ablation Of Malignant Prostate Tissue, Using Data From Previously Performed Magnetic Resonance Imaging (Mri) Examination	Yes
0739	EKG/ECG (Electrocardiogram): Other EKG/ECG	No
0739T	Ablation Of Malignant Prostate Tissue By Magnetic Field Induction, Including All Intraprocedural, Transperineal Needle/Catheter Placement For Nanoparticle Installation And Intraprocedural Temperature Monitoring, Thermal Dosimetry, Bladder Irrigation, And	Yes
0740	EEG (Electroencephalogram): General Classification	No
0740T	Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration; Initial Set-Up And Patient Education	Yes
0741T	Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration; Provision Of Software, Data Collection, Transmission, And Storage, Each 30 Days	Yes
0742T	Absolute Quantitation Of Myocardial Blood Flow (Aqmbf), Single-Photon Emission Computed Tomography (Spect), With Exercise Or Pharmacologic Stress, And At Rest, When Performed (List Separately In Addition To Code For Primary Procedure)	No
0743T	Bone Strength And Fracture Risk Using Finite Element Analysis Of Functional Data And Bone Mineral Density (Bmd), With Concurrent Vertebral Fracture Assessment, Utilizing Data From A Computed Tomography Scan, Retrieval And Transmission Of The Scan Data, Me	No
0744T	Insertion Of Bioprosthetic Valve, Open, Femoral Vein, Including Duplex Ultrasound Imaging Guidance, When Performed, Including Autogenous Or Nonautogenous Patch Graft (Eg, Polyester, Eptfe, Bovine Pericardium), When Performed	Yes
0745T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Noninvasive Arrhythmia Localization And Mapping Of Arrhythmia Site (Nidus), Derived From Anatomical Image Data (Eg, Ct, Mri, Or Myocardial Perfusion Scan) And Electrical Data (Eg, 12-Lead	Yes
0746T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Conversion Of Arrhythmia Localization And Mapping Of Arrhythmia Site (Nidus) Into A Multidimensional Radiation Treatment Plan	Yes
0747T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Delivery Of Radiation Therapy, Arrhythmia	Yes
0748T	Injections Of Stem Cell Product Into Perianal Perifistular Soft Tissue, Including Fistula Preparation (Eg, Removal Of Setons, Fistula Curettage, Closure Of Internal Openings)	Yes
0749T	Bone Strength And Fracture-Risk Assessment Using Digital X-Ray Radiogrammetry-Bone Mineral Density (Dxr-Bmd) Analysis Of Bone Mineral Density (Bmd) Utilizing Data From A Digital X Ray, Retrieval And Transmission Of Digital X-Ray Data, Assessment Of Bone S	No
0750	Gastro-Intestinal (GI) Services: General Classification	No
0750T	Bone Strength And Fracture-Risk Assessment Using Digital X-Ray Radiogrammetry-Bone Mineral Density (Dxr-Bmd) Analysis Of Bone Mineral Density (Bmd) Utilizing Data From A Digital X Ray, Retrieval And Transmission Of Digital X-Ray Data, Assessment Of Bone S	No
0751T	Digitization Of Glass Microscope Slides For Level Ii, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	Yes
0752T	Digitization Of Glass Microscope Slides For Level Iii, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	Yes

Procedure Code	Description	Prior Auth Required
0753T	Digitization Of Glass Microscope Slides For Level Iv, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	Yes
0754T	Digitization Of Glass Microscope Slides For Level V, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	Yes
0755T	Digitization Of Glass Microscope Slides For Level Vi, Surgical Pathology, Gross And Microscopic Examination (List Separately In Addition To Code For Primary Procedure)	Yes
0756T	Digitization Of Glass Microscope Slides For Special Stain, Including Interpretation And Report, Group I, For Microorganisms (Eg, Acid Fast, Methenamine Silver) (List Separately In Addition To Code For Primary Procedure)	Yes
0757T	Digitization Of Glass Microscope Slides For Special Stain, Including Interpretation And Report, Group Ii, All Other (Eg, Iron, Trichrome), Except Stain For Microorganisms, Stains For Enzyme Constituents, Or Immunocytochemistry And Immunohistochemistry (Li	Yes
0758T	Digitization Of Glass Microscope Slides For Special Stain, Including Interpretation And Report, Histochemical Stain On Frozen Tissue Block (List Separately In Addition To Code For Primary Procedure)	Yes
0759T	Digitization Of Glass Microscope Slides For Special Stain, Including Interpretation And Report, Group Iii, For Enzyme Constituents (List Separately In Addition To Code For Primary Procedure)	Yes
0760	Specialty Services: General Classification	No
0760T	Digitization Of Glass Microscope Slides For Immunohistochemistry Or Immunocytochemistry, Per Specimen, Initial Single Antibody Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0761	Specialty Services: Treatment Room	No
0761T	Digitization Of Glass Microscope Slides For Immunohistochemistry Or Immunocytochemistry, Per Specimen, Each Additional Single Antibody Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0762	Specialty Services: Observation Hours	No
0762T	Digitization Of Glass Microscope Slides For Immunohistochemistry Or Immunocytochemistry, Per Specimen, Each Multiplex Antibody Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0763T	Digitization Of Glass Microscope Slides For Morphometric Analysis, Tumor Immunohistochemistry (Eg, Her-2/Neu, Estrogen Receptor/Progesterone Receptor), Quantitative Or Semiquantitative, Per Specimen, Each Single Antibody Stain Procedure, Manual (List Sepa	Yes
0764T	Assistive Algorithmic Electrocardiogram Risk-Based Assessment For Cardiac Dysfunction (Eg, Low-Ejection Fraction, Pulmonary Hypertension, Hypertrophic Cardiomyopathy); Related To Concurrently Performed Electrocardiogram (List Separately In Addition To Cod	Yes
0765T	Assistive Algorithmic Electrocardiogram Risk-Based Assessment For Cardiac Dysfunction (Eg, Low-Ejection Fraction, Pulmonary Hypertension, Hypertrophic Cardiomyopathy); Related To Previously Performed Electrocardiogram	Yes
0766T	Transcutaneous Magnetic Stimulation By Focused Low-Frequency Electromagnetic Pulse, Peripheral Nerve, With Identification And Mapping Of The Treatment Location, Including Noninvasive Electroneurographic Localization (Nerve Conduction Localization), When P	Yes
0767T	Transcutaneous Magnetic Stimulation By Focused Low-Frequency Electromagnetic Pulse, Peripheral Nerve, With Identification And Mapping Of The Treatment Location, Including Noninvasive Electroneurographic Localization (Nerve Conduction Localization), When P	Yes
0769	Specialty Services: Other Specialty Services	No
0770	Preventive Care Services: General Classification	No
0770T	Virtual Reality Technology To Assist Therapy (List Separately In Addition To Code For Primary Procedure)	Yes
0771	Preventive Care Services: Vaccine Administrative	No
0771T	Virtual Reality (Vr) Procedural Dissociation Services Provided By The Same Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Vr Procedural Dissociation Supports, Requiring The Presence Of An In	Yes
0772T	Virtual Reality (Vr) Procedural Dissociation Services Provided By The Same Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Vr Procedural Dissociation Supports, Requiring The Presence Of An In	Yes
0773T	Virtual Reality (Vr) Procedural Dissociation Services Provided By A Physician Or Other Qualified Health Care Professional Other Than The Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Vr Pro	Yes
0774T	Virtual Reality (Vr) Procedural Dissociation Services Provided By A Physician Or Other Qualified Health Care Professional Other Than The Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Vr Pro	Yes
0776T	Therapeutic Induction Of Intra-Brain Hypothermia, Including Placement Of A Mechanical Temperature-Controlled Cooling Device To The Neck Over Carotids And Head, Including Monitoring (Eg, Vital Signs And Sport Concussion Assessment Tool 5 [Scat5]), 30 Minut	Yes
0777T	Real-Time Pressure-Sensing Epidural Guidance System (List Separately In Addition To Code For Primary Procedure)	Yes
0778T	Surface Mechanomyography (Smmg) With Concurrent Application Of Inertial Measurement Unit (Imu) Sensors For Measurement Of Multi-Joint Range Of Motion, Posture, Gait, And Muscle Function	Yes
0779T	Gastrointestinal Myoelectrical Activity Study, Stomach Through Colon, With Interpretation And Report	Yes

Procedure Code	Description	Prior Auth Required
0780	Telemedicine: General Classification	No
0780T	Instillation Of Fecal Microbiota Suspension Via Rectal Enema Into Lower Gastrointestinal Tract	Yes
0781T	Bronchoscopy, Rigid Or Flexible, With Insertion Of Esophageal Protection Device And Circumferential Radiofrequency Destruction Of The Pulmonary Nerves, Including Fluoroscopic Guidance When Performed; Bilateral Mainstem Bronchi	Yes
0782T	Bronchoscopy, Rigid Or Flexible, With Insertion Of Esophageal Protection Device And Circumferential Radiofrequency Destruction Of The Pulmonary Nerves, Including Fluoroscopic Guidance When Performed; Unilateral Mainstem Bronchus	Yes
0783T	Transcutaneous Auricular Neurostimulation, Set-Up, Calibration, And Patient Education On Use Of Equipment	Yes
0784T	Insertion Or Replacement Of Percutaneous Electrode Array, Spinal, With Integrated Neurostimulator, Including Imaging Guidance, When Performed	Yes
0785T	Revision Or Removal Of Neurostimulator Electrode Array, Spinal, With Integrated Neurostimulator	Yes
0786T	Insertion Or Replacement Of Percutaneous Electrode Array, Sacral, With Integrated Neurostimulator, Including Imaging Guidance, When Performed	Yes
0787T	Revision Or Removal Of Neurostimulator Electrode Array, Sacral, With Integrated Neurostimulator	Yes
0788T	Electronic Analysis With Simple Programming Of Implanted Integrated Neurostimulation System (Eg, Electrode Array And Receiver), Including Contact Group(S), Amplitude, Pulse Width, Frequency (Hz), On/Off Cycling, Burst, Dose Lockout, Patient-Selectable Par	Yes
0789T	Electronic Analysis With Complex Programming Of Implanted Integrated Neurostimulation System (Eg, Electrode Array And Receiver), Including Contact Group(S), Amplitude, Pulse Width, Frequency (Hz), On/Off Cycling, Burst, Dose Lockout, Patient-Selectable Pa	Yes
0790	Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy): General Classification	No
0790T	Revision (Eg, Augmentation, Division Of Tether), Replacement, Or Removal Of Thoracolumbar Or Lumbar Vertebral Body Tethering, Including Thoracoscopy, When Performed	Yes
0791T	Motor-Cognitive, Semi-Immersive Virtual Reality-Facilitated Gait Training, Each 15 Minutes (List Separately In Addition To Code For Primary Procedure)	Yes
0792T	Application Of Silver Diamine Fluoride 38%, By A Physician Or Other Qualified Health Care Professional	Yes
0793T	Percutaneous Transcatheter Thermal Ablation Of Nerves Innervating The Pulmonary Arteries, Including Right Heart Catheterization, Pulmonary Artery Angiography, And All Imaging Guidance	Yes
0794T	Patient-Specific, Assistive, Rules-Based Algorithm For Ranking Pharmaco-Oncologic Treatment Options Based On The Patient'S Tumor-Specific Cancer Marker Information Obtained From Prior Molecular Pathology, Immunohistochemical, Or Other Pathology Results Wh	Yes
0795T	Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogation Or Program	Yes
0796T	Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogation Or Program	Yes
0797T	Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogation Or Program	Yes
0798T	Transcatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral Venography), When Performed; Complete System (Ie, Right Atrial An	Yes
0799T	Transcatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral Venography), When Performed; Right Atrial Pacemaker Component	Yes
0800	Inpatient Renal Dialysis: General Classification	No
0800T	Transcatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral Venography), When Performed; Right Ventricular Pacemaker Componen	Yes
0801	Inpatient Renal Dialysis: Inpatient Hemodialysis	No
0801T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogat	Yes
0802	Inpatient Renal Dialysis: Inpatient Peritoneal (Non-CAPD)	No
0802T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogat	Yes
0803	Inpatient Renal Dialysis: Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	No
0803T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogat	Yes
0804	Inpatient Renal Dialysis: Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	No

Procedure Code	Description	Prior Auth Required
0804T	Programming Device Evaluation (In Person) With Iterative Adjustment Of Implantable Device To Test The Function Of Device And To Select Optimal Permanent Programmed Values, With Analysis, Review, And Report, By A Physician Or Other Qualified Health Care Pr	Yes
0805T	Transcatheter Superior And Inferior Vena Cava Prosthetic Valve Implantation (Ie, Caval Valve Implantation [Cavi]); Percutaneous Femoral Vein Approach	Yes
0806T	Transcatheter Superior And Inferior Vena Cava Prosthetic Valve Implantation (Ie, Caval Valve Implantation [Cavi]); Open Femoral Vein Approach	Yes
0807T	Pulmonary Tissue Ventilation Analysis Using Software-Based Processing Of Data From Separately Captured Cinefluorograph Images; In Combination With Previously Acquired Computed Tomography (Ct) Images, Including Data Preparation And Transmission, Quantifica	Yes
0808T	Pulmonary Tissue Ventilation Analysis Using Software-Based Processing Of Data From Separately Captured Cinefluorograph Images; In Combination With Computed Tomography (Ct) Images Taken For The Purpose Of Pulmonary Tissue Ventilation Analysis, Including Da	Yes
0809	Inpatient Renal Dialysis: Other Inpatient Dialysis	No
0810	Acquisition of Body Components: General Classification	No
0810T	Subretinal Injection Of A Pharmacologic Agent, Including Vitrectomy And 1 Or More Retinotomies	Yes
0811	Acquisition of Body Components: Living Donor	No
0811T	Remote Multi-Day Complex Uroflowmetry (Eg, Calibrated Electronic Equipment); Set-Up And Patient Education On Use Of Equipment	Yes
0812	Acquisition of Body Components: Cadaver Donor	No
0812T	Remote Multi-Day Complex Uroflowmetry (Eg, Calibrated Electronic Equipment); Device Supply With Automated Report Generation, Up To 10 Days	Yes
0813	Acquisition of Body Components: Unknown Donor	No
0813T	Esophagogastroduodenoscopy, Flexible, Transoral, With Volume Adjustment Of Intragastric Bariatric Balloon	Yes
0814	Acquisition of Body Components: Unsuccessful Organ Search - Donor Bank Charges	No
0814T	Percutaneous Injection Of Calcium-Based Biodegradable Osteoconductive Material, Proximal Femur, Including Imaging Guidance, Unilateral	Yes
0815	Allogeneic Stem Cell Acquisition Services	No
0815T	Ultrasound-Based Radiofrequency Echographic Multi-Spectrometry (Rems), Bone-Density Study And Fracture-Risk Assessment, 1 Or More Sites, Hips, Pelvis, Or Spine	No
0816T	Open Insertion Or Replacement Of Integrated Neurostimulation System For Bladder Dysfunction Including Electrode(S) (Eg, Array Or Leadless), And Pulse Generator Or Receiver, Including Analysis, Programming, And Imaging Guidance, When Performed, Posterior T	Yes
0817T	Open Insertion Or Replacement Of Integrated Neurostimulation System For Bladder Dysfunction Including Electrode(S) (Eg, Array Or Leadless), And Pulse Generator Or Receiver, Including Analysis, Programming, And Imaging Guidance, When Performed, Posterior T	Yes
0818T	Revision Or Removal Of Integrated Neurostimulation System For Bladder Dysfunction, Including Analysis, Programming, And Imaging, When Performed, Posterior Tibial Nerve; Subcutaneous	Yes
0819	Acquisition of Body Components: Other Donor	No
0819T	Revision Or Removal Of Integrated Neurostimulation System For Bladder Dysfunction, Including Analysis, Programming, And Imaging, When Performed, Posterior Tibial Nerve; Subfascial	Yes
0820	Hemodialysis - Outpatient or Home: General Classification	No
0820T	Continuous In-Person Monitoring And Intervention (Eg, Psychotherapy, Crisis Intervention), As Needed, During Psychedelic Medication Therapy; First Physician Or Other Qualified Health Care Professional, Each Hour	Yes
0821	Hemodialysis - Outpatient or Home: Hemodialysis/Composite or Other Rate	No
0821T	Continuous In-Person Monitoring And Intervention (Eg, Psychotherapy, Crisis Intervention), As Needed, During Psychedelic Medication Therapy; Second Physician Or Other Qualified Health Care Professional, Concurrent With First Physician Or Other Qualified H	Yes
0822	Hemodialysis - Outpatient or Home: Home Supplies	No
0822T	Continuous In-Person Monitoring And Intervention (Eg, Psychotherapy, Crisis Intervention), As Needed, During Psychedelic Medication Therapy; Clinical Staff Under The Direction Of A Physician Or Other Qualified Health Care Professional, Concurrent With Fir	Yes
0823	Hemodialysis - Outpatient or Home: Home Equipment	No
0823T	Transcatheter Insertion Of Permanent Single-Chamber Leadless Pacemaker, Right Atrial, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography And/Or Right Ventriculography, Femoral Venography, Cavography) And Device Evalua	Yes
0824	Hemodialysis - Outpatient or Home: Maintenance - 100%	No
0824T	Transcatheter Removal Of Permanent Single-Chamber Leadless Pacemaker, Right Atrial, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography And/Or Right Ventriculography, Femoral Venography, Cavography), When Performed	Yes
0825	Hemodialysis - Outpatient or Home: Support Services	No
0825T	Transcatheter Removal And Replacement Of Permanent Single-Chamber Leadless Pacemaker, Right Atrial, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography And/Or Right Ventriculography, Femoral Venography, Cavography) And	Yes
0826T	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	Yes

Procedure Code	Description	Prior Auth Required
0827T	Digitization Of Glass Microscope Slides For Cytopathology, Fluids, Washings, Or Brushings, Except Cervical Or Vaginal; Smears With Interpretation (List Separately In Addition To Code For Primary Procedure)	Yes
0828T	Digitization Of Glass Microscope Slides For Cytopathology, Fluids, Washings, Or Brushings, Except Cervical Or Vaginal; Simple Filter Method With Interpretation (List Separately In Addition To Code For Primary Procedure)	Yes
0829	Hemodialysis - Outpatient or Home: Other OP Hemodialysis	No
0829T	Digitization Of Glass Microscope Slides For Cytopathology, Concentration Technique, Smears, And Interpretation (Eg, Saccomanno Technique) (List Separately In Addition To Code For Primary Procedure)	Yes
0830	Peritoneal Dialysis - Outpatient or Home: General Classification	No
0830T	Digitization Of Glass Microscope Slides For Cytopathology, Selective-Cellular Enhancement Technique With Interpretation (Eg, Liquid-Based Slide Preparation Method), Except Cervical Or Vaginal (List Separately In Addition To Code For Primary Procedure)	Yes
0831	Peritoneal Dialysis - Outpatient or Home: Peritoneal/Composite or Other Rate	No
0831T	Digitization Of Glass Microscope Slides For Cytopathology, Cervical Or Vaginal (Any Reporting System), Requiring Interpretation By Physician (List Separately In Addition To Code For Primary Procedure)	Yes
0832	Peritoneal Dialysis - Outpatient or Home: Home Supplies	No
0832T	Digitization Of Glass Microscope Slides For Cytopathology, Smears, Any Other Source; Screening And Interpretation (List Separately In Addition To Code For Primary Procedure)	Yes
0833	Peritoneal Dialysis - Outpatient or Home: Home Equipment	No
0833T	Digitization Of Glass Microscope Slides For Cytopathology, Smears, Any Other Source; Preparation, Screening And Interpretation (List Separately In Addition To Code For Primary Procedure)	Yes
0834	Peritoneal Dialysis - Outpatient or Home: Maintenance - 100%	No
0834T	Digitization Of Glass Microscope Slides For Cytopathology, Smears, Any Other Source; Extended Study Involving Over 5 Slides And/Or Multiple Stains (List Separately In Addition To Code For Primary Procedure)	Yes
0835	Peritoneal Dialysis - Outpatient or Home: Support Services	No
0835T	Digitization Of Glass Microscope Slides For Cytopathology, Evaluation Of Fine Needle Aspirate; Immediate Cytohistologic Study To Determine Adequacy For Diagnosis, First Evaluation Episode, Each Site (List Separately In Addition To Code For Primary Procedu	Yes
0836T	Digitization Of Glass Microscope Slides For Cytopathology, Evaluation Of Fine Needle Aspirate; Immediate Cytohistologic Study To Determine Adequacy For Diagnosis, Each Separate Additional Evaluation Episode, Same Site (List Separately In Addition To Code	Yes
0837T	Digitization Of Glass Microscope Slides For Cytopathology, Evaluation Of Fine Needle Aspirate; Interpretation And Report (List Separately In Addition To Code For Primary Procedure)	Yes
0838T	Digitization Of Glass Microscope Slides For Consultation And Report On Referred Slides Prepared Elsewhere (List Separately In Addition To Code For Primary Procedure)	Yes
0839	Peritoneal Dialysis - Outpatient or Home: Other Outpatient Peritoneal Dialysis	No
0839T	Digitization Of Glass Microscope Slides For Consultation And Report On Referred Material Requiring Preparation Of Slides (List Separately In Addition To Code For Primary Procedure)	Yes
0840	Continuous Ambulatory Peritoneal Dialysis(CAPD) - OutPt/Home: General Classification	No
0840T	Digitization Of Glass Microscope Slides For Consultation, Comprehensive, With Review Of Records And Specimens, With Report On Referred Material (List Separately In Addition To Code For Primary Procedure)	Yes
0841	Continuous Ambulatory Peritoneal Dialysis(CAPD) - OutPt/Home: CAPD/Composite or Other Rate	No
0841T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery; First Tissue Block, With Frozen Section(S), Single Specimen (List Separately In Addition To Code For Primary Procedure)	Yes
0842	Continuous Ambulatory Peritoneal Dialysis(CAPD) - OutPt/Home: Home Supplies	No
0842T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery; Each Additional Tissue Block With Frozen Section(S) (List Separately In Addition To Code For Primary Procedure)	Yes
0843	Continuous Ambulatory Peritoneal Dialysis(CAPD) - OutPt/Home: Home Equipment	No
0843T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery; Cytologic Examination (Eg, Touch Preparation, Squash Preparation), Initial Site (List Separately In Addition To Code For Primary Procedure)	Yes
0844	Continuous Ambulatory Peritoneal Dialysis(CAPD) - OutPt/Home: Maintenance 100%	No
0844T	Digitization Of Glass Microscope Slides For Pathology Consultation During Surgery; Cytologic Examination (Eg, Touch Preparation, Squash Preparation), Each Additional Site (List Separately In Addition To Code For Primary Procedure)	Yes
0845	Continuous Ambulatory Peritoneal Dialysis(CAPD) - OutPt/Home: Support Services	No
0845T	Digitization Of Glass Microscope Slides For Immunofluorescence, Per Specimen; Initial Single Antibody Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0846T	Digitization Of Glass Microscope Slides For Immunofluorescence, Per Specimen; Each Additional Single Antibody Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0847T	Digitization Of Glass Microscope Slides For Examination And Selection Of Retrieved Archival (Ie, Previously Diagnosed) Tissue(S) For Molecular Analysis (Eg, Kras Mutational Analysis) (List Separately In Addition To Code For Primary Procedure)	Yes

Procedure Code	Description	Prior Auth Required
0848T	Digitization Of Glass Microscope Slides For In Situ Hybridization (Eg, Fish), Per Specimen; Initial Single Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0849	Continuous Ambulatory Peritoneal Dialysis(CAPD) - OutPt/Home: Other Outpatient CAPD	No
0849T	Digitization Of Glass Microscope Slides For In Situ Hybridization (Eg, Fish), Per Specimen; Each Additional Single Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0850	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpt or Home: General Classification	No
0850T	Digitization Of Glass Microscope Slides For In Situ Hybridization (Eg, Fish), Per Specimen; Each Multiplex Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0851	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpt or Home: CCPD/Composite or Other Rate	No
0851T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization (Quantitative Or Semiquantitative), Manual, Per Specimen; Initial Single Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0852	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpt or Home: Home Supplies	No
0852T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization (Quantitative Or Semiquantitative), Manual, Per Specimen; Each Additional Single Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0853	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpt or Home: Home Equipment	No
0853T	Digitization Of Glass Microscope Slides For Morphometric Analysis, In Situ Hybridization (Quantitative Or Semiquantitative), Manual, Per Specimen; Each Multiplex Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	Yes
0854	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpt or Home: Maintenance 100%	No
0854T	Digitization Of Glass Microscope Slides For Blood Smear, Peripheral, Interpretation By Physician With Written Report (List Separately In Addition To Code For Primary Procedure)	Yes
0855	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpt or Home: Support Services	No
0855T	Digitization Of Glass Microscope Slides For Bone Marrow, Smear Interpretation (List Separately In Addition To Code For Primary Procedure)	Yes
0856T	Digitization Of Glass Microscope Slides For Electron Microscopy, Diagnostic (List Separately In Addition To Code For Primary Procedure)	Yes
0857T	Opto-Acoustic Imaging, Breast, Unilateral, Including Axilla When Performed, Real-Time With Image Documentation, Augmentative Analysis And Report (List Separately In Addition To Code For Primary Procedure)	No
0858T	Externally Applied Transcranial Magnetic Stimulation With Concomitant Measurement Of Evoked Cortical Potentials With Automated Report	Yes
0859	Continuous Cycling Peritoneal Dialysis (CCPD) - Outpt or Home: Other Outpatient CCPD	No
0859T	Noncontact Near-Infrared Spectroscopy (Eg, For Measurement Of Deoxyhemoglobin, Oxyhemoglobin, And Ratio Of Tissue Oxygenation), Other Than For Screening For Peripheral Arterial Disease, Image Acquisition, Interpretation, And Report; Each Additional Anatom	Yes
0860	Magnetoencephalography (MEG): General Classification	No
0860T	Noncontact Near-Infrared Spectroscopy (Eg, For Measurement Of Deoxyhemoglobin, Oxyhemoglobin, And Ratio Of Tissue Oxygenation), For Screening For Peripheral Arterial Disease, Including Provocative Maneuvers, Image Acquisition, Interpretation, And Report,	Yes
0861	Magnetoencephalography (MEG): MEG	No
0861T	Removal Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing; Both Components (Battery And Transmitter)	Yes
0862T	Relocation Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming; Battery Component Only	Yes
0863T	Relocation Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming; Transmitter Component Only	Yes
0864T	Low-Intensity Extracorporeal Shock Wave Therapy Involving Corpus Cavernosum, Low Energy	Yes
0865T	Quantitative Magnetic Resonance Image (Mri) Analysis Of The Brain With Comparison To Prior Magnetic Resonance (Mr) Study(Ies), Including Lesion Identification, Characterization, And Quantification, With Brain Volume(S) Quantification And/Or Severity Score	Yes
0866T	Quantitative Magnetic Resonance Image (Mri) Analysis Of The Brain With Comparison To Prior Magnetic Resonance (Mr) Study(Ies), Including Lesion Detection, Characterization, And Quantification, With Brain Volume(S) Quantification And/Or Severity Score, Whe	Yes
0867T	Transperineal Laser Ablation Of Benign Prostatic Hyperplasia, Including Imaging Guidance; Prostate Volume Greater Or Equal To 50 Ml	Yes
0868T	High-Resolution Gastric Electrophysiology Mapping With Simultaneous Patient-Symptom Profiling, With Interpretation And Report	Yes
0869T	Injection(S), Bone-Substitute Material For Bone And/Or Soft Tissue Hardware Fixation Augmentation, Including Intraoperative Imaging Guidance, When Performed	Yes
0870	Cell/Gene Therapy: General Classification	No
0870T	Implantation Of Subcutaneous Peritoneal Ascites Pump System, Percutaneous, Including Pump-Pocket Creation, Insertion Of Tunneled Indwelling Bladder And Peritoneal Catheters With Pump Connections, Including All Imaging And Initial Programming, When Perform	Yes
0871	Cell/Gene Therapy: Cell Collection	No
0871T	Replacement Of A Subcutaneous Peritoneal Ascites Pump, Including Reconnection Between Pump And Indwelling Bladder And Peritoneal Catheters, Including Initial Programming And Imaging, When Performed	Yes
0872	Cell/Gene Therapy: Specialized Biologic Processing and Storage - Prior To Transport	No

Procedure Code	Description	Prior Auth Required
0872T	Replacement Of Indwelling Bladder And Peritoneal Catheters, Including Tunneling Of Catheter(S) And Connection With Previously Implanted Peritoneal Ascites Pump, Including Imaging And Programming, When Performed	Yes
0873	Cell/Gene Therapy: Storage and Processing After Receipt of Cells from Manufacturer	No
0873T	Revision Of A Subcutaneously Implanted Peritoneal Ascites Pump System, Any Component (Ascites Pump, Associated Peritoneal Catheter, Associated Bladder Catheter), Including Imaging And Programming, When Performed	Yes
0874	Cell/Gene Therapy: Infusion of Modified Cells (Effective 4/1/19)	No
0874T	Removal Of A Peritoneal Ascites Pump System, Including Implanted Peritoneal Ascites Pump And Indwelling Bladder And Peritoneal Catheters	Yes
0875	Cell/Gene Therapy: Injection of Modified Cells (Effective 4/1/19)	No
0875T	Programming Of Subcutaneously Implanted Peritoneal Ascites Pump System By Physician Or Other Qualified Health Care Professional	Yes
0876T	Duplex Scan Of Hemodialysis Fistula, Computer-Aided, Limited (Volume Flow, Diameter, And Depth, Including Only Body Of Fistula)	Yes
0877T	Augmentative Analysis Of Chest Computed Tomography (Ct) Imaging Data To Provide Categorical Diagnostic Subtype Classification Of Interstitial Lung Disease; Obtained Without Concurrent Ct Examination Of Any Structure Contained In Previously Acquired Diagno	No
0878T	Augmentative Analysis Of Chest Computed Tomography (Ct) Imaging Data To Provide Categorical Diagnostic Subtype Classification Of Interstitial Lung Disease; Obtained With Concurrent Ct Examination Of The Same Structure	No
0879T	Augmentative Analysis Of Chest Computed Tomography (Ct) Imaging Data To Provide Categorical Diagnostic Subtype Classification Of Interstitial Lung Disease; Radiological Data Preparation And Transmission	No
0880	Miscellaneous Dialysis: General Classification	No
0880T	Augmentative Analysis Of Chest Computed Tomography (Ct) Imaging Data To Provide Categorical Diagnostic Subtype Classification Of Interstitial Lung Disease; Physician Or Other Qualified Health Care Professional Interpretation And Report	No
0881	Miscellaneous Dialysis: Ultrafiltration	No
0881T	Cryotherapy Of The Oral Cavity Using Temperature Regulated Fluid Cooling System, Including Placement Of An Oral Device, Monitoring Of Patient Tolerance To Treatment, And Removal Of The Oral Device	Yes
0882	Miscellaneous Dialysis: Home Dialysis Aid Visit	No
0882T	Intraoperative Therapeutic Electrical Stimulation Of Peripheral Nerve To Promote Nerve Regeneration, Including Lead Placement And Removal, Upper Extremity, Minimum Of 10 Minutes; Initial Nerve (List Separately In Addition To Code For Primary Procedure)	Yes
0883T	Intraoperative Therapeutic Electrical Stimulation Of Peripheral Nerve To Promote Nerve Regeneration, Including Lead Placement And Removal, Upper Extremity, Minimum Of 10 Minutes; Each Additional Nerve (List Separately In Addition To Code For Primary Proce	Yes
0884T	Esophagoscopy, Flexible, Transoral, With Initial Transendoscopic Mechanical Dilation (Eg, Nondrug-Coated Balloon) Followed By Therapeutic Drug Delivery By Drug-Coated Balloon Catheter For Esophageal Stricture, Including Fluoroscopic Guidance, When Perform	Yes
0885T	Colonoscopy, Flexible, With Initial Transendoscopic Mechanical Dilation (Eg, Nondrug-Coated Balloon) Followed By Therapeutic Drug Delivery By Drug-Coated Balloon Catheter For Colonic Stricture, Including Fluoroscopic Guidance, When Performed	Yes
0886T	Sigmoidoscopy, Flexible, With Initial Transendoscopic Mechanical Dilation (Eg, Nondrug-Coated Balloon) Followed By Therapeutic Drug Delivery By Drug-Coated Balloon Catheter For Colonic Stricture, Including Fluoroscopic Guidance, When Performed	Yes
0887T	End-Tidal Control Of Inhaled Anesthetic Agents And Oxygen To Assist Anesthesia Care Delivery (List Separately In Addition To Code For Primary Procedure)	Yes
0888T	Histotripsy (Ie, Non-Thermal Ablation Via Acoustic Energy Delivery) Of Malignant Renal Tissue, Including Imaging Guidance	No
0889	Miscellaneous Dialysis: Other Miscellaneous Dialysis	No
0889T	Personalized Target Development For Accelerated, Repetitive High-Dose Functional Connectivity Mri-Guided Theta-Burst Stimulation Derived From A Structural And Resting-State Functional Mri, Including Data Preparation And Transmission, Generation Of The Tar	No
0890T	Accelerated, Repetitive High-Dose Functional Connectivity Mri-Guided Theta-Burst Stimulation, Including Target Assessment, Initial Motor Threshold Determination, Neuronavigation, Delivery And Management, Initial Treatment Day	No
0891	Pharmacy - Extension of 025X and 063X Special Processed Drugs - FDA Approved Cell Therapy (Effective 4/1/19)	No
0891T	Accelerated, Repetitive High-Dose Functional Connectivity Mri-Guided Theta-Burst Stimulation, Including Neuronavigation, Delivery And Management, Subsequent Treatment Day	No
0892	Pharmacy - Extension of 025X and 063X Special Processed Drugs – FDA Approved Gene Therapy (Effective 4/1/20)	No
0892T	Accelerated, Repetitive High-Dose Functional Connectivity Mri-Guided Theta-Burst Stimulation, Including Neuronavigation, Delivery And Management, Subsequent Motor Threshold Redetermination With Delivery And Management, Per Treatment Day	No
0893T	Noninvasive Assessment Of Blood Oxygenation, Gas Exchange Efficiency, And Cardiorespiratory Status, With Physician Or Other Qualified Health Care Professional Interpretation And Report	Yes
0894T	Cannulation Of The Liver Allograft In Preparation For Connection To The Normothermic Perfusion Device And Decannulation Of The Liver Allograft Following Normothermic Perfusion	Yes

Procedure Code	Description	Prior Auth Required
0895T	Connection Of Liver Allograft To Normothermic Machine Perfusion Device, Hemostasis Control; Initial 4 Hours Of Monitoring Time, Including Hourly Physiological And Laboratory Assessments (Eg, Perfusate Temperature, Perfusate Ph, Hemodynamic Parameters, Bil	Yes
0896T	Connection Of Liver Allograft To Normothermic Machine Perfusion Device, Hemostasis Control; Each Additional Hour, Including Physiological And Laboratory Assessments (Eg, Perfusate Temperature, Perfusate Ph, Hemodynamic Parameters, Bile Production, Bile Ph	Yes
0897T	Noninvasive Augmentative Arrhythmia Analysis Derived From Quantitative Computational Cardiac Arrhythmia Simulations, Based On Selected Intervals Of Interest From 12-Lead Electrocardiogram And Uploaded Clinical Parameters, Including Uploading Clinical Para	Yes
0898T	Noninvasive Prostate Cancer Estimation Map, Derived From Augmentative Analysis Of Image-Guided Fusion Biopsy And Pathology, Including Visualization Of Margin Volume And Location, With Margin Determination And Physician Interpretation And Report	No
0899T	Noninvasive Determination Of Absolute Quantitation Of Myocardial Blood Flow (Aqmbf), Derived From Augmentative Algorithmic Analysis Of The Dataset Acquired Via Contrast Cardiac Magnetic Resonance (Cmr), Pharmacologic Stress, With Interpretation And Report	No
0900	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): General Classification	No
0900T	Noninvasive Estimate Of Absolute Quantitation Of Myocardial Blood Flow (Aqmbf), Derived From Assistive Algorithmic Analysis Of The Dataset Acquired Via Contrast Cardiac Magnetic Resonance (Cmr), Pharmacologic Stress, With Interpretation And Report By A Ph	No
0901	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Electroshock Treatment	No
0901T	Placement Of Bone Marrow Sampling Port, Including Imaging Guidance When Performed	Yes
0902	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Milieu Therapy	No
0902T	Qtc Interval Derived By Augmentative Algorithmic Analysis Of Input From An External, Patient-Activated Mobile Ecg Device	Yes
0903	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Play Therapy	No
0903T	Electrocardiogram, Algorithmically Generated 12-Lead Ecg From A Reduced-Lead Ecg; With Interpretation And Report	Yes
0904	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Activity Therapy	No
0904T	Electrocardiogram, Algorithmically Generated 12-Lead Ecg From A Reduced-Lead Ecg; Tracing Only	Yes
0905	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Intensive Outpatient Services-Psychiatric	No
0905T	Electrocardiogram, Algorithmically Generated 12-Lead Ecg From A Reduced-Lead Ecg; Interpretation And Report Only	Yes
0906	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Intensive Outpatient Services-Chemical Dependency	No
0906T	Concurrent Optical And Magnetic Stimulation (Coms) Therapy, Wound Assessment And Dressing Care; First Application, Total Wound(S) Surface Area Less Than Or Equal To 50 Sq Cm	No
0907	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Community Behavioral Health Program (Day Treatment)	No
0907T	Concurrent Optical And Magnetic Stimulation (Coms) Therapy, Wound Assessment And Dressing Care; Each Additional Application, Total Wound(S) Surface Area Less Than Or Equal To 50 Sq Cm (List Separately In Addition To Code For Primary Procedure)	No
0908T	Open Implantation Of Integrated Neurostimulation System, Vagus Nerve, Including Analysis And Programming, When Performed	Yes
0909T	Replacement Of Integrated Neurostimulation System, Vagus Nerve, Including Analysis And Programming, When Performed	Yes
0910T	Removal Of Integrated Neurostimulation System, Vagus Nerve	Yes
0911	Behavioral Health Treatments/Services - Extension of 090x: Rehabilitation	No
0911T	Electronic Analysis Of Implanted Integrated Neurostimulation System, Vagus Nerve; Without Programming By Physician Or Other Qualified Health Care Professional	Yes
0912	Behavioral Health Treatments/Services - Extension of 090x: Partial Hospitalization - Less Intensive	No
0912T	Electronic Analysis Of Implanted Integrated Neurostimulation System, Vagus Nerve; With Simple Programming By Physician Or Other Qualified Health Care Professional	Yes
0913	Behavioral Health Treatments/Services - Extension of 090x: Partial Hospitalization - Intensive	No
0913T	Percutaneous Transcatheter Therapeutic Drug Delivery By Intracoronary Drug-Delivery Balloon (Eg, Drug-Coated, Drug-Eluting), Including Mechanical Dilation By Nondrug-Delivery Balloon Angioplasty, Endoluminal Imaging Using Intravascular Ultrasound (Ivus) O	Yes
0914	Behavioral Health Treatments/Services - Extension of 090x: Individual Therapy	No
0914T	Percutaneous Transcatheter Therapeutic Drug Delivery By Intracoronary Drug-Delivery Balloon (Eg, Drug-Coated, Drug-Eluting) Performed On A Separate Target Lesion From The Target Lesion Treated With Balloon Angioplasty, Coronary Stent Placement Or Coronary	Yes
0915	Behavioral Health Treatments/Services - Extension of 090x: Group Therapy	No
0915T	Insertion Of Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Including Fluoroscopic Guidance, And Evaluation And Programming Of Sensing And Therapeutic Parameters; Pulse Generator And Dual Transvenous Electrodes/Leads (Pacin	Yes
0916	Behavioral Health Treatments/Services - Extension of 090x: Family Therapy	No
0916T	Insertion Of Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Including Fluoroscopic Guidance, And Evaluation And Programming Of Sensing And Therapeutic Parameters; Pulse Generator Only	Yes
0917	Behavioral Health Treatments/Services - Extension of 090x: Bio Feedback	No

Procedure Code	Description	Prior Auth Required
0917T	Insertion Of Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Including Fluoroscopic Guidance, And Evaluation And Programming Of Sensing And Therapeutic Parameters; Single Transvenous Lead (Pacing Or Defibrillation) Only	Yes
0918	Behavioral Health Treatments/Services - Extension of 090x: Testing	No
0918T	Insertion Of Permanent Cardiac Contractility Modulation-Defibrillation System Component(S), Including Fluoroscopic Guidance, And Evaluation And Programming Of Sensing And Therapeutic Parameters; Dual Transvenous Leads (Pacing And Defibrillation) Only	Yes
0919	Behavioral Health Treatments/Services - Extension of 090x: Other Behavioral Health Treatments	No
0919T	Removal Of A Permanent Cardiac Contractility Modulation-Defibrillation System Component(S); Pulse Generator Only	Yes
0920	Other Diagnostic Services: General Classification	No
0920T	Removal Of A Permanent Cardiac Contractility Modulation-Defibrillation System Component(S); Single Transvenous Pacing Lead Only	Yes
0921	Other Diagnostic Services: Peripheral Vascular Lab	No
0921T	Removal Of A Permanent Cardiac Contractility Modulation-Defibrillation System Component(S); Single Transvenous Defibrillation Lead Only	Yes
0922	Other Diagnostic Services: Electromyelgram	No
0922T	Removal Of A Permanent Cardiac Contractility Modulation-Defibrillation System Component(S); Dual (Pacing And Defibrillation) Transvenous Leads Only	Yes
0923	Other Diagnostic Services: Pap Smear	No
0923T	Removal And Replacement Of Permanent Cardiac Contractility Modulation-Defibrillation Pulse Generator Only	Yes
0924	Other Diagnostic Services: Allergy Test	No
0924T	Repositioning Of Previously Implanted Cardiac Contractility Modulation-Defibrillation Transvenous Electrode(S)/Lead(S), Including Fluoroscopic Guidance And Programming Of Sensing And Therapeutic Parameters	Yes
0925	Other Diagnostic Services: Pregnancy Test	No
0925T	Relocation Of Skin Pocket For Implanted Cardiac Contractility Modulation-Defibrillation Pulse Generator	Yes
0926T	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Including Review And Report, Implantable Cardiac Contractility M	Yes
0927T	Interrogation Device Evaluation (In Person) With Analysis, Review, And Report, Including Connection, Recording, And Disconnection, Per Patient Encounter, Implantable Cardiac Contractility Modulation-Defibrillation System	Yes
0928T	Interrogation Device Evaluation (Remote), Up To 90 Days, Cardiac Contractility Modulation-Defibrillation System With Interim Analysis And Report(S) By A Physician Or Other Qualified Health Care Professional	Yes
0929	Other Diagnostic Services: Other Diagnostic Service	No
0929T	Interrogation Device Evaluation (Remote), Up To 90 Days, Cardiac Contractility Modulation-Defibrillation System, Remote Data Acquisition(S), Receipt Of Transmissions, Technician Review, Technical Support, And Distribution Of Results	Yes
0930T	Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Including Defibrillation-Threshold Evaluation (Induction Of Arrhythmia, Evaluation Of Sensing And Therapy For Arrhythmia Termination), At Time Of Initial Implantation O	Yes
0931	Medical Rehabilitation Day Program: Half Day	No
0931T	Electrophysiologic Evaluation Of Cardiac Contractility Modulation-Defibrillator Leads, Including Defibrillation-Threshold Evaluation (Induction Of Arrhythmia, Evaluation Of Sensing And Therapy For Arrhythmia Termination), Separate From Initial Implantatio	Yes
0932	Medical Rehabilitation Day Program: Full Day	No
0932T	Noninvasive Detection Of Heart Failure Derived From Augmentative Analysis Of An Echocardiogram That Demonstrated Preserved Ejection Fraction, With Interpretation And Report By A Physician Or Other Qualified Health Care Professional	Yes
0933T	Transcatheter Implantation Of Wireless Left Atrial Pressure Sensor For Long-Term Left Atrial Pressure Monitoring, Including Sensor Calibration And Deployment, Right Heart Catheterization, Transseptal Puncture, Imaging Guidance, And Radiological Supervisio	Yes
0934T	Remote Monitoring Of A Wireless Left Atrial Pressure Sensor For Up To 30 Days, Including Data From Daily Uploads Of Left Atrial Pressure Recordings, Interpretation(S) And Trend Analysis, With Adjustments To The Diuretics Plan, Treatment Paradigm Threshold	Yes
0935T	Cystourethroscopy With Renal Pelvic Sympathetic Denervation, Radiofrequency Ablation, Retrograde Ureteral Approach, Including Insertion Of Guide Wire, Selective Placement Of Ureteral Sheath(S) And Multiple Conformable Electrodes, Contrast Injection(S), An	Yes
0936T	Photobiomodulation Therapy Of Retina, Single Session	Yes
0937T	External Electrocardiographic Recording For Greater Than 15 Days Up To 30 Days By Continuous Rhythm Recording And Storage; Including Recording, Scanning Analysis With Report, Review And Interpretation By A Physician Or Other Qualified Health Care Professi	Yes
0938T	External Electrocardiographic Recording For Greater Than 15 Days Up To 30 Days By Continuous Rhythm Recording And Storage; Recording (Including Connection And Initial Recording)	Yes
0939T	External Electrocardiographic Recording For Greater Than 15 Days Up To 30 Days By Continuous Rhythm Recording And Storage; Scanning Analysis With Report	Yes
0940	Other Therapeutic Services (also see 095x, extension of 094x): General Classification	No

Procedure Code	Description	Prior Auth Required
0940T	External Electrocardiographic Recording For Greater Than 15 Days Up To 30 Days By Continuous Rhythm Recording And Storage; Review And Interpretation By A Physician Or Other Qualified Health Care Professional	Yes
0941	Other Therapeutic Services (also see 095x, extension of 094x): Recreational Therapy	No
0941T	Cystourethroscopy, Flexible; With Insertion And Expansion Of Prostatic Urethral Scaffold Using Integrated Cystoscopic Visualization	Yes
0942	Other Therapeutic Services (also see 095x, extension of 094x): Education/Training	No
0942T	Cystourethroscopy, Flexible; With Removal And Replacement Of Prostatic Urethral Scaffold	Yes
0943	Other Therapeutic Services (also see 095x, extension of 094x): Cardiac Rehabilitation	No
0943T	Cystourethroscopy, Flexible; With Removal Of Prostatic Urethral Scaffold	Yes
0944	Other Therapeutic Services (also see 095x, extension of 094x): Drug Rehabilitation	No
0944T	3D Contour Simulation Of Target Liver Lesion(S) And Margin(S) For Image-Guided Percutaneous Microwave Ablation	No
0945	Other Therapeutic Services (also see 095x, extension of 094x): Alcohol Rehabilitation	No
0945T	Intraoperative Assessment For Abnormal (Tumor) Tissue, In-Vivo, Following Partial Mastectomy (Eg, Lumpectomy) Using Computer-Aided Fluorescence Imaging (List Separately In Addition To Code For Primary Procedure)	No
0946	Other Therapeutic Services (also see 095x, extension of 094x): Complex Medical Equipment - Routine	No
0946T	Orthopedic Implant Movement Analysis Using Paired Computed Tomography (Ct) Examination Of The Target Structure, Including Data Acquisition, Data Preparation And Transmission, Interpretation And Report (Including Ct Scan Of The Joint Or Extremity Performed	No
0947	Other Therapeutic Services (also see 095x, extension of 094x): Complex Medical Equipment - Ancillary	No
0947T	Magnetic Resonance Image Guided Low Intensity Focused Ultrasound (Mrgfus), Stereotactic Blood-Brain Barrier Disruption Using Microbubble Resonators To Increase The Concentration Of Blood-Based Biomarkers Of Target, Intracranial, Including Stereotactic Nav	No
0948	Other Therapeutic Services (also see 095x, extension of 094x): Pulmonary Rehabilitation	No
0949	Other Therapeutic Services (also see 095x, extension of 094x): Other Therapeutic Services	No
0949T	Interrogation Device Evaluation (Remote), Up To 90 Days, Cardiac Contractility Modulation System, Remote Data Acquisition(S), Receipt Of Transmissions, Technician Review, Technical Support, And Distribution Of Results	Yes
0950T	Ablation Of Benign Prostate Tissue, Transrectal, With High Intensity-Focused Ultrasound (Hifu), Including Ultrasound Guidance	No
0951	Other Therapeutic Services (Extension of 094x): Athletic Training	No
0951T	Totally Implantable Active Middle Ear Hearing Implant; Initial Placement, Including Mastoidectomy, Placement Of And Attachment To Sound Processor	Yes
0952	Other Therapeutic Services (Extension of 094x): Kinesiotherapy	No
0952T	Totally Implantable Active Middle Ear Hearing Implant; Revision Or Replacement, With Mastoidectomy And Replacement Of Sound Processor	Yes
0953	Other Therapeutic Services (Extension of 094x): Chemical Dependency (Drug and Alcohol)	No
0953T	Totally Implantable Active Middle Ear Hearing Implant; Revision Or Replacement, Without Mastoidectomy And Replacement Of Sound Processor	Yes
0954T	Totally Implantable Active Middle Ear Hearing Implant; Replacement Of Sound Processor Only, With Attachment To Existing Transducers	Yes
0955T	Totally Implantable Active Middle Ear Hearing Implant; Removal, Including Removal Of Sound Processor And All Implant Components	Yes
0957T	Revision Of Sub-Scalp Implanted Electrode Array, Receiver, And Telemetry Unit For Electrode, When Required, Including Imaging Guidance	Yes
0959T	Removal Or Replacement Of Magnet From Coil Assembly That Is Connected To Continuous Bilateral Electroencephalography Monitoring System, Including Imaging Guidance	Yes
0960	Professional Fees (also see 097x and 098x): General Classification	No
0961	Professional Fees (also see 097x and 098x): Psychiatric	No
0961T	Shortwave Infrared Radiation Imaging, Surgical Pathology Specimen, To Assist Gross Examination For Lymph Node Localization In Fibroadipose Tissue, Per Specimen (List Separately In Addition To Code For Primary Procedure)	No
0962	Professional Fees (also see 097x and 098x): Ophthalmology	No
0962T	Assistive Algorithmic Analysis Of Acoustic And Electrocardiogram Recording For Detection Of Cardiac Dysfunction (Eg, Reduced Ejection Fraction, Cardiac Murmurs, Atrial Fibrillation), With Review And Interpretation By A Physician Or Other Qualified Health	Yes
0963	Professional Fees (also see 097x and 098x): Anesthesiologist (MD)	No
0964	Professional Fees (also see 097x and 098x): Anesthesiologist (CRNA)	No
0964T	Impression And Custom Preparation Of Jaw Expansion Oral Prosthesis For Obstructive Sleep Apnea, Including Initial Adjustment; Single Arch, Without Mandibular Advancement Mechanism	Yes
0966T	Impression And Custom Preparation Of Jaw Expansion Oral Prosthesis For Obstructive Sleep Apnea, Including Initial Adjustment; Dual Arch, With Additional Mandibular Advancement, Fixed Hinge Mechanism	Yes
0968T	Insertion Or Replacement Of Epicranial Neurostimulator System, Including Electrode Array And Pulse Generator, With Connection To Electrode Array	Yes
0969	Professional Fees (also see 097x and 098x): Other Professional Fees	No
0970T	Ablation, Benign Breast Tumor (Eg, Fibroadenoma), Percutaneous, Laser, Including Imaging Guidance When Performed, Each Tumor	No

Procedure Code	Description	Prior Auth Required
0971	Professional Fees (Extension of 096x): Laboratory	No
0971T	Ablation, Malignant Breast Tumor(S), Percutaneous, Laser, Including Imaging Guidance When Performed, Unilateral	No
0972	Professional Fees (Extension of 096x): Radiology - Diagnostic	No
0972T	Assistive Algorithmic Classification Of Burn Healing (Ie, Healing Or Nonhealing) By Noninvasive Multispectral Imaging, Including System Set-Up And Acquisition, Selection, And Transmission Of Images, With Automated Generation Of Report	No
0973	Professional Fees (Extension of 096x): Radiology - Therapeutic	No
0973T	Selective Enzymatic Debridement, Partial-Thickness And/Or Full-Thickness Burn Eschar, Requiring Anesthesia (Ie, General Anesthesia, Moderate Sedation), Including Patient Monitoring, Trunk, Arms, Legs; First 100 Sq Cm	Yes
0974	Professional Fees (Extension of 096x): Radiology - Nuclear	No
0974T	Selective Enzymatic Debridement, Partial-Thickness And/Or Full-Thickness Burn Eschar, Requiring Anesthesia (Ie, General Anesthesia, Moderate Sedation), Including Patient Monitoring, Trunk, Arms, Legs; Each Additional 100 Sq Cm (List Separately In Addition	Yes
0975	Professional Fees (Extension of 096x): Operating Room	No
0975T	Selective Enzymatic Debridement, Partial-Thickness And/Or Full-Thickness Burn Eschar, Requiring Anesthesia (Ie, General Anesthesia, Moderate Sedation), Including Patient Monitoring, Scalp, Neck, Hands, Feet, And/Or Multiple Digits; First 100 Sq Cm	Yes
0976	Professional Fees (Extension of 096x): Respiratory Therapy	No
0976T	Selective Enzymatic Debridement, Partial-Thickness And/Or Full-Thickness Burn Eschar, Requiring Anesthesia (Ie, General Anesthesia, Moderate Sedation), Including Patient Monitoring, Scalp, Neck, Hands, Feet, And/Or Multiple Digits; Each Additional 100 Sq	Yes
0977	Professional Fees (Extension of 096x): Physical Therapy	No
0977T	Upper Gastrointestinal Blood Detection, Sensor Capsule, With Interpretation And Report	Yes
0978	Professional Fees (Extension of 096x): Occupational Therapy	No
0978T	Submucosal Cryolysis Therapy; Soft Palate, Base Of Tongue, And Lingual Tonsil	Yes
0979	Professional Fees (Extension of 096x): Speech Pathology	No
0979T	Submucosal Cryolysis Therapy; Soft Palate Only	Yes
0980T	Submucosal Cryolysis Therapy; Base Of Tongue And Lingual Tonsil Only	Yes
0981	Professional Fees (Extension of 096x and 097x): Emergency Room Services	No
0981T	Transcatheter Implantation Of Wireless Inferior Vena Cava Sensor For Long-Term Hemodynamic Monitoring, Including Deployment Of The Sensor, Radiological Supervision And Interpretation, Right Heart Catheterization, And Inferior Vena Cava Venography, When Pe	Yes
0982	Professional Fees (Extension of 096x and 097x): Outpatient Services	No
0982T	Remote Monitoring Of Implantable Inferior Vena Cava Sensor, Physiologic Parameter(S) (Eg, Weight, Blood Pressure, Pulse Oximetry, Respiratory Flow Rate), Initial Set-Up And Patient Education On Use Of Equipment	Yes
0983	Professional Fees (Extension of 096x and 097x): Clinic	No
0983T	Remote Monitoring Of An Implanted Inferior Vena Cava Sensor For Up To 30 Days, Including At Least Weekly Downloads Of Inferior Vena Cava Area Recordings, Interpretation(S), Trend Analysis, And Report(S) By A Physician Or Other Qualified Health Care Profes	Yes
0984	Professional Fees (Extension of 096x and 097x): Medical Social Services	No
0984T	Intravascular Imaging Of Extracranial Cerebral Vessels Using Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including All Associated Radiological Supervision, Interpretation, And Report; Initial Vessel (Li	No
0985	Professional Fees (Extension of 096x and 097x): EKG	No
0985T	Intravascular Imaging Of Extracranial Cerebral Vessels Using Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including All Associated Radiological Supervision, Interpretation, And Report; Each Additional Ve	No
0986	Professional Fees (Extension of 096x and 097x): EEG	No
0986T	Intravascular Imaging Of Intracranial Cerebral Vessels Using Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including All Associated Radiological Supervision, Interpretation, And Report; Initial Vessel (Li	No
0987	Professional Fees (Extension of 096x and 097x): Hospital Visit	No
0987T	Intravascular Imaging Of Intracranial Cerebral Vessels Using Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including All Associated Radiological Supervision, Interpretation, And Report; Each Additional Ve	No
0988	Professional Fees (Extension of 096x and 097x): Consultation	No
0988T	Open Insertion Or Replacement Of Integrated Neurostimulation System For Bladder Dysfunction Including Electrode(S) (Eg, Array Or Leadless), And Pulse Generator Or Receiver, Including Analysis, Programming, And Imaging Guidance, When Performed,	Yes
0989	Professional Fees (Extension of 096x and 097x): Private Duty Nurse	No
0989T	Revision Or Removal Of Integrated Neurostimulation System For Bladder Dysfunction, Including Analysis, Programming, And Imaging, When Performed, Posterior Tibial Nerve; Subcutaneous And Subfascial	Yes
0990	Patient Convenience Items: General Classification	No
0990T	Transcervical Instillation Of Biodegradable Hydrogel Materials, Intrauterine	Yes
0991	Patient Convenience Items: Cafeteria/Guest Tray	No
0991T	Cystourethroscopy, With Low-Energy Lithotripsy And Acoustically Actuated Microspheres, Including Imaging	Yes
0992	Patient Convenience Items: Private Linen Service	No

Procedure Code	Description	Prior Auth Required
0992T	Noninvasive Assessment Of Cardiac Risk Derived From Augmentative Software Analysis Of Perivascular Fat Without Concurrent Computed Tomography (Ct) Scan Of The Heart, Including Patient-Specific Clinical Factors, With Interpretation	Yes
0993	Patient Convenience Items: Telephone/Telecom	No
0993T	Noninvasive Assessment Of Cardiac Risk Derived From Augmentative Software Analysis Of Perivascular Fat With Concurrent Computed Tomography Scan Of The Heart, Including Patient-Specific Clinical Factors, With Interpretation And Report By A Physician	Yes
0994	Patient Convenience Items: TV/Radio	No
0994T	Endovascular Delivery Of Aortic Wall Stabilization Drug Therapy Through A Sheath Positioned Within An Abdominal Aortic Aneurysm, With Aortic Roadmapping, Balloon Occlusion, Imaging Guidance, And Radiological Supervision And Interpretation; Percutaneous	Yes
0995	Patient Convenience Items: Non-patient Room Rentals	No
0995T	Endovascular Delivery Of Aortic Wall Stabilization Drug Therapy Through A Sheath Positioned Within An Abdominal Aortic Aneurysm, With Aortic Roadmapping, Balloon Occlusion, Imaging Guidance, And Radiological Supervision And Interpretation; Open	Yes
0996	Patient Convenience Items: Late Discharge	No
0996T	Insertion And Scleral Fixation Of A Capsular Bag Prosthesis Containing An Intraocular Lens Prosthesis, With Vitrectomy, Including Removal Of Crystalline Lens Or Dislocated Intraocular Lens Prosthesis, When Performed	Yes
0997	Patient Convenience Items: Admission Kits	No
0997T	Precuneus Magnetic Stimulation; Treatment Planning Using Magnetic Resonance Imaging-Guided Neuronavigation To Determine Optimal Location, Dose, And Intensity For Magnetic Stimulation Therapy, Derived From Evoked Potentials From Single	Yes
0998	Patient Convenience Items: Beauty Shop/Barber	No
0998T	Precuneus Magnetic Stimulation; Personalized Treatment Delivery Of Magnetic Stimulation Therapy To A Prespecified Target Area Derived From Analysis Of Evoked Potentials Within The Precuneus, Utilizing Magnetic Resonance Imaging-Based Neuronavigation	Yes
0999	Patient Convenience Items: Other Convenience Items	No
0999T	Autologous Muscle Cell Therapy, Harvesting Of Muscle Progenitor Cells, Including Ultrasound Guidance, When Performed	Yes
0DGB1	HIPPS Code 0DGB1	No
1000	Behavioral Health Accommodations: General Classification	No
10004	Fine Needle Aspiration Biopsy, Without Imaging Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
10005	Fine Needle Aspiration Biopsy, Including Ultrasound Guidance; First Lesion	No
10006	Fine Needle Aspiration Biopsy, Including Ultrasound Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
10007	Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion	No
10008	Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
10009	Fine Needle Aspiration Biopsy, Including CT Guidance; First Lesion	No
1000F	Tobacco Use Assessed (Cad, Cap, Copd, Pv) (Dm)	Yes
1000H	Tpn With Or Without Fat (Up To 1 Liter)	Yes
1000T	Autologous Muscle Cell Therapy, Administration Of Muscle Progenitor Cells Into The Urethral Sphincter, Including Cystoscopy And Post-Void Residual Ultrasound, When Performed	Yes
1001	Behavioral Health Accommodations: Residential - Psychiatric	Yes
10010	Fine Needle Aspiration Biopsy, Including CT Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
10011	Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion	No
10012	Fine Needle Aspiration Biopsy, Including Mr Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
1001T	Autologous Muscle Cell Therapy, Injection Of Muscle Progenitor Cells Into The External Anal Sphincter, Including Ultrasound Guidance, When Performed	Yes
1002	Behavioral Health Accommodations: Residential - Chemical Dependency	No
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	No
1002F	Anginal Symptoms And Level Of Activity Assessed (Nma-No Measure Associated)	Yes
1002T	Air displacement plethysmography, whole-body composition assessment, with interpretation and report	Yes
1003	Behavioral Health Accommodations: Supervised Living	No
10030	Image-Guided Fluid Collection Drainage By Catheter (eg, Abscess, Hematoma, Seroma, Lymphocele, Cyst), Soft Tissue (eg, Extremity, Abdominal Wall, Neck), Percutaneous	No
10035	Placement Of Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous, Including Imaging Guidance; First Lesion	No
10036	Placement Of Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous, Including Imaging Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
1003F	Level Of Activity Assessed (Nma-No Measure Associated)	Yes
1003T	Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint)	Yes
1004	Behavioral Health Accommodations: Halfway House	No
10040	Extraction (Eg, Marsupialization, Opening Or Removal Of Multiple Milia, Comedones, Cysts, Pustules)	No

Procedure Code	Description	Prior Auth Required
1004F	Clinical Symptoms Of Volume Overload (Excess) Assessed (Nma-No Measure Associated)	Yes
1004T	Electronic Analysis Of Implanted Sub-Scalp Continuous Bilateral Electroencephalography Monitoring System (Eg, Contact Group[S], Gain, Bandpass Filters) By Physician Or Other Qualified Health Care Professional; Without Programming	Yes
1005	Behavioral Health Accommodations: Group Home	No
1005F	Asthma Symptoms Evaluated (Includes Documentation Of Numeric Frequency Of Symptoms Or Patient Completion Of An Asthma Assessment Tool/Survey/Questionnaire) (Nma - No Measure Associated)	Yes
1005T	Electronic Analysis Of Implanted Sub-Scalp Continuous Bilateral Electroencephalography Monitoring System (Eg, Contact Group[S], Gain, Bandpass Filters) By Physician Or Other Qualified Health Care Professional; With Programming, First 15 Minutes	Yes
10060	Incision And Drainage Of Abscess (eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Simple Or Single	No
10061	Incision And Drainage Of Abscess (eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Complicated Or Multiple	No
1006F	Osteoarthritis Symptoms And Functional Status Assessed (May Include The Use Of A Standardized Scale Or The Completion Of An Assessment Questionnaire, Such As The Sf-36, Aaos Hip & Knee Questionnaire) (Oa) [Instructions: Report When Osteoarthritis Is Addre	Yes
1006H	Tpn With Or Without Fat (Up To 2 Liters)	Yes
1006T	Electronic Analysis Of Implanted Sub-Scalp Continuous Bilateral Electroencephalography Monitoring System (Eg, Contact Group[S], Gain, Bandpass Filters) By Physician Or Other Qualified Health Care Professional; With Programming, Each Additional 15 Minutes	Yes
1007F	Use Of Anti-Inflammatory Or Analgesic Over-The-Counter (Otc) Medications For Symptom Relief Assessed (OA)	Yes
1007T	Electroencephalogram From Implanted Sub-Scalp Continuous Bilateral Electroencephalography Monitoring System, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation,	Yes
10080	Incision And Drainage Of Pilonidal Cyst; Simple	No
10081	Incision And Drainage Of Pilonidal Cyst; Complicated	No
1008F	Gastrointestinal And Renal Risk Factors Assessed For Patients On Prescribed Or Otc Non-Steroidal Anti-Inflammatory Drug (Nsaid) (OA)	Yes
1008T	Remote Monitoring Of Sub-Scalp Implanted Continuous Bilateral Electroencephalography Monitoring System, Device Fitting, Initial Set-Up, And Patient Education In Wearing Of System And Use Of Equipment	Yes
1009H	Tpn With Or Without Fat (Greater Than 2 Liters)	Yes
1009T	Remote Monitoring Of A Sub-Scalp Implanted Continuous Bilateral Electroencephalography Monitoring System, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And Report,	Yes
1010F	Severity Of Angina Assessed By Level Of Activity (CAD)	Yes
1010T	Computerized Ophthalmic Analysis Of Monocular Eye Movements Using Retinal-Based Eye-Tracking Without Spatial Calibration, Including Fixation, Microsaccades, Drift, And Horizontal Saccades, When Performed, Unilateral Or Bilateral, With Interpretation	Yes
1011F	Angina Present (CAD)	Yes
1011T	Photobiomodulation (Pbm) Therapy Of Oral Cavity, Including Placement Of An Oral Device, Monitoring Of Patient Tolerance To Treatment, And Removal Of The Oral Device	Yes
10120	Incision And Removal Of Foreign Body, Subcutaneous Tissues; Simple	No
10121	Incision And Removal Of Foreign Body, Subcutaneous Tissues; Complicated	No
1012F	Angina Absent (CAD)	Yes
1012T	Motorized Ab Interno Trephination Of Sclera (Sclerostomy), Or Trabecular Meshwork (Trabeculostomy), 1 Or More, Including Injection Of Antifibrotic Agents, When Performed	Yes
1013T	Laparoscopy, Surgical, Implantation Or Replacement Of Lower Esophageal Sphincter Neurostimulator Electrode Array And Neurostimulator Pulse Generator Or Receiver, Requiring Pocket Creation And Connection Between Electrode Array And Pulse Generator Or	Yes
10140	Incision And Drainage Of Hematoma, Seroma Or Fluid Collection	No
1014T	Laparoscopic Revision Or Removal, Lower Esophageal Sphincter Neurostimulator Electrodes	Yes
1015F	Chronic Obstructive Pulmonary Disease (Copd) Symptoms Assessed (Includes Assessment Of At Least 1 Of The Following: Dyspnea, Cough/Sputum, Wheezing), Or Respiratory Symptom Assessment Tool Completed (Copd)	Yes
1015T	Revision Or Removal, Lower Esophageal Sphincter Neurostimulator Pulse Generator Or Receiver	Yes
10160	Puncture Aspiration Of Abscess, Hematoma, Bulla, Or Cyst	No
1016T	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Waveform, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements)	Yes
1017T	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Waveform, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements)	Yes
10180	Incision And Drainage, Complex, Postoperative Wound Infection	No
1018F	Dyspnea Assessed, Not Present (Copd)	Yes
1018T	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Waveform, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements)	Yes

Procedure Code	Description	Prior Auth Required
1019F	Dyspnea Assessed, Present (Copd)	Yes
1019T	Lymphovenous Bypass, Including Robotic Assistance, When Performed, Per Extremity	Yes
1020T	Raman Spectroscopy Of 1 Or More Skin Lesions, With Probability Score For Malignant Risk Derived By Algorithmic Analysis Of Data From Each Lesion	Yes
1021T	Active Thoracic Irrigation (Separate Procedure)	Yes
1022F	Pneumococcus Immunization Status Assessed (Cap, Copd)	Yes
1022T	Percutaneous Tissue Displacement, Any Method, Including Imaging Guidance; Intra-Abdominal/Pelvic Structures (List Separately In Addition To Code For Primary Procedure)	Yes
1023T	Percutaneous Tissue Displacement, Any Method, Including Imaging Guidance; Intrathoracic Structures (List Separately In Addition To Code For Primary Procedure)	Yes
1024T	Percutaneous Tissue Displacement, Any Method, Including Imaging Guidance; Soft Tissue (List Separately In Addition To Code For Primary Procedure)	Yes
1025T	Alternating Electric Fields Dosimetry And Delivery-Simulation Modeling, Creation And Selection Of Patient-Specific Array Layouts, And Placement Verification	Yes
1026F	Co-Morbid Conditions Assessed (Eg, Includes Assessment For Presence Or Absence Of: Malignancy, Liver Disease, Congestive Heart Failure, Cerebrovascular Disease, Renal Disease, Chronic Obstructive Pulmonary Disease, Asthma, Diabetes, Other Co-Morbid Condit	Yes
1030F	Influenza Immunization Status Assessed (Cap)	Yes
1031F	Smoking Status And Exposure To Second Hand Smoke In The Home Assessed (Asthma)	Yes
1032F	Current Tobacco Smoker Or Currently Exposed To Secondhand Smoke (Asthma)	Yes
1033F	Current Tobacco Non-Smoker And Not Currently Exposed To Secondhand Smoke (Asthma)	Yes
1034F	Current Tobacco Smoker (Cad, Cap, Copd, Pv) (Dm)	Yes
1035F	Current Smokeless Tobacco User (eg, Chew, Snuff) (Pv)	Yes
1036F	Current Tobacco Non-User (Cad, Cap, Copd, Pv) (Dm) (Ibd)	No
1038F	Persistent Asthma (Mild, Moderate Or Severe) (Asthma)	Yes
1039F	Intermittent Asthma (Asthma)	Yes
1040F	Dsm-5 Criteria For Major Depressive Disorder Documented At The Initial Evaluation (Mdd, Mdd Adol)	Yes
1050F	History Obtained Regarding New Or Changing Moles (Ml)	Yes
1052F	Type, Anatomic Location, And Activity All Assessed (Ibd)	Yes
1055F	Visual Functional Status Assessed (Ec)	Yes
1060F	Documentation Of Permanent Or Persistent Or Paroxysmal Atrial Fibrillation (Str)	Yes
1061F	Documentation Of Absence Of Permanent And Persistent And Paroxysmal Atrial Fibrillation (Str)	Yes
1065F	Ischemic Stroke Symptom Onset Of Less Than 3 Hours Prior To Arrival (Str)	Yes
1066F	Ischemic Stroke Symptom Onset Greater Than Or Equal To 3 Hours Prior To Arrival (Str)	Yes
1070F	Alarm Symptoms (Involuntary Weight Loss, Dysphagia, Or Gastrointestinal Bleeding) Assessed; None Present (Gerd)	Yes
1071F	Alarm Symptoms (Involuntary Weight Loss, Dysphagia, Or Gastrointestinal Bleeding) Assessed; 1 Or More Present (Gerd)	Yes
1090F	Presence Or Absence Of Urinary Incontinence Assessed (Ger)	Yes
1091F	Urinary Incontinence Characterized (eg, Frequency, Volume, Timing, Type Of Symptoms, How Bothersome) (Ger)	Yes
11000	Debridement Of Extensive Eczematous Or Infected Skin; Up To 10% Of Body Surface	No
11001	Debridement Of Extensive Eczematous Or Infected Skin; Each Additional 10% Of The Body Surface, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
11004	Debridement Of Skin, Subcutaneous Tissue, Muscle And Fascia For Necrotizing Soft Tissue Infection; External Genitalia And Perineum	No
11005	Debridement Of Skin, Subcutaneous Tissue, Muscle And Fascia For Necrotizing Soft Tissue Infection; Abdominal Wall, With Or Without Fascial Closure	No
11006	Debridement Of Skin, Subcutaneous Tissue, Muscle And Fascia For Necrotizing Soft Tissue Infection; External Genitalia, Perineum And Abdominal Wall, With Or Without Fascial Closure	No
11008	Removal Of Prosthetic Material Or Mesh, Abdominal Wall For Infection (eg, For Chronic Or Recurrent Mesh Infection Or Necrotizing Soft Tissue Infection) (List Separately In Addition To Code For Primary Procedure)	No
1100F	Patient Screened For Future Fall Risk; Documentation Of 2 Or More Falls In The Past Year Or Any Fall With Injury In The Past Year (Ger)	Yes
11010	Debridement Including Removal Of Foreign Material At The Site Of An Open Fracture And/Or An Open Dislocation (eg, Excisional Debridement); Skin And Subcutaneous Tissues	No
11011	Debridement Including Removal Of Foreign Material At The Site Of An Open Fracture And/Or An Open Dislocation (eg, Excisional Debridement); Skin, Subcutaneous Tissue, Muscle Fascia, And Muscle	No
11012	Debridement Including Removal Of Foreign Material At The Site Of An Open Fracture And/Or An Open Dislocation (eg, Excisional Debridement); Skin, Subcutaneous Tissue, Muscle Fascia, Muscle, And Bone	No
1101F	Patient Screened For Future Fall Risk; Documentation Of No Falls In The Past Year Or Only 1 Fall Without Injury In The Past Year (Ger)	Yes
11042	Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); First 20 Sq Cm Or Less	No
11043	Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If Performed); First 20 Sq Cm Or Less	No

Procedure Code	Description	Prior Auth Required
11044	Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed); First 20 Sq Cm Or Less	No
11045	Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
11046	Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
11047	Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
11055	Paring Or Cutting Of Benign Hyperkeratotic Lesion (eg, Corn Or Callus); Single Lesion	No
11056	Paring Or Cutting Of Benign Hyperkeratotic Lesion (eg, Corn Or Callus); 2 To 4 Lesions	No
11057	Paring Or Cutting Of Benign Hyperkeratotic Lesion (eg, Corn Or Callus); More Than 4 Lesions	No
11102	Tangential Biopsy Of Skin (eg, Shave, Scoop, Saucerize, Curette); Single Lesion	No
11103	Tangential Biopsy Of Skin (eg, Shave, Scoop, Saucerize, Curette); Each Separate/Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
11104	Punch Biopsy Of Skin (Including Simple Closure, When Performed); Single Lesion	No
11105	Punch Biopsy Of Skin (Including Simple Closure, When Performed); Each Separate/Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
11106	Incisional Biopsy Of Skin (eg, Wedge) (Including Simple Closure, When Performed); Single Lesion	No
11107	Incisional Biopsy Of Skin (eg, Wedge) (Including Simple Closure, When Performed); Each Separate/Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
1110F	Patient Discharged From An Inpatient Facility (eg, Hospital, Skilled Nursing Facility, Or Rehabilitation Facility) Within The Last 60 Days (Ger)	Yes
1111F	Discharge Medications Reconciled With The Current Medication List In Outpatient Medical Record (Coa) (Ger)	Yes
1116F	Auricular Or Periauricular Pain Assessed (Aoe)	Yes
1118F	Gerd Symptoms Assessed After 12 Months Of Therapy (Gerd)	Yes
1119F	Initial Evaluation For Condition (Hep C)(Epi, Dsp)	Yes
11200	Removal Of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Up To And Including 15 Lesions	No
11201	Removal Of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Each Additional 10 Lesions, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
1121F	Subsequent Evaluation For Condition (Hep C) (Epi)	Yes
1123F	Advance Care Planning Discussed And Documented Advance Care Plan Or Surrogate Decision Maker Documented In The Medical Record (Dem) (Ger, Pall Cr)	Yes
1124F	Advance Care Planning Discussed And Documented In The Medical Record, Patient Did Not Wish Or Was Not Able To Name A Surrogate Decision Maker Or Provide An Advance Care Plan (Dem) (Ger, Pall Cr)	Yes
1125F	Pain Severity Quantified; Pain Present (Coa) (Onc)	Yes
1126F	Pain Severity Quantified; No Pain Present (Coa) (Onc)	Yes
1127F	New Episode For Condition (Nma-No Measure Associated)	Yes
1128F	Subsequent Episode For Condition (Nma-No Measure Associated)	Yes
11300	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 0.5 Cm Or Less	No
11301	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 0.6 To 1.0 Cm	No
11302	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 1.1 To 2.0 Cm	No
11303	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter Over 2.0 Cm	No
11305	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.5 Cm Or Less	No
11306	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.6 To 1.0 Cm	No
11307	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 1.1 To 2.0 Cm	No
11308	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter Over 2.0 Cm	No
1130F	Back Pain And Function Assessed, Including All Of The Following: Pain Assessment And Functional Status And Patient History, Including Notation Of Presence Or Absence Of ''Red Flags'' (Warning Signs) And Assessment Of Prior Treatment And Response, And Empl	Yes
11310	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter 0.5 Cm Or Less	No
11311	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter 0.6 To 1.0 Cm	No
11312	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter 1.1 To 2.0 Cm	No
11313	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter Over 2.0 Cm	No
1134F	Episode Of Back Pain Lasting 6 Weeks Or Less (Bkp)	Yes

Procedure Code	Description	Prior Auth Required
1135F	Episode Of Back Pain Lasting Longer Than 6 Weeks (Bkp)	Yes
1136F	Episode Of Back Pain Lasting 12 Weeks Or Less (Bkp)	Yes
1137F	Episode Of Back Pain Lasting Longer Than 12 Weeks (Bkp)	Yes
11400	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms Or Legs; Excised Diameter 0.5 Cm Or Less	No
11401	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms Or Legs; Excised Diameter 0.6 To 1.0 Cm	No
11402	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms Or Legs; Excised Diameter 1.1 To 2.0 Cm	No
11403	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms Or Legs; Excised Diameter 2.1 To 3.0 Cm	No
11404	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms Or Legs; Excised Diameter 3.1 To 4.0 Cm	No
11406	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms Or Legs; Excised Diameter Over 4.0 Cm	No
11420	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.5 Cm Or Less	No
11421	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.6 To 1.0 Cm	No
11422	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 1.1 To 2.0 Cm	No
11423	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 2.1 To 3.0 Cm	No
11424	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 3.1 To 4.0 Cm	No
11426	Excision, Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter Over 4.0 Cm	No
11440	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 0.5 Cm Or Less	No
11441	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 0.6 To 1.0 Cm	No
11442	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 1.1 To 2.0 Cm	No
11443	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 2.1 To 3.0 Cm	No
11444	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 3.1 To 4.0 Cm	No
11446	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter Over 4.0 Cm	No
11450	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Axillary; With Simple Or Intermediate Repair	No
11451	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Axillary; With Complex Repair	No
11462	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Inguinal; With Simple Or Intermediate Repair	No
11463	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Inguinal; With Complex Repair	No
11470	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Perianal, Perineal, Or Umbilical; With Simple Or Intermediate Repair	No
11471	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Perianal, Perineal, Or Umbilical; With Complex Repair	No
1150F	Documentation That A Patient Has A Substantial Risk Of Death Within 1 Year (Pall Cr)	Yes
1151F	Documentation That A Patient Does Not Have A Substantial Risk Of Death Within One Year (Pall Cr)	Yes
1152F	Documentation Of Advanced Disease Diagnosis, Goals Of Care Prioritize Comfort (Pall Cr)	Yes
1153F	Documentation Of Advanced Disease Diagnosis, Goals Of Care Do Not Prioritize Comfort (Pall Cr)	Yes
1157F	Advance Care Plan Or Similar Legal Document Present In The Medical Record (Coa)	Yes
1158F	Advance Care Planning Discussion Documented In The Medical Record (Coa)	Yes
1159F	Medication List Documented In Medical Record (Coa)	Yes
11600	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 0.5 Cm Or Less	No
11601	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 0.6 To 1.0 Cm	No
11602	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 1.1 To 2.0 Cm	No
11603	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 2.1 To 3.0 Cm	No
11604	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 3.1 To 4.0 Cm	No
11606	Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter Over 4.0 Cm	No

Procedure Code	Description	Prior Auth Required
1160F	Review Of All Medications By A Prescribing Practitioner Or Clinical Pharmacist (Such As, Prescriptions, Otcs, Herbal Therapies And Supplements) Documented In The Medical Record (Coa)	Yes
11620	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.5 Cm Or Less	No
11621	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.6 To 1.0 Cm	No
11622	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 1.1 To 2.0 Cm	No
11623	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 2.1 To 3.0 Cm	No
11624	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 3.1 To 4.0 Cm	No
11626	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter Over 4.0 Cm	No
11640	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter 0.5 Cm Or Less	No
11641	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter 0.6 To 1.0 Cm	No
11642	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter 1.1 To 2.0 Cm	No
11643	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter 2.1 To 3.0 Cm	No
11644	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter 3.1 To 4.0 Cm	No
11646	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter Over 4.0 Cm	No
1170F	Functional Status Assessed (Coa) (Ra)	Yes
11719	Trimming Of Nondystrophic Nails, Any Number	Yes
11720	Debridement Of Nail(s) By Any Method(s); 1 To 5	No
11721	Debridement Of Nail(s) By Any Method(s); 6 Or More	No
11730	Avulsion Of Nail Plate, Partial Or Complete, Simple; Single	No
11732	Avulsion Of Nail Plate, Partial Or Complete, Simple; Each Additional Nail Plate (List Separately In Addition To Code For Primary Procedure)	No
11740	Evacuation Of Subungual Hematoma	No
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL	No
11755	Biopsy Of Nail Unit (eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure)	No
1175F	Functional Status For Dementia Assessed And Results Reviewed (Dem)	Yes
11760	Repair Of Nail Bed	No
11762	Reconstruction Of Nail Bed With Graft	No
11765	Wedge Excision Of Skin Of Nail Fold (eg, For Ingrown Toenail)	No
11770	Excision Of Pilonidal Cyst Or Sinus; Simple	No
11771	Excision Of Pilonidal Cyst Or Sinus; Extensive	No
11772	Excision Of Pilonidal Cyst Or Sinus; Complicated	No
1180F	All Specified Thromboembolic Risk Factors Assessed (Afib)	Yes
1181F	Neuropsychiatric Symptoms Assessed And Results Reviewed (Dem)	Yes
1182F	Neuropsychiatric Symptoms, One Or More Present (Dem)	Yes
1183F	Neuropsychiatric Symptoms, Absent (Dem)	Yes
11900	Injection, Intralesional; Up To And Including 7 Lesions	No
11901	Injection, Intralesional; More Than 7 Lesions	No
11920	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less	Yes
11921	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.1 To 20.0 Sq Cm	Yes
11922	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	Yes
11950	Subcutaneous Injection Of Filling Material (eg, Collagen); 1 Cc Or Less	Yes
11951	Subcutaneous Injection Of Filling Material (eg, Collagen); 1.1 To 5.0 Cc	Yes
11952	Subcutaneous Injection Of Filling Material (eg, Collagen); 5.1 To 10.0 Cc	Yes
11954	Subcutaneous Injection Of Filling Material (eg, Collagen); Over 10.0 Cc	Yes
11960	Insertion Of Tissue Expander(s) For Other Than Breast, Including Subsequent Expansion	Yes
11970	Replacement Of Tissue Expander With Permanent Implant	Yes
11971	Removal Of Tissue Expander Without Insertion Of Implant	Yes
11976	Removal, Implantable Contraceptive Capsules	No
11980	Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin)	No
11981	Insertion, Drug-Delivery Implant (Ie, Bioresorbable, Biodegradable, Non-Biodegradable)	No
11982	Removal, Non-Biodegradable Drug Delivery Implant	No
11983	Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant	No

Procedure Code	Description	Prior Auth Required
12001	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 2.5 Cm Or Less	No
12002	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 2.6 Cm To 7.5 Cm	No
12004	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 7.6 Cm To 12.5 Cm	No
12005	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 12.6 Cm To 20.0 Cm	No
12006	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); 20.1 Cm To 30.0 Cm	No
12007	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or Extremities (Including Hands And Feet); Over 30.0 Cm	No
1200F	Seizure Type(s) And Current Seizure Frequency(Ies) Documented (Epi)	Yes
12011	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 2.5 Cm Or Less	No
12013	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 2.6 Cm To 5.0 Cm	No
12014	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 5.1 Cm To 7.5 Cm	No
12015	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 7.6 Cm To 12.5 Cm	No
12016	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 12.6 Cm To 20.0 Cm	No
12017	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 20.1 Cm To 30.0 Cm	No
12018	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; Over 30.0 Cm	No
12020	Treatment Of Superficial Wound Dehiscence; Simple Closure	No
12021	Treatment Of Superficial Wound Dehiscence; With Packing	No
12031	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 2.5 Cm Or Less	No
12032	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 2.6 Cm To 7.5 Cm	No
12034	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 7.6 Cm To 12.5 Cm	No
12035	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 12.6 Cm To 20.0 Cm	No
12036	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); 20.1 Cm To 30.0 Cm	No
12037	Repair, Intermediate, Wounds Of Scalp, Axillae, Trunk And/Or Extremities (Excluding Hands And Feet); Over 30.0 Cm	No
12041	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 2.5 Cm Or Less	No
12042	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 2.6 Cm To 7.5 Cm	No
12044	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 7.6 Cm To 12.5 Cm	No
12045	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 12.6 Cm To 20.0 Cm	No
12046	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; 20.1 Cm To 30.0 Cm	No
12047	Repair, Intermediate, Wounds Of Neck, Hands, Feet And/Or External Genitalia; Over 30.0 Cm	No
12051	Repair, Intermediate, Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 2.5 Cm Or Less	No
12052	Repair, Intermediate, Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 2.6 Cm To 5.0 Cm	No
12053	Repair, Intermediate, Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 5.1 Cm To 7.5 Cm	No
12054	Repair, Intermediate, Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 7.6 Cm To 12.5 Cm	No
12055	Repair, Intermediate, Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 12.6 Cm To 20.0 Cm	No
12056	Repair, Intermediate, Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; 20.1 Cm To 30.0 Cm	No
12057	Repair, Intermediate, Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes; Over 30.0 Cm	No
1205F	Etiology Of Epilepsy Or Epilepsy Syndrome(s) Reviewed And Documented (Epi)	Yes
1220F	Patient Screened For Depression (Sud)	Yes
13100	Repair, Complex, Trunk; 1.1 Cm To 2.5 Cm	No
13101	Repair, Complex, Trunk; 2.6 Cm To 7.5 Cm	No
13102	Repair, Complex, Trunk; Each Additional 5 Cm Or Less (List Separately In Addition To Code For Primary Procedure)	No
13120	Repair, Complex, Scalp, Arms, And/Or Legs; 1.1 Cm To 2.5 Cm	No
13121	Repair, Complex, Scalp, Arms, And/Or Legs; 2.6 Cm To 7.5 Cm	No

Procedure Code	Description	Prior Auth Required
13122	Repair, Complex, Scalp, Arms, And/Or Legs; Each Additional 5 Cm Or Less (List Separately In Addition To Code For Primary Procedure)	No
13131	Repair, Complex, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; 1.1 Cm To 2.5 Cm	No
13132	Repair, Complex, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; 2.6 Cm To 7.5 Cm	No
13133	Repair, Complex, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; Each Additional 5 Cm Or Less (List Separately In Addition To Code For Primary Procedure)	No
13151	Repair, Complex, Eyelids, Nose, Ears And/Or Lips; 1.1 Cm To 2.5 Cm	No
13152	Repair, Complex, Eyelids, Nose, Ears And/Or Lips; 2.6 Cm To 7.5 Cm	No
13153	Repair, Complex, Eyelids, Nose, Ears And/Or Lips; Each Additional 5 Cm Or Less (List Separately In Addition To Code For Primary Procedure)	No
13160	Secondary Closure Of Surgical Wound Or Dehiscence, Extensive Or Complicated	No
14000	Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect 10 Sq Cm Or Less	No
14001	Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect 10.1 Sq Cm To 30.0 Sq Cm	No
1400F	Parkinson's Disease Diagnosis Reviewed (Prkns)	Yes
14020	Adjacent Tissue Transfer Or Rearrangement, Scalp, Arms And/Or Legs; Defect 10 Sq Cm Or Less	No
14021	Adjacent Tissue Transfer Or Rearrangement, Scalp, Arms And/Or Legs; Defect 10.1 Sq Cm To 30.0 Sq Cm	No
14040	Adjacent Tissue Transfer Or Rearrangement, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; Defect 10 Sq Cm Or Less	No
14041	Adjacent Tissue Transfer Or Rearrangement, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; Defect 10.1 Sq Cm To 30.0 Sq Cm	No
14060	Adjacent Tissue Transfer Or Rearrangement, Eyelids, Nose, Ears And/Or Lips; Defect 10 Sq Cm Or Less	No
14061	Adjacent Tissue Transfer Or Rearrangement, Eyelids, Nose, Ears And/Or Lips; Defect 10.1 Sq Cm To 30.0 Sq Cm	No
14301	Adjacent Tissue Transfer Or Rearrangement, Any Area; Defect 30.1 Sq Cm To 60.0 Sq Cm	No
14302	Adjacent Tissue Transfer Or Rearrangement, Any Area; Each Additional 30.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
14350	Filleted Finger Or Toe Flap, Including Preparation Of Recipient Site	No
1450F	Symptoms Improved Or Remained Consistent With Treatment Goals Since Last Assessment (Hf)	Yes
1451F	Symptoms Demonstrated Clinically Important Deterioration Since Last Assessment (Hf)	Yes
1460F	Qualifying Cardiac Event/Diagnosis In Previous 12 Months (CAD)	Yes
1461F	No Qualifying Cardiac Event/Diagnosis In Previous 12 Months (CAD)	Yes
1490F	Dementia Severity Classified, Mild (Dem)	Yes
1491F	Dementia Severity Classified, Moderate (Dem)	Yes
1493F	Dementia Severity Classified, Severe (Dem)	Yes
1494F	Cognition Assessed And Reviewed (Dem)	No
15002	Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Wounds, Burn Eschar, Or Scar (Including Subcutaneous Tissues), Or Incisional Release Of Scar Contracture, Trunk, Arms, Legs; First 100 Sq Cm Or 1% Of Body Area Of Infants And Children	No
15003	Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Wounds, Burn Eschar, Or Scar (Including Subcutaneous Tissues), Or Incisional Release Of Scar Contracture, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Part Thereof, Or Each Additio	No
15004	Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Wounds, Burn Eschar, Or Scar (Including Subcutaneous Tissues), Or Incisional Release Of Scar Contracture, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet And/Or	No
15005	Surgical Preparation Or Creation Of Recipient Site By Excision Of Open Wounds, Burn Eschar, Or Scar (Including Subcutaneous Tissues), Or Incisional Release Of Scar Contracture, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet And/Or	No
1500F	Symptoms And Signs Of Distal Symmetric Polyneuropathy Reviewed And Documented (Dsp)	Yes
15011	Harvest Of Skin For Skin Cell Suspension Autograft; First 25 Sq Cm Or Less	Yes
15012	Harvest Of Skin For Skin Cell Suspension Autograft; Each Additional 25 Sq Cm Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	Yes
15013	Preparation Of Skin Cell Suspension Autograft, Requiring Enzymatic Processing, Manual Mechanical Disaggregation Of Skin Cells, And Filtration; First 25 Sq Cm Or Less Of Harvested Skin	Yes
15014	Preparation Of Skin Cell Suspension Autograft, Requiring Enzymatic Processing, Manual Mechanical Disaggregation Of Skin Cells, And Filtration; Each Additional 25 Sq Cm Of Harvested Skin Or Part Thereof (List Separately In Addition To Code For Primary Proc	Yes
15015	Application Of Skin Cell Suspension Autograft To Wound And Donor Sites, Including Application Of Primary Dressing, Trunk, Arms, Legs; First 480 Sq Cm Or Less	Yes
15016	Application Of Skin Cell Suspension Autograft To Wound And Donor Sites, Including Application Of Primary Dressing, Trunk, Arms, Legs; Each Additional 480 Sq Cm Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	Yes
15017	Application Of Skin Cell Suspension Autograft To Wound And Donor Sites, Including Application Of Primary Dressing, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; First 480 Sq Cm Or Less	Yes
15018	Application Of Skin Cell Suspension Autograft To Wound And Donor Sites, Including Application Of Primary Dressing, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Each Additional 480 Sq Cm Or Part Thereof (	Yes
1501F	Not Initial Evaluation For Condition (Dsp)	Yes

Procedure Code	Description	Prior Auth Required
1502F	Patient Queried About Pain And Pain Interference With Function Using A Valid And Reliable Instrument (Dsp)	Yes
1503F	Patient Queried About Symptoms Of Respiratory Insufficiency (ALS)	Yes
15040	Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less	No
1504F	Patient Has Respiratory Insufficiency (ALS)	Yes
15050	Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter	No
1505F	Patient Does Not Have Respiratory Insufficiency (ALS)	Yes
15100	Split-Thickness Autograft, Trunk, Arms, Legs; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children (Except 15050)	No
15101	Split-Thickness Autograft, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
15110	Epidermal Autograft, Trunk, Arms, Legs; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children	No
15111	Epidermal Autograft, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
15115	Epidermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children	No
15116	Epidermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Co	No
15120	Split-Thickness Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children (Except 15050)	No
15121	Split-Thickness Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition	No
15130	Dermal Autograft, Trunk, Arms, Legs; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children	No
15131	Dermal Autograft, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
15135	Dermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; First 100 Sq Cm Or Less, Or 1% Of Body Area Of Infants And Children	No
15136	Dermal Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code	No
15150	Tissue Cultured Skin Autograft, Trunk, Arms, Legs; First 25 Sq Cm Or Less	No
15151	Tissue Cultured Skin Autograft, Trunk, Arms, Legs; Additional 1 Sq Cm To 75 Sq Cm (List Separately In Addition To Code For Primary Procedure)	No
15152	Tissue Cultured Skin Autograft, Trunk, Arms, Legs; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
15155	Tissue Cultured Skin Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; First 25 Sq Cm Or Less	No
15156	Tissue Cultured Skin Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Additional 1 Sq Cm To 75 Sq Cm (List Separately In Addition To Code For Primary Procedure)	No
15157	Tissue Cultured Skin Autograft, Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits; Each Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Add	No
15200	Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Trunk; 20 Sq Cm Or Less	No
15201	Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Trunk; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
15220	Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Scalp, Arms, And/Or Legs; 20 Sq Cm Or Less	No
15221	Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Scalp, Arms, And/Or Legs; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
15240	Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands, And/Or Feet; 20 Sq Cm Or Less	No
15241	Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands, And/Or Feet; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
15260	Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Nose, Ears, Eyelids, And/Or Lips; 20 Sq Cm Or Less	No
15261	Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Nose, Ears, Eyelids, And/Or Lips; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No

Procedure Code	Description	Prior Auth Required
15271	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	No
15272	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	No
15273	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of Infants And Children	No
15274	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Ther	No
15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	No
15276	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separatel	No
15277	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of	No
15278	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part The	No
15570	Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Trunk	No
15572	Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Scalp, Arms, Or Legs	No
15574	Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands Or Feet	No
15576	Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Eyelids, Nose, Ears, Lips, Or Intraoral	No
15600	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Trunk	No
15610	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Scalp, Arms, Or Legs	No
15620	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Forehead, Cheeks, Chin, Neck, Axillae, Genitalia, Hands, Or Feet	No
15630	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Eyelids, Nose, Ears, Or Lips	No
15650	Transfer, Intermediate, Of Any Pedicle Flap (eg, Abdomen To Wrist, Walking Tube), Any Location	No
15730	Midface Flap (Ie, Zygomaticofacial Flap) With Preservation Of Vascular Pedicle(S)	No
15731	Forehead Flap With Preservation Of Vascular Pedicle (eg, Axial Pattern Flap, Paramedian Forehead Flap)	No
15733	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Head And Neck With Named Vascular Pedicle (Ie, Buccinators, Genioglossus, Temporalis, Masseter, Sternocleidomastoid, Levator Scapulae)	No
15734	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Trunk	No
15736	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Upper Extremity	No
15738	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Lower Extremity	No
15740	Flap; Island Pedicle Requiring Identification And Dissection Of An Anatomically Named Axial Vessel	No
15750	Flap; Neurovascular Pedicle	No
15756	Free Muscle Or Myocutaneous Flap With Microvascular Anastomosis	No
15757	Free Skin Flap With Microvascular Anastomosis	No
15758	Free Fascial Flap With Microvascular Anastomosis	No
15760	Graft; Composite (eg, Full Thickness Of External Ear Or Nasal Ala), Including Primary Closure, Donor Area	No
15769	Grafting Of Autologous Soft Tissue, Other, Harvested By Direct Excision (Eg, Fat, Dermis, Fascia)	Yes
15770	Graft; Derma-Fat-Fascia	No
15771	Grafting Of Autologous Fat Harvested By Liposuction Technique To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cc Or Less Injectate	Yes
15772	Grafting Of Autologous Fat Harvested By Liposuction Technique To Trunk, Breasts, Scalp, Arms, And/Or Legs; Each Additional 50 Cc Injectate, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	Yes
15773	Grafting Of Autologous Fat Harvested By Liposuction Technique To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; 25 Cc Or Less Injectate	Yes
15774	Grafting Of Autologous Fat Harvested By Liposuction Technique To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; Each Additional 25 Cc Injectate, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	Yes
15775	Punch Graft For Hair Transplant; 1 To 15 Punch Grafts	Yes
15776	Punch Graft For Hair Transplant; More Than 15 Punch Grafts	Yes
15777	Implantation Of Biologic Implant (eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (Ie, Breast, Trunk) (List Separately In Addition To Code For Primary Procedure)	No
15778	Implantation Of Absorbable Mesh Or Other Prosthesis For Delayed Closure Of Defect(S) (Ie, External Genitalia, Perineum, Abdominal Wall) Due To Soft Tissue Infection Or Trauma	No
15780	Dermabrasion; Total Face (eg, For Acne Scarring, Fine Wrinkling, Rhytids, General Keratosis)	Yes
15781	Dermabrasion; Segmental, Face	Yes

Procedure Code	Description	Prior Auth Required
15782	Dermabrasion; Regional, Other Than Face	Yes
15783	Dermabrasion; Superficial, Any Site (eg, Tattoo Removal)	No
15786	Abrasion; Single Lesion (eg, Keratosis, Scar)	No
15787	Abrasion; Each Additional 4 Lesions Or Less (List Separately In Addition To Code For Primary Procedure)	No
15788	Chemical Peel, Facial; Epidermal	Yes
15789	Chemical Peel, Facial; Dermal	Yes
15792	Chemical Peel, Nonfacial; Epidermal	Yes
15793	Chemical Peel, Nonfacial; Dermal	Yes
15820	Blepharoplasty, Lower Eyelid;	Yes
15821	Blepharoplasty, Lower Eyelid; With Extensive Herniated Fat Pad	Yes
15822	Blepharoplasty, Upper Eyelid;	Yes
15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid	Yes
15824	Rhytidectomy; Forehead	Yes
15825	Rhytidectomy; Neck With Platysmal Tightening (Platysmal Flap, P-Flap)	Yes
15826	Rhytidectomy; Glabellar Frown Lines	Yes
15828	Rhytidectomy; Cheek, Chin, And Neck	Yes
15829	Rhytidectomy; Superficial Musculoaponeurotic System (Smas) Flap	Yes
15830	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy	Yes
15832	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Thigh	Yes
15833	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Leg	Yes
15834	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Hip	Yes
15835	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Buttock	Yes
15836	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Arm	Yes
15837	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Forearm Or Hand	Yes
15838	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Submental Fat Pad	Yes
15839	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Other Area	Yes
15840	Graft For Facial Nerve Paralysis; Free Fascia Graft (Including Obtaining Fascia)	Yes
15841	Graft For Facial Nerve Paralysis; Free Muscle Graft (Including Obtaining Graft)	Yes
15842	Graft For Facial Nerve Paralysis; Free Muscle Flap By Microsurgical Technique	Yes
15845	Graft For Facial Nerve Paralysis; Regional Muscle Transfer	Yes
15847	Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy), Abdomen (eg, Abdominoplasty) (Includes Umbilical Transposition And Fascial Plication) (List Separately In Addition To Code For Primary Procedure)	Yes
15851	Removal Of Sutures Or Staples Requiring Anesthesia (Ie, General Anesthesia, Moderate Sedation)	No
15852	Dressing Change (For Other Than Burns) Under Anesthesia (Other Than Local)	Yes
15853	Removal Of Sutures Or Staples Not Requiring Anesthesia (List Separately In Addition To E/M Code)	Yes
15854	Removal Of Sutures And Staples Not Requiring Anesthesia (List Separately In Addition To E/M Code)	Yes
15860	Intravenous Injection Of Agent (eg, Fluorescein) To Test Vascular Flow In Flap Or Graft	No
15876	Suction Assisted Lipectomy; Head And Neck	Yes
15877	Suction Assisted Lipectomy; Trunk	Yes
15878	Suction Assisted Lipectomy; Upper Extremity	Yes
15879	Suction Assisted Lipectomy; Lower Extremity	Yes
15920	Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Primary Suture	No
15922	Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Flap Closure	No
15931	Excision, Sacral Pressure Ulcer, With Primary Suture;	No
15933	Excision, Sacral Pressure Ulcer, With Primary Suture; With Ostectomy	No
15934	Excision, Sacral Pressure Ulcer, With Skin Flap Closure;	No
15935	Excision, Sacral Pressure Ulcer, With Skin Flap Closure; With Ostectomy	No
15936	Excision, Sacral Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure;	No
15937	Excision, Sacral Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure; With Ostectomy	No
15940	Excision, Ischial Pressure Ulcer, With Primary Suture;	No
15941	Excision, Ischial Pressure Ulcer, With Primary Suture; With Ostectomy (Ischiectomy)	No
15944	Excision, Ischial Pressure Ulcer, With Skin Flap Closure;	No
15945	Excision, Ischial Pressure Ulcer, With Skin Flap Closure; With Ostectomy	No
15946	Excision, Ischial Pressure Ulcer, With Ostectomy, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure	No
15950	Excision, Trochanteric Pressure Ulcer, With Primary Suture;	No
15951	Excision, Trochanteric Pressure Ulcer, With Primary Suture; With Ostectomy	No
15952	Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure;	No
15953	Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure; With Ostectomy	No
15956	Excision, Trochanteric Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure;	No
15958	Excision, Trochanteric Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure; With Ostectomy	No
15999	Unlisted Procedure, Excision Pressure Ulcer	No

Procedure Code	Description	Prior Auth Required
16000	Initial Treatment, First Degree Burn, When No More Than Local Treatment Is Required	No
16020	Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Small (Less Than 5% Total Body Surface Area)	No
16025	Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Medium (eg, Whole Face Or Whole Extremity, Or 5% To 10% Total Body Surface Area)	No
16030	Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Large (Eg, More Than 1 Extremity, Or Greater Than 10% Total Body Surface Area)	No
16035	Escharotomy; Initial Incision	No
16036	Escharotomy; Each Additional Incision (List Separately In Addition To Code For Primary Procedure)	No
17000	Destruction (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (eg, Actinic Keratoses); First Lesion	No
17003	Destruction (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (eg, Actinic Keratoses); Second Through 14 Lesions, Each (List Separately In Addition To Code For First Lesion)	No
17004	Destruction (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (eg, Actinic Keratoses), 15 Or More Lesions	No
17106	Destruction Of Cutaneous Vascular Proliferative Lesions (eg, Laser Technique); Less Than 10 Sq Cm	No
17107	Destruction Of Cutaneous Vascular Proliferative Lesions (eg, Laser Technique); 10.0 To 50.0 Sq Cm	No
17108	Destruction Of Cutaneous Vascular Proliferative Lesions (eg, Laser Technique); Over 50.0 Sq Cm	No
17110	Destruction (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Of Benign Lesions Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions; Up To 14 Lesions	No
17111	Destruction (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Of Benign Lesions Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions; 15 Or More Lesions	No
17250	Chemical Cauterization Of Granulation Tissue (Ie, Proud Flesh)	No
17260	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Trunk, Arms Or Legs; Lesion Diameter 0.5 Cm Or Less	No
17261	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Trunk, Arms Or Legs; Lesion Diameter 0.6 To 1.0 Cm	No
17262	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Trunk, Arms Or Legs; Lesion Diameter 1.1 To 2.0 Cm	No
17263	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Trunk, Arms Or Legs; Lesion Diameter 2.1 To 3.0 Cm	No
17264	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Trunk, Arms Or Legs; Lesion Diameter 3.1 To 4.0 Cm	No
17266	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Trunk, Arms Or Legs; Lesion Diameter Over 4.0 Cm	No
17270	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.5 Cm Or Less	No
17271	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.6 To 1.0 Cm	No
17272	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 1.1 To 2.0 Cm	No
17273	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 2.1 To 3.0 Cm	No
17274	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 3.1 To 4.0 Cm	No
17276	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter Over 4.0 Cm	No
17280	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter 0.5 Cm Or Less	No
17281	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter 0.6 To 1.0 Cm	No
17282	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter 1.1 To 2.0 Cm	No
17283	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter 2.1 To 3.0 Cm	No
17284	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter 3.1 To 4.0 Cm	No
17286	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Lesion Diameter Over 4.0 Cm	No

Procedure Code	Description	Prior Auth Required
17311	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical Excision Of Tissue Specimens, Mapping, Color Coding Of Specimens, Microscopic Examination Of Specimens By The Surgeon, And Histopathologic Preparation Including Routine Stain(S) (	Yes
17312	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical Excision Of Tissue Specimens, Mapping, Color Coding Of Specimens, Microscopic Examination Of Specimens By The Surgeon, And Histopathologic Preparation Including Routine Stain(S) (	Yes
17313	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical Excision Of Tissue Specimens, Mapping, Color Coding Of Specimens, Microscopic Examination Of Specimens By The Surgeon, And Histopathologic Preparation Including Routine Stain(S) (	Yes
17314	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical Excision Of Tissue Specimens, Mapping, Color Coding Of Specimens, Microscopic Examination Of Specimens By The Surgeon, And Histopathologic Preparation Including Routine Stain(S) (	Yes
17315	Mohs Micrographic Technique, Including Removal Of All Gross Tumor, Surgical Excision Of Tissue Specimens, Mapping, Color Coding Of Specimens, Microscopic Examination Of Specimens By The Surgeon, And Histopathologic Preparation Including Routine Stain(S) (	Yes
17340	Cryotherapy (Co2 Slush, Liquid N2) For Acne	Yes
17360	Chemical Exfoliation For Acne (eg, Acne Paste, Acid)	Yes
17380	Electrolysis Epilation, Each 30 Minutes	Yes
17999	Unlisted Procedure, Skin, Mucous Membrane And Subcutaneous Tissue	Yes
19000	Puncture Aspiration Of Cyst Of Breast;	No
19001	Puncture Aspiration Of Cyst Of Breast; Each Additional Cyst (List Separately In Addition To Code For Primary Procedure)	No
19020	Mastotomy With Exploration Or Drainage Of Abscess, Deep	No
19030	Injection Procedure Only For Mammary Ductogram Or Galactogram	No
19081	Biopsy, Breast, With Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Stereotactic Guidance	No
19082	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; Each Additional Lesion, Including Stereotactic Guidance (List Separately In Addi	No
19083	Biopsy, Breast, With Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Ultrasound Guidance	No
19084	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; Each Additional Lesion, Including Ultrasound Guidance (List Separately In Additi	No
19085	Biopsy, Breast, With Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion, Including Magnetic Resonance Guidance	No
19086	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; Each Additional Lesion, Including Magnetic Resonance Guidance (List Separately I	No
19100	Biopsy Of Breast; Percutaneous, Needle Core, Not Using Imaging Guidance (Separate Procedure)	No
19101	Biopsy Of Breast; Open, Incisional	No
19105	Ablation, Cryosurgical, Of Fibroadenoma, Including Ultrasound Guidance, Each Fibroadenoma	Yes
19110	Nipple Exploration, With Or Without Excision Of A Solitary Lactiferous Duct Or A Papilloma Lactiferous Duct	No
19112	Excision Of Lactiferous Duct Fistula	No
19120	Excision Of Cyst, Fibroadenoma, Or Other Benign Or Malignant Tumor, Aberrant Breast Tissue, Duct Lesion, Nipple Or Areolar Lesion (Except 19300), Open, Male Or Female, 1 Or More Lesions	No
19125	Excision Of Breast Lesion Identified By Preoperative Placement Of Radiological Marker, Open; Single Lesion	No
19126	Excision Of Breast Lesion Identified By Preoperative Placement Of Radiological Marker, Open; Each Additional Lesion Separately Identified By A Preoperative Radiological Marker (List Separately In Addition To Code For Primary Procedure)	No
19281	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; First Lesion, Including Mammographic Guidance	No
19282	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; Each Additional Lesion, Including Mammographic Guidance (List Separately In Addition To Code For Primary Procedure)	No
19283	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; First Lesion, Including Stereotactic Guidance	No
19284	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; Each Additional Lesion, Including Stereotactic Guidance (List Separately In Addition To Code For Primary Procedure)	No
19285	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; First Lesion, Including Ultrasound Guidance	No
19286	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; Each Additional Lesion, Including Ultrasound Guidance (List Separately In Addition To Code For Primary Procedure)	No

Procedure Code	Description	Prior Auth Required
19287	Placement Of Breast Localization Device(s) (Eg Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; First Lesion, Including Magnetic Resonance Guidance	No
19288	Placement Of Breast Localization Device(s) (Eg Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous; Each Additional Lesion, Including Magnetic Resonance Guidance (List Separately In Addition To Code For Primary Procedure)	No
19294	Preparation Of Tumor Cavity, With Placement Of A Radiation Therapy Applicator For Intraoperative Radiation Therapy (Iort) Concurrent With Partial Mastectomy (List Separately In Addition To Code For Primary Procedure)	No
19296	Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy	No
19297	Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; Concurrent With Partial Mastectomy (List Separately In A	No
19298	Placement Of Radiotherapy Afterloading Brachytherapy Catheters (Multiple Tube And Button Type) Into The Breast For Interstitial Radioelement Application Following (At The Time Of Or Subsequent To) Partial Mastectomy, Includes Imaging Guidance	No
19300	Mastectomy For Gynecomastia	Yes
19301	Mastectomy, Partial (eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy);	Yes
19302	Mastectomy, Partial (eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy); With Axillary Lymphadenectomy	Yes
19303	Mastectomy, Simple, Complete	Yes
19305	Mastectomy, Radical, Including Pectoral Muscles, Axillary Lymph Nodes	Yes
19306	Mastectomy, Radical, Including Pectoral Muscles, Axillary And Internal Mammary Lymph Nodes (Urban Type Operation)	Yes
19307	Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With Or Without Pectoralis Minor Muscle, But Excluding Pectoralis Major Muscle	Yes
19316	Mastopexy	Yes
19318	Breast Reduction	Yes
19325	Breast Augmentation With Implant	Yes
19328	Removal Of Intact Breast Implant	Yes
19330	Removal Of Ruptured Breast Implant, Including Implant Contents (Eg, Saline, Silicone Gel)	Yes
19340	Insertion Of Breast Implant On Same Day Of Mastectomy (Ie, Immediate)	Yes
19342	Insertion Or Replacement Of Breast Implant On Separate Day From Mastectomy	Yes
19350	Nipple/Areola Reconstruction	Yes
19355	Correction Of Inverted Nipples	Yes
19357	Tissue Expander Placement In Breast Reconstruction, Including Subsequent Expansion(S)	Yes
19361	Breast Reconstruction; With Latissimus Dorsi Flap	Yes
19364	Breast Reconstruction; With Free Flap (Eg, Ftram, Diep, Siea, Gap Flap)	Yes
19367	Breast Reconstruction; With Single-Pedicled Transverse Rectus Abdominis Myocutaneous (Tram) Flap	Yes
19368	Breast Reconstruction; With Single-Pedicled Transverse Rectus Abdominis Myocutaneous (Tram) Flap, Requiring Separate Microvascular Anastomosis (Supercharging)	Yes
19369	Breast Reconstruction; With Bipedicled Transverse Rectus Abdominis Myocutaneous (Tram) Flap	Yes
19370	Revision Of Peri-Implant Capsule, Breast, Including Capsulotomy, Capsulorrhaphy, And/Or Partial Capsulectomy	Yes
19371	Peri-Implant Capsulectomy, Breast, Complete, Including Removal Of All Intracapsular Contents	Yes
19380	Revision Of Reconstructed Breast (Eg, Significant Removal Of Tissue, Re-Advancement And/Or Re-Inset Of Flaps In Autologous Reconstruction Or Significant Capsular Revision Combined With Soft Tissue Excision In Implant-Based Reconstruction)	Yes
19396	Preparation Of Moulage For Custom Breast Implant	Yes
19499	Unlisted Procedure, Breast	Yes
1AA11	HIPPS Code 1AA11	No
1AA21	HIPPS Code 1AA21	No
1AA31	HIPPS Code 1AA31	No
1AB11	HIPPS Code 1AB11	No
1AB21	HIPPS Code 1AB21	No
1AB31	HIPPS Code 1AB31	No
1AC11	HIPPS Code 1AC11	No
1AC21	HIPPS Code 1AC21	No
1AC31	HIPPS Code 1AC31	No
1BA11	HIPPS Code 1BA11	No
1BA21	HIPPS Code 1BA21	No
1BA31	HIPPS Code 1BA31	No
1BB11	HIPPS Code 1BB11	No
1BB21	HIPPS Code 1BB21	No
1BB31	HIPPS Code 1BB31	No
1BC11	HIPPS Code 1BC11	No
1BC21	HIPPS Code 1BC21	No
1BC31	HIPPS Code 1BC31	No
1CA11	HIPPS Code 1CA11	No

Procedure Code	Description	Prior Auth Required
1CA21	HIPPS Code 1CA21	No
1CA31	HIPPS Code 1CA31	No
1CB11	HIPPS Code 1CB11	No
1CB21	HIPPS Code 1CB21	No
1CB31	HIPPS Code 1CB31	No
1CC11	HIPPS Code 1CC11	No
1CC21	HIPPS Code 1CC21	No
1CC31	HIPPS Code 1CC31	No
1DA11	HIPPS Code 1DA11	No
1DA21	HIPPS Code 1DA21	No
1DA31	HIPPS Code 1DA31	No
1DB11	HIPPS Code 1DB11	No
1DB21	HIPPS Code 1DB21	No
1DB31	HIPPS Code 1DB31	No
1DC11	HIPPS Code 1DC11	No
1DC21	HIPPS Code 1DC21	No
1DC31	HIPPS Code 1DC31	No
1EA11	HIPPS Code 1EA11	No
1EA21	HIPPS Code 1EA21	No
1EA31	HIPPS Code 1EA31	No
1EB11	HIPPS Code 1EB11	No
1EB21	HIPPS Code 1EB21	No
1EB31	HIPPS Code 1EB31	No
1EC11	HIPPS Code 1EC11	No
1EC21	HIPPS Code 1EC21	No
1EC31	HIPPS Code 1EC31	No
1FA11	HIPPS Code 1FA11	No
1FA21	HIPPS Code 1FA21	No
1FA31	HIPPS Code 1FA31	No
1FB11	HIPPS Code 1FB11	No
1FB21	HIPPS Code 1FB21	No
1FB31	HIPPS Code 1FB31	No
1FC11	HIPPS Code 1FC11	No
1FC21	HIPPS Code 1FC21	No
1FC31	HIPPS Code 1FC31	No
1GA11	HIPPS Code 1GA11	No
1GA21	HIPPS Code 1GA21	No
1GA31	HIPPS Code 1GA31	No
1GB11	HIPPS Code 1GB11	No
1GB21	HIPPS Code 1GB21	No
1GB31	HIPPS Code 1GB31	No
1GC11	HIPPS Code 1GC11	No
1GC21	HIPPS Code 1GC21	No
1GC31	HIPPS Code 1GC31	No
1HA11	HIPPS Code 1HA11	No
1HA21	HIPPS Code 1HA21	No
1HA31	HIPPS Code 1HA31	No
1HB11	HIPPS Code 1HB11	No
1HB21	HIPPS Code 1HB21	No
1HB31	HIPPS Code 1HB31	No
1HC11	HIPPS Code 1HC11	No
1HC21	HIPPS Code 1HC21	No
1HC31	HIPPS Code 1HC31	No
1IA11	HIPPS Code 1IA11	No
1IA21	HIPPS Code 1IA21	No
1IA31	HIPPS Code 1IA31	No
1IB11	HIPPS Code 1IB11	No
1IB21	HIPPS Code 1IB21	No
1IB31	HIPPS Code 1IB31	No
1IC11	HIPPS Code 1IC11	No
1IC21	HIPPS Code 1IC21	No
1IC31	HIPPS Code 1IC31	No
1JA11	HIPPS Code 1JA11	No
1JA21	HIPPS Code 1JA21	No
1JA31	HIPPS Code 1JA31	No
1JB11	HIPPS Code 1JB11	No
1JB21	HIPPS Code 1JB21	No
1JB31	HIPPS Code 1JB31	No
1JC11	HIPPS Code 1JC11	No
1JC21	HIPPS Code 1JC21	No
1JC31	HIPPS Code 1JC31	No
1KA11	HIPPS Code 1KA11	No

Procedure Code	Description	Prior Auth Required
1KA21	HIPPS Code 1KA21	No
1KA31	HIPPS Code 1KA31	No
1KB11	HIPPS Code 1KB11	No
1KB21	HIPPS Code 1KB21	No
1KB31	HIPPS Code 1KB31	No
1KC11	HIPPS Code 1KC11	No
1KC21	HIPPS Code 1KC21	No
1KC31	HIPPS Code 1KC31	No
1LA11	HIPPS Code 1LA11	No
1LA21	HIPPS Code 1LA21	No
1LA31	HIPPS Code 1LA31	No
1LB11	HIPPS Code 1LB11	No
1LB21	HIPPS Code 1LB21	No
1LB31	HIPPS Code 1LB31	No
1LC11	HIPPS Code 1LC11	No
1LC21	HIPPS Code 1LC21	No
1LC31	HIPPS Code 1LC31	No
2000F	Blood Pressure Measured (Ckd) (Dm)	Yes
2000H	Miscellaneous Therapies (Aerosolized Pentamidine)	Yes
2001F	Weight Recorded (Pag)	Yes
2002F	Clinical Signs Of Volume Overload (Excess) Assessed (Nma-No Measure Associated)	Yes
2003H	Miscellaneous Therapies (Anti-Coagulants)	No
2004F	Initial Examination Of The Involved Joint(s) (Includes Visual Inspection, Palpation, Range Of Motion) (OA) [Instructions: Report Only For Initial Osteoarthritis Visit Or For Visits For New Joint Involvement]	Yes
2009H	Specialized Therapies (Chelation)	Yes
20100	Exploration Of Penetrating Wound (Separate Procedure); Neck	No
20101	Exploration Of Penetrating Wound (Separate Procedure); Chest	No
20102	Exploration Of Penetrating Wound (Separate Procedure); Abdomen/Flank/Back	No
20103	Exploration Of Penetrating Wound (Separate Procedure); Extremity	No
2010F	Vital Signs (Temperature, Pulse, Respiratory Rate, And Blood Pressure) Documented And Reviewed (Cap) (Em)	Yes
2012H	Miscellaneous Therapies (Colony Stimulating Factors {Gcsf/Gm-Csf})	Yes
2014F	Mental Status Assessed (Cap) (Em)	Yes
20150	Excision Of Epiphyseal Bar, With Or Without Autogenous Soft Tissue Graft Obtained Through Same Fascial Incision	No
2015F	Asthma Impairment Assessed (Asthma)	Yes
2015H	Miscellaneous Therapies (Erythropoetin {Epogen})	No
2016F	Asthma Risk Assessed (Asthma)	Yes
2018F	Hydration Status Assessed (Normal/Mildly Dehydrated/Severely Dehydrated) (Cap)	Yes
2018H	Miscellaneous Therapies (Factor - Intermittant Im Or Sq)	Yes
2019F	Dilated Macular Exam Performed, Including Documentation Of The Presence Or Absence Of Macular Thickening Or Hemorrhage And The Level Of Macular Degeneration Severity (Ec)	Yes
20200	Biopsy, Muscle; Superficial	No
20205	Biopsy, Muscle; Deep	No
20206	Biopsy, Muscle, Percutaneous Needle	No
2020F	Dilated Fundus Evaluation Performed Within 12 Months Prior To Cataract Surgery (Ec)	Yes
2021F	Dilated Macular Or Fundus Exam Performed, Including Documentation Of The Presence Or Absence Of Macular Edema And Level Of Severity Of Retinopathy (Ec)	Yes
2021H	Miscellaneous Therapies (Growth Hormone)	Yes
20220	Biopsy, Bone, Trocar, Or Needle; Superficial (eg, Ilium, Sternum, Spinous Process, Ribs)	No
20225	Biopsy, Bone, Trocar, Or Needle; Deep (eg, Vertebral Body, Femur)	No
2022F	Dilated Retinal Eye Exam With Interpretation By An Ophthalmologist Or Optometrist Documented And Reviewed; With Evidence Of Retinopathy (Dm)	No
2023F	Dilated Retinal Eye Exam With Interpretation By An Ophthalmologist Or Optometrist Documented And Reviewed; Without Evidence Of Retinopathy (Dm)	Yes
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX)	No
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT)	No
2024F	7 Standard Field Stereoscopic Retinal Photos With Interpretation By An Ophthalmologist Or Optometrist Documented And Reviewed; With Evidence Of Retinopathy (Dm)	No
2024H	Specialized Therapies (Immunotherapy)	Yes
20250	Biopsy, Vertebral Body, Open; Thoracic	No
20251	Biopsy, Vertebral Body, Open; Lumbar Or Cervical	No
2025F	7 Standard Field Stereoscopic Retinal Photos With Interpretation By An Ophthalmologist Or Optometrist Documented And Reviewed; Without Evidence Of Retinopathy (Dm)	Yes
2026F	Eye Imaging Validated To Match Diagnosis From 7 Standard Field Stereoscopic Retinal Photos Results Documented And Reviewed; With Evidence Of Retinopathy (Dm)	No
2027F	Optic Nerve Head Evaluation Performed (Ec)	Yes
2027H	Inotropic Therapy (Via Infusion Pump)	Yes

Procedure Code	Description	Prior Auth Required
2028F	Foot Examination Performed (Includes Examination Through Visual Inspection, Sensory Exam With Monofilament, And Pulse Exam - Report When Any Of The 3 Components Are Completed) (Dm)	Yes
2029F	Complete Physical Skin Exam Performed (Ml)	Yes
2030F	Hydration Status Documented, Normally Hydrated (Pag)	Yes
2030H	Miscellaneous Therapies (Interferon)	No
2031F	Hydration Status Documented, Dehydrated (Pag)	Yes
2033F	Eye Imaging Validated To Match Diagnosis From 7 Standard Field Stereoscopic Retinal Photos Results Documented And Reviewed; Without Evidence Of Retinopathy (Dm)	Yes
2035F	Tympanic Membrane Mobility Assessed With Pneumatic Otoscopy Or Tympanometry (Ome)	Yes
2039H	Non-Listed Therapy (Non-Compounded Medication For Injections {All Doses})	No
2039S	Non-Listed Therapy (Non-Compounded Medication For Injections {Second Therapy})	No
2040F	Physical Examination On The Date Of The Initial Visit For Low Back Pain Performed, In Accordance With Specifications (Bkp)	Yes
2042H	Non-Listed Therapy (Compounded Medication For Injections {All Doses})	No
2044F	Documentation Of Mental Health Assessment Prior To Intervention (Back Surgery Or Epidural Steroid Injection) Or For Back Pain Episode Lasting Longer Than 6 Weeks (Bkp)	Yes
20500	Injection Of Sinus Tract; Therapeutic (Separate Procedure)	No
20501	Injection Of Sinus Tract; Diagnostic (Sinogram)	No
2050F	Wound Characteristics Including Size And Nature Of Wound Base Tissue And Amount Of Drainage Prior To Debridement Documented (Cwc)	Yes
20520	Removal Of Foreign Body In Muscle Or Tendon Sheath; Simple	No
20525	Removal Of Foreign Body In Muscle Or Tendon Sheath; Deep Or Complicated	No
20526	Injection, Therapeutic (eg, Local Anesthetic, Corticosteroid), Carpal Tunnel	No
20527	Injection, Enzyme (eg, Collagenase), Palmar Fascial Cord (Ie, Dupuytren's Contracture)	No
20550	Injection(S); Single Tendon Sheath, Or Ligament, Aponeurosis (Eg, Plantar ''Fascia'')	No
20551	Injection(s); Single Tendon Origin/Insertion	Yes
20552	Injection(s); Single Or Multiple Trigger Point(s), 1 Or 2 Muscle(s)	No
20553	Injection(s); Single Or Multiple Trigger Point(s), 3 Or More Muscles	No
20555	Placement Of Needles Or Catheters Into Muscle And/Or Soft Tissue For Subsequent Interstitial Radioelement Application (At The Time Of Or Subsequent To The Procedure)	No
20560	Needle Insertion(S) Without Injection(S); 1 Or 2 Muscle(S)	No
20561	Needle Insertion(S) Without Injection(S); 3 Or More Muscles	No
20600	Arthrocentesis, Aspiration And/Or Injection, Small Joint Or Bursa (eg, Fingers, Toes); Without Ultrasound Guidance	No
20604	Arthrocentesis, Aspiration And/Or Injection, Small Joint Or Bursa (eg, Fingers, Toes); With Ultrasound Guidance, With Permanent Recording And Reporting	No
20605	Arthrocentesis, Aspiration And/Or Injection, Intermediate Joint Or Bursa (eg, Temporomandibular, Acromioclavicular, Wrist, Elbow Or Ankle, Olecranon Bursa); Without Ultrasound Guidance	No
20606	Arthrocentesis, Aspiration And/Or Injection, Intermediate Joint Or Bursa (eg, Temporomandibular, Acromioclavicular, Wrist, Elbow Or Ankle, Olecranon Bursa); With Ultrasound Guidance, With Permanent Recording And Reporting	No
2060F	Patient Interviewed Directly On Or Before Date Of Diagnosis Of Major Depressive Disorder (Mdd Adol)	Yes
20610	Arthrocentesis, Aspiration And/Or Injection, Major Joint Or Bursa (eg, Shoulder, Hip, Knee, Subacromial Bursa); Without Ultrasound Guidance	No
20611	Arthrocentesis, Aspiration And/Or Injection, Major Joint Or Bursa (eg, Shoulder, Hip, Knee, Subacromial Bursa); With Ultrasound Guidance, With Permanent Recording And Reporting	No
20612	Aspiration And/Or Injection Of Ganglion Cyst(s) Any Location	No
20615	Aspiration And Injection For Treatment Of Bone Cyst	No
20650	Insertion Of Wire Or Pin With Application Of Skeletal Traction, Including Removal (Separate Procedure)	No
20660	Application Of Cranial Tongs, Caliper, Or Stereotactic Frame, Including Removal (Separate Procedure)	No
20661	Application Of Halo, Including Removal; Cranial	No
20662	Application Of Halo, Including Removal; Pelvic	No
20663	Application Of Halo, Including Removal; Femoral	No
20664	Application Of Halo, Including Removal, Cranial, 6 Or More Pins Placed, For Thin Skull Osteology (Eg, Pediatric Patients, Hydrocephalus, Osteogenesis Imperfecta)	No
20665	Removal Of Tongs Or Halo Applied By Another Individual	No
20670	Removal Of Implant; Superficial (eg, Buried Wire, Pin Or Rod) (Separate Procedure)	No
20680	Removal Of Implant; Deep (eg, Buried Wire, Pin, Screw, Metal Band, Nail, Rod Or Plate)	No
20690	Application Of A Uniplane (Pins Or Wires In 1 Plane), Unilateral, External Fixation System	No
20692	Application Of A Multiplane (Pins Or Wires In More Than 1 Plane), Unilateral, External Fixation System (eg, Ilizarov, Monticelli Type)	No
20693	Adjustment Or Revision Of External Fixation System Requiring Anesthesia (eg, New Pin[s] Or Wire[s] And/Or New Ring[s] Or Bar[s])	No
20694	Removal, Under Anesthesia, Of External Fixation System	No
20696	Application Of Multiplane (Pins Or Wires In More Than 1 Plane), Unilateral, External Fixation With Stereotactic Computer-Assisted Adjustment (Eg, Spatial Frame), Including Imaging; Initial And Subsequent Alignment(S), Assessment(S), And Computation(S) Of	No

Procedure Code	Description	Prior Auth Required
20697	Application Of Multiplane (Pins Or Wires In More Than 1 Plane), Unilateral, External Fixation With Stereotactic Computer-Assisted Adjustment (eg, Spatial Frame), Including Imaging; Exchange (Ie, Removal And Replacement) Of Strut, Each	No
20700	Manual Preparation And Insertion Of Drug-Delivery Device(S), Deep (Eg, Subfascial) (List Separately In Addition To Code For Primary Procedure)	No
20701	Removal Of Drug-Delivery Device(S), Deep (Eg, Subfascial) (List Separately In Addition To Code For Primary Procedure)	No
20702	Manual Preparation And Insertion Of Drug-Delivery Device(S), Intramedullary (List Separately In Addition To Code For Primary Procedure)	No
20703	Removal Of Drug-Delivery Device(S), Intramedullary (List Separately In Addition To Code For Primary Procedure)	No
20704	Manual Preparation And Insertion Of Drug-Delivery Device(S), Intra-Articular (List Separately In Addition To Code For Primary Procedure)	No
20705	Removal Of Drug-Delivery Device(S), Intra-Articular (List Separately In Addition To Code For Primary Procedure)	No
20802	Replantation, Arm (Includes Surgical Neck Of Humerus Through Elbow Joint), Complete Amputation	No
20805	Replantation, Forearm (Includes Radius And Ulna To Radial Carpal Joint), Complete Amputation	No
20808	Replantation, Hand (Includes Hand Through Metacarpophalangeal Joints), Complete Amputation	No
20816	Replantation, Digit, Excluding Thumb (Includes Metacarpophalangeal Joint To Insertion Of Flexor Sublimis Tendon), Complete Amputation	No
20822	Replantation, Digit, Excluding Thumb (Includes Distal Tip To Sublimis Tendon Insertion), Complete Amputation	No
20824	Replantation, Thumb (Includes Carpometacarpal Joint To Mp Joint), Complete Amputation	No
20827	Replantation, Thumb (Includes Distal Tip To Mp Joint), Complete Amputation	No
20838	Replantation, Foot, Complete Amputation	No
20900	Bone Graft, Any Donor Area; Minor Or Small (eg, Dowel Or Button)	No
20902	Bone Graft, Any Donor Area; Major Or Large	No
20910	Cartilage Graft; Costochondral	No
20912	Cartilage Graft; Nasal Septum	No
20920	Fascia Lata Graft; By Stripper	No
20922	Fascia Lata Graft; By Incision And Area Exposure, Complex Or Sheet	No
20924	Tendon Graft, From A Distance (eg, Palmaris, Toe Extensor, Plantaris)	No
20930	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	No
20931	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	No
20932	Allograft, Includes Templating, Cutting, Placement And Internal Fixation, When Performed; Osteoarticular, Including Articular Surface And Contiguous Bone (List Separately In Addition To Code For Primary Procedure)	No
20933	Allograft, Includes Templating, Cutting, Placement And Internal Fixation, When Performed; Hemicortical Intercalary, Partial (Ie, Hemicylindrical) (List Separately In Addition To Code For Primary Procedure)	No
20934	Allograft, Includes Templating, Cutting, Placement And Internal Fixation, When Performed; Intercalary, Complete (Ie, Cylindrical) (List Separately In Addition To Code For Primary Procedure)	No
20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)	No
20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	No
20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)	No
20939	Bone Marrow Aspiration For Bone Grafting, Spine Surgery Only, Through Separate Skin Or Fascial Incision (List Separately In Addition To Code For Primary Procedure)	No
20950	Monitoring Of Interstitial Fluid Pressure (Includes Insertion Of Device, eg, Wick Catheter Technique, Needle Manometer Technique) In Detection Of Muscle Compartment Syndrome	No
20955	Bone Graft With Microvascular Anastomosis; Fibula	No
20956	Bone Graft With Microvascular Anastomosis; Iliac Crest	No
20957	Bone Graft With Microvascular Anastomosis; Metatarsal	No
20962	Bone Graft With Microvascular Anastomosis; Other Than Fibula, Iliac Crest, Or Metatarsal	No
20969	Free Osteocutaneous Flap With Microvascular Anastomosis; Other Than Iliac Crest, Metatarsal, Or Great Toe	No
20970	Free Osteocutaneous Flap With Microvascular Anastomosis; Iliac Crest	No
20972	Free Osteocutaneous Flap With Microvascular Anastomosis; Metatarsal	No
20973	Free Osteocutaneous Flap With Microvascular Anastomosis; Great Toe With Web Space	No
20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)	No
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	No
20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing, Noninvasive (Nonoperative)	No

Procedure Code	Description	Prior Auth Required
20982	Ablation Therapy For Reduction Or Eradication Of 1 Or More Bone Tumors (eg, Metastasis) Including Adjacent Soft Tissue When Involved By Tumor Extension, Percutaneous, Including Imaging Guidance When Performed; Radiofrequency	No
20983	Ablation Therapy For Reduction Or Eradication Of 1 Or More Bone Tumors (eg, Metastasis) Including Adjacent Soft Tissue When Involved By Tumor Extension, Percutaneous, Including Imaging Guidance When Performed; Cryoablation	No
20985	Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure)	No
20999	Unlisted Procedure, Musculoskeletal System, General	Yes
2100	Alternative Therapy Services: General Classification	No
2101	Alternative Therapy Services: Acupuncture	No
21010	Arthrotomy, Temporomandibular Joint	Yes
21011	Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm	No
21012	Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; 2 Cm Or Greater	No
21013	Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (eg, Subgaleal, Intramuscular); Less Than 2 Cm	No
21014	Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (eg, Subgaleal, Intramuscular); 2 Cm Or Greater	No
21015	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Face Or Scalp; Less Than 2 Cm	No
21016	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Face Or Scalp; 2 Cm Or Greater	No
2102	Alternative Therapy Services: Acupressure	No
21025	Excision Of Bone (eg, For Osteomyelitis Or Bone Abscess); Mandible	No
21026	Excision Of Bone (eg, For Osteomyelitis Or Bone Abscess); Facial Bone(s)	No
21029	Removal By Contouring Of Benign Tumor Of Facial Bone (eg, Fibrous Dysplasia)	No
2103	Alternative Therapy Services: Massage	No
21030	Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage	No
21031	Excision Of Torus Mandibularis	No
21032	Excision Of Maxillary Torus Palatinus	No
21034	Excision Of Malignant Tumor Of Maxilla Or Zygoma	No
2104	Alternative Therapy Services: Reflexology	No
21040	Excision Of Benign Tumor Or Cyst Of Mandible, By Enucleation And/Or Curettage	No
21044	Excision Of Malignant Tumor Of Mandible;	No
21045	Excision Of Malignant Tumor Of Mandible; Radical Resection	No
21046	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion[S])	Yes
21047	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Mandibulectomy (Eg, Locally Aggressive Or Destructive Lesion[S])	Yes
21048	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion[S])	Yes
21049	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg, Locally Aggressive Or Destructive Lesion[S])	Yes
2105	Alternative Therapy Services: Biofeedback	No
21050	Condylectomy, Temporomandibular Joint (Separate Procedure)	Yes
2106	Alternative Therapy Services: Hypnosis	No
21060	Meniscectomy, Partial Or Complete, Temporomandibular Joint (Separate Procedure)	Yes
21070	Coronoidectomy (Separate Procedure)	Yes
21073	Manipulation Of Temporomandibular Joint(s) (Tmj), Therapeutic, Requiring An Anesthesia Service (Ie, General Or Monitored Anesthesia Care)	Yes
21076	Impression And Custom Preparation; Surgical Obturator Prosthesis	Yes
21077	Impression And Custom Preparation; Orbital Prosthesis	Yes
21079	Impression And Custom Preparation; Interim Obturator Prosthesis	Yes
21080	Impression And Custom Preparation; Definitive Obturator Prosthesis	Yes
21081	Impression And Custom Preparation; Mandibular Resection Prosthesis	Yes
21082	Impression And Custom Preparation; Palatal Augmentation Prosthesis	Yes
21083	Impression And Custom Preparation; Palatal Lift Prosthesis	Yes
21084	Impression And Custom Preparation; Speech Aid Prosthesis	Yes
21085	Impression And Custom Preparation; Oral Surgical Splint	Yes
21086	Impression And Custom Preparation; Auricular Prosthesis	Yes
21087	Impression And Custom Preparation; Nasal Prosthesis	Yes
21088	Impression And Custom Preparation; Facial Prosthesis	Yes
21089	Unlisted Maxillofacial Prosthetic Procedure	Yes
2109	Alternative Therapy Services: Other Alternative Therapy Services	No
21100	Application Of Halo Type Appliance For Maxillofacial Fixation, Includes Removal (Separate Procedure)	No
21110	Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation, Includes Removal	No
21116	Injection Procedure For Temporomandibular Joint Arthrography	No
21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Material)	No
21121	Genioplasty; Sliding Osteotomy, Single Piece	No
21122	Genioplasty; Sliding Osteotomies, 2 Or More Osteotomies (eg, Wedge Excision Or Bone Wedge Reversal For Asymmetrical Chin)	No

Procedure Code	Description	Prior Auth Required
21123	Genioplasty; Sliding, Augmentation With Interpositional Bone Grafts (Includes Obtaining Autografts)	No
21125	Augmentation, Mandibular Body Or Angle; Prosthetic Material	Yes
21127	Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft)	No
21137	Reduction Forehead; Contouring Only	No
21138	Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft)	No
21139	Reduction Forehead; Contouring And Setback Of Anterior Frontal Sinus Wall	No
21141	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Direction (eg, For Long Face Syndrome), Without Bone Graft	No
21142	Reconstruction Midface, Lefort I; 2 Pieces, Segment Movement In Any Direction, Without Bone Graft	No
21143	Reconstruction Midface, Lefort I; 3 Or More Pieces, Segment Movement In Any Direction, Without Bone Graft	No
21145	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Direction, Requiring Bone Grafts (Includes Obtaining Autografts)	No
21146	Reconstruction Midface, Lefort I; 2 Pieces, Segment Movement In Any Direction, Requiring Bone Grafts (Includes Obtaining Autografts) (eg, Ungrafted Unilateral Alveolar Cleft)	No
21147	Reconstruction Midface, Lefort I; 3 Or More Pieces, Segment Movement In Any Direction, Requiring Bone Grafts (Includes Obtaining Autografts) (eg, Ungrafted Bilateral Alveolar Cleft Or Multiple Osteotomies)	No
21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion (eg, Treacher-Collins Syndrome)	No
21151	Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (Includes Obtaining Autografts)	No
21154	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I	No
21155	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I	No
21159	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead Advancement (eg, Mono Bloc), Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I	No
21160	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead Advancement (eg, Mono Bloc), Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I	No
21172	Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtaining Autografts)	No
21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (eg, Plagiocephaly, Trigonocephaly, Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts)	No
21179	Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material)	No
21180	Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts)	No
21181	Reconstruction By Contouring Of Benign Tumor Of Cranial Bones (eg, Fibrous Dysplasia), Extracranial	No
21182	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Following Intra- And Extracranial Excision Of Benign Tumor Of Cranial Bone (Eg, Fibrous Dysplasia), With Multiple Autografts (Includes Obtaining Grafts); Total Area Of Bone Grafting Less	No
21183	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Following Intra- And Extracranial Excision Of Benign Tumor Of Cranial Bone (Eg, Fibrous Dysplasia), With Multiple Autografts (Includes Obtaining Grafts); Total Area Of Bone Grafting Grea	No
21184	Reconstruction Of Orbital Walls, Rims, Forehead, Nasoethmoid Complex Following Intra- And Extracranial Excision Of Benign Tumor Of Cranial Bone (Eg, Fibrous Dysplasia), With Multiple Autografts (Includes Obtaining Grafts); Total Area Of Bone Grafting Grea	No
21188	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Grafts (Includes Obtaining Autografts)	No
21193	Reconstruction Of Mandibular Rami, Horizontal, Vertical, C, Or L Osteotomy; Without Bone Graft	No
21194	Reconstruction Of Mandibular Rami, Horizontal, Vertical, C, Or L Osteotomy; With Bone Graft (Includes Obtaining Graft)	No
21195	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation	No
21196	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; With Internal Rigid Fixation	No
21198	Osteotomy, Mandible, Segmental;	No
21199	Osteotomy, Mandible, Segmental; With Genioglossus Advancement	No
21206	Osteotomy, Maxilla, Segmental (eg, Wassmund Or Schuchard)	No
21208	Osteoplasty, Facial Bones; Augmentation (Autograft, Allograft, Or Prosthetic Implant)	No
21209	Osteoplasty, Facial Bones; Reduction	No
21210	Graft, Bone; Nasal, Maxillary Or Malar Areas (Includes Obtaining Graft)	No
21215	Graft, Bone; Mandible (Includes Obtaining Graft)	No
21230	Graft; Rib Cartilage, Autogenous, To Face, Chin, Nose Or Ear (Includes Obtaining Graft)	No
21235	Graft; Ear Cartilage, Autogenous, To Nose Or Ear (Includes Obtaining Graft)	No
21240	Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes Obtaining Graft)	No
21242	Arthroplasty, Temporomandibular Joint, With Allograft	No
21243	Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement	No

Procedure Code	Description	Prior Auth Required
21244	Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate (eg, Mandibular Staple Bone Plate)	No
21245	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Partial	No
21246	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Complete	No
21247	Reconstruction Of Mandibular Condyle With Bone And Cartilage Autografts (Includes Obtaining Grafts) (eg, For Hemifacial Microsomia)	No
21248	Reconstruction Of Mandible Or Maxilla, Endosteal Implant (eg, Blade, Cylinder); Partial	No
21249	Reconstruction Of Mandible Or Maxilla, Endosteal Implant (eg, Blade, Cylinder); Complete	No
21255	Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage (Includes Obtaining Autografts)	No
21256	Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Grafts (Includes Obtaining Autografts) (eg, Micro-Ophthalmia)	No
21260	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Extracranial Approach	No
21261	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And Extracranial Approach	No
21263	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; With Forehead Advancement	No
21267	Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Grafts; Extracranial Approach	No
21268	Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Grafts; Combined Intra- And Extracranial Approach	No
21270	Malar Augmentation, Prosthetic Material	No
21275	Secondary Revision Of Orbitocraniofacial Reconstruction	No
21280	Medial Canthopexy (Separate Procedure)	No
21282	Lateral Canthopexy	No
21295	Reduction Of Masseter Muscle And Bone (eg, For Treatment Of Benign Masseteric Hypertrophy); Extraoral Approach	No
21296	Reduction Of Masseter Muscle And Bone (eg, For Treatment Of Benign Masseteric Hypertrophy); Intraoral Approach	No
21299	Unlisted Craniofacial And Maxillofacial Procedure	Yes
21315	Closed Treatment Of Nasal Bone Fracture With Manipulation; Without Stabilization	No
21320	Closed Treatment Of Nasal Bone Fracture With Manipulation; With Stabilization	No
21325	Open Treatment Of Nasal Fracture; Uncomplicated	No
21330	Open Treatment Of Nasal Fracture; Complicated, With Internal And/Or External Skeletal Fixation	No
21335	Open Treatment Of Nasal Fracture; With Concomitant Open Treatment Of Fractured Septum	No
21336	Open Treatment Of Nasal Septal Fracture, With Or Without Stabilization	No
21337	Closed Treatment Of Nasal Septal Fracture, With Or Without Stabilization	No
21338	Open Treatment Of Nasoethmoid Fracture; Without External Fixation	No
21339	Open Treatment Of Nasoethmoid Fracture; With External Fixation	No
21340	Percutaneous Treatment Of Nasoethmoid Complex Fracture, With Splint, Wire Or Headcap Fixation, Including Repair Of Canthal Ligaments And/Or The Nasolacrimal Apparatus	No
21343	Open Treatment Of Depressed Frontal Sinus Fracture	No
21344	Open Treatment Of Complicated (eg, Comminuted Or Involving Posterior Wall) Frontal Sinus Fracture, Via Coronal Or Multiple Approaches	No
21345	Closed Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type), With Interdental Wire Fixation Or Fixation Of Denture Or Splint	No
21346	Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); With Wiring And/Or Local Fixation	No
21347	Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); Requiring Multiple Open Approaches	No
21348	Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); With Bone Grafting (Includes Obtaining Graft)	No
21355	Percutaneous Treatment Of Fracture Of Malar Area, Including Zygomatic Arch And Malar Tripod, With Manipulation	No
21356	Open Treatment Of Depressed Zygomatic Arch Fracture (eg, Gillies Approach)	No
21360	Open Treatment Of Depressed Malar Fracture, Including Zygomatic Arch And Malar Tripod	No
21365	Open Treatment Of Complicated (eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(s) Of Malar Area, Including Zygomatic Arch And Malar Tripod; With Internal Fixation And Multiple Surgical Approaches	No
21366	Open Treatment Of Complicated (eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(s) Of Malar Area, Including Zygomatic Arch And Malar Tripod; With Bone Grafting (Includes Obtaining Graft)	No
21385	Open Treatment Of Orbital Floor Blowout Fracture; Transantral Approach (Caldwell-Luc Type Operation)	No
21386	Open Treatment Of Orbital Floor Blowout Fracture; Periorbital Approach	No
21387	Open Treatment Of Orbital Floor Blowout Fracture; Combined Approach	No
21390	Open Treatment Of Orbital Floor Blowout Fracture; Periorbital Approach, With Alloplastic Or Other Implant	No
21395	Open Treatment Of Orbital Floor Blowout Fracture; Periorbital Approach With Bone Graft (Includes Obtaining Graft)	No
21400	Closed Treatment Of Fracture Of Orbit, Except Blowout; Without Manipulation	No

Procedure Code	Description	Prior Auth Required
21401	Closed Treatment Of Fracture Of Orbit, Except Blowout; With Manipulation	No
21406	Open Treatment Of Fracture Of Orbit, Except Blowout; Without Implant	No
21407	Open Treatment Of Fracture Of Orbit, Except Blowout; With Implant	No
21408	Open Treatment Of Fracture Of Orbit, Except Blowout; With Bone Grafting (Includes Obtaining Graft)	No
21421	Closed Treatment Of Palatal Or Maxillary Fracture (Lefort I Type), With Interdental Wire Fixation Or Fixation Of Denture Or Splint	No
21422	Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type);	No
21423	Open Treatment Of Palatal Or Maxillary Fracture (Lefort I Type); Complicated (Comminuted Or Involving Cranial Nerve Foramina), Multiple Approaches	No
21431	Closed Treatment Of Craniofacial Separation (Lefort Iii Type) Using Interdental Wire Fixation Of Denture Or Splint	No
21432	Open Treatment Of Craniofacial Separation (Lefort Iii Type); With Wiring And/Or Internal Fixation	No
21433	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated (eg, Comminuted Or Involving Cranial Nerve Foramina), Multiple Surgical Approaches	No
21435	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, Utilizing Internal And/Or External Fixation Techniques (eg, Head Cap, Halo Device, And/Or Intermaxillary Fixation)	No
21436	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, Multiple Surgical Approaches, Internal Fixation, With Bone Grafting (Includes Obtaining Graft)	No
21440	Closed Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure)	No
21445	Open Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure)	No
21450	Closed Treatment Of Mandibular Fracture; Without Manipulation	No
21451	Closed Treatment Of Mandibular Fracture; With Manipulation	No
21452	Percutaneous Treatment Of Mandibular Fracture, With External Fixation	No
21453	Closed Treatment Of Mandibular Fracture With Interdental Fixation	No
21454	Open Treatment Of Mandibular Fracture With External Fixation	No
21461	Open Treatment Of Mandibular Fracture; Without Interdental Fixation	No
21462	Open Treatment Of Mandibular Fracture; With Interdental Fixation	No
21465	Open Treatment Of Mandibular Condylar Fracture	No
21470	Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints	No
21480	Closed Treatment Of Temporomandibular Dislocation; Initial Or Subsequent	No
21485	Closed Treatment Of Temporomandibular Dislocation; Complicated (eg, Recurrent Requiring Intermaxillary Fixation Or Splinting), Initial Or Subsequent	No
21490	Open Treatment Of Temporomandibular Dislocation	No
21497	Interdental Wiring, For Condition Other Than Fracture	No
21499	Unlisted Musculoskeletal Procedure, Head	Yes
21501	Incision And Drainage, Deep Abscess Or Hematoma, Soft Tissues Of Neck Or Thorax;	No
21502	Incision And Drainage, Deep Abscess Or Hematoma, Soft Tissues Of Neck Or Thorax; With Partial Rib Ostectomy	No
21510	Incision, Deep, With Opening Of Bone Cortex (eg, For Osteomyelitis Or Bone Abscess), Thorax	No
21550	Biopsy, Soft Tissue Of Neck Or Thorax	No
21552	Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subcutaneous; 3 Cm Or Greater	No
21554	Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subfascial (eg, Intramuscular); 5 Cm Or Greater	No
21555	Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subcutaneous; Less Than 3 Cm	No
21556	Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subfascial (eg, Intramuscular); Less Than 5 Cm	No
21557	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Neck Or Anterior Thorax; Less Than 5 Cm	No
21558	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Neck Or Anterior Thorax; 5 Cm Or Greater	No
21600	Excision Of Rib, Partial	No
21601	Excision Of Chest Wall Tumor Including Rib(S)	No
21602	Excision Of Chest Wall Tumor Involving Rib(S), With Plastic Reconstruction; Without Mediastinal Lymphadenectomy	No
21603	Excision Of Chest Wall Tumor Involving Rib(S), With Plastic Reconstruction; With Mediastinal Lymphadenectomy	No
21610	Costotransversectomy (Separate Procedure)	No
21615	Excision First And/Or Cervical Rib;	No
21616	Excision First And/Or Cervical Rib; With Sympathectomy	No
21620	Ostectomy Of Sternum, Partial	No
21627	Sternal Debridement	No
21630	Radical Resection Of Sternum	No
21685	Hyoid Myotomy And Suspension	Yes
21700	Division Of Scalenus Anticus; Without Resection Of Cervical Rib	Yes
21705	Division Of Scalenus Anticus; With Resection Of Cervical Rib	Yes
21720	Division Of Sternocleidomastoid For Torticollis, Open Operation; Without Cast Application	Yes
21725	Division Of Sternocleidomastoid For Torticollis, Open Operation; With Cast Application	Yes
21740	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Open	Yes

Procedure Code	Description	Prior Auth Required
21742	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive Approach (Nuss Procedure), Without Thoracoscopy	Yes
21743	Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive Approach (Nuss Procedure), With Thoracoscopy	Yes
21750	Closure Of Median Sternotomy Separation With Or Without Debridement (Separate Procedure)	No
21811	Open Treatment Of Rib Fracture(s) With Internal Fixation, Includes Thoracoscopic Visualization When Performed, Unilateral; 1-3 Ribs	No
21812	Open Treatment Of Rib Fracture(s) With Internal Fixation, Includes Thoracoscopic Visualization When Performed, Unilateral; 4-6 Ribs	No
21813	Open Treatment Of Rib Fracture(s) With Internal Fixation, Includes Thoracoscopic Visualization When Performed, Unilateral; 7 Or More Ribs	No
21820	Closed Treatment Of Sternum Fracture	No
21825	Open Treatment Of Sternum Fracture With Or Without Skeletal Fixation	No
21899	Unlisted Procedure, Neck Or Thorax	Yes
21920	Biopsy, Soft Tissue Of Back Or Flank; Superficial	No
21925	Biopsy, Soft Tissue Of Back Or Flank; Deep	No
21930	Excision, Tumor, Soft Tissue Of Back Or Flank, Subcutaneous; Less Than 3 Cm	No
21931	Excision, Tumor, Soft Tissue Of Back Or Flank, Subcutaneous; 3 Cm Or Greater	No
21932	Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (eg, Intramuscular); Less Than 5 Cm	No
21933	Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (eg, Intramuscular); 5 Cm Or Greater	No
21935	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Back Or Flank; Less Than 5 Cm	No
21936	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Back Or Flank; 5 Cm Or Greater	No
22010	Incision And Drainage, Open, Of Deep Abscess (Subfascial), Posterior Spine; Cervical, Thoracic, Or Cervicothoracic	No
22015	Incision And Drainage, Open, Of Deep Abscess (Subfascial), Posterior Spine; Lumbar, Sacral, Or Lumbosacral	No
2202H	Iv Catheter Care And Maintenance (Single Lumen)	No
2203H	Iv Catheter Care And Maintenance (Each Additional Lumen)	No
2205H	Non-Listed Therapy (Medication Infused By Pump Or Gravity)	No
22100	Partial Excision Of Posterior Vertebral Component (eg, Spinous Process, Lamina Or Facet) For Intrinsic Bony Lesion, Single Vertebral Segment; Cervical	No
22101	Partial Excision Of Posterior Vertebral Component (eg, Spinous Process, Lamina Or Facet) For Intrinsic Bony Lesion, Single Vertebral Segment; Thoracic	No
22102	Partial Excision Of Posterior Vertebral Component (eg, Spinous Process, Lamina Or Facet) For Intrinsic Bony Lesion, Single Vertebral Segment; Lumbar	No
22103	Partial Excision Of Posterior Vertebral Component (eg, Spinous Process, Lamina Or Facet) For Intrinsic Bony Lesion, Single Vertebral Segment; Each Additional Segment (List Separately In Addition To Code For Primary Procedure)	No
22110	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord Or Nerve Root(s), Single Vertebral Segment; Cervical	No
22112	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord Or Nerve Root(s), Single Vertebral Segment; Thoracic	No
22114	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord Or Nerve Root(s), Single Vertebral Segment; Lumbar	No
22116	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord Or Nerve Root(s), Single Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	No
22206	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 Vertebral Segment (eg, Pedicle/Vertebral Body Subtraction); Thoracic	No
22207	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 Vertebral Segment (eg, Pedicle/Vertebral Body Subtraction); Lumbar	No
22208	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 Vertebral Segment (eg, Pedicle/Vertebral Body Subtraction); Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	No
22210	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral Segment; Cervical	No
22212	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral Segment; Thoracic	No
22214	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral Segment; Lumbar	No
22216	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 1 Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Primary Procedure)	No
22220	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral Segment; Cervical	No
22222	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral Segment; Thoracic	No
22224	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral Segment; Lumbar	No
22226	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	No
22310	Closed Treatment Of Vertebral Body Fracture(s), Without Manipulation, Requiring And Including Casting Or Bracing	No
22315	Closed Treatment Of Vertebral Fracture(S) And/Or Dislocation(S) Requiring Casting Or Bracing, With And Including Casting And/Or Bracing By Manipulation Or Traction	No

Procedure Code	Description	Prior Auth Required
22318	Open Treatment And/Or Reduction Of Odontoid Fracture(s) And Or Dislocation(s) (Including Os Odontoideum), Anterior Approach, Including Placement Of Internal Fixation; Without Grafting	No
22319	Open Treatment And/Or Reduction Of Odontoid Fracture(s) And Or Dislocation(s) (Including Os Odontoideum), Anterior Approach, Including Placement Of Internal Fixation; With Grafting	No
22325	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation(S), Posterior Approach, 1 Fractured Vertebra Or Dislocated Segment; Lumbar	No
22326	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation(S), Posterior Approach, 1 Fractured Vertebra Or Dislocated Segment; Cervical	No
22327	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation(S), Posterior Approach, 1 Fractured Vertebra Or Dislocated Segment; Thoracic	No
22328	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation(S), Posterior Approach, 1 Fractured Vertebra Or Dislocated Segment; Each Additional Fractured Vertebra Or Dislocated Segment (List Separately In Addition To Code For Primary Proce	No
22505	Manipulation Of Spine Requiring Anesthesia, Any Region	No
22510	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic	Yes
22511	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	Yes
22512	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or Lumbosacral Vertebral Body (List Separately In Addition To Code F	Yes
22513	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance	Yes
22514	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance	Yes
22515	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance	Yes
22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes
22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; 1 Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)	Yes
22532	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic	No
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	No
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	No
22548	Arthrodesis, Anterior Transoral Or Extraoral Technique, Clivus-C1-C2 (Atlas-Axis), With Or Without Excision Of Odontoid Process	No
22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2	No
22552	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2, Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	No
22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2	No
22556	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic	No
22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	No
22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	No
22586	Arthrodesis, Pre-Sacral Interbody Technique, Including Disc Space Preparation, Discectomy, With Posterior Instrumentation, With Image Guidance, Includes Bone Graft When Performed, L5-S1 Interspace	Yes
22590	Arthrodesis, Posterior Technique, Craniocervical (Occiput-C2)	No
22595	Arthrodesis, Posterior Technique, Atlas-Axis (C1-C2)	No
22600	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Cervical Below C2 Segment	No
22610	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Thoracic (With Lateral Transverse Technique, When Performed)	No
22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Lumbar (With Lateral Transverse Technique, When Performed)	No
22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	No

Procedure Code	Description	Prior Auth Required
22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar;	No
22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	No
22633	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar;	No
22634	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar; Each Additional Interspace (	No
22800	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; Up To 6 Vertebral Segments	No
22802	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 7 To 12 Vertebral Segments	No
22804	Arthrodesis, Posterior, For Spinal Deformity, With Or Without Cast; 13 Or More Vertebral Segments	No
22808	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 2 To 3 Vertebral Segments	No
22810	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 4 To 7 Vertebral Segments	No
22812	Arthrodesis, Anterior, For Spinal Deformity, With Or Without Cast; 8 Or More Vertebral Segments	No
22818	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Segment(s) (Including Body And Posterior Elements); Single Or 2 Segments	No
22819	Kyphectomy, Circumferential Exposure Of Spine And Resection Of Vertebral Segment(s) (Including Body And Posterior Elements); 3 Or More Segments	No
22830	Exploration Of Spinal Fusion	No
22836	Anterior Thoracic Vertebral Body Tethering, Including Thoracoscopy, When Performed; Up To 7 Vertebral Segments	No
22837	Anterior Thoracic Vertebral Body Tethering, Including Thoracoscopy, When Performed; 8 Or More Vertebral Segments	No
22838	Revision (Eg, Augmentation, Division Of Tether), Replacement, Or Removal Of Thoracic Vertebral Body Tethering, Including Thoracoscopy, When Performed	No
22840	Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique, Pedicle Fixation Across 1 Interspace, Atlantoaxial Transarticular Screw Fixation, Sublaminar Wiring At C1, Facet Screw Fixation) (List Separately In Addition To Code For Primary Proced	No
22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	No
22842	Posterior Segmental Instrumentation (eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	No
22843	Posterior Segmental Instrumentation (eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	No
22844	Posterior Segmental Instrumentation (eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	No
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	No
22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	No
22847	Anterior Instrumentation; 8 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	No
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)	No
22849	Reinsertion Of Spinal Fixation Device	No
22850	Removal Of Posterior Nonsegmental Instrumentation (eg, Harrington Rod)	No
22852	Removal Of Posterior Segmental Instrumentation	No
22853	Insertion Of Interbody Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Performed, To Intervertebral Disc Space In Conjunction With Interbody Arthrodesis, Each Inter	No
22854	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Performed, To Vertebral Corpectomy(Ies) (Vertebral Body Resection, Partial Or Complete)	No
22855	Removal Of Anterior Instrumentation	No
22856	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Single Interspace, Cervical	No
22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression); Single Interspace, Lumbar	No
22858	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition T	Yes

Procedure Code	Description	Prior Auth Required
22859	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Defect (List Separately In Addition To Code For Primary	No
22860	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression); Second Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	No
22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	No
22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar	No
22864	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	No
22865	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar	No
22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level	No
22868	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)	No
22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level	No
22870	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)	No
22899	Unlisted Procedure, Spine	Yes
22900	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (eg, Intramuscular); Less Than 5 Cm	No
22901	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (eg, Intramuscular); 5 Cm Or Greater	No
22902	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; Less Than 3 Cm	No
22903	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; 3 Cm Or Greater	No
22904	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Abdominal Wall; Less Than 5 Cm	No
22905	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Abdominal Wall; 5 Cm Or Greater	No
22999	Unlisted Procedure, Abdomen, Musculoskeletal System	Yes
23000	Removal Of Subdeltoid Calcareous Deposits, Open	No
23020	Capsular Contracture Release (eg, Sever Type Procedure)	No
23030	Incision And Drainage, Shoulder Area; Deep Abscess Or Hematoma	No
23031	Incision And Drainage, Shoulder Area; Infected Bursa	No
23035	Incision, Bone Cortex (eg, Osteomyelitis Or Bone Abscess), Shoulder Area	No
23040	Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body	No
23044	Arthrotomy, Acromioclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body	No
23065	Biopsy, Soft Tissue Of Shoulder Area; Superficial	No
23066	Biopsy, Soft Tissue Of Shoulder Area; Deep	No
23071	Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; 3 Cm Or Greater	No
23073	Excision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (eg, Intramuscular); 5 Cm Or Greater	No
23075	Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm	No
23076	Excision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (eg, Intramuscular); Less Than 5 Cm	No
23077	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Shoulder Area; Less Than 5 Cm	No
23078	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Shoulder Area; 5 Cm Or Greater	No
23100	Arthrotomy, Glenohumeral Joint, Including Biopsy	No
23101	Arthrotomy, Acromioclavicular Joint Or Sternoclavicular Joint, Including Biopsy And/Or Excision Of Torn Cartilage	No
23105	Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy	No
23106	Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy	No
23107	Arthrotomy, Glenohumeral Joint, With Joint Exploration, With Or Without Removal Of Loose Or Foreign Body	No
23120	Claviculectomy; Partial	No
23125	Claviculectomy; Total	No
23130	Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release	No
23140	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula;	No
23145	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; With Autograft (Includes Obtaining Graft)	No
23146	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; With Allograft	No
23150	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus;	No
23155	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Autograft (Includes Obtaining Graft)	No
23156	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Allograft	No
23170	Sequestrectomy (eg, For Osteomyelitis Or Bone Abscess), Clavicle	No
23172	Sequestrectomy (eg, For Osteomyelitis Or Bone Abscess), Scapula	No
23174	Sequestrectomy (eg, For Osteomyelitis Or Bone Abscess), Humeral Head To Surgical Neck	No
23180	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg, Osteomyelitis), Clavicle	No

Procedure Code	Description	Prior Auth Required
23182	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg, Osteomyelitis), Scapula	No
23184	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg, Osteomyelitis), Proximal Humerus	No
23190	Ostectomy Of Scapula, Partial (eg, Superior Medial Angle)	No
23195	Resection, Humeral Head	No
23200	Radical Resection Of Tumor; Clavicle	No
23210	Radical Resection Of Tumor; Scapula	No
23220	Radical Resection Of Tumor, Proximal Humerus	No
23330	Removal Of Foreign Body, Shoulder; Subcutaneous	No
23333	Removal Of Foreign Body, Shoulder; Deep (Subfascial Or Intramuscular)	No
23334	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Humeral Or Glenoid Component	No
23335	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Humeral And Glenoid Components (eg, Total Shoulder)	No
23350	Injection Procedure For Shoulder Arthrography Or Enhanced Ct/MRI Shoulder Arthrography	No
23395	Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single	No
23397	Muscle Transfer, Any Type, Shoulder Or Upper Arm; Multiple	No
23400	Scapulopexy (eg, Sprengels Deformity Or For Paralysis)	No
23405	Tenotomy, Shoulder Area; Single Tendon	No
23406	Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision	No
23410	Repair Of Ruptured Musculotendinous Cuff (eg, Rotator Cuff) Open; Acute	No
23412	Repair Of Ruptured Musculotendinous Cuff (eg, Rotator Cuff) Open; Chronic	No
23415	Coracoacromial Ligament Release, With Or Without Acromioplasty	Yes
23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)	No
23430	Tenodesis Of Long Tendon Of Biceps	No
23440	Resection Or Transplantation Of Long Tendon Of Biceps	Yes
23450	Capsulorrhaphy, Anterior; Putti-Platt Procedure Or Magnuson Type Operation	No
23455	Capsulorrhaphy, Anterior; With Labral Repair (eg, Bankart Procedure)	No
23460	Capsulorrhaphy, Anterior, Any Type; With Bone Block	No
23462	Capsulorrhaphy, Anterior, Any Type; With Coracoid Process Transfer	No
23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, With Or Without Bone Block	No
23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multidirectional Instability	No
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	Yes
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Humeral Replacement (eg, Total Shoulder))	Yes
23473	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component	Yes
23474	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral And Glenoid Component	Yes
23480	Osteotomy, Clavicle, With Or Without Internal Fixation;	No
23485	Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation)	No
23490	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Clavicle	No
23491	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus	No
23500	Closed Treatment Of Clavicular Fracture; Without Manipulation	No
23505	Closed Treatment Of Clavicular Fracture; With Manipulation	No
23515	Open Treatment Of Clavicular Fracture, Includes Internal Fixation, When Performed	No
23520	Closed Treatment Of Sternoclavicular Dislocation; Without Manipulation	No
23525	Closed Treatment Of Sternoclavicular Dislocation; With Manipulation	No
23530	Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic;	No
23532	Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic; With Fascial Graft (Includes Obtaining Graft)	No
23540	Closed Treatment Of Acromioclavicular Dislocation; Without Manipulation	No
23545	Closed Treatment Of Acromioclavicular Dislocation; With Manipulation	No
23550	Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic;	No
23552	Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic; With Fascial Graft (Includes Obtaining Graft)	No
23570	Closed Treatment Of Scapular Fracture; Without Manipulation	No
23575	Closed Treatment Of Scapular Fracture; With Manipulation, With Or Without Skeletal Traction (With Or Without Shoulder Joint Involvement)	No
23585	Open Treatment Of Scapular Fracture (Body, Glenoid Or Acromion) Includes Internal Fixation, When Performed	No
23600	Closed Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture; Without Manipulation	No
23605	Closed Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture; With Manipulation, With Or Without Skeletal Traction	No
23615	Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture, Includes Internal Fixation, When Performed, Includes Repair Of Tuberosity(s), When Performed;	No

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23616	Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture, Includes Internal Fixation, When Performed, Includes Repair Of Tuberosity(s), When Performed; With Proximal Humeral Prosthetic Replacement	No
23620	Closed Treatment Of Greater Humeral Tuberosity Fracture; Without Manipulation	No
23625	Closed Treatment Of Greater Humeral Tuberosity Fracture; With Manipulation	No
23630	Open Treatment Of Greater Humeral Tuberosity Fracture, Includes Internal Fixation, When Performed	No
23650	Closed Treatment Of Shoulder Dislocation, With Manipulation; Without Anesthesia	No
23655	Closed Treatment Of Shoulder Dislocation, With Manipulation; Requiring Anesthesia	No
23660	Open Treatment Of Acute Shoulder Dislocation	No
23665	Closed Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tuberosity, With Manipulation	No
23670	Open Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tuberosity, Includes Internal Fixation, When Performed	No
23675	Closed Treatment Of Shoulder Dislocation, With Surgical Or Anatomical Neck Fracture, With Manipulation	No
23680	Open Treatment Of Shoulder Dislocation, With Surgical Or Anatomical Neck Fracture, Includes Internal Fixation, When Performed	No
23700	Manipulation Under Anesthesia, Shoulder Joint, Including Application Of Fixation Apparatus (Dislocation Excluded)	No
23800	Arthrodesis, Glenohumeral Joint;	No
23802	Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining Graft)	No
23900	Interthoracoscapular Amputation (Forequarter)	No
23920	Disarticulation Of Shoulder;	No
23921	Disarticulation Of Shoulder; Secondary Closure Or Scar Revision	No
23929	Unlisted Procedure, Shoulder	Yes
23930	Incision And Drainage, Upper Arm Or Elbow Area; Deep Abscess Or Hematoma	No
23931	Incision And Drainage, Upper Arm Or Elbow Area; Bursa	No
23935	Incision, Deep, With Opening Of Bone Cortex (eg, For Osteomyelitis Or Bone Abscess), Humerus Or Elbow	No
24000	Arthrotomy, Elbow, Including Exploration, Drainage, Or Removal Of Foreign Body	No
24006	Arthrotomy Of The Elbow, With Capsular Excision For Capsular Release (Separate Procedure)	No
24065	Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; Superficial	No
24066	Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; Deep (Subfascial Or Intramuscular)	No
24071	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subcutaneous; 3 Cm Or Greater	No
24073	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subfascial (eg, Intramuscular); 5 Cm Or Greater	No
24075	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subcutaneous; Less Than 3 Cm	No
24076	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subfascial (eg, Intramuscular); Less Than 5 Cm	No
24077	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Upper Arm Or Elbow Area; Less Than 5 Cm	No
24079	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater	No
24100	Arthrotomy, Elbow; With Synovial Biopsy Only	No
24101	Arthrotomy, Elbow; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Loose Or Foreign Body	No
24102	Arthrotomy, Elbow; With Synovectomy	No
24105	Excision, Olecranon Bursa	Yes
24110	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus;	No
24115	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Autograft (Includes Obtaining Graft)	No
24116	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Allograft	No
24120	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process;	No
24125	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Autograft (Includes Obtaining Graft)	No
24126	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Allograft	No
24130	Excision, Radial Head	No
24134	Sequestrectomy (eg, For Osteomyelitis Or Bone Abscess), Shaft Or Distal Humerus	No
24136	Sequestrectomy (eg, For Osteomyelitis Or Bone Abscess), Radial Head Or Neck	No
24138	Sequestrectomy (eg, For Osteomyelitis Or Bone Abscess), Olecranon Process	No
24140	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg, Osteomyelitis), Humerus	No
24145	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg, Osteomyelitis), Radial Head Or Neck	No
24147	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg, Osteomyelitis), Olecranon Process	No
24149	Radical Resection Of Capsule, Soft Tissue, And Heterotopic Bone, Elbow, With Contracture Release (Separate Procedure)	No
24150	Radical Resection Of Tumor, Shaft Or Distal Humerus	No

Procedure Code	Description	Prior Auth Required
24152	Radical Resection Of Tumor, Radial Head Or Neck	No
24155	Resection Of Elbow Joint (Arthrectomy)	No
24160	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Humeral And Ulnar Components	No
24164	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Radial Head	No
24200	Removal Of Foreign Body, Upper Arm Or Elbow Area; Subcutaneous	No
24201	Removal Of Foreign Body, Upper Arm Or Elbow Area; Deep (Subfascial Or Intramuscular)	No
24220	Injection Procedure For Elbow Arthrography	No
24300	Manipulation, Elbow, Under Anesthesia	No
24301	Muscle Or Tendon Transfer, Any Type, Upper Arm Or Elbow, Single (Excluding 24320-24331)	No
24305	Tendon Lengthening, Upper Arm Or Elbow, Each Tendon	No
24310	Tenotomy, Open, Elbow To Shoulder, Each Tendon	No
24320	Tenoplasty, With Muscle Transfer, With Or Without Free Graft, Elbow To Shoulder, Single (Seddon-Brookes Type Procedure)	No
24330	Flexor-Plasty, Elbow (eg, Steindler Type Advancement);	No
24331	Flexor-Plasty, Elbow (eg, Steindler Type Advancement); With Extensor Advancement	No
24332	Tenolysis, Triceps	No
24340	Tenodesis Of Biceps Tendon At Elbow (Separate Procedure)	No
24341	Repair, Tendon Or Muscle, Upper Arm Or Elbow, Each Tendon Or Muscle, Primary Or Secondary (Excludes Rotator Cuff)	No
24342	Reinsertion Of Ruptured Biceps Or Triceps Tendon, Distal, With Or Without Tendon Graft	No
24343	Repair Lateral Collateral Ligament, Elbow, With Local Tissue	No
24344	Reconstruction Lateral Collateral Ligament, Elbow, With Tendon Graft (Includes Harvesting Of Graft)	No
24345	Repair Medial Collateral Ligament, Elbow, With Local Tissue	No
24346	Reconstruction Medial Collateral Ligament, Elbow, With Tendon Graft (Includes Harvesting Of Graft)	No
24357	Tenotomy, Elbow, Lateral Or Medial (eg, Epicondylitis, Tennis Elbow, Golfer's Elbow); Percutaneous	No
24358	Tenotomy, Elbow, Lateral Or Medial (eg, Epicondylitis, Tennis Elbow, Golfer's Elbow); Debridement, Soft Tissue And/Or Bone, Open	No
24359	Tenotomy, Elbow, Lateral Or Medial (eg, Epicondylitis, Tennis Elbow, Golfer's Elbow); Debridement, Soft Tissue And/Or Bone, Open With Tendon Repair Or Reattachment	No
24360	Arthroplasty, Elbow; With Membrane (eg, Fascial)	No
24361	Arthroplasty, Elbow; With Distal Humeral Prosthetic Replacement	No
24362	Arthroplasty, Elbow; With Implant And Fascia Lata Ligament Reconstruction	No
24363	Arthroplasty, Elbow; With Distal Humerus And Proximal Ulnar Prosthetic Replacement (eg, Total Elbow)	No
24365	Arthroplasty, Radial Head;	No
24366	Arthroplasty, Radial Head; With Implant	No
24370	Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral Or Ulnar Component	No
24371	Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral And Ulnar Component	No
24400	Osteotomy, Humerus, With Or Without Internal Fixation	No
24410	Multiple Osteotomies With Realignment On Intramedullary Rod, Humeral Shaft (Sofield Type Procedure)	No
24420	Osteoplasty, Humerus (eg, Shortening Or Lengthening) (Excluding 64876)	No
24430	Repair Of Nonunion Or Malunion, Humerus; Without Graft (eg, Compression Technique)	No
24435	Repair Of Nonunion Or Malunion, Humerus; With Iliac Or Other Autograft (Includes Obtaining Graft)	No
24470	Hemiepiphyseal Arrest (eg, Cubitus Varus Or Valgus, Distal Humerus)	No
24495	Decompression Fasciotomy, Forearm, With Brachial Artery Exploration	No
24498	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humeral Shaft	No
24500	Closed Treatment Of Humeral Shaft Fracture; Without Manipulation	No
24505	Closed Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without Skeletal Traction	No
24515	Open Treatment Of Humeral Shaft Fracture With Plate/Screws, With Or Without Cerclage	No
24516	Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without Cerclage And/Or Locking Screws	No
24530	Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; Without Manipulation	No
24535	Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; With Manipulation, With Or Without Skin Or Skeletal Traction	No
24538	Percutaneous Skeletal Fixation Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension	No
24545	Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; Without Intercondylar Extension	No
24546	Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; With Intercondylar Extension	No
24560	Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; Without Manipulation	No

Procedure Code	Description	Prior Auth Required
24565	Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; With Manipulation	No
24566	Percutaneous Skeletal Fixation Of Humeral Epicondylar Fracture, Medial Or Lateral, With Manipulation	No
24575	Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed	No
24576	Closed Treatment Of Humeral Condylar Fracture, Medial Or Lateral; Without Manipulation	No
24577	Closed Treatment Of Humeral Condylar Fracture, Medial Or Lateral; With Manipulation	No
24579	Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed	No
24582	Percutaneous Skeletal Fixation Of Humeral Condylar Fracture, Medial Or Lateral, With Manipulation	No
24586	Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (Fracture Distal Humerus And Proximal Ulna And/Or Proximal Radius);	No
24587	Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (Fracture Distal Humerus And Proximal Ulna And/Or Proximal Radius); With Implant Arthroplasty	No
24600	Treatment Of Closed Elbow Dislocation; Without Anesthesia	No
24605	Treatment Of Closed Elbow Dislocation; Requiring Anesthesia	No
24615	Open Treatment Of Acute Or Chronic Elbow Dislocation	No
24620	Closed Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulna With Dislocation Of Radial Head), With Manipulation	No
24635	Open Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulna With Dislocation Of Radial Head), Includes Internal Fixation, When Performed	No
24640	Closed Treatment Of Radial Head Subluxation In Child, Nursemaid Elbow, With Manipulation	No
24650	Closed Treatment Of Radial Head Or Neck Fracture; Without Manipulation	No
24655	Closed Treatment Of Radial Head Or Neck Fracture; With Manipulation	No
24665	Open Treatment Of Radial Head Or Neck Fracture, Includes Internal Fixation Or Radial Head Excision, When Performed;	No
24666	Open Treatment Of Radial Head Or Neck Fracture, Includes Internal Fixation Or Radial Head Excision, When Performed; With Radial Head Prosthetic Replacement	No
24670	Closed Treatment Of Ulnar Fracture, Proximal End (eg, Olecranon Or Coronoid Process[Es]); Without Manipulation	No
24675	Closed Treatment Of Ulnar Fracture, Proximal End (eg, Olecranon Or Coronoid Process[Es]); With Manipulation	No
24685	Open Treatment Of Ulnar Fracture, Proximal End (eg, Olecranon Or Coronoid Process[Es]), Includes Internal Fixation, When Performed	No
24800	Arthrodesis, Elbow Joint; Local	No
24802	Arthrodesis, Elbow Joint; With Autogenous Graft (Includes Obtaining Graft)	No
24900	Amputation, Arm Through Humerus; With Primary Closure	No
24920	Amputation, Arm Through Humerus; Open, Circular (Guillotine)	No
24925	Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision	No
24930	Amputation, Arm Through Humerus; Re-Amputation	No
24931	Amputation, Arm Through Humerus; With Implant	No
24935	Stump Elongation, Upper Extremity	No
24940	Cineplasty, Upper Extremity, Complete Procedure	No
24999	Unlisted Procedure, Humerus Or Elbow	Yes
25000	Incision, Extensor Tendon Sheath, Wrist (eg, Dequervains Disease)	No
25001	Incision, Flexor Tendon Sheath, Wrist (eg, Flexor Carpi Radialis)	No
25020	Decompression Fasciotomy, Forearm And/Or Wrist, Flexor Or Extensor Compartment; Without Debridement Of Nonviable Muscle And/Or Nerve	No
25023	Decompression Fasciotomy, Forearm And/Or Wrist, Flexor Or Extensor Compartment; With Debridement Of Nonviable Muscle And/Or Nerve	No
25024	Decompression Fasciotomy, Forearm And/Or Wrist, Flexor And Extensor Compartment; Without Debridement Of Nonviable Muscle And/Or Nerve	No
25025	Decompression Fasciotomy, Forearm And/Or Wrist, Flexor And Extensor Compartment; With Debridement Of Nonviable Muscle And/Or Nerve	No
25028	Incision And Drainage, Forearm And/Or Wrist; Deep Abscess Or Hematoma	No
25031	Incision And Drainage, Forearm And/Or Wrist; Bursa	No
25035	Incision, Deep, Bone Cortex, Forearm And/Or Wrist (eg, Osteomyelitis Or Bone Abscess)	No
25040	Arthrotomy, Radiocarpal Or Midcarpal Joint, With Exploration, Drainage, Or Removal Of Foreign Body	No
25065	Biopsy, Soft Tissue Of Forearm And/Or Wrist; Superficial	No
25066	Biopsy, Soft Tissue Of Forearm And/Or Wrist; Deep (Subfascial Or Intramuscular)	No
25071	Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subcutaneous; 3 Cm Or Greater	No
25073	Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subfascial (eg, Intramuscular); 3 Cm Or Greater	No
25075	Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subcutaneous; Less Than 3 Cm	Yes
25076	Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subfascial (eg, Intramuscular); Less Than 3 Cm	Yes
25077	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Forearm And/Or Wrist Area; Less Than 3 Cm	No
25078	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Forearm And/Or Wrist Area; 3 Cm Or Greater	No

Procedure Code	Description	Prior Auth Required
25085	Capsulotomy, Wrist (eg, Contracture)	Yes
25100	Arthrotomy, Wrist Joint; With Biopsy	No
25101	Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Loose Or Foreign Body	No
25105	Arthrotomy, Wrist Joint; With Synovectomy	No
25107	Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex	No
25109	Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each	No
25110	Excision, Lesion Of Tendon Sheath, Forearm And/Or Wrist	No
25111	Excision Of Ganglion, Wrist (Dorsal Or Volar); Primary	No
25112	Excision Of Ganglion, Wrist (Dorsal Or Volar); Recurrent	No
25115	Radical Excision Of Bursa, Synovia Of Wrist, Or Forearm Tendon Sheaths (eg, Tenosynovitis, Fungus, Tbc, Or Other Granulomas, Rheumatoid Arthritis); Flexors	No
25116	Radical Excision Of Bursa, Synovia Of Wrist, Or Forearm Tendon Sheaths (eg, Tenosynovitis, Fungus, Tbc, Or Other Granulomas, Rheumatoid Arthritis); Extensors, With Or Without Transposition Of Dorsal Retinaculum	No
25118	Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment;	No
25119	Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; With Resection Of Distal Ulna	No
25120	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process);	No
25125	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Autograft (Includes Obtaining Graft)	No
25126	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Allograft	No
25130	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones;	No
25135	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Autograft (Includes Obtaining Graft)	No
25136	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Allograft	No
25145	Sequestrectomy (eg, For Osteomyelitis Or Bone Abscess), Forearm And/Or Wrist	No
25150	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Of Bone (eg, For Osteomyelitis); Ulna	No
25151	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Of Bone (eg, For Osteomyelitis); Radius	No
25170	Radical Resection Of Tumor, Radius Or Ulna	No
25210	Carpectomy; 1 Bone	No
25215	Carpectomy; All Bones Of Proximal Row	No
25230	Radial Styloidectomy (Separate Procedure)	No
25240	Excision Distal Ulna Partial Or Complete (eg, Darrach Type Or Matched Resection)	No
25246	Injection Procedure For Wrist Arthrography	No
25248	Exploration With Removal Of Deep Foreign Body, Forearm Or Wrist	No
25250	Removal Of Wrist Prosthesis; (Separate Procedure)	No
25251	Removal Of Wrist Prosthesis; Complicated, Including Total Wrist	No
25259	Manipulation, Wrist, Under Anesthesia	No
25260	Repair, Tendon Or Muscle, Flexor, Forearm And/Or Wrist; Primary, Single, Each Tendon Or Muscle	No
25263	Repair, Tendon Or Muscle, Flexor, Forearm And/Or Wrist; Secondary, Single, Each Tendon Or Muscle	No
25265	Repair, Tendon Or Muscle, Flexor, Forearm And/Or Wrist; Secondary, With Free Graft (Includes Obtaining Graft), Each Tendon Or Muscle	No
25270	Repair, Tendon Or Muscle, Extensor, Forearm And/Or Wrist; Primary, Single, Each Tendon Or Muscle	No
25272	Repair, Tendon Or Muscle, Extensor, Forearm And/Or Wrist; Secondary, Single, Each Tendon Or Muscle	No
25274	Repair, Tendon Or Muscle, Extensor, Forearm And/Or Wrist; Secondary, With Free Graft (Includes Obtaining Graft), Each Tendon Or Muscle	No
25275	Repair, Tendon Sheath, Extensor, Forearm And/Or Wrist, With Free Graft (Includes Obtaining Graft) (eg, For Extensor Carpi Ulnaris Subluxation)	No
25280	Lengthening Or Shortening Of Flexor Or Extensor Tendon, Forearm And/Or Wrist, Single, Each Tendon	No
25290	Tenotomy, Open, Flexor Or Extensor Tendon, Forearm And/Or Wrist, Single, Each Tendon	No
25295	Tenolysis, Flexor Or Extensor Tendon, Forearm And/Or Wrist, Single, Each Tendon	No
25300	Tenodesis At Wrist; Flexors Of Fingers	No
25301	Tenodesis At Wrist; Extensors Of Fingers	No
25310	Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wrist, Single; Each Tendon	No
25312	Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wrist, Single; With Tendon Graft(s) (Includes Obtaining Graft), Each Tendon	No
25315	Flexor Origin Slide (eg, For Cerebral Palsy, Volkmann Contracture), Forearm And/Or Wrist;	No
25316	Flexor Origin Slide (eg, For Cerebral Palsy, Volkmann Contracture), Forearm And/Or Wrist; With Tendon(s) Transfer	No

Procedure Code	Description	Prior Auth Required
25320	Capsulorrhaphy Or Reconstruction, Wrist, Open (eg, Capsulodesis, Ligament Repair, Tendon Transfer Or Graft) (Includes Synovectomy, Capsulotomy And Open Reduction) For Carpal Instability	No
25332	Arthroplasty, Wrist, With Or Without Interposition, With Or Without External Or Internal Fixation	No
25335	Centralization Of Wrist On Ulna (eg, Radial Club Hand)	No
25337	Reconstruction For Stabilization Of Unstable Distal Ulna Or Distal Radioulnar Joint, Secondary By Soft Tissue Stabilization (eg, Tendon Transfer, Tendon Graft Or Weave, Or Tenodesis) With Or Without Open Reduction Of Distal Radioulnar Joint	No
25350	Osteotomy, Radius; Distal Third	Yes
25355	Osteotomy, Radius; Middle Or Proximal Third	Yes
25360	Osteotomy; Ulna	Yes
25365	Osteotomy; Radius And Ulna	Yes
25370	Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type Procedure); Radius Or Ulna	No
25375	Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type Procedure); Radius And Ulna	No
25390	Osteoplasty, Radius Or Ulna; Shortening	No
25391	Osteoplasty, Radius Or Ulna; Lengthening With Autograft	No
25392	Osteoplasty, Radius And Ulna; Shortening (Excluding 64876)	No
25393	Osteoplasty, Radius And Ulna; Lengthening With Autograft	No
25394	Osteoplasty, Carpal Bone, Shortening	No
25400	Repair Of Nonunion Or Malunion, Radius Or Ulna; Without Graft (eg, Compression Technique)	No
25405	Repair Of Nonunion Or Malunion, Radius Or Ulna; With Autograft (Includes Obtaining Graft)	No
25415	Repair Of Nonunion Or Malunion, Radius And Ulna; Without Graft (eg, Compression Technique)	No
25420	Repair Of Nonunion Or Malunion, Radius And Ulna; With Autograft (Includes Obtaining Graft)	No
25425	Repair Of Defect With Autograft; Radius Or Ulna	No
25426	Repair Of Defect With Autograft; Radius And Ulna	No
25430	Insertion Of Vascular Pedicle Into Carpal Bone (eg, Hori Procedure)	No
25431	Repair Of Nonunion Of Carpal Bone (Excluding Carpal Scaphoid (Navicular)) (Includes Obtaining Graft And Necessary Fixation), Each Bone	No
25440	Repair Of Nonunion, Scaphoid Carpal (Navicular) Bone, With Or Without Radial Styloidectomy (Includes Obtaining Graft And Necessary Fixation)	No
25441	Arthroplasty With Prosthetic Replacement; Distal Radius	No
25442	Arthroplasty With Prosthetic Replacement; Distal Ulna	No
25443	Arthroplasty With Prosthetic Replacement; Scaphoid Carpal (Navicular)	No
25444	Arthroplasty With Prosthetic Replacement; Lunate	No
25445	Arthroplasty With Prosthetic Replacement; Trapezium	No
25446	Arthroplasty With Prosthetic Replacement; Distal Radius And Partial Or Entire Carpus (Total Wrist)	No
25447	Arthroplasty, Intercarpal Or Carpometacarpal Joints; Interposition (Eg, Tendon)	No
25448	Arthroplasty, Intercarpal Or Carpometacarpal Joints; Suspension, Including Transfer Or Transplant Of Tendon, With Interposition, When Performed	Yes
25449	Revision Of Arthroplasty, Including Removal Of Implant, Wrist Joint	No
25450	Epiphyseal Arrest By Epiphysiodesis Or Stapling; Distal Radius Or Ulna	No
25455	Epiphyseal Arrest By Epiphysiodesis Or Stapling; Distal Radius And Ulna	No
25490	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Radius	No
25491	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Ulna	No
25492	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Radius And Ulna	No
25500	Closed Treatment Of Radial Shaft Fracture; Without Manipulation	No
25505	Closed Treatment Of Radial Shaft Fracture; With Manipulation	No
25515	Open Treatment Of Radial Shaft Fracture, Includes Internal Fixation, When Performed	No
25520	Closed Treatment Of Radial Shaft Fracture And Closed Treatment Of Dislocation Of Distal Radioulnar Joint (Galeazzi Fracture/Dislocation)	No
25525	Open Treatment Of Radial Shaft Fracture, Includes Internal Fixation, When Performed, And Closed Treatment Of Distal Radioulnar Joint Dislocation (Galeazzi Fracture/ Dislocation), Includes Percutaneous Skeletal Fixation, When Performed	No
25526	Open Treatment Of Radial Shaft Fracture, Includes Internal Fixation, When Performed, And Open Treatment Of Distal Radioulnar Joint Dislocation (Galeazzi Fracture/Dislocation), Includes Internal Fixation, When Performed, Includes Repair Of Triangular Fibro	No
25530	Closed Treatment Of Ulnar Shaft Fracture; Without Manipulation	No
25535	Closed Treatment Of Ulnar Shaft Fracture; With Manipulation	No
25545	Open Treatment Of Ulnar Shaft Fracture, Includes Internal Fixation, When Performed	No
25560	Closed Treatment Of Radial And Ulnar Shaft Fractures; Without Manipulation	No
25565	Closed Treatment Of Radial And Ulnar Shaft Fractures; With Manipulation	No
25574	Open Treatment Of Radial And Ulnar Shaft Fractures, With Internal Fixation, When Performed; Of Radius Or Ulna	No
25575	Open Treatment Of Radial And Ulnar Shaft Fractures, With Internal Fixation, When Performed; Of Radius And Ulna	No

Procedure Code	Description	Prior Auth Required
25600	Closed Treatment Of Distal Radial Fracture (eg, Colles Or Smith Type) Or Epiphyseal Separation, Includes Closed Treatment Of Fracture Of Ulnar Styloid, When Performed; Without Manipulation	No
25605	Closed Treatment Of Distal Radial Fracture (eg, Colles Or Smith Type) Or Epiphyseal Separation, Includes Closed Treatment Of Fracture Of Ulnar Styloid, When Performed; With Manipulation	No
25606	Percutaneous Skeletal Fixation Of Distal Radial Fracture Or Epiphyseal Separation	No
25607	Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation	No
25608	Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments	No
25609	Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments	No
25622	Closed Treatment Of Carpal Scaphoid (Navicular) Fracture; Without Manipulation	No
25624	Closed Treatment Of Carpal Scaphoid (Navicular) Fracture; With Manipulation	No
25628	Open Treatment Of Carpal Scaphoid (Navicular) Fracture, Includes Internal Fixation, When Performed	No
25630	Closed Treatment Of Carpal Bone Fracture (Excluding Carpal Scaphoid [Navicular]); Without Manipulation, Each Bone	No
25635	Closed Treatment Of Carpal Bone Fracture (Excluding Carpal Scaphoid [Navicular]); With Manipulation, Each Bone	No
25645	Open Treatment Of Carpal Bone Fracture (Other Than Carpal Scaphoid [Navicular]), Each Bone	No
25650	Closed Treatment Of Ulnar Styloid Fracture	No
25651	Percutaneous Skeletal Fixation Of Ulnar Styloid Fracture	No
25652	Open Treatment Of Ulnar Styloid Fracture	No
25660	Closed Treatment Of Radiocarpal Or Intercarpal Dislocation, 1 Or More Bones, With Manipulation	No
25670	Open Treatment Of Radiocarpal Or Intercarpal Dislocation, 1 Or More Bones	No
25671	Percutaneous Skeletal Fixation Of Distal Radioulnar Dislocation	No
25675	Closed Treatment Of Distal Radioulnar Dislocation With Manipulation	No
25676	Open Treatment Of Distal Radioulnar Dislocation, Acute Or Chronic	No
25680	Closed Treatment Of Trans-Scaphoperilunar Type Of Fracture Dislocation, With Manipulation	No
25685	Open Treatment Of Trans-Scaphoperilunar Type Of Fracture Dislocation	No
25690	Closed Treatment Of Lunate Dislocation, With Manipulation	No
25695	Open Treatment Of Lunate Dislocation	No
25800	Arthrodesis, Wrist; Complete, Without Bone Graft (Includes Radiocarpal And/Or Intercarpal And/Or Carpometacarpal Joints)	No
25805	Arthrodesis, Wrist; With Sliding Graft	No
25810	Arthrodesis, Wrist; With Iliac Or Other Autograft (Includes Obtaining Graft)	No
25820	Arthrodesis, Wrist; Limited, Without Bone Graft (eg, Intercarpal Or Radiocarpal)	No
25825	Arthrodesis, Wrist; With Autograft (Includes Obtaining Graft)	No
25830	Arthrodesis, Distal Radioulnar Joint With Segmental Resection Of Ulna, With Or Without Bone Graft (eg, Sauve-Kapandji Procedure)	No
25900	Amputation, Forearm, Through Radius And Ulna;	No
25905	Amputation, Forearm, Through Radius And Ulna; Open, Circular (Guillotine)	No
25907	Amputation, Forearm, Through Radius And Ulna; Secondary Closure Or Scar Revision	No
25909	Amputation, Forearm, Through Radius And Ulna; Re-Amputation	No
25915	Krukenberg Procedure	No
25920	Disarticulation Through Wrist;	No
25922	Disarticulation Through Wrist; Secondary Closure Or Scar Revision	No
25924	Disarticulation Through Wrist; Re-Amputation	No
25927	Transmetacarpal Amputation;	No
25929	Transmetacarpal Amputation; Secondary Closure Or Scar Revision	No
25931	Transmetacarpal Amputation; Re-Amputation	No
25999	Unlisted Procedure, Forearm Or Wrist	Yes
26010	Drainage Of Finger Abscess; Simple	No
26011	Drainage Of Finger Abscess; Complicated (eg, Felon)	No
26020	Drainage Of Tendon Sheath, Digit And/Or Palm, Each	No
26025	Drainage Of Palmar Bursa; Single, Bursa	No
26030	Drainage Of Palmar Bursa; Multiple Bursa	No
26034	Incision, Bone Cortex, Hand Or Finger (eg, Osteomyelitis Or Bone Abscess)	No
26035	Decompression Fingers And/Or Hand, Injection Injury (eg, Grease Gun)	No
26037	Decompressive Fasciotomy, Hand (Excludes 26035)	No
26040	Fasciotomy, Palmar (eg, Dupuytren's Contracture); Percutaneous	No
26045	Fasciotomy, Palmar (eg, Dupuytren's Contracture); Open, Partial	No
26055	Tendon Sheath Incision (eg, For Trigger Finger)	No
26060	Tenotomy, Percutaneous, Single, Each Digit	No
26070	Arthrotomy, With Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Carpometacarpal Joint	No
26075	Arthrotomy, With Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Metacarpophalangeal Joint, Each	No
26080	Arthrotomy, With Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Interphalangeal Joint, Each	No

Procedure Code	Description	Prior Auth Required
26100	Arthrotomy With Biopsy; Carpometacarpal Joint, Each	No
26105	Arthrotomy With Biopsy; Metacarpophalangeal Joint, Each	No
26110	Arthrotomy With Biopsy; Interphalangeal Joint, Each	No
26111	Excision, Tumor Or Vascular Malformation, Soft Tissue Of Hand Or Finger, Subcutaneous; 1.5 Cm Or Greater	No
26113	Excision, Tumor, Soft Tissue, Or Vascular Malformation, Of Hand Or Finger, Subfascial (eg, Intramuscular); 1.5 Cm Or Greater	No
26115	Excision, Tumor Or Vascular Malformation, Soft Tissue Of Hand Or Finger, Subcutaneous; Less Than 1.5 Cm	Yes
26116	Excision, Tumor, Soft Tissue, Or Vascular Malformation, Of Hand Or Finger, Subfascial (eg, Intramuscular); Less Than 1.5 Cm	Yes
26117	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Hand Or Finger; Less Than 3 Cm	No
26118	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Hand Or Finger; 3 Cm Or Greater	No
26121	Fasciectomy, Palm Only, With Or Without Z-Plasty, Other Local Tissue Rearrangement, Or Skin Grafting (Includes Obtaining Graft)	No
26123	Fasciectomy, Partial Palmar With Release Of Single Digit Including Proximal Interphalangeal Joint, With Or Without Z-Plasty, Other Local Tissue Rearrangement, Or Skin Grafting (Includes Obtaining Graft);	No
26125	Fasciectomy, Partial Palmar With Release Of Single Digit Including Proximal Interphalangeal Joint, With Or Without Z-Plasty, Other Local Tissue Rearrangement, Or Skin Grafting (Includes Obtaining Graft); Each Additional Digit (List Separately In Addition	No
26130	Synovectomy, Carpometacarpal Joint	No
26135	Synovectomy, Metacarpophalangeal Joint Including Intrinsic Release And Extensor Hood Reconstruction, Each Digit	No
26140	Synovectomy, Proximal Interphalangeal Joint, Including Extensor Reconstruction, Each Interphalangeal Joint	No
26145	Synovectomy, Tendon Sheath, Radical (Tenosynovectomy), Flexor Tendon, Palm And/Or Finger, Each Tendon	No
26160	Excision Of Lesion Of Tendon Sheath Or Joint Capsule (eg, Cyst, Mucous Cyst, Or Ganglion), Hand Or Finger	No
26170	Excision Of Tendon, Palm, Flexor Or Extensor, Single, Each Tendon	No
26180	Excision Of Tendon, Finger, Flexor Or Extensor, Each Tendon	No
26185	Sesamoidectomy, Thumb Or Finger (Separate Procedure)	No
26200	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Metacarpal;	No
26205	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Metacarpal; With Autograft (Includes Obtaining Graft)	No
26210	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle, Or Distal Phalanx Of Finger;	No
26215	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle, Or Distal Phalanx Of Finger; With Autograft (Includes Obtaining Graft)	No
26230	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg, Osteomyelitis); Metacarpal	No
26235	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg, Osteomyelitis); Proximal Or Middle Phalanx Of Finger	No
26236	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg, Osteomyelitis); Distal Phalanx Of Finger	No
26250	Radical Resection Of Tumor, Metacarpal	No
26260	Radical Resection Of Tumor, Proximal Or Middle Phalanx Of Finger	No
26262	Radical Resection Of Tumor, Distal Phalanx Of Finger	No
26320	Removal Of Implant From Finger Or Hand	No
26340	Manipulation, Finger Joint, Under Anesthesia, Each Joint	No
26341	Manipulation, Palmar Fascial Cord (Ie, Dupuytren's Cord), Post Enzyme Injection (eg, Collagenase), Single Cord	No
26350	Repair Or Advancement, Flexor Tendon, Not In Zone 2 Digital Flexor Tendon Sheath (eg, No Man's Land); Primary Or Secondary Without Free Graft, Each Tendon	No
26352	Repair Or Advancement, Flexor Tendon, Not In Zone 2 Digital Flexor Tendon Sheath (eg, No Man's Land); Secondary With Free Graft (Includes Obtaining Graft), Each Tendon	No
26356	Repair Or Advancement, Flexor Tendon, In Zone 2 Digital Flexor Tendon Sheath (eg, No Man's Land); Primary, Without Free Graft, Each Tendon	No
26357	Repair Or Advancement, Flexor Tendon, In Zone 2 Digital Flexor Tendon Sheath (eg, No Man's Land); Secondary, Without Free Graft, Each Tendon	No
26358	Repair Or Advancement, Flexor Tendon, In Zone 2 Digital Flexor Tendon Sheath (eg, No Man's Land); Secondary, With Free Graft (Includes Obtaining Graft), Each Tendon	No
26370	Repair Or Advancement Of Profundus Tendon, With Intact Superficialis Tendon; Primary, Each Tendon	No
26372	Repair Or Advancement Of Profundus Tendon, With Intact Superficialis Tendon; Secondary With Free Graft (Includes Obtaining Graft), Each Tendon	No
26373	Repair Or Advancement Of Profundus Tendon, With Intact Superficialis Tendon; Secondary Without Free Graft, Each Tendon	No
26390	Excision Flexor Tendon, With Implantation Of Synthetic Rod For Delayed Tendon Graft, Hand Or Finger, Each Rod	No

Procedure Code	Description	Prior Auth Required
26392	Removal Of Synthetic Rod And Insertion Of Flexor Tendon Graft, Hand Or Finger (Includes Obtaining Graft), Each Rod	No
26410	Repair, Extensor Tendon, Hand, Primary Or Secondary; Without Free Graft, Each Tendon	No
26412	Repair, Extensor Tendon, Hand, Primary Or Secondary; With Free Graft (Includes Obtaining Graft), Each Tendon	No
26415	Excision Of Extensor Tendon, With Implantation Of Synthetic Rod For Delayed Tendon Graft, Hand Or Finger, Each Rod	No
26416	Removal Of Synthetic Rod And Insertion Of Extensor Tendon Graft (Includes Obtaining Graft), Hand Or Finger, Each Rod	No
26418	Repair, Extensor Tendon, Finger, Primary Or Secondary; Without Free Graft, Each Tendon	No
26420	Repair, Extensor Tendon, Finger, Primary Or Secondary; With Free Graft (Includes Obtaining Graft) Each Tendon	No
26426	Repair Of Extensor Tendon, Central Slip, Secondary (eg, Boutonniere Deformity); Using Local Tissue(s), Including Lateral Band(s), Each Finger	No
26428	Repair Of Extensor Tendon, Central Slip, Secondary (eg, Boutonniere Deformity); With Free Graft (Includes Obtaining Graft), Each Finger	No
26432	Closed Treatment Of Distal Extensor Tendon Insertion, With Or Without Percutaneous Pinning (eg, Mallet Finger)	No
26433	Repair Of Extensor Tendon, Distal Insertion, Primary Or Secondary; Without Graft (eg, Mallet Finger)	No
26434	Repair Of Extensor Tendon, Distal Insertion, Primary Or Secondary; With Free Graft (Includes Obtaining Graft)	No
26437	Realignment Of Extensor Tendon, Hand, Each Tendon	No
26440	Tenolysis, Flexor Tendon; Palm Or Finger, Each Tendon	No
26442	Tenolysis, Flexor Tendon; Palm And Finger, Each Tendon	No
26445	Tenolysis, Extensor Tendon, Hand Or Finger, Each Tendon	No
26449	Tenolysis, Complex, Extensor Tendon, Finger, Including Forearm, Each Tendon	No
26450	Tenotomy, Flexor, Palm, Open, Each Tendon	No
26455	Tenotomy, Flexor, Finger, Open, Each Tendon	No
26460	Tenotomy, Extensor, Hand Or Finger, Open, Each Tendon	No
26471	Tenodesis; Of Proximal Interphalangeal Joint, Each Joint	No
26474	Tenodesis; Of Distal Joint, Each Joint	No
26476	Lengthening Of Tendon, Extensor, Hand Or Finger, Each Tendon	No
26477	Shortening Of Tendon, Extensor, Hand Or Finger, Each Tendon	No
26478	Lengthening Of Tendon, Flexor, Hand Or Finger, Each Tendon	No
26479	Shortening Of Tendon, Flexor, Hand Or Finger, Each Tendon	No
26480	Transfer Or Transplant Of Tendon, Carpometacarpal Area Or Dorsum Of Hand; Without Free Graft, Each Tendon	No
26483	Transfer Or Transplant Of Tendon, Carpometacarpal Area Or Dorsum Of Hand; With Free Tendon Graft (Includes Obtaining Graft), Each Tendon	No
26485	Transfer Or Transplant Of Tendon, Palmar; Without Free Tendon Graft, Each Tendon	No
26489	Transfer Or Transplant Of Tendon, Palmar; With Free Tendon Graft (Includes Obtaining Graft), Each Tendon	No
26490	Opponensplasty; Superficialis Tendon Transfer Type, Each Tendon	No
26492	Opponensplasty; Tendon Transfer With Graft (Includes Obtaining Graft), Each Tendon	No
26494	Opponensplasty; Hypothenar Muscle Transfer	No
26496	Opponensplasty; Other Methods	No
26497	Transfer Of Tendon To Restore Intrinsic Function; Ring And Small Finger	No
26498	Transfer Of Tendon To Restore Intrinsic Function; All 4 Fingers	No
26499	Correction Claw Finger, Other Methods	No
26500	Reconstruction Of Tendon Pulley, Each Tendon; With Local Tissues (Separate Procedure)	No
26502	Reconstruction Of Tendon Pulley, Each Tendon; With Tendon Or Fascial Graft (Includes Obtaining Graft) (Separate Procedure)	No
26508	Release Of Thenar Muscle(s) (eg, Thumb Contracture)	No
26510	Cross Intrinsic Transfer, Each Tendon	No
26516	Capsulodesis, Metacarpophalangeal Joint; Single Digit	No
26517	Capsulodesis, Metacarpophalangeal Joint; 2 Digits	No
26518	Capsulodesis, Metacarpophalangeal Joint; 3 Or 4 Digits	No
26520	Capsulectomy Or Capsulotomy; Metacarpophalangeal Joint, Each Joint	No
26525	Capsulectomy Or Capsulotomy; Interphalangeal Joint, Each Joint	No
26530	Arthroplasty, Metacarpophalangeal Joint; Each Joint	No
26531	Arthroplasty, Metacarpophalangeal Joint; With Prosthetic Implant, Each Joint	No
26535	Arthroplasty, Interphalangeal Joint; Each Joint	No
26536	Arthroplasty, Interphalangeal Joint; With Prosthetic Implant, Each Joint	No
26540	Repair Of Collateral Ligament, Metacarpophalangeal Or Interphalangeal Joint	No
26541	Reconstruction, Collateral Ligament, Metacarpophalangeal Joint, Single; With Tendon Or Fascial Graft (Includes Obtaining Graft)	No
26542	Reconstruction, Collateral Ligament, Metacarpophalangeal Joint, Single; With Local Tissue (eg, Adductor Advancement)	No
26545	Reconstruction, Collateral Ligament, Interphalangeal Joint, Single, Including Graft, Each Joint	No
26546	Repair Non-Union, Metacarpal Or Phalanx (Includes Obtaining Bone Graft With Or Without External Or Internal Fixation)	No

Procedure Code	Description	Prior Auth Required
26548	Repair And Reconstruction, Finger, Volar Plate, Interphalangeal Joint	No
26550	Pollicization Of A Digit	No
26551	Transfer, Toe-To-Hand With Microvascular Anastomosis; Great Toe Wrap-Around With Bone Graft	No
26553	Transfer, Toe-To-Hand With Microvascular Anastomosis; Other Than Great Toe, Single	No
26554	Transfer, Toe-To-Hand With Microvascular Anastomosis; Other Than Great Toe, Double	No
26555	Transfer, Finger To Another Position Without Microvascular Anastomosis	No
26556	Transfer, Free Toe Joint, With Microvascular Anastomosis	No
26560	Repair Of Syndactyly (Web Finger) Each Web Space; With Skin Flaps	No
26561	Repair Of Syndactyly (Web Finger) Each Web Space; With Skin Flaps And Grafts	No
26562	Repair Of Syndactyly (Web Finger) Each Web Space; Complex (eg, Involving Bone, Nails)	No
26565	Osteotomy; Metacarpal, Each	No
26567	Osteotomy; Phalanx Of Finger, Each	No
26568	Osteoplasty, Lengthening, Metacarpal Or Phalanx	No
26580	Repair Cleft Hand	No
26587	Reconstruction Of Polydactylous Digit, Soft Tissue And Bone	No
26590	Repair Macrodactylia, Each Digit	No
26591	Repair, Intrinsic Muscles Of Hand, Each Muscle	No
26593	Release, Intrinsic Muscles Of Hand, Each Muscle	No
26596	Excision Of Constricting Ring Of Finger, With Multiple Z-Plasties	No
26600	Closed Treatment Of Metacarpal Fracture, Single; Without Manipulation, Each Bone	No
26605	Closed Treatment Of Metacarpal Fracture, Single; With Manipulation, Each Bone	No
26607	Closed Treatment Of Metacarpal Fracture, With Manipulation, With External Fixation, Each Bone	No
26608	Percutaneous Skeletal Fixation Of Metacarpal Fracture, Each Bone	No
26615	Open Treatment Of Metacarpal Fracture, Single, Includes Internal Fixation, When Performed, Each Bone	No
26641	Closed Treatment Of Carpometacarpal Dislocation, Thumb, With Manipulation	No
26645	Closed Treatment Of Carpometacarpal Fracture Dislocation, Thumb (Bennett Fracture), With Manipulation	No
26650	Percutaneous Skeletal Fixation Of Carpometacarpal Fracture Dislocation, Thumb (Bennett Fracture), With Manipulation	No
26665	Open Treatment Of Carpometacarpal Fracture Dislocation, Thumb (Bennett Fracture), Includes Internal Fixation, When Performed	No
26670	Closed Treatment Of Carpometacarpal Dislocation, Other Than Thumb, With Manipulation, Each Joint; Without Anesthesia	No
26675	Closed Treatment Of Carpometacarpal Dislocation, Other Than Thumb, With Manipulation, Each Joint; Requiring Anesthesia	No
26676	Percutaneous Skeletal Fixation Of Carpometacarpal Dislocation, Other Than Thumb, With Manipulation, Each Joint	No
26685	Open Treatment Of Carpometacarpal Dislocation, Other Than Thumb; Includes Internal Fixation, When Performed, Each Joint	No
26686	Open Treatment Of Carpometacarpal Dislocation, Other Than Thumb; Complex, Multiple, Or Delayed Reduction	No
26700	Closed Treatment Of Metacarpophalangeal Dislocation, Single, With Manipulation; Without Anesthesia	No
26705	Closed Treatment Of Metacarpophalangeal Dislocation, Single, With Manipulation; Requiring Anesthesia	No
26706	Percutaneous Skeletal Fixation Of Metacarpophalangeal Dislocation, Single, With Manipulation	No
26715	Open Treatment Of Metacarpophalangeal Dislocation, Single, Includes Internal Fixation, When Performed	No
26720	Closed Treatment Of Phalangeal Shaft Fracture, Proximal Or Middle Phalanx, Finger Or Thumb; Without Manipulation, Each	No
26725	Closed Treatment Of Phalangeal Shaft Fracture, Proximal Or Middle Phalanx, Finger Or Thumb; With Manipulation, With Or Without Skin Or Skeletal Traction, Each	No
26727	Percutaneous Skeletal Fixation Of Unstable Phalangeal Shaft Fracture, Proximal Or Middle Phalanx, Finger Or Thumb, With Manipulation, Each	No
26735	Open Treatment Of Phalangeal Shaft Fracture, Proximal Or Middle Phalanx, Finger Or Thumb, Includes Internal Fixation, When Performed, Each	No
26740	Closed Treatment Of Articular Fracture, Involving Metacarpophalangeal Or Interphalangeal Joint; Without Manipulation, Each	No
26742	Closed Treatment Of Articular Fracture, Involving Metacarpophalangeal Or Interphalangeal Joint; With Manipulation, Each	No
26746	Open Treatment Of Articular Fracture, Involving Metacarpophalangeal Or Interphalangeal Joint, Includes Internal Fixation, When Performed, Each	No
26750	Closed Treatment Of Distal Phalangeal Fracture, Finger Or Thumb; Without Manipulation, Each	No
26755	Closed Treatment Of Distal Phalangeal Fracture, Finger Or Thumb; With Manipulation, Each	No
26756	Percutaneous Skeletal Fixation Of Distal Phalangeal Fracture, Finger Or Thumb, Each	No
26765	Open Treatment Of Distal Phalangeal Fracture, Finger Or Thumb, Includes Internal Fixation, When Performed, Each	No
26770	Closed Treatment Of Interphalangeal Joint Dislocation, Single, With Manipulation; Without Anesthesia	No

Procedure Code	Description	Prior Auth Required
26775	Closed Treatment Of Interphalangeal Joint Dislocation, Single, With Manipulation; Requiring Anesthesia	No
26776	Percutaneous Skeletal Fixation Of Interphalangeal Joint Dislocation, Single, With Manipulation	No
26785	Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed, Single	No
26820	Fusion In Opposition, Thumb, With Autogenous Graft (Includes Obtaining Graft)	No
26841	Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixation;	No
26842	Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft)	No
26843	Arthrodesis, Carpometacarpal Joint, Digit, Other Than Thumb, Each;	No
26844	Arthrodesis, Carpometacarpal Joint, Digit, Other Than Thumb, Each; With Autograft (Includes Obtaining Graft)	No
26850	Arthrodesis, Metacarpophalangeal Joint, With Or Without Internal Fixation;	No
26852	Arthrodesis, Metacarpophalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft)	No
26860	Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation;	No
26861	Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; Each Additional Interphalangeal Joint (List Separately In Addition To Code For Primary Procedure)	No
26862	Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft)	No
26863	Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional Joint (List Separately In Addition To Code For Primary Procedure)	No
26910	Amputation, Metacarpal, With Finger Or Thumb (Ray Amputation), Single, With Or Without Interosseous Transfer	No
26951	Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectomies; With Direct Closure	No
26952	Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectomies; With Local Advancement Flaps (V-Y, Hood)	No
26989	Unlisted Procedure, Hands Or Fingers	Yes
26990	Incision And Drainage, Pelvis Or Hip Joint Area; Deep Abscess Or Hematoma	No
26991	Incision And Drainage, Pelvis Or Hip Joint Area; Infected Bursa	No
26992	Incision, Bone Cortex, Pelvis And/Or Hip Joint (eg, Osteomyelitis Or Bone Abscess)	No
27000	Tenotomy, Adductor Of Hip, Percutaneous (Separate Procedure)	No
27001	Tenotomy, Adductor Of Hip, Open	No
27003	Tenotomy, Adductor, Subcutaneous, Open, With Obturator Neurectomy	No
27005	Tenotomy, Hip Flexor(s), Open (Separate Procedure)	No
27006	Tenotomy, Abductors And/Or Extensor(s) Of Hip, Open (Separate Procedure)	No
27025	Fasciotomy, Hip Or Thigh, Any Type	No
27027	Decompression Fasciotomy(Ies), Pelvic (Buttock) Compartment(s) (eg, Gluteus Medius-Minimus, Gluteus Maximus, Iliopsoas, And/Or Tensor Fascia Lata Muscle), Unilateral	No
27030	Arthrotomy, Hip, With Drainage (eg, Infection)	No
27033	Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign Body	No
27035	Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves	No
27036	Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic Bone, With Release Of Hip Flexor Muscles (Ie, Gluteus Medius, Gluteus Minimus, Tensor Fascia Latae, Rectus Femoris, Sartorius, Iliopsoas)	No
27040	Biopsy, Soft Tissue Of Pelvis And Hip Area; Superficial	No
27041	Biopsy, Soft Tissue Of Pelvis And Hip Area; Deep, Subfascial Or Intramuscular	No
27043	Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; 3 Cm Or Greater	No
27045	Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subfascial (eg, Intramuscular); 5 Cm Or Greater	No
27047	Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm	No
27048	Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subfascial (eg, Intramuscular); Less Than 5 Cm	Yes
27049	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Pelvis And Hip Area; Less Than 5 Cm	No
27050	Arthrotomy, With Biopsy; Sacroiliac Joint	No
27052	Arthrotomy, With Biopsy; Hip Joint	No
27054	Arthrotomy With Synovectomy, Hip Joint	No
27057	Decompression Fasciotomy(Ies), Pelvic (Buttock) Compartment(s) (eg, Gluteus Medius-Minimus, Gluteus Maximus, Iliopsoas, And/Or Tensor Fascia Lata Muscle) With Debridement Of Nonviable Muscle, Unilateral	No
27059	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater	No
27060	Excision; Ischial Bursa	No
27062	Excision; Trochanteric Bursa Or Calcification	No
27065	Excision Of Bone Cyst Or Benign Tumor, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur; Superficial, Includes Autograft, When Performed	No
27066	Excision Of Bone Cyst Or Benign Tumor, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur; Deep (Subfascial), Includes Autograft, When Performed	No
27067	Excision Of Bone Cyst Or Benign Tumor, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur; With Autograft Requiring Separate Incision	No

Procedure Code	Description	Prior Auth Required
27070	Partial Excision, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur, (Craterization, Saucerization) (eg, Osteomyelitis Or Bone Abscess); Superficial	No
27071	Partial Excision, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur, (Craterization, Saucerization) (eg, Osteomyelitis Or Bone Abscess); Deep (Subfascial Or Intramuscular)	No
27075	Radical Resection Of Tumor; Wing Of Ilium, 1 Pubic Or Ischial Ramus Or Symphysis Pubis	No
27076	Radical Resection Of Tumor; Ilium, Including Acetabulum, Both Pubic Rami, Or Ischium And Acetabulum	No
27077	Radical Resection Of Tumor; Innominate Bone, Total	No
27078	Radical Resection Of Tumor; Ischial Tuberosity And Greater Trochanter Of Femur	No
27080	Coccygectomy, Primary	No
27086	Removal Of Foreign Body, Pelvis Or Hip; Subcutaneous Tissue	No
27087	Removal Of Foreign Body, Pelvis Or Hip; Deep (Subfascial Or Intramuscular)	No
27090	Removal Of Hip Prosthesis; (Separate Procedure)	No
27091	Removal Of Hip Prosthesis; Complicated, Including Total Hip Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer	No
27093	Injection Procedure For Hip Arthrography; Without Anesthesia	No
27095	Injection Procedure For Hip Arthrography; With Anesthesia	No
27096	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed	No
27097	Release Or Recession, Hamstring, Proximal	No
27098	Transfer, Adductor To Ischium	No
27100	Transfer External Oblique Muscle To Greater Trochanter Including Fascial Or Tendon Extension (Graft)	No
27105	Transfer Paraspinal Muscle To Hip (Includes Fascial Or Tendon Extension Graft)	No
27110	Transfer Iliopsoas; To Greater Trochanter Of Femur	No
27111	Transfer Iliopsoas; To Femoral Neck	No
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, Or Cup Type)	No
27122	Acetabuloplasty; Resection, Femoral Head (eg, Girdlestone Procedure)	No
27125	Hemiarthroplasty, Hip, Partial (eg, Femoral Stem Prosthesis, Bipolar Arthroplasty)	No
27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft	Yes
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without Autograft Or Allograft	Yes
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft Or Allograft	Yes
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without Autograft Or Allograft	Yes
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without Allograft	Yes
27140	Osteotomy And Transfer Of Greater Trochanter Of Femur (Separate Procedure)	No
27146	Osteotomy, Iliac, Acetabular Or Innominate Bone;	No
27147	Osteotomy, Iliac, Acetabular Or Innominate Bone; With Open Reduction Of Hip	No
27151	Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy	No
27156	Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy And With Open Reduction Of Hip	No
27158	Osteotomy, Pelvis, Bilateral (eg, Congenital Malformation)	No
27161	Osteotomy, Femoral Neck (Separate Procedure)	No
27165	Osteotomy, Intertrochanteric Or Subtrochanteric Including Internal Or External Fixation And/Or Cast	No
27170	Bone Graft, Femoral Head, Neck, Intertrochanteric Or Subtrochanteric Area (Includes Obtaining Bone Graft)	No
27175	Treatment Of Slipped Femoral Epiphysis; By Traction, Without Reduction	No
27176	Treatment Of Slipped Femoral Epiphysis; By Single Or Multiple Pinning, In Situ	No
27177	Open Treatment Of Slipped Femoral Epiphysis; Single Or Multiple Pinning Or Bone Graft (Includes Obtaining Graft)	No
27178	Open Treatment Of Slipped Femoral Epiphysis; Closed Manipulation With Single Or Multiple Pinning	No
27179	Open Treatment Of Slipped Femoral Epiphysis; Osteoplasty Of Femoral Neck (Heyman Type Procedure)	No
27181	Open Treatment Of Slipped Femoral Epiphysis; Osteotomy And Internal Fixation	No
27185	Epiphyseal Arrest By Epiphysiodesis Or Stapling, Greater Trochanter Of Femur	No
27187	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate, Femoral Neck And Proximal Femur	No
27197	Closed Treatment Of Posterior Pelvic Ring Fracture(S), Dislocation(S), Diastasis Or Subluxation Of The Ilium, Sacroiliac Joint, And/Or Sacrum, With Or Without Anterior Pelvic Ring Fracture(S) And/Or Dislocation(S) Of The Pubic Symphysis And/Or Superior/In	No
27198	Closed Treatment Of Posterior Pelvic Ring Fracture(S), Dislocation(S), Diastasis Or Subluxation Of The Ilium, Sacroiliac Joint, And/Or Sacrum, With Or Without Anterior Pelvic Ring Fracture(S) And/Or Dislocation(S) Of The Pubic Symphysis And/Or Superior/In	No
27200	Closed Treatment Of Coccygeal Fracture	No
27202	Open Treatment Of Coccygeal Fracture	No

Procedure Code	Description	Prior Auth Required
27215	Open Treatment Of Iliac Spine(s), Tuberosity Avulsion, Or Iliac Wing Fracture(s), Unilateral, For Pelvic Bone Fracture Patterns That Do Not Disrupt The Pelvic Ring, Includes Internal Fixation, When Performed	No
27216	Percutaneous Skeletal Fixation Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns That Disrupt The Pelvic Ring, Unilateral (Includes Ipsilateral Ilium, Sacroiliac Joint And/Or Sacrum)	No
27217	Open Treatment Of Anterior Pelvic Bone Fracture And/Or Dislocation For Fracture Patterns That Disrupt The Pelvic Ring, Unilateral, Includes Internal Fixation, When Performed (Includes Pubic Symphysis And/Or Ipsilateral Superior/Inferior Rami)	No
27218	Open Treatment Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns That Disrupt The Pelvic Ring, Unilateral, Includes Internal Fixation, When Performed (Includes Ipsilateral Ilium, Sacroiliac Joint And/Or Sacrum)	No
27220	Closed Treatment Of Acetabulum (Hip Socket) Fracture(s); Without Manipulation	No
27222	Closed Treatment Of Acetabulum (Hip Socket) Fracture(s); With Manipulation, With Or Without Skeletal Traction	No
27226	Open Treatment Of Posterior Or Anterior Acetabular Wall Fracture, With Internal Fixation	No
27227	Open Treatment Of Acetabular Fracture(s) Involving Anterior Or Posterior (One) Column, Or A Fracture Running Transversely Across The Acetabulum, With Internal Fixation	No
27228	Open Treatment Of Acetabular Fracture(S) Involving Anterior And Posterior (Two) Columns, Includes T-Fracture And Both Column Fracture With Complete Articular Detachment, Or Single Column Or Transverse Fracture With Associated Acetabular Wall Fracture, Wit	No
27230	Closed Treatment Of Femoral Fracture, Proximal End, Neck; Without Manipulation	No
27232	Closed Treatment Of Femoral Fracture, Proximal End, Neck; With Manipulation, With Or Without Skeletal Traction	No
27235	Percutaneous Skeletal Fixation Of Femoral Fracture, Proximal End, Neck	No
27236	Open Treatment Of Femoral Fracture, Proximal End, Neck, Internal Fixation Or Prosthetic Replacement	No
27238	Closed Treatment Of Intertrochanteric, Peritrochanteric, Or Subtrochanteric Femoral Fracture; Without Manipulation	No
27240	Closed Treatment Of Intertrochanteric, Peritrochanteric, Or Subtrochanteric Femoral Fracture; With Manipulation, With Or Without Skin Or Skeletal Traction	No
27244	Treatment Of Intertrochanteric, Peritrochanteric, Or Subtrochanteric Femoral Fracture; With Plate/Screw Type Implant, With Or Without Cerclage	No
27245	Treatment Of Intertrochanteric, Peritrochanteric, Or Subtrochanteric Femoral Fracture; With Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage	No
27246	Closed Treatment Of Greater Trochanteric Fracture, Without Manipulation	No
27248	Open Treatment Of Greater Trochanteric Fracture, Includes Internal Fixation, When Performed	No
27250	Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia	No
27252	Closed Treatment Of Hip Dislocation, Traumatic; Requiring Anesthesia	No
27253	Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation	No
27254	Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation	No
27256	Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation	No
27257	Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; With Manipulation, Requiring Anesthesia	No
27258	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc);	No
27259	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc); With Femoral Shaft Shortening	No
27265	Closed Treatment Of Post Hip Arthroplasty Dislocation; Without Anesthesia	No
27266	Closed Treatment Of Post Hip Arthroplasty Dislocation; Requiring Regional Or General Anesthesia	No
27267	Closed Treatment Of Femoral Fracture, Proximal End, Head; Without Manipulation	No
27268	Closed Treatment Of Femoral Fracture, Proximal End, Head; With Manipulation	No
27269	Open Treatment Of Femoral Fracture, Proximal End, Head, Includes Internal Fixation, When Performed	No
27275	Manipulation, Hip Joint, Requiring General Anesthesia	No
27278	Arthrodesis, Sacroiliac Joint, Percutaneous Or Minimally Invasive, With Image Guidance, Includes Obtaining Bone Graft When Performed, Unilateral; Placement Of Intra-Articular Device(S), Without Cortical Piercing	No
27279	Arthrodesis, Sacroiliac Joint, Percutaneous Or Minimally Invasive, With Image Guidance, Includes Obtaining Bone Graft When Performed, Unilateral; Placement Of Transarticular Device(S) And/Or Intra-Articular Device(S) Piercing The Lateral Or Medial Cortice	Yes
27280	Arthrodesis, Sacroiliac Joint, Open, Includes Obtaining Bone Graft, Including Instrumentation, When Performed	No
27282	Arthrodesis, Symphysis Pubis (Including Obtaining Graft)	No
27284	Arthrodesis, Hip Joint (Including Obtaining Graft);	No
27286	Arthrodesis, Hip Joint (Including Obtaining Graft); With Subtrochanteric Osteotomy	No
27290	Interpelviabdominal Amputation (Hindquarter Amputation)	No
27295	Disarticulation Of Hip	No

Procedure Code	Description	Prior Auth Required
27299	Unlisted Procedure, Pelvis Or Hip Joint	Yes
27301	Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region	No
27303	Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (eg, Osteomyelitis Or Bone Abscess)	No
27305	Fasciotomy, Iliotibial (Tenotomy), Open	No
27306	Tenotomy, Percutaneous, Adductor Or Hamstring; Single Tendon (Separate Procedure)	No
27307	Tenotomy, Percutaneous, Adductor Or Hamstring; Multiple Tendons	No
27310	Arthrotomy, Knee, With Exploration, Drainage, Or Removal Of Foreign Body (eg, Infection)	No
27323	Biopsy, Soft Tissue Of Thigh Or Knee Area; Superficial	No
27324	Biopsy, Soft Tissue Of Thigh Or Knee Area; Deep (Subfascial Or Intramuscular)	No
27325	Neurectomy, Hamstring Muscle	No
27326	Neurectomy, Popliteal (Gastrocnemius)	No
27327	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm	No
27328	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (eg, Intramuscular); Less Than 5 Cm	Yes
27329	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Thigh Or Knee Area; Less Than 5 Cm	No
27330	Arthrotomy, Knee; With Synovial Biopsy Only	No
27331	Arthrotomy, Knee; Including Joint Exploration, Biopsy, Or Removal Of Loose Or Foreign Bodies	No
27332	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial Or Lateral	No
27333	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial And Lateral	No
27334	Arthrotomy, With Synovectomy, Knee; Anterior Or Posterior	No
27335	Arthrotomy, With Synovectomy, Knee; Anterior And Posterior Including Popliteal Area	No
27337	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; 3 Cm Or Greater	No
27339	Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (eg, Intramuscular); 5 Cm Or Greater	No
27340	Excision, Prepatellar Bursa	No
27345	Excision Of Synovial Cyst Of Popliteal Space (eg, Baker's Cyst)	No
27347	Excision Of Lesion Of Meniscus Or Capsule (eg, Cyst, Ganglion), Knee	No
27350	Patellectomy Or Hemipatellectomy	No
27355	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur;	No
27356	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Allograft	No
27357	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Autograft (Includes Obtaining Graft)	No
27358	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Internal Fixation (List In Addition To Code For Primary Procedure)	No
27360	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Femur, Proximal Tibia And/Or Fibula (eg, Osteomyelitis Or Bone Abscess)	No
27364	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Thigh Or Knee Area; 5 Cm Or Greater	No
27365	Radical Resection Of Tumor, Femur Or Knee	No
27369	Injection Procedure For Contrast Knee Arthrography Or Contrast Enhanced Ct/MRI Knee Arthrography	No
27372	Removal Of Foreign Body, Deep, Thigh Region Or Knee Area	No
27380	Suture Of Infrapatellar Tendon; Primary	No
27381	Suture Of Infrapatellar Tendon; Secondary Reconstruction, Including Fascial Or Tendon Graft	No
27385	Suture Of Quadriceps Or Hamstring Muscle Rupture; Primary	No
27386	Suture Of Quadriceps Or Hamstring Muscle Rupture; Secondary Reconstruction, Including Fascial Or Tendon Graft	No
27390	Tenotomy, Open, Hamstring, Knee To Hip; Single Tendon	No
27391	Tenotomy, Open, Hamstring, Knee To Hip; Multiple Tendons, 1 Leg	No
27392	Tenotomy, Open, Hamstring, Knee To Hip; Multiple Tendons, Bilateral	No
27393	Lengthening Of Hamstring Tendon; Single Tendon	No
27394	Lengthening Of Hamstring Tendon; Multiple Tendons, 1 Leg	No
27395	Lengthening Of Hamstring Tendon; Multiple Tendons, Bilateral	No
27396	Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (eg, Extensor To Flexor); Single Tendon	No
27397	Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (eg, Extensor To Flexor); Multiple Tendons	No
27400	Transfer, Tendon Or Muscle, Hamstrings To Femur (eg, Egger's Type Procedure)	No
27403	Arthrotomy With Meniscus Repair, Knee	No
27405	Repair, Primary, Torn Ligament And/Or Capsule, Knee; Collateral	No
27407	Repair, Primary, Torn Ligament And/Or Capsule, Knee; Cruciate	No
27409	Repair, Primary, Torn Ligament And/Or Capsule, Knee; Collateral And Cruciate Ligaments	No
27412	Autologous Chondrocyte Implantation, Knee	No
27415	Osteochondral Allograft, Knee, Open	No
27416	Osteochondral Autograft(s), Knee, Open (eg, Mosaicplasty) (Includes Harvesting Of Autograft[s])	No
27418	Anterior Tibial Tubercleplasty (eg, Maquet Type Procedure)	Yes
27420	Reconstruction Of Dislocating Patella; (eg, Hauser Type Procedure)	Yes
27422	Reconstruction Of Dislocating Patella; With Extensor Realignment And/Or Muscle Advancement Or Release (eg, Campbell, Goldwaite Type Procedure)	Yes
27424	Reconstruction Of Dislocating Patella; With Patellectomy	Yes
27425	Lateral Retinacular Release, Open	Yes

Procedure Code	Description	Prior Auth Required
27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular	Yes
27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular (Open)	Yes
27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular (Open) And Extra-Articular	Yes
27430	Quadricepsplasty (eg, Bennett Or Thompson Type)	No
27435	Capsulotomy, Posterior Capsular Release, Knee	No
27437	Arthroplasty, Patella; Without Prosthesis	Yes
27438	Arthroplasty, Patella; With Prosthesis	Yes
27440	Arthroplasty, Knee, Tibial Plateau;	Yes
27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy	Yes
27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(s), Knee;	Yes
27443	Arthroplasty, Femoral Condyles Or Tibial Plateau(s), Knee; With Debridement And Partial Synovectomy	Yes
27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment	Yes
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)	Yes
27448	Osteotomy, Femur, Shaft Or Supracondylar; Without Fixation	No
27450	Osteotomy, Femur, Shaft Or Supracondylar; With Fixation	No
27454	Osteotomy, Multiple, With Realignment On Intramedullary Rod, Femoral Shaft (eg, Sofield Type Procedure)	No
27455	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus [Bowleg] Or Genu Valgus [Knock-Knee]); Before Epiphyseal Closure	Yes
27457	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus [Bowleg] Or Genu Valgus [Knock-Knee]); After Epiphyseal Closure	Yes
27458	Osteotomy(Ies), Femur, Unilateral, With Insertion Of An Externally Controlled Intramedullary Lengthening Device, Including Iliotibial Band Release When Performed, Imaging, Alignment Assessments, Computations Of Adjustment Schedules, And	Yes
27465	Osteoplasty, Femur; Shortening (Excluding 64876)	No
27466	Osteoplasty, Femur; Lengthening	No
27470	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (eg, Compression Technique)	No
27472	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	No
27475	Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur	No
27477	Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal	No
27479	Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula	No
27485	Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus)	No
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	Yes
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component	Yes
27488	Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee	No
27495	Prophylactic Treatment (Nailing, Pinning, Plating, Or Wiring) With Or Without Methylmethacrylate, Femur	No
27496	Decompression Fasciotomy, Thigh And/Or Knee, 1 Compartment (Flexor Or Extensor Or Adductor);	No
27497	Decompression Fasciotomy, Thigh And/Or Knee, 1 Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve	No
27498	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments;	No
27499	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve	No
27500	Closed Treatment Of Femoral Shaft Fracture, Without Manipulation	No
27501	Closed Treatment Of Supracondylar Or Transcondylar Femoral Fracture With Or Without Intercondylar Extension, Without Manipulation	No
27502	Closed Treatment Of Femoral Shaft Fracture, With Manipulation, With Or Without Skin Or Skeletal Traction	No
27503	Closed Treatment Of Supracondylar Or Transcondylar Femoral Fracture With Or Without Intercondylar Extension, With Manipulation, With Or Without Skin Or Skeletal Traction	No
27506	Open Treatment Of Femoral Shaft Fracture, With Or Without External Fixation, With Insertion Of Intramedullary Implant, With Or Without Cerclage And/Or Locking Screws	No
27507	Open Treatment Of Femoral Shaft Fracture With Plate/Screws, With Or Without Cerclage	No
27508	Closed Treatment Of Femoral Fracture, Distal End, Medial Or Lateral Condyle, Without Manipulation	No
27509	Percutaneous Skeletal Fixation Of Femoral Fracture, Distal End, Medial Or Lateral Condyle, Or Supracondylar Or Transcondylar, With Or Without Intercondylar Extension, Or Distal Femoral Epiphyseal Separation	No
27510	Closed Treatment Of Femoral Fracture, Distal End, Medial Or Lateral Condyle, With Manipulation	No
27511	Open Treatment Of Femoral Supracondylar Or Transcondylar Fracture Without Intercondylar Extension, Includes Internal Fixation, When Performed	No
27513	Open Treatment Of Femoral Supracondylar Or Transcondylar Fracture With Intercondylar Extension, Includes Internal Fixation, When Performed	No

Procedure Code	Description	Prior Auth Required
27514	Open Treatment Of Femoral Fracture, Distal End, Medial Or Lateral Condyle, Includes Internal Fixation, When Performed	No
27516	Closed Treatment Of Distal Femoral Epiphyseal Separation; Without Manipulation	No
27517	Closed Treatment Of Distal Femoral Epiphyseal Separation; With Manipulation, With Or Without Skin Or Skeletal Traction	No
27519	Open Treatment Of Distal Femoral Epiphyseal Separation, Includes Internal Fixation, When Performed	No
27520	Closed Treatment Of Patellar Fracture, Without Manipulation	No
27524	Open Treatment Of Patellar Fracture, With Internal Fixation And/Or Partial Or Complete Patellectomy And Soft Tissue Repair	No
27530	Closed Treatment Of Tibial Fracture, Proximal (Plateau); Without Manipulation	No
27532	Closed Treatment Of Tibial Fracture, Proximal (Plateau); With Or Without Manipulation, With Skeletal Traction	No
27535	Open Treatment Of Tibial Fracture, Proximal (Plateau); Unicondylar, Includes Internal Fixation, When Performed	No
27536	Open Treatment Of Tibial Fracture, Proximal (Plateau); Bicondylar, With Or Without Internal Fixation	No
27538	Closed Treatment Of Intercondylar Spine(s) And/Or Tuberosity Fracture(s) Of Knee, With Or Without Manipulation	No
27540	Open Treatment Of Intercondylar Spine(s) And/Or Tuberosity Fracture(s) Of The Knee, Includes Internal Fixation, When Performed	No
27550	Closed Treatment Of Knee Dislocation; Without Anesthesia	No
27552	Closed Treatment Of Knee Dislocation; Requiring Anesthesia	No
27556	Open Treatment Of Knee Dislocation, Includes Internal Fixation, When Performed; Without Primary Ligamentous Repair Or Augmentation/Reconstruction	No
27557	Open Treatment Of Knee Dislocation, Includes Internal Fixation, When Performed; With Primary Ligamentous Repair	No
27558	Open Treatment Of Knee Dislocation, Includes Internal Fixation, When Performed; With Primary Ligamentous Repair, With Augmentation/Reconstruction	No
27560	Closed Treatment Of Patellar Dislocation; Without Anesthesia	No
27562	Closed Treatment Of Patellar Dislocation; Requiring Anesthesia	No
27566	Open Treatment Of Patellar Dislocation, With Or Without Partial Or Total Patellectomy	No
27570	Manipulation Of Knee Joint Under General Anesthesia (Includes Application Of Traction Or Other Fixation Devices)	No
27580	Arthrodesis, Knee, Any Technique	No
27590	Amputation, Thigh, Through Femur, Any Level;	No
27591	Amputation, Thigh, Through Femur, Any Level; Immediate Fitting Technique Including First Cast	No
27592	Amputation, Thigh, Through Femur, Any Level; Open, Circular (Guillotine)	No
27594	Amputation, Thigh, Through Femur, Any Level; Secondary Closure Or Scar Revision	No
27596	Amputation, Thigh, Through Femur, Any Level; Re-Amputation	No
27598	Disarticulation At Knee	No
27599	Unlisted Procedure, Femur Or Knee	Yes
27600	Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only	No
27601	Decompression Fasciotomy, Leg; Posterior Compartment(s) Only	No
27602	Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compartment(s)	No
27603	Incision And Drainage, Leg Or Ankle; Deep Abscess Or Hematoma	No
27604	Incision And Drainage, Leg Or Ankle; Infected Bursa	No
27605	Tenotomy, Percutaneous, Achilles Tendon (Separate Procedure); Local Anesthesia	No
27606	Tenotomy, Percutaneous, Achilles Tendon (Separate Procedure); General Anesthesia	No
27607	Incision (eg, Osteomyelitis Or Bone Abscess), Leg Or Ankle	No
27610	Arthrotomy, Ankle, Including Exploration, Drainage, Or Removal Of Foreign Body	No
27612	Arthrotomy, Posterior Capsular Release, Ankle, With Or Without Achilles Tendon Lengthening	No
27613	Biopsy, Soft Tissue Of Leg Or Ankle Area; Superficial	No
27614	Biopsy, Soft Tissue Of Leg Or Ankle Area; Deep (Subfascial Or Intramuscular)	No
27615	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Leg Or Ankle Area; Less Than 5 Cm	No
27616	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Leg Or Ankle Area; 5 Cm Or Greater	No
27618	Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subcutaneous; Less Than 3 Cm	No
27619	Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subfascial (eg, Intramuscular); Less Than 5 Cm	No
27620	Arthrotomy, Ankle, With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Loose Or Foreign Body	No
27625	Arthrotomy, With Synovectomy, Ankle;	No
27626	Arthrotomy, With Synovectomy, Ankle; Including Tenosynovectomy	No
27630	Excision Of Lesion Of Tendon Sheath Or Capsule (eg, Cyst Or Ganglion), Leg And/Or Ankle	No
27632	Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subcutaneous; 3 Cm Or Greater	No
27634	Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subfascial (eg, Intramuscular); 5 Cm Or Greater	No
27635	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula;	No
27637	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Autograft (Includes Obtaining Graft)	No
27638	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Allograft	No
27640	Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (eg, Osteomyelitis); Tibia	No

Procedure Code	Description	Prior Auth Required
27641	Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (eg, Osteomyelitis); Fibula	No
27645	Radical Resection Of Tumor; Tibia	No
27646	Radical Resection Of Tumor; Fibula	No
27647	Radical Resection Of Tumor; Talus Or Calcaneus	No
27648	Injection Procedure For Ankle Arthrography	No
27650	Repair, Primary, Open Or Percutaneous, Ruptured Achilles Tendon;	No
27652	Repair, Primary, Open Or Percutaneous, Ruptured Achilles Tendon; With Graft (Includes Obtaining Graft)	No
27654	Repair, Secondary, Achilles Tendon, With Or Without Graft	No
27656	Repair, Fascial Defect Of Leg	No
27658	Repair, Flexor Tendon, Leg; Primary, Without Graft, Each Tendon	No
27659	Repair, Flexor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	No
27664	Repair, Extensor Tendon, Leg; Primary, Without Graft, Each Tendon	No
27665	Repair, Extensor Tendon, Leg; Secondary, With Or Without Graft, Each Tendon	No
27675	Repair, Dislocating Peroneal Tendons; Without Fibular Osteotomy	No
27676	Repair, Dislocating Peroneal Tendons; With Fibular Osteotomy	No
27680	Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Single, Each Tendon	No
27681	Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Multiple Tendons (Through Separate Incision[S])	No
27685	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Single Tendon (Separate Procedure)	No
27686	Lengthening Or Shortening Of Tendon, Leg Or Ankle; Multiple Tendons (Through Same Incision), Each	No
27687	Gastrocnemius Recession (eg, Strayer Procedure)	No
27690	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Superficial (eg, Anterior Tibial Extensors Into Midfoot)	No
27691	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Deep (eg, Anterior Tibial Or Posterior Tibial Through Interosseous Space, Flexor Digitorum Longus, Flexor Hallucis Longus, Or Peroneal Tendon To Midfoot Or Hindfoot)	No
27692	Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Each Additional Tendon (List Separately In Addition To Code For Primary Procedure)	No
27695	Repair, Primary, Disrupted Ligament, Ankle; Collateral	No
27696	Repair, Primary, Disrupted Ligament, Ankle; Both Collateral Ligaments	No
27698	Repair, Secondary, Disrupted Ligament, Ankle, Collateral (eg, Watson-Jones Procedure)	No
27700	Arthroplasty, Ankle;	Yes
27702	Arthroplasty, Ankle; With Implant (Total Ankle)	Yes
27703	Arthroplasty, Ankle; Revision, Total Ankle	Yes
27704	Removal Of Ankle Implant	No
27705	Osteotomy; Tibia	No
27707	Osteotomy; Fibula	No
27709	Osteotomy; Tibia And Fibula	No
27712	Osteotomy; Multiple, With Realignment On Intramedullary Rod (eg, Sofield Type Procedure)	No
27713	Osteotomy(Ies), Tibia, Including Fibula When Performed, Unilateral, With Insertion Of An Externally Controlled Intramedullary Lengthening Device, Including Imaging, Alignment Assessments, Computations Of Adjustment Schedules, And Management Of The	Yes
27715	Osteoplasty, Tibia And Fibula, Lengthening Or Shortening	No
27720	Repair Of Nonunion Or Malunion, Tibia; Without Graft, (eg, Compression Technique)	No
27722	Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft	No
27724	Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autograft (Includes Obtaining Graft)	No
27725	Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method	No
27726	Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation	No
27727	Repair Of Congenital Pseudarthrosis, Tibia	No
27730	Arrest, Epiphyseal (Epiphysiodesis), Open; Distal Tibia	No
27732	Arrest, Epiphyseal (Epiphysiodesis), Open; Distal Fibula	No
27734	Arrest, Epiphyseal (Epiphysiodesis), Open; Distal Tibia And Fibula	No
27740	Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula;	No
27742	Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur	No
27745	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate, Tibia	No
27750	Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation	No
27752	Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction	No
27756	Percutaneous Skeletal Fixation Of Tibial Shaft Fracture (With Or Without Fibular Fracture) (eg, Pins Or Screws)	No
27758	Open Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture), With Plate/Screws, With Or Without Cerclage	No
27759	Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage	No
27760	Closed Treatment Of Medial Malleolus Fracture; Without Manipulation	No

Procedure Code	Description	Prior Auth Required
27762	Closed Treatment Of Medial Malleolus Fracture; With Manipulation, With Or Without Skin Or Skeletal Traction	No
27766	Open Treatment Of Medial Malleolus Fracture, Includes Internal Fixation, When Performed	No
27767	Closed Treatment Of Posterior Malleolus Fracture; Without Manipulation	No
27768	Closed Treatment Of Posterior Malleolus Fracture; With Manipulation	No
27769	Open Treatment Of Posterior Malleolus Fracture, Includes Internal Fixation, When Performed	No
27780	Closed Treatment Of Proximal Fibula Or Shaft Fracture; Without Manipulation	No
27781	Closed Treatment Of Proximal Fibula Or Shaft Fracture; With Manipulation	No
27784	Open Treatment Of Proximal Fibula Or Shaft Fracture, Includes Internal Fixation, When Performed	No
27786	Closed Treatment Of Distal Fibular Fracture (Lateral Malleolus); Without Manipulation	No
27788	Closed Treatment Of Distal Fibular Fracture (Lateral Malleolus); With Manipulation	No
27792	Open Treatment Of Distal Fibular Fracture (Lateral Malleolus), Includes Internal Fixation, When Performed	No
27808	Closed Treatment Of Bimalleolar Ankle Fracture (eg, Lateral And Medial Malleoli, Or Lateral And Posterior Malleoli Or Medial And Posterior Malleoli); Without Manipulation	No
27810	Closed Treatment Of Bimalleolar Ankle Fracture (eg, Lateral And Medial Malleoli, Or Lateral And Posterior Malleoli Or Medial And Posterior Malleoli); With Manipulation	No
27814	Open Treatment Of Bimalleolar Ankle Fracture (eg, Lateral And Medial Malleoli, Or Lateral And Posterior Malleoli, Or Medial And Posterior Malleoli), Includes Internal Fixation, When Performed	No
27816	Closed Treatment Of Trimalleolar Ankle Fracture; Without Manipulation	No
27818	Closed Treatment Of Trimalleolar Ankle Fracture; With Manipulation	No
27822	Open Treatment Of Trimalleolar Ankle Fracture, Includes Internal Fixation, When Performed, Medial And/Or Lateral Malleolus; Without Fixation Of Posterior Lip	No
27823	Open Treatment Of Trimalleolar Ankle Fracture, Includes Internal Fixation, When Performed, Medial And/Or Lateral Malleolus; With Fixation Of Posterior Lip	No
27824	Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (eg, Pilon Or Tibial Plafond), With Or Without Anesthesia; Without Manipulation	No
27825	Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (eg, Pilon Or Tibial Plafond), With Or Without Anesthesia; With Skeletal Traction And/Or Requiring Manipulation	No
27826	Open Treatment Of Fracture Of Weight Bearing Articular Surface/Portion Of Distal Tibia (eg, Pilon Or Tibial Plafond), With Internal Fixation, When Performed; Of Fibula Only	No
27827	Open Treatment Of Fracture Of Weight Bearing Articular Surface/Portion Of Distal Tibia (eg, Pilon Or Tibial Plafond), With Internal Fixation, When Performed; Of Tibia Only	No
27828	Open Treatment Of Fracture Of Weight Bearing Articular Surface/Portion Of Distal Tibia (eg, Pilon Or Tibial Plafond), With Internal Fixation, When Performed; Of Both Tibia And Fibula	No
27829	Open Treatment Of Distal Tibiofibular Joint (Syndesmosis) Disruption, Includes Internal Fixation, When Performed	No
27830	Closed Treatment Of Proximal Tibiofibular Joint Dislocation; Without Anesthesia	No
27831	Closed Treatment Of Proximal Tibiofibular Joint Dislocation; Requiring Anesthesia	No
27832	Open Treatment Of Proximal Tibiofibular Joint Dislocation, Includes Internal Fixation, When Performed, Or With Excision Of Proximal Fibula	No
27840	Closed Treatment Of Ankle Dislocation; Without Anesthesia	No
27842	Closed Treatment Of Ankle Dislocation; Requiring Anesthesia, With Or Without Percutaneous Skeletal Fixation	No
27846	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; Without Repair Or Internal Fixation	No
27848	Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; With Repair Or Internal Or External Fixation	No
27860	Manipulation Of Ankle Under General Anesthesia (Includes Application Of Traction Or Other Fixation Apparatus)	No
27870	Arthrodesis, Ankle, Open	No
27871	Arthrodesis, Tibiofibular Joint, Proximal Or Distal	No
27880	Amputation, Leg, Through Tibia And Fibula;	No
27881	Amputation, Leg, Through Tibia And Fibula; With Immediate Fitting Technique Including Application Of First Cast	No
27882	Amputation, Leg, Through Tibia And Fibula; Open, Circular (Guillotine)	No
27884	Amputation, Leg, Through Tibia And Fibula; Secondary Closure Or Scar Revision	No
27886	Amputation, Leg, Through Tibia And Fibula; Re-Amputation	No
27888	Amputation, Ankle, Through Malleoli Of Tibia And Fibula (eg, Syme, Pirogoff Type Procedures), With Plastic Closure And Resection Of Nerves	No
27889	Ankle Disarticulation	No
27892	Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only, With Debridement Of Nonviable Muscle And/Or Nerve	No
27893	Decompression Fasciotomy, Leg; Posterior Compartment(s) Only, With Debridement Of Nonviable Muscle And/Or Nerve	No
27894	Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compartment(s), With Debridement Of Nonviable Muscle And/Or Nerve	No
27899	Unlisted Procedure, Leg Or Ankle	Yes
28001	Incision And Drainage, Bursa, Foot	No

Procedure Code	Description	Prior Auth Required
28002	Incision And Drainage Below Fascia, With Or Without Tendon Sheath Involvement, Foot; Single Bursal Space	No
28003	Incision And Drainage Below Fascia, With Or Without Tendon Sheath Involvement, Foot; Multiple Areas	No
28005	Incision, Bone Cortex (eg, Osteomyelitis Or Bone Abscess), Foot	No
28008	Fasciotomy, Foot And/Or Toe	No
28010	Tenotomy, Percutaneous, Toe; Single Tendon	No
28011	Tenotomy, Percutaneous, Toe; Multiple Tendons	No
28020	Arthrotomy, Including Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Intertarsal Or Tarsometatarsal Joint	No
28022	Arthrotomy, Including Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Metatarsophalangeal Joint	No
28024	Arthrotomy, Including Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Interphalangeal Joint	No
28035	Release, Tarsal Tunnel (Posterior Tibial Nerve Decompression)	No
28039	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subcutaneous; 1.5 Cm Or Greater	No
28041	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subfascial (eg, Intramuscular); 1.5 Cm Or Greater	No
28043	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subcutaneous; Less Than 1.5 Cm	No
28045	Excision, Tumor, Soft Tissue Of Foot Or Toe, Subfascial (eg, Intramuscular); Less Than 1.5 Cm	Yes
28046	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Foot Or Toe; Less Than 3 Cm	No
28047	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Foot Or Toe; 3 Cm Or Greater	No
28050	Arthrotomy With Biopsy; Intertarsal Or Tarsometatarsal Joint	No
28052	Arthrotomy With Biopsy; Metatarsophalangeal Joint	No
28054	Arthrotomy With Biopsy; Interphalangeal Joint	No
28055	Neurectomy, Intrinsic Musculature Of Foot	No
28060	Fasciectomy, Plantar Fascia; Partial (Separate Procedure)	No
28062	Fasciectomy, Plantar Fascia; Radical (Separate Procedure)	No
28070	Synovectomy; Intertarsal Or Tarsometatarsal Joint, Each	No
28072	Synovectomy; Metatarsophalangeal Joint, Each	No
28080	Excision, Interdigital (Morton) Neuroma, Single, Each	No
28086	Synovectomy, Tendon Sheath, Foot; Flexor	No
28088	Synovectomy, Tendon Sheath, Foot; Extensor	No
28090	Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (eg, Cyst Or Ganglion); Foot	Yes
28092	Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (eg, Cyst Or Ganglion); Toe(s), Each	Yes
28100	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus;	No
28102	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autograft (Includes Obtaining Graft)	No
28103	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Allograft	No
28104	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus;	No
28106	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; With Iliac Or Other Autograft (Includes Obtaining Graft)	No
28107	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; With Allograft	No
28108	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges Of Foot	No
28110	Ostectomy, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure)	No
28111	Ostectomy, Complete Excision; First Metatarsal Head	No
28112	Ostectomy, Complete Excision; Other Metatarsal Head (Second, Third Or Fourth)	No
28113	Ostectomy, Complete Excision; Fifth Metatarsal Head	No
28114	Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (eg, Clayton Type Procedure)	No
28116	Ostectomy, Excision Of Tarsal Coalition	No
28118	Ostectomy, Calcaneus;	No
28119	Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release	No
28120	Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (eg, Osteomyelitis Or Bossing); Talus Or Calcaneus	No
28122	Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (eg, Osteomyelitis Or Bossing); Tarsal Or Metatarsal Bone, Except Talus Or Calcaneus	No
28124	Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (eg, Osteomyelitis Or Bossing); Phalanx Of Toe	No
28126	Resection, Partial Or Complete, Phalangeal Base, Each Toe	No
28130	Talectomy (Astragalectomy)	No
28140	Metatarsectomy	No
28150	Phalangectomy, Toe, Each Toe	No
28153	Resection, Condyle(s), Distal End Of Phalanx, Each Toe	No
28160	Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each	No
28171	Radical Resection Of Tumor; Tarsal (Except Talus Or Calcaneus)	No
28173	Radical Resection Of Tumor; Metatarsal	No
28175	Radical Resection Of Tumor; Phalanx Of Toe	No
28190	Removal Of Foreign Body, Foot; Subcutaneous	No

Procedure Code	Description	Prior Auth Required
28192	Removal Of Foreign Body, Foot; Deep	No
28193	Removal Of Foreign Body, Foot; Complicated	No
28200	Repair, Tendon, Flexor, Foot; Primary Or Secondary, Without Free Graft, Each Tendon	No
28202	Repair, Tendon, Flexor, Foot; Secondary With Free Graft, Each Tendon (Includes Obtaining Graft)	No
28208	Repair, Tendon, Extensor, Foot; Primary Or Secondary, Each Tendon	No
28210	Repair, Tendon, Extensor, Foot; Secondary With Free Graft, Each Tendon (Includes Obtaining Graft)	No
28220	Tenolysis, Flexor, Foot; Single Tendon	No
28222	Tenolysis, Flexor, Foot; Multiple Tendons	No
28225	Tenolysis, Extensor, Foot; Single Tendon	No
28226	Tenolysis, Extensor, Foot; Multiple Tendons	No
28230	Tenotomy, Open, Tendon Flexor; Foot, Single Or Multiple Tendon(s) (Separate Procedure)	No
28232	Tenotomy, Open, Tendon Flexor; Toe, Single Tendon (Separate Procedure)	No
28234	Tenotomy, Open, Extensor, Foot Or Toe, Each Tendon	No
28238	Reconstruction (Advancement), Posterior Tibial Tendon With Excision Of Accessory Tarsal Navicular Bone (eg, Kidner Type Procedure)	No
28240	Tenotomy, Lengthening, Or Release, Abductor Hallucis Muscle	No
28250	Division Of Plantar Fascia And Muscle (eg, Steindler Stripping) (Separate Procedure)	No
28260	Capsulotomy, Midfoot; Medial Release Only (Separate Procedure)	No
28261	Capsulotomy, Midfoot; With Tendon Lengthening	No
28262	Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy And Tendon(s) Lengthening (eg, Resistant Clubfoot Deformity)	No
28264	Capsulotomy, Midtarsal (eg, Heyman Type Procedure)	No
28270	Capsulotomy; Metatarsophalangeal Joint, With Or Without Tenorrhaphy, Each Joint (Separate Procedure)	No
28272	Capsulotomy; Interphalangeal Joint, Each Joint (Separate Procedure)	No
28280	Syndactylization, Toes (eg, Webbing Or Kelikian Type Procedure)	No
28285	Correction, Hammertoe (eg, Interphalangeal Fusion, Partial Or Total Phalangectomy)	Yes
28286	Correction, Cock-Up Fifth Toe, With Plastic Skin Closure (eg, Ruiz-Mora Type Procedure)	Yes
28288	Ostectomy, Partial, Exostectomy Or Condylectomy, Metatarsal Head, Each Metatarsal Head	Yes
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITHOUT IMPLANT	No
28291	Hallux Rigidus Correction With Cheilectomy, Debridement And Capsular Release Of The First Metatarsophalangeal Joint; With Implant	No
28292	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With Resection Of Proximal Phalanx Base, When Performed, Any Method	No
28295	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With Proximal Metatarsal Osteotomy, Any Method	No
28296	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With Distal Metatarsal Osteotomy, Any Method	Yes
28297	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With First Metatarsal And Medial Cuneiform Joint Arthrodesis, Any Method	No
28298	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With Proximal Phalanx Osteotomy, Any Method	No
28299	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With Double Osteotomy, Any Method	No
28300	Osteotomy; Calcaneus (eg, Dwyer Or Chambers Type Procedure), With Or Without Internal Fixation	No
28302	Osteotomy; Talus	No
28304	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus;	No
28305	Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Includes Obtaining Graft) (eg, Fowler Type)	No
28306	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal	Yes
28307	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal With Autograft (Other Than First Toe)	No
28308	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Other Than First Metatarsal, Each	Yes
28309	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Multiple (eg, Swanson Type Cavus Foot Procedure)	No
28310	Osteotomy, Shortening, Angular Or Rotational Correction; Proximal Phalanx, First Toe (Separate Procedure)	Yes
28312	Osteotomy, Shortening, Angular Or Rotational Correction; Other Phalanges, Any Toe	Yes
28313	Reconstruction, Angular Deformity Of Toe, Soft Tissue Procedures Only (eg, Overlapping Second Toe, Fifth Toe, Curly Toes)	Yes
28315	Sesamoidectomy, First Toe (Separate Procedure)	No
28320	Repair, Nonunion Or Malunion; Tarsal Bones	No
28322	Repair, Nonunion Or Malunion; Metatarsal, With Or Without Bone Graft (Includes Obtaining Graft)	No
28340	Reconstruction, Toe, Macrodactyly; Soft Tissue Resection	Yes
28341	Reconstruction, Toe, Macrodactyly; Requiring Bone Resection	Yes

Procedure Code	Description	Prior Auth Required
28344	Reconstruction, Toe(s); Polydactyly	Yes
28345	Reconstruction, Toe(s); Syndactyly, With Or Without Skin Graft(s), Each Web	Yes
28360	Reconstruction, Cleft Foot	Yes
28400	Closed Treatment Of Calcaneal Fracture; Without Manipulation	No
28405	Closed Treatment Of Calcaneal Fracture; With Manipulation	No
28406	Percutaneous Skeletal Fixation Of Calcaneal Fracture, With Manipulation	No
28415	Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed;	No
28420	Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	No
28430	Closed Treatment Of Talus Fracture; Without Manipulation	No
28435	Closed Treatment Of Talus Fracture; With Manipulation	No
28436	Percutaneous Skeletal Fixation Of Talus Fracture, With Manipulation	No
28445	Open Treatment Of Talus Fracture, Includes Internal Fixation, When Performed	No
28446	Open Osteochondral Autograft, Talus (Includes Obtaining Graft[s])	No
28450	Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus); Without Manipulation, Each	No
28455	Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus); With Manipulation, Each	No
28456	Percutaneous Skeletal Fixation Of Tarsal Bone Fracture (Except Talus And Calcaneus), With Manipulation, Each	No
28465	Open Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus), Includes Internal Fixation, When Performed, Each	No
28470	Closed Treatment Of Metatarsal Fracture; Without Manipulation, Each	No
28475	Closed Treatment Of Metatarsal Fracture; With Manipulation, Each	No
28476	Percutaneous Skeletal Fixation Of Metatarsal Fracture, With Manipulation, Each	No
28485	Open Treatment Of Metatarsal Fracture, Includes Internal Fixation, When Performed, Each	No
28490	Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; Without Manipulation	No
28495	Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; With Manipulation	No
28496	Percutaneous Skeletal Fixation Of Fracture Great Toe, Phalanx Or Phalanges, With Manipulation	No
28505	Open Treatment Of Fracture, Great Toe, Phalanx Or Phalanges, Includes Internal Fixation, When Performed	No
28510	Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; Without Manipulation, Each	No
28515	Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; With Manipulation, Each	No
28525	Open Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe, Includes Internal Fixation, When Performed, Each	No
28530	Closed Treatment Of Sesamoid Fracture	No
28531	Open Treatment Of Sesamoid Fracture, With Or Without Internal Fixation	No
28540	Closed Treatment Of Tarsal Bone Dislocation, Other Than Talotarsal; Without Anesthesia	No
28545	Closed Treatment Of Tarsal Bone Dislocation, Other Than Talotarsal; Requiring Anesthesia	No
28546	Percutaneous Skeletal Fixation Of Tarsal Bone Dislocation, Other Than Talotarsal, With Manipulation	No
28555	Open Treatment Of Tarsal Bone Dislocation, Includes Internal Fixation, When Performed	No
28570	Closed Treatment Of Talotarsal Joint Dislocation; Without Anesthesia	No
28575	Closed Treatment Of Talotarsal Joint Dislocation; Requiring Anesthesia	No
28576	Percutaneous Skeletal Fixation Of Talotarsal Joint Dislocation, With Manipulation	No
28585	Open Treatment Of Talotarsal Joint Dislocation, Includes Internal Fixation, When Performed	No
28600	Closed Treatment Of Tarsometatarsal Joint Dislocation; Without Anesthesia	No
28605	Closed Treatment Of Tarsometatarsal Joint Dislocation; Requiring Anesthesia	No
28606	Percutaneous Skeletal Fixation Of Tarsometatarsal Joint Dislocation, With Manipulation	No
28615	Open Treatment Of Tarsometatarsal Joint Dislocation, Includes Internal Fixation, When Performed	No
28630	Closed Treatment Of Metatarsophalangeal Joint Dislocation; Without Anesthesia	No
28635	Closed Treatment Of Metatarsophalangeal Joint Dislocation; Requiring Anesthesia	No
28636	Percutaneous Skeletal Fixation Of Metatarsophalangeal Joint Dislocation, With Manipulation	No
28645	Open Treatment Of Metatarsophalangeal Joint Dislocation, Includes Internal Fixation, When Performed	No
28660	Closed Treatment Of Interphalangeal Joint Dislocation; Without Anesthesia	No
28665	Closed Treatment Of Interphalangeal Joint Dislocation; Requiring Anesthesia	No
28666	Percutaneous Skeletal Fixation Of Interphalangeal Joint Dislocation, With Manipulation	No
28675	Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed	No
28705	Arthrodesis; Pantalar	No
28715	Arthrodesis; Triple	No
28725	Arthrodesis; Subtalar	No
28730	Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse;	No
28735	Arthrodesis, Midtarsal Or Tarsometatarsal, Multiple Or Transverse; With Osteotomy (eg, Flatfoot Correction)	No
28737	Arthrodesis, With Tendon Lengthening And Advancement, Midtarsal, Tarsal Navicular-Cuneiform (eg, Miller Type Procedure)	No
28740	Arthrodesis, Midtarsal Or Tarsometatarsal, Single Joint	No
28750	Arthrodesis, Great Toe; Metatarsophalangeal Joint	No
28755	Arthrodesis, Great Toe; Interphalangeal Joint	No

Procedure Code	Description	Prior Auth Required
28760	Arthrodesis, With Extensor Hallucis Longus Transfer To First Metatarsal Neck, Great Toe, Interphalangeal Joint (eg, Jones Type Procedure)	No
28800	Amputation, Foot; Midtarsal (eg, Chopart Type Procedure)	No
28805	Amputation, Foot; Transmetatarsal	No
28810	Amputation, Metatarsal, With Toe, Single	No
28820	Amputation, Toe; Metatarsophalangeal Joint	No
28825	Amputation, Toe; Interphalangeal Joint	No
28890	Extracorporeal Shock Wave, High Energy, Performed By A Physician Or Other Qualified Health Care Professional, Requiring Anesthesia Other Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia	Yes
28899	Unlisted Procedure, Foot Or Toes	Yes
29000	Application Of Halo Type Body Cast (See 20661-20663 For Insertion)	No
29010	Application Of Risser Jacket, Localizer, Body; Only	No
29015	Application Of Risser Jacket, Localizer, Body; Including Head	No
29035	Application Of Body Cast, Shoulder To Hips;	No
29040	Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type	No
29044	Application Of Body Cast, Shoulder To Hips; Including 1 Thigh	No
29046	Application Of Body Cast, Shoulder To Hips; Including Both Thighs	No
29049	Application, Cast; Figure-Of-Eight	No
29055	Application, Cast; Shoulder Spica	No
29058	Application, Cast; Plaster Velpeau	No
29065	Application, Cast; Shoulder To Hand (Long Arm)	No
29075	Application, Cast; Elbow To Finger (Short Arm)	No
29085	Application, Cast; Hand And Lower Forearm (Gauntlet)	No
29086	Application, Cast; Finger (eg, Contracture)	No
29105	Application Of Long Arm Splint (Shoulder To Hand)	No
29125	Application Of Short Arm Splint (Forearm To Hand); Static	No
29126	Application Of Short Arm Splint (Forearm To Hand); Dynamic	No
29130	Application Of Finger Splint; Static	No
29131	Application Of Finger Splint; Dynamic	No
29200	Strapping; Thorax	No
29240	Strapping; Shoulder (eg, Velpeau)	No
29260	Strapping; Elbow Or Wrist	No
29280	Strapping; Hand Or Finger	No
29305	Application Of Hip Spica Cast; 1 Leg	No
29325	Application Of Hip Spica Cast; 1 And One-Half Spica Or Both Legs	No
29345	Application Of Long Leg Cast (Thigh To Toes);	No
29355	Application Of Long Leg Cast (Thigh To Toes); Walker Or Ambulatory Type	No
29358	Application Of Long Leg Cast Brace	No
29365	Application Of Cylinder Cast (Thigh To Ankle)	No
29405	Application Of Short Leg Cast (Below Knee To Toes);	No
29425	Application Of Short Leg Cast (Below Knee To Toes); Walking Or Ambulatory Type	No
29435	Application Of Patellar Tendon Bearing (Ptb) Cast	No
29440	Adding Walker To Previously Applied Cast	No
29445	Application Of Rigid Total Contact Leg Cast	No
29450	Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg	No
29505	Application Of Long Leg Splint (Thigh To Ankle Or Toes)	No
29515	Application Of Short Leg Splint (Calf To Foot)	No
29520	Strapping; Hip	No
29530	Strapping; Knee	No
29540	Strapping; Ankle And/Or Foot	No
29550	Strapping; Toes	No
29580	Strapping; Unna Boot	No
29581	Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot	No
29584	Application Of Multi-Layer Compression System; Upper Arm, Forearm, Hand, And Fingers	No
29700	Removal Or Bivalving; Gauntlet, Boot Or Body Cast	No
29705	Removal Or Bivalving; Full Arm Or Full Leg Cast	No
29710	Removal Or Bivalving; Shoulder Or Hip Spica, Minerva, Or Risser Jacket, Etc.	No
29720	Repair Of Spica, Body Cast Or Jacket	No
29730	Windowing Of Cast	No
29740	Wedging Of Cast (Except Clubfoot Casts)	No
29750	Wedging Of Clubfoot Cast	No
29799	Unlisted Procedure, Casting Or Strapping	Yes
29800	Arthroscopy, Temporomandibular Joint, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes
29804	Arthroscopy, Temporomandibular Joint, Surgical	Yes
29805	Arthroscopy, Shoulder, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	No
29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy	No
29807	Arthroscopy, Shoulder, Surgical; Repair Of Slap Lesion	No
29819	Arthroscopy, Shoulder, Surgical; With Removal Of Loose Body Or Foreign Body	No
29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	No
29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	No

Procedure Code	Description	Prior Auth Required
29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited, 1 Or 2 Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of	No
29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive, 3 Or More Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Si	No
29824	Arthroscopy, Shoulder, Surgical; Distal Claviculectomy Including Distal Articular Surface (Mumford Procedure)	No
29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, With Or Without Manipulation	No
29826	Arthroscopy, Shoulder, Surgical; Decompression Of Subacromial Space With Partial Acromioplasty, With Coracoacromial Ligament (Ie, Arch) Release, When Performed (List Separately In Addition To Code For Primary Procedure)	No
29827	Arthroscopy, Shoulder, Surgical; With Rotator Cuff Repair	Yes
29828	Arthroscopy, Shoulder, Surgical; Biceps Tenodesis	No
29830	Arthroscopy, Elbow, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	No
29834	Arthroscopy, Elbow, Surgical; With Removal Of Loose Body Or Foreign Body	No
29835	Arthroscopy, Elbow, Surgical; Synovectomy, Partial	No
29836	Arthroscopy, Elbow, Surgical; Synovectomy, Complete	No
29837	Arthroscopy, Elbow, Surgical; Debridement, Limited	No
29838	Arthroscopy, Elbow, Surgical; Debridement, Extensive	No
29840	Arthroscopy, Wrist, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	No
29843	Arthroscopy, Wrist, Surgical; For Infection, Lavage And Drainage	No
29844	Arthroscopy, Wrist, Surgical; Synovectomy, Partial	No
29845	Arthroscopy, Wrist, Surgical; Synovectomy, Complete	No
29846	Arthroscopy, Wrist, Surgical; Excision And/Or Repair Of Triangular Fibrocartilage And/Or Joint Debridement	No
29847	Arthroscopy, Wrist, Surgical; Internal Fixation For Fracture Or Instability	No
29848	Endoscopy, Wrist, Surgical, With Release Of Transverse Carpal Ligament	No
29850	Arthroscopically Aided Treatment Of Intercondylar Spine(s) And/Or Tuberosity Fracture(s) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy)	No
29851	Arthroscopically Aided Treatment Of Intercondylar Spine(s) And/Or Tuberosity Fracture(s) Of The Knee, With Or Without Manipulation; With Internal Or External Fixation (Includes Arthroscopy)	No
29855	Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Unicondylar, Includes Internal Fixation, When Performed (Includes Arthroscopy)	No
29856	Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Bicondylar, Includes Internal Fixation, When Performed (Includes Arthroscopy)	No
29860	Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	No
29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	No
29862	Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum	No
29863	Arthroscopy, Hip, Surgical; With Synovectomy	No
29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(s) (eg, Mosaicplasty) (Includes Harvesting Of The Autograft[s])	No
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (eg, Mosaicplasty)	No
29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral	No
29870	Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	No
29871	Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage	No
29873	Arthroscopy, Knee, Surgical; With Lateral Release	Yes
29874	Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (eg, Osteochondritis Dissecans Fragmentation, Chondral Fragmentation)	No
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (eg, Plica Or Shelf Resection) (Separate Procedure)	No
29876	Arthroscopy, Knee, Surgical; Synovectomy, Major, 2 Or More Compartments (eg, Medial Or Lateral)	No
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)	No
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture	No
29880	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed	No
29881	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment(s), When Performed	No
29882	Arthroscopy, Knee, Surgical; With Meniscus Repair (Medial Or Lateral)	No
29883	Arthroscopy, Knee, Surgical; With Meniscus Repair (Medial And Lateral)	No
29884	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions, With Or Without Manipulation (Separate Procedure)	No

Procedure Code	Description	Prior Auth Required
29885	Arthroscopy, Knee, Surgical; Drilling For Osteochondritis Dissecans With Bone Grafting, With Or Without Internal Fixation (Including Debridement Of Base Of Lesion)	No
29886	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion	No
29887	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation	No
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	No
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction	No
29891	Arthroscopy, Ankle, Surgical, Excision Of Osteochondral Defect Of Talus And/Or Tibia, Including Drilling Of The Defect	No
29892	Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Talar Dome Fracture, Or Tibial Plafond Fracture, With Or Without Internal Fixation (Includes Arthroscopy)	No
29893	Endoscopic Plantar Fasciotomy	No
29894	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Removal Of Loose Body Or Foreign Body	No
29895	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Synovectomy, Partial	No
29897	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debridement, Limited	No
29898	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; Debridement, Extensive	No
29899	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Ankle Arthrodesis	No
29900	Arthroscopy, Metacarpophalangeal Joint, Diagnostic, Includes Synovial Biopsy	No
29901	Arthroscopy, Metacarpophalangeal Joint, Surgical; With Debridement	No
29902	Arthroscopy, Metacarpophalangeal Joint, Surgical; With Reduction Of Displaced Ulnar Collateral Ligament (Eg, Stener Lesion)	No
29904	Arthroscopy, Subtalar Joint, Surgical; With Removal Of Loose Body Or Foreign Body	No
29905	Arthroscopy, Subtalar Joint, Surgical; With Synovectomy	No
29906	Arthroscopy, Subtalar Joint, Surgical; With Debridement	No
29907	Arthroscopy, Subtalar Joint, Surgical; With Subtalar Arthrodesis	No
29914	Arthroscopy, Hip, Surgical; With Femoroplasty (Ie, Treatment Of Cam Lesion)	No
29915	Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion)	No
29916	Arthroscopy, Hip, Surgical; With Labral Repair	No
29999	Unlisted Procedure, Arthroscopy	Yes
2AA11	HIPPS Code 2AA11	No
2AA21	HIPPS Code 2AA21	No
2AA31	HIPPS Code 2AA31	No
2AB11	HIPPS Code 2AB11	No
2AB21	HIPPS Code 2AB21	No
2AB31	HIPPS Code 2AB31	No
2AC11	HIPPS Code 2AC11	No
2AC21	HIPPS Code 2AC21	No
2AC31	HIPPS Code 2AC31	No
2BA11	HIPPS Code 2BA11	No
2BA21	HIPPS Code 2BA21	No
2BA31	HIPPS Code 2BA31	No
2BB11	HIPPS Code 2BB11	No
2BB21	HIPPS Code 2BB21	No
2BB31	HIPPS Code 2BB31	No
2BC11	HIPPS Code 2BC11	No
2BC21	HIPPS Code 2BC21	No
2BC31	HIPPS Code 2BC31	No
2CA11	HIPPS Code 2CA11	No
2CA21	HIPPS Code 2CA21	No
2CA31	HIPPS Code 2CA31	No
2CB11	HIPPS Code 2CB11	No
2CB21	HIPPS Code 2CB21	No
2CB31	HIPPS Code 2CB31	No
2CC11	HIPPS Code 2CC11	No
2CC21	HIPPS Code 2CC21	No
2CC31	HIPPS Code 2CC31	No
2DA11	HIPPS Code 2DA11	No
2DA21	HIPPS Code 2DA21	No
2DA31	HIPPS Code 2DA31	No
2DB11	HIPPS Code 2DB11	No
2DB21	HIPPS Code 2DB21	No
2DB31	HIPPS Code 2DB31	No
2DC11	HIPPS Code 2DC11	No
2DC21	HIPPS Code 2DC21	No
2DC31	HIPPS Code 2DC31	No
2EA11	HIPPS Code 2EA11	No
2EA21	HIPPS Code 2EA21	No
2EA31	HIPPS Code 2EA31	No
2EB11	HIPPS Code 2EB11	No
2EB21	HIPPS Code 2EB21	No
2EB31	HIPPS Code 2EB31	No

Procedure Code	Description	Prior Auth Required
2EC11	HIPPS Code 2EC11	No
2EC21	HIPPS Code 2EC21	No
2EC31	HIPPS Code 2EC31	No
2FA11	HIPPS Code 2FA11	No
2FA21	HIPPS Code 2FA21	No
2FA31	HIPPS Code 2FA31	No
2FB11	HIPPS Code 2FB11	No
2FB21	HIPPS Code 2FB21	No
2FB31	HIPPS Code 2FB31	No
2FC11	HIPPS Code 2FC11	No
2FC21	HIPPS Code 2FC21	No
2FC31	HIPPS Code 2FC31	No
2GA11	HIPPS Code 2GA11	No
2GA21	HIPPS Code 2GA21	No
2GA31	HIPPS Code 2GA31	No
2GB11	HIPPS Code 2GB11	No
2GB21	HIPPS Code 2GB21	No
2GB31	HIPPS Code 2GB31	No
2GC11	HIPPS Code 2GC11	No
2GC21	HIPPS Code 2GC21	No
2GC31	HIPPS Code 2GC31	No
2HA11	HIPPS Code 2HA11	No
2HA21	HIPPS Code 2HA21	No
2HA31	HIPPS Code 2HA31	No
2HB11	HIPPS Code 2HB11	No
2HB21	HIPPS Code 2HB21	No
2HB31	HIPPS Code 2HB31	No
2HC11	HIPPS Code 2HC11	No
2HC21	HIPPS Code 2HC21	No
2HC31	HIPPS Code 2HC31	No
2IA11	HIPPS Code 2IA11	No
2IA21	HIPPS Code 2IA21	No
2IA31	HIPPS Code 2IA31	No
2IB11	HIPPS Code 2IB11	No
2IB21	HIPPS Code 2IB21	No
2IB31	HIPPS Code 2IB31	No
2IC11	HIPPS Code 2IC11	No
2IC21	HIPPS Code 2IC21	No
2IC31	HIPPS Code 2IC31	No
2JA11	HIPPS Code 2JA11	No
2JA21	HIPPS Code 2JA21	No
2JA31	HIPPS Code 2JA31	No
2JB11	HIPPS Code 2JB11	No
2JB21	HIPPS Code 2JB21	No
2JB31	HIPPS Code 2JB31	No
2JC11	HIPPS Code 2JC11	No
2JC21	HIPPS Code 2JC21	No
2JC31	HIPPS Code 2JC31	No
2KA11	HIPPS Code 2KA11	No
2KA21	HIPPS Code 2KA21	No
2KA31	HIPPS Code 2KA31	No
2KB11	HIPPS Code 2KB11	No
2KB21	HIPPS Code 2KB21	No
2KB31	HIPPS Code 2KB31	No
2KC11	HIPPS Code 2KC11	No
2KC21	HIPPS Code 2KC21	No
2KC31	HIPPS Code 2KC31	No
2LA11	HIPPS Code 2LA11	No
2LA21	HIPPS Code 2LA21	No
2LA31	HIPPS Code 2LA31	No
2LB11	HIPPS Code 2LB11	No
2LB21	HIPPS Code 2LB21	No
2LB31	HIPPS Code 2LB31	No
2LC11	HIPPS Code 2LC11	No
2LC21	HIPPS Code 2LC21	No
2LC31	HIPPS Code 2LC31	No
30000	Drainage Abscess Or Hematoma, Nasal, Internal Approach	No
30020	Drainage Abscess Or Hematoma, Nasal Septum	No
3006F	Chest X-Ray Results Documented And Reviewed (Cap)	Yes
3008F	Body Mass Index (Bmi), Documented (Pv)	Yes
30100	Biopsy, Intranasal	No
30110	Excision, Nasal Polyp(s), Simple	No

Procedure Code	Description	Prior Auth Required
30115	Excision, Nasal Polyp(s), Extensive	No
30117	Excision Or Destruction (eg, Laser), Intranasal Lesion; Internal Approach	No
30118	Excision Or Destruction (eg, Laser), Intranasal Lesion; External Approach (Lateral Rhinotomy)	No
3011F	Lipid Panel Results Documented And Reviewed (Must Include Total Cholesterol, Hdl-C, Triglycerides And Calculated Ldl-C) (CAD)	Yes
30120	Excision Or Surgical Planing Of Skin Of Nose For Rhinophyma	No
30124	Excision Dermoid Cyst, Nose; Simple, Skin, Subcutaneous	No
30125	Excision Dermoid Cyst, Nose; Complex, Under Bone Or Cartilage	No
30130	Excision Inferior Turbinate, Partial Or Complete, Any Method	No
30140	Submucous Resection Inferior Turbinate, Partial Or Complete, Any Method	No
3014F	Screening Mammography Results Documented And Reviewed (Pv)	Yes
30150	Rhinectomy; Partial	No
3015F	Cervical Cancer Screening Results Documented And Reviewed (Pv)	Yes
30160	Rhinectomy; Total	No
3016F	Patient Screened For Unhealthy Alcohol Use Using A Systematic Screening Method (Pv) (Dsp)	Yes
3017F	Colorectal Cancer Screening Results Documented And Reviewed (Pv)	Yes
3018F	Pre-Procedure Risk Assessment And Depth Of Insertion And Quality Of The Bowel Prep And Complete Description Of Polyp(S) Found, Including Location Of Each Polyp, Size, Number And Gross Morphology And Recommendations For Follow-Up In Final Colonoscopy Repor	Yes
3019F	Left Ventricular Ejection Fraction (Lvef) Assessment Planned Post Discharge (Hf)	Yes
30200	Injection Into Turbinate(s), Therapeutic	No
3020F	Left Ventricular Function (Lvf) Assessment (Eg, Echocardiography, Nuclear Test, Or Ventriculography) Documented In The Medical Record (Includes Quantitative Or Qualitative Assessment Results) (Nma-No Measure Associated)	Yes
30210	Displacement Therapy (Proetz Type)	No
3021F	Left Ventricular Ejection Fraction (Lvef) Less Than 40% Or Documentation Of Moderately Or Severely Depressed Left Ventricular Systolic Function (Cad, Hf)	Yes
30220	Insertion, Nasal Septal Prosthesis (Button)	Yes
3022F	Left Ventricular Ejection Fraction (Lvef) Greater Than Or Equal To 40% Or Documentation As Normal Or Mildly Depressed Left Ventricular Systolic Function (Cad, Hf)	Yes
3023F	Spirometry Results Documented And Reviewed (Copd)	Yes
3025F	Spirometry Test Results Demonstrate Fev1/Fvc Less Than 70% With Copd Symptoms (eg, Dyspnea, Cough/Sputum, Wheezing) (Cap, Copd)	Yes
3027F	Spirometry Test Results Demonstrate Fev1/Fvc Greater Than Or Equal To 70% Or Patient Does Not Have Copd Symptoms (Copd)	Yes
3028F	Oxygen Saturation Results Documented And Reviewed (Includes Assessment Through Pulse Oximetry Or Arterial Blood Gas Measurement) (Cap, Copd) (Em)	Yes
30300	Removal Foreign Body, Intranasal; Office Type Procedure	No
30310	Removal Foreign Body, Intranasal; Requiring General Anesthesia	No
30320	Removal Foreign Body, Intranasal; By Lateral Rhinotomy	No
3035F	Oxygen Saturation Less Than Or Equal To 88% Or A Pao2 Less Than Or Equal To 55 Mm Hg (Copd)	Yes
3037F	Oxygen Saturation Greater Than 88% Or Pao2 Greater Than 55 Mm Hg (Copd)	Yes
3038F	Pulmonary Function Test Performed Within 12 Months Prior To Surgery (Lung/Esop Cx)	Yes
30400	Rhinoplasty, Primary; Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip	Yes
3040F	Functional Expiratory Volume (Fev1) Less Than 40% Of Predicted Value (Copd)	Yes
30410	Rhinoplasty, Primary; Complete, External Parts Including Bony Pyramid, Lateral And Alar Cartilages, And/Or Elevation Of Nasal Tip	Yes
30420	Rhinoplasty, Primary; Including Major Septal Repair	Yes
3042F	Functional Expiratory Volume (Fev1) Greater Than Or Equal To 40% Of Predicted Value (Copd)	Yes
30430	Rhinoplasty, Secondary; Minor Revision (Small Amount Of Nasal Tip Work)	Yes
30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work With Osteotomies)	Yes
3044F	Most Recent Hemoglobin A1c (Hba1c) Level Less Than 7.0% (Dm)	No
30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work And Osteotomies)	Yes
30460	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Palate, Including Columellar Lengthening; Tip Only	Yes
30462	Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Palate, Including Columellar Lengthening; Tip, Septum, Osteotomies	Yes
30465	Repair Of Nasal Vestibular Stenosis (eg, Spreader Grafting, Lateral Nasal Wall Reconstruction)	Yes
30468	Repair Of Nasal Valve Collapse With Subcutaneous/Submucosal Lateral Wall Implant(S)	No
30469	Repair Of Nasal Valve Collapse With Low Energy, Temperature-Controlled (Ie, Radiofrequency) Subcutaneous/Submucosal Remodeling	No
3046F	Most Recent Hemoglobin A1c Level Greater Than 9.0% (Dm)	No
3048F	Most Recent Ldl-C Less Than 100 Mg/Dl (CAD) (Dm)	Yes
3049F	Most Recent Ldl-C 100-129 Mg/Dl (CAD) (Dm)	Yes
3050F	Most Recent Ldl-C Greater Than Or Equal To 130 Mg/Dl (CAD) (Dm)	Yes
3051F	Most Recent Hemoglobin A1c (Hba1c) Level Greater Than Or Equal To 7.0% And Less Than 8.0% (Dm)	No
30520	Septoplasty Or Submucous Resection, With Or Without Cartilage Scoring, Contouring Or Replacement With Graft	No
3052F	Most Recent Hemoglobin A1c (Hba1c) Level Greater Than Or Equal To 8.0% And Less Than Or Equal To 9.0% (Dm)	No
30540	Repair Choanal Atresia; Intranasal	No

Procedure Code	Description	Prior Auth Required
30545	Repair Choanal Atresia; Transpalatine	No
3055F	Left Ventricular Ejection Fraction (Lvef) Less Than Or Equal To 35% (Hf)	Yes
30560	Lysis Intranasal Synechia	No
3056F	Left Ventricular Ejection Fraction (Lvef) Greater Than 35% Or No Lvef Result Available (Hf)	Yes
30580	Repair Fistula; Oromaxillary (Combine With 31030 If Antrotomy Is Included)	No
30600	Repair Fistula; Oronasal	No
3060F	Positive Microalbuminuria Test Result Documented And Reviewed (Dm)	Yes
3061F	Negative Microalbuminuria Test Result Documented And Reviewed (Dm)	Yes
30620	Septal Or Other Intranasal Dermatoplasty (Does Not Include Obtaining Graft)	No
3062F	Positive Macroalbuminuria Test Result Documented And Reviewed (Dm)	Yes
30630	Repair Nasal Septal Perforations	No
3066F	Documentation Of Treatment For Nephropathy (eg, Patient Receiving Dialysis, Patient Being Treated For Esrd, Crf, Arf, Or Renal Insufficiency, Any Visit To A Nephrologist) (Dm)	Yes
3072F	Low Risk For Retinopathy (No Evidence Of Retinopathy In The Prior Year) (Dm)	No
3073F	Pre-Surgical (Cataract) Axial Length, Corneal Power Measurement And Method Of Intraocular Lens Power Calculation Documented Within 12 Months Prior To Surgery (Ec)	Yes
3074F	Most Recent Systolic Blood Pressure Less Than 130 Mm Hg (Dm) (Htn, Ckd, Cad)	No
3075F	Most Recent Systolic Blood Pressure 130-139 Mm Hg (Dm) (Htn, Ckd, Cad)	No
3077F	Most Recent Systolic Blood Pressure Greater Than Or Equal To 140 Mm Hg (Htn, Ckd, Cad) (Dm)	No
3078F	Most Recent Diastolic Blood Pressure Less Than 80 Mm Hg (Htn, Ckd, Cad) (Dm)	No
3079F	Most Recent Diastolic Blood Pressure 80-89 Mm Hg (Htn, Ckd, Cad) (Dm)	No
30801	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Superficial	No
30802	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Intramural (Ie, Submucosal)	No
3080F	Most Recent Diastolic Blood Pressure Greater Than Or Equal To 90 Mm Hg (Htn, Ckd, Cad) (Dm)	No
3082F	Kt/V Less Than 1.2 (Clearance Of Urea [Kt]/Volume [V]) (Esrd, P-Esrd)	Yes
3083F	Kt/V Equal To Or Greater Than 1.2 And Less Than 1.7 (Clearance Of Urea [Kt]/Volume [V]) (Esrd, P-Esrd)	Yes
3084F	Kt/V Greater Than Or Equal To 1.7 (Clearance Of Urea [Kt]/Volume [V]) (Esrd, P-Esrd)	Yes
3085F	Suicide Risk Assessed (Mdd, Mdd Adol)	Yes
3088F	Major Depressive Disorder, Mild (Mdd)	Yes
3089F	Major Depressive Disorder, Moderate (Mdd)	Yes
30901	Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery And/Or Packing) Any Method	No
30903	Control Nasal Hemorrhage, Anterior, Complex (Extensive Cautery And/Or Packing) Any Method	No
30905	Control Nasal Hemorrhage, Posterior, With Posterior Nasal Packs And/Or Cautery, Any Method; Initial	No
30906	Control Nasal Hemorrhage, Posterior, With Posterior Nasal Packs And/Or Cautery, Any Method; Subsequent	No
3090F	Major Depressive Disorder, Severe Without Psychotic Features (Mdd)	Yes
30915	Ligation Arteries; Ethmoidal	No
3091F	Major Depressive Disorder, Severe With Psychotic Features (Mdd)	Yes
30920	Ligation Arteries; Internal Maxillary Artery, Transantral	No
3092F	Major Depressive Disorder, In Remission (Mdd)	Yes
30930	Fracture Nasal Inferior Turbinate(s), Therapeutic	No
3093F	Documentation Of New Diagnosis Of Initial Or Recurrent Episode Of Major Depressive Disorder (Mdd)	Yes
3095F	Central Dual-Energy X-Ray Absorptiometry (Dxa) Results Documented (Op) (Ibd)	Yes
3096F	Central Dual-Energy X-Ray Absorptiometry (Dxa) Ordered (Op) (Ibd)	Yes
30999	Unlisted Procedure, Nose	Yes
31000	Lavage By Cannulation; Maxillary Sinus (Antrum Puncture Or Natural Ostium)	No
31002	Lavage By Cannulation; Sphenoid Sinus	No
3100F	Carotid Imaging Study Report (Includes Direct Or Indirect Reference To Measurements Of Distal Internal Carotid Diameter As The Denominator For Stenosis Measurement) (Str, Rad)	No
3101	Adult Care: Adult Day Care, Medical and Social - Hourly	No
3102	Adult Care: Adult Day Care, Social - Hourly	No
31020	Sinusotomy, Maxillary (Antrotomy); Intranasal	No
3103	Adult Care: Adult Day Care, Medical and Social - Daily	No
31030	Sinusotomy, Maxillary (Antrotomy); Radical (Caldwell-Luc) Without Removal Of Antrochoanal Polyps	Yes
31032	Sinusotomy, Maxillary (Antrotomy); Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps	Yes
3104	Adult Care: Adult Day Care, Social - Daily	No
31040	Pterygomaxillary Fossa Surgery, Any Approach	Yes
3105	Adult Care: Adult Foster Care - Daily	No
31050	Sinusotomy, Sphenoid, With Or Without Biopsy;	Yes
31051	Sinusotomy, Sphenoid, With Or Without Biopsy; With Mucosal Stripping Or Removal Of Polyp(s)	Yes
31070	Sinusotomy Frontal; External, Simple (Trephine Operation)	No
31075	Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type)	Yes
31080	Sinusotomy Frontal; Obliterative Without Osteoplastic Flap, Brow Incision (Includes Ablation)	Yes

Procedure Code	Description	Prior Auth Required
31081	Sinusotomy Frontal; Obliterative, Without Osteoplastic Flap, Coronal Incision (Includes Ablation)	Yes
31084	Sinusotomy Frontal; Obliterative, With Osteoplastic Flap, Brow Incision	Yes
31085	Sinusotomy Frontal; Obliterative, With Osteoplastic Flap, Coronal Incision	Yes
31086	Sinusotomy Frontal; Nonobliterative, With Osteoplastic Flap, Brow Incision	Yes
31087	Sinusotomy Frontal; Nonobliterative, With Osteoplastic Flap, Coronal Incision	Yes
3109	Adult Care: Other Adult Care	No
31090	Sinusotomy, Unilateral, 3 Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid)	Yes
3110F	Documentation In Final CT Or MRI Report Of Presence Or Absence Of Hemorrhage And Mass Lesion And Acute Infarction (Str)	Yes
3111F	Ct Or Mri Of The Brain Performed In The Hospital Within 24 Hours Of Arrival Or Performed In An Outpatient Imaging Center, To Confirm Initial Diagnosis Of Stroke, Tia Or Intracranial Hemorrhage (Str)	Yes
3112F	Ct Or Mri Of The Brain Performed Greater Than 24 Hours After Arrival To The Hospital Or Performed In An Outpatient Imaging Center For Purpose Other Than Confirmation Of Initial Diagnosis Of Stroke, Tia, Or Intracranial Hemorrhage (Str)	Yes
3115F	Quantitative Results Of An Evaluation Of Current Level Of Activity And Clinical Symptoms (Hf)	Yes
3117F	Heart Failure Disease Specific Structured Assessment Tool Completed (Hf)	Yes
3118F	New York Heart Association (Nyha) Class Documented (Hf)	Yes
3119F	No Evaluation Of Level Of Activity Or Clinical Symptoms (Hf)	Yes
31200	Ethmoidectomy; Intranasal, Anterior	No
31201	Ethmoidectomy; Intranasal, Total	No
31205	Ethmoidectomy; Extranasal, Total	No
3120F	12-Lead Ecg Performed (Em)	Yes
31225	Maxillectomy; Without Orbital Exenteration	No
31230	Maxillectomy; With Orbital Exenteration (En Bloc)	No
31231	Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure)	No
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	No
31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	No
31237	Nasal/Sinus Endoscopy, Surgical; With Biopsy, Polypectomy Or Debridement (Separate Procedure)	No
31238	Nasal/Sinus Endoscopy, Surgical; With Control Of Nasal Hemorrhage	No
31239	Nasal/Sinus Endoscopy, Surgical; With Dacryocystorhinostomy	No
31240	Nasal/Sinus Endoscopy, Surgical; With Concha Bullosa Resection	No
31241	Nasal/Sinus Endoscopy, Surgical; With Ligation Of Sphenopalatine Artery	No
31242	Nasal/Sinus Endoscopy, Surgical; With Destruction By Radiofrequency Ablation, Posterior Nasal Nerve	No
31243	Nasal/Sinus Endoscopy, Surgical; With Destruction By Cryoablation, Posterior Nasal Nerve	No
31253	Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy; Total (Anterior And Posterior), Including Frontal Sinus Exploration, With Removal Of Tissue From Frontal Sinus, When Performed	No
31254	Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy; Partial (Anterior)	No
31255	Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy; Total (Anterior And Posterior)	No
31256	Nasal/Sinus Endoscopy, Surgical, With Maxillary Antrostomy;	No
31257	Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy; Total (Anterior And Posterior), Including Sphenoidotomy	No
31259	Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy; Total (Anterior And Posterior), Including Sphenoidotomy, With Removal Of Tissue From The Sphenoid Sinus	No
31267	Nasal/Sinus Endoscopy, Surgical, With Maxillary Antrostomy; With Removal Of Tissue From Maxillary Sinus	No
3126F	Esophageal Biopsy Report With A Statement About Dysplasia (Present, Absent, Or Indefinite, And If Present, Contains Appropriate Grading) (Path)	Yes
31276	Nasal/Sinus Endoscopy, Surgical, With Frontal Sinus Exploration, Including Removal Of Tissue From Frontal Sinus, When Performed	No
31287	Nasal/Sinus Endoscopy, Surgical, With Sphenoidotomy;	No
31288	Nasal/Sinus Endoscopy, Surgical, With Sphenoidotomy; With Removal Of Tissue From The Sphenoid Sinus	No
31290	Nasal/Sinus Endoscopy, Surgical, With Repair Of Cerebrospinal Fluid Leak; Ethmoid Region	No
31291	Nasal/Sinus Endoscopy, Surgical, With Repair Of Cerebrospinal Fluid Leak; Sphenoid Region	No
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	No
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	No
31294	Nasal/Sinus Endoscopy, Surgical, With Optic Nerve Decompression	No
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	No
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	No
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	No
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	No
31299	Unlisted Procedure, Accessory Sinuses	Yes
31300	Laryngotomy (Thyrotomy, Laryngofissure), With Removal Of Tumor Or Laryngocele, Cordectomy	No
3130F	Upper Gastrointestinal Endoscopy Performed (Gerd)	Yes

Procedure Code	Description	Prior Auth Required
3132F	Documentation Of Referral For Upper Gastrointestinal Endoscopy (Gerd)	Yes
31360	Laryngectomy; Total, Without Radical Neck Dissection	No
31365	Laryngectomy; Total, With Radical Neck Dissection	No
31367	Laryngectomy; Subtotal Supraglottic, Without Radical Neck Dissection	No
31368	Laryngectomy; Subtotal Supraglottic, With Radical Neck Dissection	No
31370	Partial Laryngectomy (Hemilaryngectomy); Horizontal	No
31375	Partial Laryngectomy (Hemilaryngectomy); Laterovertical	No
31380	Partial Laryngectomy (Hemilaryngectomy); Anterovertical	No
31382	Partial Laryngectomy (Hemilaryngectomy); Antero-Latero-Vertical	No
31390	Pharyngolaryngectomy, With Radical Neck Dissection; Without Reconstruction	No
31395	Pharyngolaryngectomy, With Radical Neck Dissection; With Reconstruction	No
31400	Arytenoidectomy Or Arytenoidopexy, External Approach	No
3140F	Upper Gastrointestinal Endoscopy Report Indicates Suspicion Of Barrett's Esophagus (Gerd)	Yes
3141F	Upper Gastrointestinal Endoscopy Report Indicates No Suspicion Of Barrett's Esophagus (Gerd)	Yes
31420	Epiglottidectomy	No
3142F	Barium Swallow Test Ordered (Gerd)	Yes
31500	Intubation, Endotracheal, Emergency Procedure	No
31502	Tracheotomy Tube Change Prior To Establishment Of Fistula Tract	No
31505	Laryngoscopy, Indirect; Diagnostic (Separate Procedure)	No
3150F	Forceps Esophageal Biopsy Performed (Gerd)	Yes
31510	Laryngoscopy, Indirect; With Biopsy	No
31511	Laryngoscopy, Indirect; With Removal Of Foreign Body	No
31512	Laryngoscopy, Indirect; With Removal Of Lesion	No
31513	Laryngoscopy, Indirect; With Vocal Cord Injection	No
31515	Laryngoscopy Direct, With Or Without Tracheoscopy; For Aspiration	No
31520	Laryngoscopy Direct, With Or Without Tracheoscopy; Diagnostic, Newborn	No
31525	Laryngoscopy Direct, With Or Without Tracheoscopy; Diagnostic, Except Newborn	No
31526	Laryngoscopy Direct, With Or Without Tracheoscopy; Diagnostic, With Operating Microscope Or Telescope	No
31527	Laryngoscopy Direct, With Or Without Tracheoscopy; With Insertion Of Obturator	No
31528	Laryngoscopy Direct, With Or Without Tracheoscopy; With Dilation, Initial	No
31529	Laryngoscopy Direct, With Or Without Tracheoscopy; With Dilation, Subsequent	No
31530	Laryngoscopy, Direct, Operative, With Foreign Body Removal;	No
31531	Laryngoscopy, Direct, Operative, With Foreign Body Removal; With Operating Microscope Or Telescope	No
31535	Laryngoscopy, Direct, Operative, With Biopsy;	No
31536	Laryngoscopy, Direct, Operative, With Biopsy; With Operating Microscope Or Telescope	No
31540	Laryngoscopy, Direct, Operative, With Excision Of Tumor And/Or Stripping Of Vocal Cords Or Epiglottis;	No
31541	Laryngoscopy, Direct, Operative, With Excision Of Tumor And/Or Stripping Of Vocal Cords Or Epiglottis; With Operating Microscope Or Telescope	No
31545	Laryngoscopy, Direct, Operative, With Operating Microscope Or Telescope, With Submucosal Removal Of Non-Neoplastic Lesion(s) Of Vocal Cord; Reconstruction With Local Tissue Flap(s)	No
31546	Laryngoscopy, Direct, Operative, With Operating Microscope Or Telescope, With Submucosal Removal Of Non-Neoplastic Lesion(s) Of Vocal Cord; Reconstruction With Graft(s) (Includes Obtaining Autograft)	No
31551	Laryngoplasty; For Laryngeal Stenosis, With Graft, Without Indwelling Stent Placement, Younger Than 12 Years Of Age	No
31552	Laryngoplasty; For Laryngeal Stenosis, With Graft, Without Indwelling Stent Placement, Age 12 Years Or Older	No
31553	Laryngoplasty; For Laryngeal Stenosis, With Graft, With Indwelling Stent Placement, Younger Than 12 Years Of Age	No
31554	Laryngoplasty; For Laryngeal Stenosis, With Graft, With Indwelling Stent Placement, Age 12 Years Or Older	No
3155F	Cytogenetic Testing Performed On Bone Marrow At Time Of Diagnosis Or Prior To Initiating Treatment (Hem)	Yes
31560	Laryngoscopy, Direct, Operative, With Arytenoidectomy;	No
31561	Laryngoscopy, Direct, Operative, With Arytenoidectomy; With Operating Microscope Or Telescope	No
31570	Laryngoscopy, Direct, With Injection Into Vocal Cord(s), Therapeutic;	No
31571	Laryngoscopy, Direct, With Injection Into Vocal Cord(s), Therapeutic; With Operating Microscope Or Telescope	No
31572	Laryngoscopy, Flexible; With Ablation Or Destruction Of Lesion(s) With Laser, Unilateral	No
31573	Laryngoscopy, Flexible; With Therapeutic Injection(s) (eg, Chemodenervation Agent Or Corticosteroid, Injected Percutaneous, Transoral, Or Via Endoscope Channel), Unilateral	No
31574	Laryngoscopy, Flexible; With Injection(s) For Augmentation (eg, Percutaneous, Transoral), Unilateral	No
31575	LARYNGOSCOPY, FLEXIBLE; DIAGNOSTIC	No
31576	LARYNGOSCOPY, FLEXIBLE; WITH BIOPSY(IES)	No
31577	LARYNGOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)	No
31578	LARYNGOSCOPY, FLEXIBLE; WITH REMOVAL OF LESION(S), NON-LASER	No
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY	No

Procedure Code	Description	Prior Auth Required
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, WITH INDWELLING KEEL OR STENT INSERTION	No
31584	LARYNGOPLASTY; WITH OPEN REDUCTION AND FIXATION OF (EG, PLATING) FRACTURE, INCLUDES TRACHEOSTOMY, IF PERFORMED	No
31587	LARYNGOPLASTY, CRICOID SPLIT, WITHOUT GRAFT PLACEMENT	No
31590	Laryngeal Reinnervation By Neuromuscular Pedicle	No
31591	Laryngoplasty, Medialization, Unilateral	No
31592	Cricotracheal Resection	No
31599	Unlisted Procedure, Larynx	Yes
31600	Tracheostomy, Planned (Separate Procedure);	No
31601	Tracheostomy, Planned (Separate Procedure); Younger Than 2 Years	No
31603	Tracheostomy, Emergency Procedure; Transtracheal	No
31605	Tracheostomy, Emergency Procedure; Cricothyroid Membrane	No
3160F	Documentation Of Iron Stores Prior To Initiating Erythropoietin Therapy (Hem)	Yes
31610	Tracheostomy, Fenestration Procedure With Skin Flaps	No
31611	Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (eg, Voice Button, Blom-Singer Prosthesis)	No
31612	Tracheal Puncture, Percutaneous With Transtracheal Aspiration And/Or Injection	No
31613	Tracheostoma Revision; Simple, Without Flap Rotation	No
31614	Tracheostoma Revision; Complex, With Flap Rotation	No
31615	Tracheobronchoscopy Through Established Tracheostomy Incision	No
31622	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure)	No
31623	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Brushing Or Protected Brushings	No
31624	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Bronchial Alveolar Lavage	No
31625	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Bronchial Or Endobronchial Biopsy(s), Single Or Multiple Sites	No
31626	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple	No
31627	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List Separately In Addition To Code For Primary Procedure[s])	No
31628	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Transbronchial Lung Biopsy(s), Single Lobe	No
31629	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Transbronchial Needle Aspiration Biopsy(s), Trachea, Main Stem And/Or Lobar Bronchus(I)	No
31630	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Tracheal/Bronchial Dilation Or Closed Reduction Of Fracture	No
31631	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Tracheal Stent(s) (Includes Tracheal/Bronchial Dilation As Required)	No
31632	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Transbronchial Lung Biopsy(s), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure)	Yes
31633	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Transbronchial Needle Aspiration Biopsy(s), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure)	Yes
31634	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Balloon Occlusion, With Assessment Of Air Leak, With Administration Of Occlusive Substance (eg, Fibrin Glue), If Performed	No
31635	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Removal Of Foreign Body	No
31636	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Bronchial Stent(s) (Includes Tracheal/Bronchial Dilation As Required), Initial Bronchus	No
31637	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Each Additional Major Bronchus Stented (List Separately In Addition To Code For Primary Procedure)	No
31638	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Revision Of Tracheal Or Bronchial Stent Inserted At Previous Session (Includes Tracheal/Bronchial Dilation As Required)	No
31640	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Excision Of Tumor	No
31641	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Destruction Of Tumor Or Relief Of Stenosis By Any Method Other Than Excision (eg, Laser Therapy, Cryotherapy)	No
31643	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Catheter(s) For Intracavitary Radioelement Application	No
31645	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Therapeutic Aspiration Of Tracheobronchial Tree, Initial	No
31646	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Therapeutic Aspiration Of Tracheobronchial Tree, Subsequent, Same Hospital Stay	No

Procedure Code	Description	Prior Auth Required
31647	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Balloon Occlusion, When Performed, Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valve(s), Initial Lobe	No
31648	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Removal Of Bronchial Valve(s), Initial Lobe	No
31649	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Removal Of Bronchial Valve(s), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure)	No
31651	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Balloon Occlusion, When Performed, Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valve(S), Each Additional Lobe (List Separately In Addition To Code	No
31652	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Endobronchial Ultrasound (Ebus) Guided Transtracheal And/Or Transbronchial Sampling (Eg, Aspiration[S]/Biopsy[Ies]), One Or Two Mediastinal And/Or Hilar Lymph Node Stat	No
31653	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Endobronchial Ultrasound (Ebus) Guided Transtracheal And/Or Transbronchial Sampling (Eg, Aspiration[S]/Biopsy[Ies]), 3 Or More Mediastinal And/Or Hilar Lymph Node Stati	No
31654	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Transendoscopic Endobronchial Ultrasound (Ebus) During Bronchoscopic Diagnostic Or Therapeutic Intervention(S) For Peripheral Lesion(S) (List Separately In Addition To	No
31660	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Bronchial Thermoplasty, 1 Lobe	Yes
31661	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Bronchial Thermoplasty, 2 Or More Lobes	Yes
3170F	Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)	Yes
31717	Catheterization With Bronchial Brush Biopsy	No
31720	Catheter Aspiration (Separate Procedure); Nasotracheal	No
31725	Catheter Aspiration (Separate Procedure); Tracheobronchial With Fiberscope, Bedside	No
31730	Transtracheal (Percutaneous) Introduction Of Needle Wire Dilator/Stent Or Indwelling Tube For Oxygen Therapy	No
31750	Tracheoplasty; Cervical	No
31755	Tracheoplasty; Tracheopharyngeal Fistulization, Each Stage	No
31760	Tracheoplasty; Intrathoracic	No
31766	Carinal Reconstruction	No
31770	Bronchoplasty; Graft Repair	No
31775	Bronchoplasty; Excision Stenosis And Anastomosis	No
31780	Excision Tracheal Stenosis And Anastomosis; Cervical	No
31781	Excision Tracheal Stenosis And Anastomosis; Cervicothoracic	No
31785	Excision Of Tracheal Tumor Or Carcinoma; Cervical	No
31786	Excision Of Tracheal Tumor Or Carcinoma; Thoracic	No
31800	Suture Of Tracheal Wound Or Injury; Cervical	No
31805	Suture Of Tracheal Wound Or Injury; Intrathoracic	No
31820	Surgical Closure Tracheostomy Or Fistula; Without Plastic Repair	No
31825	Surgical Closure Tracheostomy Or Fistula; With Plastic Repair	No
31830	Revision Of Tracheostomy Scar	No
31899	Unlisted Procedure, Trachea, Bronchi	Yes
3200F	Barium Swallow Test Not Ordered (Gerd)	Yes
32035	Thoracostomy; With Rib Resection For Empyema	No
32036	Thoracostomy; With Open Flap Drainage For Empyema	No
32096	Thoracotomy, With Diagnostic Biopsy(Ies) Of Lung Infiltrate(s) (eg, Wedge, Incisional), Unilateral	No
32097	Thoracotomy, With Diagnostic Biopsy(Ies) Of Lung Nodule(s) Or Mass(Es) (eg, Wedge, Incisional), Unilateral	No
32098	Thoracotomy, With Biopsy(Ies) Of Pleura	No
32100	Thoracotomy; With Exploration	No
3210F	Group A Strep Test Performed (Phar)	Yes
32110	Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear	No
32120	Thoracotomy; For Postoperative Complications	No
32124	Thoracotomy; With Open Intrapleural Pneumonolysis	No
32140	Thoracotomy; With Cyst(s) Removal, Includes Pleural Procedure When Performed	No
32141	Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed	No
32150	Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit	No
32151	Thoracotomy; With Removal Of Intrapulmonary Foreign Body	No
3215F	Patient Has Documented Immunity To Hepatitis A (Hep-C)	Yes
32160	Thoracotomy; With Cardiac Massage	No
3216F	Patient Has Documented Immunity To Hepatitis B (Hep-C) (Ibd)	Yes
3218F	Rna Testing For Hepatitis C Documented As Performed Within 6 Months Prior To Initiation Of Antiviral Treatment For Hepatitis C (Hep-C)	Yes
32200	Pneumonostomy, With Open Drainage Of Abscess Or Cyst	No

Procedure Code	Description	Prior Auth Required
3220F	Hepatitis C Quantitative RNa Testing Documented As Performed At 12 Weeks From Initiation Of Antiviral Treatment (Hep-C)	Yes
32215	Pleural Scarification For Repeat Pneumothorax	No
32220	Decortication, Pulmonary (Separate Procedure); Total	No
32225	Decortication, Pulmonary (Separate Procedure); Partial	No
3230F	Documentation That Hearing Test Was Performed Within 6 Months Prior To Tympanostomy Tube Insertion (Ome)	Yes
32310	Pleurectomy, Parietal (Separate Procedure)	No
32320	Decortication And Parietal Pleurectomy	No
32400	Biopsy, Pleura, Percutaneous Needle	No
32408	Core Needle Biopsy, Lung Or Mediastinum, Percutaneous, Including Imaging Guidance, When Performed	No
32440	Removal Of Lung, Pneumonectomy;	No
32442	Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy)	No
32445	Removal Of Lung, Pneumonectomy; Extrapleural	No
32480	Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy)	No
32482	Removal Of Lung, Other Than Pneumonectomy; 2 Lobes (Bilobectomy)	No
32484	Removal Of Lung, Other Than Pneumonectomy; Single Segment (Segmentectomy)	No
32486	Removal Of Lung, Other Than Pneumonectomy; With Circumferential Resection Of Segment Of Bronchus Followed By Broncho-Bronchial Anastomosis (Sleeve Lobectomy)	No
32488	Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion Pneumonectomy)	No
32491	Removal Of Lung, Other Than Pneumonectomy; With Resection-Plication Of Emphysematous Lung(s) (Bullous Or Non-Bullous) For Lung Volume Reduction, Sternal Split Or Transthoracic Approach, Includes Any Pleural Procedure, When Performed	No
32501	Resection And Repair Of Portion Of Bronchus (Bronchoplasty) When Performed At Time Of Lobectomy Or Segmentectomy (List Separately In Addition To Code For Primary Procedure)	No
32503	Resection Of Apical Lung Tumor (eg, Pancoast Tumor), Including Chest Wall Resection, Rib(s) Resection(s), Neurovascular Dissection, When Performed; Without Chest Wall Reconstruction(s)	No
32504	Resection Of Apical Lung Tumor (eg, Pancoast Tumor), Including Chest Wall Resection, Rib(s) Resection(s), Neurovascular Dissection, When Performed; With Chest Wall Reconstruction	No
32505	Thoracotomy; With Therapeutic Wedge Resection (eg, Mass, Nodule), Initial	No
32506	Thoracotomy; With Therapeutic Wedge Resection (eg, Mass Or Nodule), Each Additional Resection, Ipsilateral (List Separately In Addition To Code For Primary Procedure)	No
32507	Thoracotomy; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary Procedure)	No
3250F	Specimen Site Other Than Anatomic Location Of Primary Tumor (Path)	Yes
32540	Extrapleural Enucleation Of Empyema (Empyemectomy)	No
32550	Insertion Of Indwelling Tunneled Pleural Catheter With Cuff	No
32551	Tube Thoracostomy, Includes Connection To Drainage System (eg, Water Seal), When Performed, Open (Separate Procedure)	No
32552	Removal Of Indwelling Tunneled Pleural Catheter With Cuff	No
32553	Placement Of Interstitial Device(s) For Radiation Therapy Guidance (eg, Fiducial Markers, Dosimeter), Percutaneous, Intra-Thoracic, Single Or Multiple	No
32554	Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; Without Imaging Guidance	No
32555	Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; With Imaging Guidance	No
32556	Pleural Drainage, Percutaneous, With Insertion Of Indwelling Catheter; Without Imaging Guidance	No
32557	Pleural Drainage, Percutaneous, With Insertion Of Indwelling Catheter; With Imaging Guidance	No
32560	Instillation, Via Chest Tube/Catheter, Agent For Pleurodesis (eg, Talc For Recurrent Or Persistent Pneumothorax)	No
32561	Instillation(s), Via Chest Tube/Catheter, Agent For Fibrinolysis (eg, Fibrinolytic Agent For Break Up Of Multiloculated Effusion); Initial Day	No
32562	Instillation(s), Via Chest Tube/Catheter, Agent For Fibrinolysis (eg, Fibrinolytic Agent For Break Up Of Multiloculated Effusion); Subsequent Day	No
32601	Thoracoscopy, Diagnostic (Separate Procedure); Lungs, Pericardial Sac, Mediastinal Or Pleural Space, Without Biopsy	No
32604	Thoracoscopy, Diagnostic (Separate Procedure); Pericardial Sac, With Biopsy	No
32606	Thoracoscopy, Diagnostic (Separate Procedure); Mediastinal Space, With Biopsy	No
32607	Thoracoscopy; With Diagnostic Biopsy(Ies) Of Lung Infiltrate(s) (eg, Wedge, Incisional), Unilateral	No
32608	Thoracoscopy; With Diagnostic Biopsy(Ies) Of Lung Nodule(s) Or Mass(Es) (eg, Wedge, Incisional), Unilateral	No
32609	Thoracoscopy; With Biopsy(Ies) Of Pleura	No
3260F	Pt Category (Primary Tumor), Pn Category (Regional Lymph Nodes), And Histologic Grade Documented In Pathology Report (Path)	Yes
32650	Thoracoscopy, Surgical; With Pleurodesis (eg, Mechanical Or Chemical)	No
32651	Thoracoscopy, Surgical; With Partial Pulmonary Decortication	No
32652	Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis	No

Procedure Code	Description	Prior Auth Required
32653	Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit	No
32654	Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage	No
32655	Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed	No
32656	Thoracoscopy, Surgical; With Parietal Pleurectomy	No
32658	Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac	No
32659	Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage	No
3265F	Ribonucleic Acid (Rna) Testing For Hepatitis C Viremia Ordered Or Results Documented (Hep C)	Yes
32661	Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass	No
32662	Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass	No
32663	Thoracoscopy, Surgical; With Lobectomy (Single Lobe)	No
32664	Thoracoscopy, Surgical; With Thoracic Sympathectomy	No
32665	Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type)	No
32666	Thoracoscopy, Surgical; With Therapeutic Wedge Resection (eg, Mass, Nodule), Initial Unilateral	No
32667	Thoracoscopy, Surgical; With Therapeutic Wedge Resection (eg, Mass Or Nodule), Each Additional Resection, Ipsilateral (List Separately In Addition To Code For Primary Procedure)	No
32668	Thoracoscopy, Surgical; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary Procedure)	No
32669	Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy)	No
3266F	Hepatitis C Genotype Testing Documented As Performed Prior To Initiation Of Antiviral Treatment For Hepatitis C (Hep C)	Yes
32670	Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy)	No
32671	Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy)	No
32672	Thoracoscopy, Surgical; With Resection-Plication For Emphysematous Lung (Bullous Or Non-Bullous) For Lung Volume Reduction (Lvrs), Unilateral Includes Any Pleural Procedure, When Performed	No
32673	Thoracoscopy, Surgical; With Resection Of Thymus, Unilateral Or Bilateral	No
32674	Thoracoscopy, Surgical; With Mediastinal And Regional Lymphadenectomy (List Separately In Addition To Code For Primary Procedure)	No
3267F	Pathology Report Includes Pt Category, Pn Category, Gleason Score, And Statement About Margin Status (Path)	Yes
3268F	Prostate-Specific Antigen (Psa), And Primary Tumor (T) Stage, And Gleason Score Documented Prior To Initiation Of Treatment (Prca)	Yes
3269F	Bone Scan Performed Prior To Initiation Of Treatment Or At Any Time Since Diagnosis Of Prostate Cancer (Prca)	No
32701	Thoracic Target(s) Delineation For Stereotactic Body Radiation Therapy (Srs/Sbrt), (Photon Or Particle Beam), Entire Course Of Treatment	No
3270F	Bone Scan Not Performed Prior To Initiation Of Treatment Nor At Any Time Since Diagnosis Of Prostate Cancer (Prca)	Yes
3271F	Low Risk Of Recurrence, Prostate Cancer (Prca)	Yes
3272F	Intermediate Risk Of Recurrence, Prostate Cancer (Prca)	Yes
3273F	High Risk Of Recurrence, Prostate Cancer (Prca)	Yes
3274F	Prostate Cancer Risk Of Recurrence Not Determined Or Neither Low, Intermediate Nor High (Prca)	Yes
3278F	Serum Levels Of Calcium, Phosphorus, Intact Parathyroid Hormone (Pth) And Lipid Profile Ordered (Ckd)	Yes
3279F	Hemoglobin Level Greater Than Or Equal To 13 G/Dl (Ckd, Esrd)	Yes
32800	Repair Lung Hernia Through Chest Wall	No
3280F	Hemoglobin Level 11 G/Dl To 12.9 G/Dl (Ckd, Esrd)	Yes
32810	Closure Of Chest Wall Following Open Flap Drainage For Empyema (Clagett Type Procedure)	No
32815	Open Closure Of Major Bronchial Fistula	No
3281F	Hemoglobin Level Less Than 11 G/Dl (Ckd, Esrd)	Yes
32820	Major Reconstruction, Chest Wall (Posttraumatic)	No
3284F	Intraocular Pressure (Iop) Reduced By A Value Of Greater Than Or Equal To 15% From The Pre-Intervention Level (Ec)	Yes
32850	Donor Pneumonectomy(s) (Including Cold Preservation), From Cadaver Donor	Yes
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	Yes
32852	Lung Transplant, Single; With Cardiopulmonary Bypass	Yes
32853	Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass	Yes
32854	Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass	Yes
32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Pulmonary Venous/Atrial Cuff, Pulmonary Artery, And Bronchus; Unilateral	Yes
32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Pulmonary Venous/Atrial Cuff, Pulmonary Artery, And Bronchus; Bilateral	Yes
3285F	Intraocular Pressure (Iop) Reduced By A Value Less Than 15% From The Pre-Intervention Level (Ec)	Yes
3288F	Falls Risk Assessment Documented (Ger)	Yes
32900	Resection Of Ribs, Extrapleural, All Stages	No
32905	Thoracoplasty, Schede Type Or Extrapleural (All Stages);	No

Procedure Code	Description	Prior Auth Required
32906	Thoracoplasty, Schede Type Or Extrapleural (All Stages); With Closure Of Bronchopleural Fistula	No
3290F	Patient Is D (Rh) Negative And Unsensitized (Pre-Cr)	Yes
3291F	Patient Is D (Rh) Positive Or Sensitized (Pre-Cr)	Yes
3292F	Hiv Testing Ordered Or Documented And Reviewed During The First Or Second Prenatal Visit (Pre-Cr)	Yes
3293F	Abo And Rh Blood Typing Documented As Performed (Pre-Cr)	Yes
32940	Pneumonolysis, Extraperiosteal, Including Filling Or Packing Procedures	No
3294F	Group B Streptococcus (Gbs) Screening Documented As Performed During Week 35-37 Gestation (Pre-Cr)	Yes
32960	Pneumothorax, Therapeutic, Intrapleural Injection Of Air	No
32994	Ablation Therapy For Reduction Or Eradication Of 1 Or More Pulmonary Tumor(s) Including Pleura Or Chest Wall When Involved By Tumor Extension, Percutaneous, Including Imaging Guidance When Performed, Unilateral; Cryoablation	No
32997	Total Lung Lavage (Unilateral)	Yes
32998	Ablation Therapy For Reduction Or Eradication Of 1 Or More Pulmonary Tumor(S) Including Pleura Or Chest Wall When Involved By Tumor Extension, Percutaneous, Including Imaging Guidance When Performed, Unilateral; Radiofrequency	No
32999	Unlisted Procedure, Lungs And Pleura	Yes
3300F	American Joint Committee On Cancer (Ajcc) Stage Documented And Reviewed (Onc)	Yes
33016	Pericardiocentesis, Including Imaging Guidance, When Performed	No
33017	Pericardial Drainage With Insertion Of Indwelling Catheter, Percutaneous, Including Fluoroscopy And/Or Ultrasound Guidance, When Performed; 6 Years And Older Without Congenital Cardiac Anomaly	No
33018	Pericardial Drainage With Insertion Of Indwelling Catheter, Percutaneous, Including Fluoroscopy And/Or Ultrasound Guidance, When Performed; Birth Through 5 Years Of Age Or Any Age With Congenital Cardiac Anomaly	No
33019	Pericardial Drainage With Insertion Of Indwelling Catheter, Percutaneous, Including CT Guidance	No
3301F	Cancer Stage Documented In Medical Record As Metastatic And Reviewed (Onc)	Yes
33020	Pericardiotomy For Removal Of Clot Or Foreign Body (Primary Procedure)	No
33025	Creation Of Pericardial Window Or Partial Resection For Drainage	No
33030	Pericardiectomy, Subtotal Or Complete; Without Cardiopulmonary Bypass	No
33031	Pericardiectomy, Subtotal Or Complete; With Cardiopulmonary Bypass	No
33050	Resection Of Pericardial Cyst Or Tumor	No
33120	Excision Of Intracardiac Tumor, Resection With Cardiopulmonary Bypass	No
33130	Resection Of External Cardiac Tumor	No
33140	Transmyocardial Laser Revascularization, By Thoracotomy; (Separate Procedure)	Yes
33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The Time Of Other Open Cardiac Procedure(s) (List Separately In Addition To Code For Primary Procedure)	Yes
3315F	Estrogen Receptor (Er) Or Progesterone Receptor (Pr) Positive Breast Cancer (Onc)	Yes
3316F	Estrogen Receptor (Er) And Progesterone Receptor (Pr) Negative Breast Cancer (Onc)	Yes
3317F	Pathology Report Confirming Malignancy Documented In The Medical Record And Reviewed Prior To The Initiation Of Chemotherapy (Onc)	Yes
3318F	Pathology Report Confirming Malignancy Documented In The Medical Record And Reviewed Prior To The Initiation Of Radiation Therapy (Onc)	Yes
3319F	1 Of The Following Diagnostic Imaging Studies Ordered: Chest X-Ray, Ct, Ultrasound, MRI, Pet, Or Nuclear Medicine Scans (MI)	Yes
33202	Insertion Of Epicardial Electrode(s); Open Incision (eg, Thoracotomy, Median Sternotomy, Subxiphoid Approach)	No
33203	Insertion Of Epicardial Electrode(s); Endoscopic Approach (eg, Thoracoscopy, Pericardioscopy)	No
33206	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(s); Atrial	No
33207	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(s); Ventricular	No
33208	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(s); Atrial And Ventricular	No
3320F	None Of The Following Diagnostic Imaging Studies Ordered: Chest X-Ray, Ct, Ultrasound, MRI, Pet, Or Nuclear Medicine Scans (MI)	Yes
33210	Insertion Or Replacement Of Temporary Transvenous Single Chamber Cardiac Electrode Or Pacemaker Catheter (Separate Procedure)	No
33211	Insertion Or Replacement Of Temporary Transvenous Dual Chamber Pacing Electrodes (Separate Procedure)	No
33212	Insertion Of Pacemaker Pulse Generator Only; With Existing Single Lead	No
33213	Insertion Of Pacemaker Pulse Generator Only; With Existing Dual Leads	No
33214	Upgrade Of Implanted Pacemaker System, Conversion Of Single Chamber System To Dual Chamber System (Includes Removal Of Previously Placed Pulse Generator, Testing Of Existing Lead, Insertion Of New Lead, Insertion Of New Pulse Generator)	No
33215	Repositioning Of Previously Implanted Transvenous Pacemaker Or Implantable Defibrillator (Right Atrial Or Right Ventricular) Electrode	No
33216	Insertion Of A Single Transvenous Electrode, Permanent Pacemaker Or Implantable Defibrillator	No
33217	Insertion Of 2 Transvenous Electrodes, Permanent Pacemaker Or Implantable Defibrillator	No

Procedure Code	Description	Prior Auth Required
33218	Repair Of Single Transvenous Electrode, Permanent Pacemaker Or Implantable Defibrillator	No
3321F	Ajcc Cancer Stage 0 Or Ia Melanoma, Documented (Ml)	Yes
33220	Repair Of 2 Transvenous Electrodes For Permanent Pacemaker Or Implantable Defibrillator	No
33221	Insertion Of Pacemaker Pulse Generator Only; With Existing Multiple Leads	No
33222	Relocation Of Skin Pocket For Pacemaker	No
33223	Relocation Of Skin Pocket For Implantable Defibrillator	No
33224	Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, With Attachment To Previously Placed Pacemaker Or Implantable Defibrillator Pulse Generator (Including Revision Of Pocket, Removal, Insertion, And/Or Replacement Of Existin	No
33225	Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse Generator (Eg, For Upgrade To Dual Chamber System) (List Separately In Addition To Code For Primary Pro	No
33226	Repositioning Of Previously Implanted Cardiac Venous System (Left Ventricular) Electrode (Including Removal, Insertion And/Or Replacement Of Existing Generator)	No
33227	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Single Lead System	No
33228	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Dual Lead System	No
33229	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Multiple Lead System	No
3322F	Melanoma Greater Than Ajcc Stage 0 Or Ia (Ml)	Yes
33230	Insertion Of Implantable Defibrillator Pulse Generator Only; With Existing Dual Leads	No
33231	Insertion Of Implantable Defibrillator Pulse Generator Only; With Existing Multiple Leads	No
33233	Removal Of Permanent Pacemaker Pulse Generator Only	No
33234	Removal Of Transvenous Pacemaker Electrode(s); Single Lead System, Atrial Or Ventricular	No
33235	Removal Of Transvenous Pacemaker Electrode(s); Dual Lead System	No
33236	Removal Of Permanent Epicardial Pacemaker And Electrodes By Thoracotomy; Single Lead System, Atrial Or Ventricular	No
33237	Removal Of Permanent Epicardial Pacemaker And Electrodes By Thoracotomy; Dual Lead System	No
33238	Removal Of Permanent Transvenous Electrode(s) By Thoracotomy	No
3323F	Clinical Tumor, Node And Metastases (Tnm) Staging Documented And Reviewed Prior To Surgery (Lung/Esop Cx)	Yes
33240	Insertion Of Implantable Defibrillator Pulse Generator Only; With Existing Single Lead	No
33241	Removal Of Implantable Defibrillator Pulse Generator Only	No
33243	Removal Of Single Or Dual Chamber Implantable Defibrillator Electrode(s); By Thoracotomy	No
33244	Removal Of Single Or Dual Chamber Implantable Defibrillator Electrode(s); By Transvenous Extraction	No
33249	Insertion Or Replacement Of Permanent Implantable Defibrillator System, With Transvenous Lead(s), Single Or Dual Chamber	No
3324F	MRI Or CT Scan Ordered, Reviewed Or Requested (Epi)	Yes
33250	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (eg, Wolff-Parkinson-White, Atrioventricular Node Re-Entry), Tract(s) And/Or Focus (Foci); Without Cardiopulmonary Bypass	No
33251	Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (eg, Wolff-Parkinson-White, Atrioventricular Node Re-Entry), Tract(s) And/Or Focus (Foci); With Cardiopulmonary Bypass	No
33254	Operative Tissue Ablation And Reconstruction Of Atria, Limited (eg, Modified Maze Procedure)	No
33255	Operative Tissue Ablation And Reconstruction Of Atria, Extensive (eg, Maze Procedure); Without Cardiopulmonary Bypass	No
33256	Operative Tissue Ablation And Reconstruction Of Atria, Extensive (eg, Maze Procedure); With Cardiopulmonary Bypass	No
33257	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Time Of Other Cardiac Procedure(s), Limited (eg, Modified Maze Procedure) (List Separately In Addition To Code For Primary Procedure)	No
33258	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Time Of Other Cardiac Procedure(s), Extensive (eg, Maze Procedure), Without Cardiopulmonary Bypass (List Separately In Addition To Code For Primary Procedure)	No
33259	Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Time Of Other Cardiac Procedure(s), Extensive (eg, Maze Procedure), With Cardiopulmonary Bypass (List Separately In Addition To Code For Primary Procedure)	No
3325F	Preoperative Assessment Of Functional Or Medical Indication(S) For Surgery Prior To The Cataract Surgery With Intraocular Lens Placement (Must Be Performed Within 12 Months Prior To Cataract Surgery) (Ec)	Yes
33261	Operative Ablation Of Ventricular Arrhythmogenic Focus With Cardiopulmonary Bypass	No
33262	Removal Of Implantable Defibrillator Pulse Generator With Replacement Of Implantable Defibrillator Pulse Generator; Single Lead System	No
33263	Removal Of Implantable Defibrillator Pulse Generator With Replacement Of Implantable Defibrillator Pulse Generator; Dual Lead System	No
33264	Removal Of Implantable Defibrillator Pulse Generator With Replacement Of Implantable Defibrillator Pulse Generator; Multiple Lead System	No
33265	Endoscopy, Surgical; Operative Tissue Ablation And Reconstruction Of Atria, Limited (eg, Modified Maze Procedure), Without Cardiopulmonary Bypass	No

Procedure Code	Description	Prior Auth Required
33266	Endoscopy, Surgical; Operative Tissue Ablation And Reconstruction Of Atria, Extensive (eg, Maze Procedure), Without Cardiopulmonary Bypass	No
33267	Exclusion Of Left Atrial Appendage, Open, Any Method (Eg, Excision, Isolation Via Stapling, Oversewing, Ligation, Plication, Clip)	Yes
33268	Exclusion Of Left Atrial Appendage, Open, Performed At The Time Of Other Sternotomy Or Thoracotomy Procedure(S), Any Method (Eg, Excision, Isolation Via Stapling, Oversewing, Ligation, Plication, Clip) (List Separately In Addition To Code For Primary Proc	Yes
33269	Exclusion Of Left Atrial Appendage, Thoracoscopic, Any Method (Eg, Excision, Isolation Via Stapling, Oversewing, Ligation, Plication, Clip)	Yes
33270	Insertion Or Replacement Of Permanent Subcutaneous Implantable Defibrillator System, With Subcutaneous Electrode, Including Defibrillation Threshold Evaluation, Induction Of Arrhythmia, Evaluation Of Sensing For Arrhythmia Termination, And Programming Or	No
33271	Insertion Of Subcutaneous Implantable Defibrillator Electrode	No
33272	Removal Of Subcutaneous Implantable Defibrillator Electrode	No
33273	Repositioning Of Previously Implanted Subcutaneous Implantable Defibrillator Electrode	No
33274	Transcatheter Insertion Or Replacement Of Permanent Leadless Pacemaker, Right Ventricular, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogation Or Programming), When	No
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	No
33276	Insertion Of Phrenic Nerve Stimulator System (Pulse Generator And Stimulating Lead[S]), Including Vessel Catheterization, All Imaging Guidance, And Pulse Generator Initial Analysis With Diagnostic Mode Activation, When Performed	No
33277	Insertion Of Phrenic Nerve Stimulator Transvenous Sensing Lead (List Separately In Addition To Code For Primary Procedure)	No
33278	Removal Of Phrenic Nerve Stimulator, Including Vessel Catheterization, All Imaging Guidance, And Interrogation And Programming, When Performed; System, Including Pulse Generator And Lead(S)	No
33279	Removal Of Phrenic Nerve Stimulator, Including Vessel Catheterization, All Imaging Guidance, And Interrogation And Programming, When Performed; Transvenous Stimulation Or Sensing Lead(S) Only	No
33280	Removal Of Phrenic Nerve Stimulator, Including Vessel Catheterization, All Imaging Guidance, And Interrogation And Programming, When Performed; Pulse Generator Only	No
33281	Repositioning Of Phrenic Nerve Stimulator Transvenous Lead(S)	No
33285	Insertion, Subcutaneous Cardiac Rhythm Monitor, Including Programming	No
33286	Removal, Subcutaneous Cardiac Rhythm Monitor	No
33287	Removal And Replacement Of Phrenic Nerve Stimulator, Including Vessel Catheterization, All Imaging Guidance, And Interrogation And Programming, When Performed; Pulse Generator	No
33288	Removal And Replacement Of Phrenic Nerve Stimulator, Including Vessel Catheterization, All Imaging Guidance, And Interrogation And Programming, When Performed; Transvenous Stimulation Or Sensing Lead(S)	No
33289	Transcatheter Implantation Of Wireless Pulmonary Artery Pressure Sensor For Long-Term Hemodynamic Monitoring, Including Deployment And Calibration Of The Sensor, Right Heart Catheterization, Selective Pulmonary Catheterization, Radiological Supervision An	No
3328F	Performance Status Documented And Reviewed Within 2 Weeks Prior To Surgery (Lung/Esop Cx)	Yes
33300	Repair Of Cardiac Wound; Without Bypass	No
33305	Repair Of Cardiac Wound; With Cardiopulmonary Bypass	No
3330F	Imaging Study Ordered (Bkp)	Yes
33310	Cardiotomy, Exploratory (Includes Removal Of Foreign Body, Atrial Or Ventricular Thrombus); Without Bypass	No
33315	Cardiotomy, Exploratory (Includes Removal Of Foreign Body, Atrial Or Ventricular Thrombus); With Cardiopulmonary Bypass	No
3331F	Imaging Study Not Ordered (Bkp)	Yes
33320	Suture Repair Of Aorta Or Great Vessels; Without Shunt Or Cardiopulmonary Bypass	No
33321	Suture Repair Of Aorta Or Great Vessels; With Shunt Bypass	No
33322	Suture Repair Of Aorta Or Great Vessels; With Cardiopulmonary Bypass	No
33330	Insertion Of Graft, Aorta Or Great Vessels; Without Shunt, Or Cardiopulmonary Bypass	No
33335	Insertion Of Graft, Aorta Or Great Vessels; With Cardiopulmonary Bypass	No
33340	Percutaneous Transcatheter Closure Of The Left Atrial Appendage With Endocardial Implant, Including Fluoroscopy, Transseptal Puncture, Catheter Placement(S), Left Atrial Angiography, Left Atrial Appendage Angiography, When Performed, And Radiological Supe	No
33361	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Percutaneous Femoral Artery Approach	No
33362	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Open Femoral Artery Approach	No
33363	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Open Axillary Artery Approach	No
33364	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Open Iliac Artery Approach	No

Procedure Code	Description	Prior Auth Required
33365	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Transaortic Approach (eg, Median Sternotomy, Mediastinotomy)	No
33366	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Transapical Exposure (eg, Left Thoracotomy)	No
33367	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Cardiopulmonary Bypass Support With Percutaneous Peripheral Arterial And Venous Cannulation (eg, Femoral Vessels) (List Separately In Addition To Code For Primary Procedure)	No
33368	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Cardiopulmonary Bypass Support With Open Peripheral Arterial And Venous Cannulation (Eg, Femoral, Iliac, Axillary Vessels) (List Separately In Addition To Code For Primary Procedure	No
33369	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Cardiopulmonary Bypass Support With Central Arterial And Venous Cannulation (Eg, Aorta, Right Atrium, Pulmonary Artery) (List Separately In Addition To Code For Primary Procedure)	No
33370	Transcatheter Placement And Subsequent Removal Of Cerebral Embolic Protection Device(S), Including Arterial Access, Catheterization, Imaging, And Radiological Supervision And Interpretation, Percutaneous (List Separately In Addition To Code For Primary Pr	Yes
33390	Valvuloplasty, Aortic Valve, Open, With Cardiopulmonary Bypass; Simple (Ie, Valvotomy, Debridement, Debulking, And/Or Simple Commissural Resuspension)	No
33391	Valvuloplasty, Aortic Valve, Open, With Cardiopulmonary Bypass; Complex (eg, Leaflet Extension, Leaflet Resection, Leaflet Reconstruction, Or Annuloplasty)	No
33404	Construction Of Apical-Aortic Conduit	No
33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	No
33406	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHAND)	No
3340F	Mammogram Assessment Category Of ''Incomplete: Need Additional Imaging Evaluation'' Documented (Rad)	Yes
33410	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE	No
33411	Replacement, Aortic Valve; With Aortic Annulus Enlargement, Noncoronary Sinus	No
33412	Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement (Konno Procedure)	No
33413	Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft Replacement Of Pulmonary Valve (Ross Procedure)	No
33414	Repair Of Left Ventricular Outflow Tract Obstruction By Patch Enlargement Of The Outflow Tract	No
33415	Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic Stenosis	No
33416	Ventriculomyotomy (-Myectomy) For Idiopathic Hypertrophic Subaortic Stenosis (eg, Asymmetric Septal Hypertrophy)	No
33417	Aortoplasty (Gusset) For Supravalvular Stenosis	No
33418	Transcatheter Mitral Valve Repair, Percutaneous Approach, Including Transseptal Puncture When Performed; Initial Prosthesis	No
33419	Transcatheter Mitral Valve Repair, Percutaneous Approach, Including Transseptal Puncture When Performed; Additional Prosthesis(Es) During Same Session (List Separately In Addition To Code For Primary Procedure)	No
3341F	Mammogram Assessment Category Of ''Negative,'' Documented (Rad)	Yes
33420	Valvotomy, Mitral Valve; Closed Heart	No
33422	Valvotomy, Mitral Valve; Open Heart, With Cardiopulmonary Bypass	No
33425	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass;	No
33426	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; With Prosthetic Ring	No
33427	Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; Radical Reconstruction, With Or Without Ring	No
3342F	Mammogram Assessment Category Of ''Benign,'' Documented (Rad)	Yes
33430	Replacement, Mitral Valve, With Cardiopulmonary Bypass	No
3343F	Mammogram Assessment Category Of ''Probably Benign,'' Documented (Rad)	Yes
33440	Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve And Transventricular Aortic Annulus Enlargement Of The Left Ventricular Outflow Tract With Valved Conduit Replacement Of Pulmonary Valve (Ross-Konno Procedure)	No
3344F	Mammogram Assessment Category Of ''Suspicious,'' Documented (Rad)	Yes
3345F	Mammogram Assessment Category Of ''Highly Suggestive Of Malignancy,'' Documented (Rad)	Yes
33460	Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass	No
33463	Valvuloplasty, Tricuspid Valve; Without Ring Insertion	No
33464	Valvuloplasty, Tricuspid Valve; With Ring Insertion	No
33465	Replacement, Tricuspid Valve, With Cardiopulmonary Bypass	No
33468	Tricuspid Valve Repositioning And Plication For Ebstein Anomaly	No
33474	Valvotomy, Pulmonary Valve, Open Heart, With Cardiopulmonary Bypass	No
33475	Replacement, Pulmonary Valve	No
33476	Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy	No
33477	Transcatheter Pulmonary Valve Implantation, Percutaneous Approach, Including Pre-Stenting Of The Valve Delivery Site, When Performed	No
33478	Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection	No

Procedure Code	Description	Prior Auth Required
33496	Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure)	No
33500	Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardiopulmonary Bypass	No
33501	Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardiopulmonary Bypass	No
33502	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligation	No
33503	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Graft, Without Cardiopulmonary Bypass	No
33504	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Graft, With Cardiopulmonary Bypass	No
33505	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; With Construction Of Intrapulmonary Artery Tunnel (Takeuchi Procedure)	No
33506	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Translocation From Pulmonary Artery To Aorta	No
33507	Repair Of Anomalous (eg, Intramural) Aortic Origin Of Coronary Artery By Unroofing Or Translocation	No
33508	Endoscopy, Surgical, Including Video-Assisted Harvest Of Vein(s) For Coronary Artery Bypass Procedure (List Separately In Addition To Code For Primary Procedure)	No
33509	Harvest Of Upper Extremity Artery, 1 Segment, For Coronary Artery Bypass Procedure, Endoscopic	Yes
3350F	Mammogram Assessment Category Of ''Known Biopsy Proven Malignancy,'' Documented (Rad)	Yes
33510	Coronary Artery Bypass, Vein Only; Single Coronary Venous Graft	No
33511	Coronary Artery Bypass, Vein Only; 2 Coronary Venous Grafts	No
33512	Coronary Artery Bypass, Vein Only; 3 Coronary Venous Grafts	No
33513	Coronary Artery Bypass, Vein Only; 4 Coronary Venous Grafts	No
33514	Coronary Artery Bypass, Vein Only; 5 Coronary Venous Grafts	No
33516	Coronary Artery Bypass, Vein Only; 6 Or More Coronary Venous Grafts	No
33517	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); Single Vein Graft (List Separately In Addition To Code For Primary Procedure)	Yes
33518	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 2 Venous Grafts (List Separately In Addition To Code For Primary Procedure)	Yes
33519	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 3 Venous Grafts (List Separately In Addition To Code For Primary Procedure)	Yes
3351F	Negative Screen For Depressive Symptoms As Categorized By Using A Standardized Depression Screening/Assessment Tool (Mdd)	Yes
33521	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 4 Venous Grafts (List Separately In Addition To Code For Primary Procedure)	Yes
33522	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 5 Venous Grafts (List Separately In Addition To Code For Primary Procedure)	Yes
33523	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 6 Or More Venous Grafts (List Separately In Addition To Code For Primary Procedure)	Yes
3352F	No Significant Depressive Symptoms As Categorized By Using A Standardized Depression Assessment Tool (Mdd)	Yes
33530	Reoperation, Coronary Artery Bypass Procedure Or Valve Procedure, More Than 1 Month After Original Operation (List Separately In Addition To Code For Primary Procedure)	No
33533	Coronary Artery Bypass, Using Arterial Graft(s); Single Arterial Graft	Yes
33534	Coronary Artery Bypass, Using Arterial Graft(s); 2 Coronary Arterial Grafts	Yes
33535	Coronary Artery Bypass, Using Arterial Graft(s); 3 Coronary Arterial Grafts	Yes
33536	Coronary Artery Bypass, Using Arterial Graft(s); 4 Or More Coronary Arterial Grafts	Yes
3353F	Mild To Moderate Depressive Symptoms As Categorized By Using A Standardized Depression Screening/Assessment Tool (Mdd)	Yes
33542	Myocardial Resection (eg, Ventricular Aneurysmectomy)	No
33545	Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocardial Resection	No
33548	Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Performed (eg, Ventricular Remodeling, Svr, Saver, Dor Procedures)	No
3354F	Clinically Significant Depressive Symptoms As Categorized By Using A Standardized Depression Screening/Assessment Tool (Mdd)	Yes
33572	Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Circumflex, Or Right Coronary Artery Performed In Conjunction With Coronary Artery Bypass Graft Procedure, Each Vessel (List Separately In Addition To Primary Procedure)	No
33600	Closure Of Atrioventricular Valve (Mitral Or Tricuspid) By Suture Or Patch	No
33602	Closure Of Semilunar Valve (Aortic Or Pulmonary) By Suture Or Patch	No
33606	Anastomosis Of Pulmonary Artery To Aorta (Damus-Kaye-Stansel Procedure)	No
33608	Repair Of Complex Cardiac Anomaly Other Than Pulmonary Atresia With Ventricular Septal Defect By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery	No
33610	Repair Of Complex Cardiac Anomalies (eg, Single Ventricle With Subaortic Obstruction) By Surgical Enlargement Of Ventricular Septal Defect	No
33611	Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair;	No
33612	Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair; With Repair Of Right Ventricular Outflow Tract Obstruction	No

Procedure Code	Description	Prior Auth Required
33615	Repair Of Complex Cardiac Anomalies (eg, Tricuspid Atresia) By Closure Of Atrial Septal Defect And Anastomosis Of Atria Or Vena Cava To Pulmonary Artery (Simple Fontan Procedure)	No
33617	Repair Of Complex Cardiac Anomalies (eg, Single Ventricle) By Modified Fontan Procedure	No
33619	Repair Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch Hypoplasia (Hypoplastic Left Heart Syndrome) (eg, Norwood Procedure)	No
33620	Application Of Right And Left Pulmonary Artery Bands (eg, Hybrid Approach Stage 1)	No
33621	Transthoracic Insertion Of Catheter For Stent Placement With Catheter Removal And Closure (eg, Hybrid Approach Stage 1)	No
33622	Reconstruction Of Complex Cardiac Anomaly (Eg, Single Ventricle Or Hypoplastic Left Heart) With Palliation Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch Hypoplasia, Creation Of Cavopulmonary Anastomosis, And Removal Of Right And Left	No
33641	Repair Atrial Septal Defect, Secundum, With Cardiopulmonary Bypass, With Or Without Patch	No
33645	Direct Or Patch Closure, Sinus Venosus, With Or Without Anomalous Pulmonary Venous Drainage	No
33647	Repair Of Atrial Septal Defect And Ventricular Septal Defect, With Direct Or Patch Closure	No
33660	Repair Of Incomplete Or Partial Atrioventricular Canal (Ostium Primum Atrial Septal Defect), With Or Without Atrioventricular Valve Repair	No
33665	Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or Without Atrioventricular Valve Repair	No
33670	Repair Of Complete Atrioventricular Canal, With Or Without Prosthetic Valve	No
33675	Closure Of Multiple Ventricular Septal Defects;	No
33676	Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic)	No
33677	Closure Of Multiple Ventricular Septal Defects; With Removal Of Pulmonary Artery Band, With Or Without Gusset	No
33681	Closure Of Single Ventricular Septal Defect, With Or Without Patch;	No
33684	Closure Of Single Ventricular Septal Defect, With Or Without Patch; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic)	No
33688	Closure Of Single Ventricular Septal Defect, With Or Without Patch; With Removal Of Pulmonary Artery Band, With Or Without Gusset	No
33690	Banding Of Pulmonary Artery	No
33692	Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia;	No
33694	Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia; With Transannular Patch	No
33697	Complete Repair Tetralogy Of Fallot With Pulmonary Atresia Including Construction Of Conduit From Right Ventricle To Pulmonary Artery And Closure Of Ventricular Septal Defect	No
33702	Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass;	No
3370F	Ajcc Breast Cancer Stage 0 Documented (Onc)	Yes
33710	Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; With Repair Of Ventricular Septal Defect	No
33720	Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass	No
33724	Repair Of Isolated Partial Anomalous Pulmonary Venous Return (eg, Scimitar Syndrome)	No
33726	Repair Of Pulmonary Venous Stenosis	No
3372F	AJCC BREAST CANCER STAGE I: T1MIC, T1A OR T1B (TUMOR SIZE < = 1 CM) DOCUMENTED (ONC)	Yes
33730	Complete Repair Of Anomalous Pulmonary Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types)	No
33732	Repair Of Cor Triatriatum Or Supravalvular Mitral Ring By Resection Of Left Atrial Membrane	No
33735	Atrial Septectomy Or Septostomy; Closed Heart (Blalock-Hanlon Type Operation)	No
33736	Atrial Septectomy Or Septostomy; Open Heart With Cardiopulmonary Bypass	No
33741	Transcatheter Atrial Septostomy (TAS) For Congenital Cardiac Anomalies To Create Effective Atrial Flow, Including All Imaging Guidance By The Proceduralist, When Performed, Any Method (Eg, Rashkind, Sang-Park, Balloon, Cutting Balloon, Blade)	No
33745	Transcatheter Intracardiac Shunt (Tis) Creation By Stent Placement For Congenital Cardiac Anomalies To Establish Effective Intracardiac Flow, Including All Imaging Guidance By The Proceduralist, When Performed, Left And Right Heart Diagnostic Cardiac Cath	No
33746	Transcatheter Intracardiac Shunt (Tis) Creation By Stent Placement For Congenital Cardiac Anomalies To Establish Effective Intracardiac Flow, Including All Imaging Guidance By The Proceduralist, When Performed, Left And Right Heart Diagnostic Cardiac Cath	No
3374F	Ajcc Breast Cancer Stage I: T1c (Tumor Size > 1 Cm To 2 Cm) Documented (Onc)	Yes
33750	Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation)	No
33755	Shunt; Ascending Aorta To Pulmonary Artery (Waterston Type Operation)	No
33762	Shunt; Descending Aorta To Pulmonary Artery (Potts-Smith Type Operation)	No
33764	Shunt; Central, With Prosthetic Graft	No
33766	Shunt; Superior Vena Cava To Pulmonary Artery For Flow To 1 Lung (Classical Glenn Procedure)	No
33767	Shunt; Superior Vena Cava To Pulmonary Artery For Flow To Both Lungs (Bidirectional Glenn Procedure)	No
33768	Anastomosis, Cavopulmonary, Second Superior Vena Cava (List Separately In Addition To Primary Procedure)	No
3376F	Ajcc Breast Cancer Stage Ii Documented (Onc)	Yes
33770	Repair Of Transposition Of The Great Arteries With Ventricular Septal Defect And Subpulmonary Stenosis; Without Surgical Enlargement Of Ventricular Septal Defect	No
33771	Repair Of Transposition Of The Great Arteries With Ventricular Septal Defect And Subpulmonary Stenosis; With Surgical Enlargement Of Ventricular Septal Defect	No

Procedure Code	Description	Prior Auth Required
33774	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (eg, Mustard Or Senning Type) With Cardiopulmonary Bypass;	No
33775	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (eg, Mustard Or Senning Type) With Cardiopulmonary Bypass; With Removal Of Pulmonary Band	No
33776	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (eg, Mustard Or Senning Type) With Cardiopulmonary Bypass; With Closure Of Ventricular Septal Defect	No
33777	Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (eg, Mustard Or Senning Type) With Cardiopulmonary Bypass; With Repair Of Subpulmonic Obstruction	No
33778	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (eg, Jatene Type);	No
33779	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (eg, Jatene Type); With Removal Of Pulmonary Band	No
33780	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (eg, Jatene Type); With Closure Of Ventricular Septal Defect	No
33781	Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (eg, Jatene Type); With Repair Of Subpulmonic Obstruction	No
33782	Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium Reimplantation	No
33783	Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); With Reimplantation Of 1 Or Both Coronary Ostia	No
33786	Total Repair, Truncus Arteriosus (Rastelli Type Operation)	No
33788	Reimplantation Of An Anomalous Pulmonary Artery	No
3378F	Ajcc Breast Cancer Stage Iii Documented (Onc)	Yes
33800	Aortic Suspension (Aortopexy) For Tracheal Decompression (eg, For Tracheomalacia) (Separate Procedure)	No
33802	Division Of Aberrant Vessel (Vascular Ring);	No
33803	Division Of Aberrant Vessel (Vascular Ring); With Reanastomosis	No
3380F	Ajcc Breast Cancer Stage Iv Documented (Onc)	Yes
33814	Obliteration Of Aortopulmonary Septal Defect, With Cardiopulmonary Bypass	No
33820	Repair Of Patent Ductus Arteriosus; By Ligation	No
33822	Repair Of Patent Ductus Arteriosus; By Division, Younger Than 18 Years	No
33824	Repair Of Patent Ductus Arteriosus; By Division, 18 Years And Older	No
3382F	Ajcc Colon Cancer, Stage 0 Documented (Onc)	Yes
33840	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus; With Direct Anastomosis	No
33845	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus; With Graft	No
3384F	Ajcc Colon Cancer, Stage I Documented (Onc)	Yes
33851	Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus; Repair Using Either Left Subclavian Artery Or Prosthetic Material As Gusset For Enlargement	No
33852	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosthetic Material; Without Cardiopulmonary Bypass	No
33853	Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosthetic Material; With Cardiopulmonary Bypass	No
33858	Ascending Aorta Graft, With Cardiopulmonary Bypass, Includes Valve Suspension, When Performed; For Aortic Dissection	No
33859	Ascending Aorta Graft, With Cardiopulmonary Bypass, Includes Valve Suspension, When Performed; For Aortic Disease Other Than Dissection (Eg, Aneurysm)	No
33863	Ascending Aorta Graft, With Cardiopulmonary Bypass, With Aortic Root Replacement Using Valved Conduit And Coronary Reconstruction (eg, Bentall)	No
33864	Ascending Aorta Graft, With Cardiopulmonary Bypass With Valve Suspension, With Coronary Reconstruction And Valve-Sparing Aortic Root Remodeling (Eg, David Procedure, Yacoub Procedure)	No
33866	Aortic Hemiarch Graft Including Isolation And Control Of The Arch Vessels, Beveled Open Distal Aortic Anastomosis Extending Under One Or More Of The Arch Vessels, And Total Circulatory Arrest Or Isolated Cerebral Perfusion (List Separately In Addition To	No
3386F	Ajcc Colon Cancer, Stage Ii Documented (Onc)	Yes
33871	Transverse Aortic Arch Graft, With Cardiopulmonary Bypass, With Profound Hypothermia, Total Circulatory Arrest And Isolated Cerebral Perfusion With Reimplantation Of Arch Vessel(S) (Eg, Island Pedicle Or Individual Arch Vessel Reimplantation)	No
33875	Descending Thoracic Aorta Graft, With Or Without Bypass	No
33877	Repair Of Thoracoabdominal Aortic Aneurysm With Graft, With Or Without Cardiopulmonary Bypass	No
33880	Endovascular Repair Of Thoracic Aorta, Including Pre-Procedure Sizing And Device Selection, Nonselective Catheterization(S), All Associated Radiological Supervision And Interpretation; By Deployment Of An Aorto-Aortic Tube Endograft Covering The Left Subc	No
33881	Endovascular Repair Of Thoracic Aorta, Including Pre-Procedure Sizing And Device Selection, Nonselective Catheterization(S), All Associated Radiological Supervision And Interpretation; By Deployment Of An Aorto-Aortic Tube Endograft Not Involving Coverage	No
33882	Endovascular Repair Of The Thoracic Aorta By Deployment Of A Branched Endograft Multipiece System Involving An Aorto-Aortic Tube Device With A Fenestration For The Left Subclavian Artery Stent Graft(S) And All Aortic Tube Endograft Extension(S) Placed	Yes

Procedure Code	Description	Prior Auth Required
33883	Delayed Placement Of Proximal Extension Prosthesis(Es) Not Involving Coverage Of The Left Subclavian Artery Origin, After Endovascular Repair Of The Thoracic Aorta, Including Pre-Procedure Sizing And Device Selection, Nonselective Catheterization(S), All	No
33886	Delayed Placement Of Distal Extension Prosthesis(Es) From The Level Of The Left Subclavian Artery To The Celiac Artery, After Endovascular Repair Of Descending Thoracic Aorta, Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheteri	No
3388F	Ajcc Colon Cancer, Stage Iii Documented (Onc)	Yes
33894	Endovascular Stent Repair Of Coarctation Of The Ascending, Transverse, Or Descending Thoracic Or Abdominal Aorta, Involving Stent Placement; Across Major Side Branches	Yes
33895	Endovascular Stent Repair Of Coarctation Of The Ascending, Transverse, Or Descending Thoracic Or Abdominal Aorta, Involving Stent Placement; Not Crossing Major Side Branches	Yes
33897	Percutaneous Transluminal Angioplasty Of Native Or Recurrent Coarctation Of The Aorta	Yes
33900	Percutaneous Pulmonary Artery Revascularization By Stent Placement, Initial; Normal Native Connections, Unilateral	No
33901	Percutaneous Pulmonary Artery Revascularization By Stent Placement, Initial; Normal Native Connections, Bilateral	No
33902	Percutaneous Pulmonary Artery Revascularization By Stent Placement, Initial; Abnormal Connections, Unilateral	No
33903	Percutaneous Pulmonary Artery Revascularization By Stent Placement, Initial; Abnormal Connections, Bilateral	No
33904	Percutaneous Pulmonary Artery Revascularization By Stent Placement, Each Additional Vessel Or Separate Lesion, Normal Or Abnormal Connections (List Separately In Addition To Code For Primary Procedure)	No
3390F	Ajcc Colon Cancer, Stage Iv Documented (Onc)	Yes
33910	Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass	No
33915	Pulmonary Artery Embolectomy; Without Cardiopulmonary Bypass	No
33916	Pulmonary Endarterectomy, With Or Without Embolectomy, With Cardiopulmonary Bypass	No
33917	Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft	No
33920	Repair Of Pulmonary Atresia With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery	No
33922	Transection Of Pulmonary Artery With Cardiopulmonary Bypass	No
33924	Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure)	No
33925	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass	No
33926	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass	No
33927	Implantation Of A Total Replacement Heart System (Artificial Heart) With Recipient Cardiectomy	Yes
33928	Removal And Replacement Of Total Replacement Heart System (Artificial Heart)	Yes
33929	Removal Of A Total Replacement Heart System (Artificial Heart) For Heart Transplantation (List Separately In Addition To Code For Primary Procedure)	Yes
33930	Donor Cardiectomy-Pneumonectomy (Including Cold Preservation)	Yes
33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation	Yes
33935	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	Yes
33940	Donor Cardiectomy (Including Cold Preservation)	Yes
33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For Impla	Yes
33945	Heart Transplant, With Or Without Recipient Cardiectomy	Yes
33946	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Initiation, Veno-Venous	Yes
33947	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Initiation, Veno-Arterial	Yes
33948	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Daily Management, Each Day, Veno-Venous	No
33949	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Daily Management, Each Day, Veno-Arterial	No
3394F	Quantitative Her2 Immunohistochemistry (Ihc) Evaluation Of Breast Cancer Consistent With The Scoring System Defined In The Asco/Cap Guidelines (Path)	Yes
33951	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Insertion Of Peripheral (Arterial And/Or Venous) Cannula(E), Percutaneous, Birth Through 5 Years Of Age (Includes Fluoroscopic Guidance, When Performed)	No
33952	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Insertion Of Peripheral (Arterial And/Or Venous) Cannula(E), Percutaneous, 6 Years And Older (Includes Fluoroscopic Guidance, When Performed)	No
33953	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Insertion Of Peripheral (Arterial And/Or Venous) Cannula(E), Open, Birth Through 5 Years Of Age	No

Procedure Code	Description	Prior Auth Required
33954	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Insertion Of Peripheral (Arterial And/Or Venous) Cannula(E), Open, 6 Years And Older	No
33955	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Insertion Of Central Cannula(E) By Sternotomy Or Thoracotomy, Birth Through 5 Years Of Age	No
33956	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Insertion Of Central Cannula(E) By Sternotomy Or Thoracotomy, 6 Years And Older	No
33957	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Reposition Peripheral (Arterial And/Or Venous) Cannula(E), Percutaneous, Birth Through 5 Years Of Age (Includes Fluoroscopic Guidance, When Performed)	No
33958	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Reposition Peripheral (Arterial And/Or Venous) Cannula(E), Percutaneous, 6 Years And Older (Includes Fluoroscopic Guidance, When Performed)	No
33959	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Reposition Peripheral (Arterial And/Or Venous) Cannula(E), Open, Birth Through 5 Years Of Age (Includes Fluoroscopic Guidance, When Performed)	No
3395F	Quantitative Non-Her2 Immunohistochemistry (Ihc) Evaluation Of Breast Cancer (eg, Testing For Estrogen Or Progesterone Receptors [Er/Pr]) Performed (Path)	Yes
33962	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Reposition Peripheral (Arterial And/Or Venous) Cannula(E), Open, 6 Years And Older (Includes Fluoroscopic Guidance, When Performed)	No
33963	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Reposition Of Central Cannula(E) By Sternotomy Or Thoracotomy, Birth Through 5 Years Of Age (Includes Fluoroscopic Guidance, When Performed)	No
33964	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Reposition Central Cannula(E) By Sternotomy Or Thoracotomy, 6 Years And Older (Includes Fluoroscopic Guidance, When Performed)	No
33965	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Removal Of Peripheral (Arterial And/Or Venous) Cannula(E), Percutaneous, Birth Through 5 Years Of Age	No
33966	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Removal Of Peripheral (Arterial And/Or Venous) Cannula(E), Percutaneous, 6 Years And Older	No
33967	Insertion Of Intra-Aortic Balloon Assist Device, Percutaneous	No
33968	Removal Of Intra-Aortic Balloon Assist Device, Percutaneous	No
33969	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Removal Of Peripheral (Arterial And/Or Venous) Cannula(E), Open, Birth Through 5 Years Of Age	No
33970	Insertion Of Intra-Aortic Balloon Assist Device Through The Femoral Artery, Open Approach	No
33971	Removal Of Intra-Aortic Balloon Assist Device Including Repair Of Femoral Artery, With Or Without Graft	No
33973	Insertion Of Intra-Aortic Balloon Assist Device Through The Ascending Aorta	No
33974	Removal Of Intra-Aortic Balloon Assist Device From The Ascending Aorta, Including Repair Of The Ascending Aorta, With Or Without Graft	No
33975	Insertion Of Ventricular Assist Device; Extracorporeal, Single Ventricle	No
33976	Insertion Of Ventricular Assist Device; Extracorporeal, Biventricular	No
33977	Removal Of Ventricular Assist Device; Extracorporeal, Single Ventricle	No
33978	Removal Of Ventricular Assist Device; Extracorporeal, Biventricular	No
33979	Insertion Of Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	No
33980	Removal Of Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	No
33981	Replacement Of Extracorporeal Ventricular Assist Device, Single Or Biventricular, Pump(s), Single Or Each Pump	No
33982	Replacement Of Ventricular Assist Device Pump(s); Implantable Intracorporeal, Single Ventricle, Without Cardiopulmonary Bypass	No
33983	Replacement Of Ventricular Assist Device Pump(s); Implantable Intracorporeal, Single Ventricle, With Cardiopulmonary Bypass	No
33984	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Removal Of Peripheral (Arterial And/Or Venous) Cannula(E), Open, 6 Years And Older	No
33985	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Removal Of Central Cannula(E) By Sternotomy Or Thoracotomy, Birth Through 5 Years Of Age	No
33986	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By Physician; Removal Of Central Cannula(E) By Sternotomy Or Thoracotomy, 6 Years And Older	No
33987	Arterial Exposure With Creation Of Graft Conduit (eg, Chimney Graft) To Facilitate Arterial Perfusion For Ecmo/Ecls (List Separately In Addition To Code For Primary Procedure)	No
33988	Insertion Of Left Heart Vent By Thoracic Incision (eg, Sternotomy, Thoracotomy) For Ecmo/Ecls	No
33989	Removal Of Left Heart Vent By Thoracic Incision (eg, Sternotomy, Thoracotomy) For Ecmo/Ecls	No
33990	Insertion Of Ventricular Assist Device, Percutaneous, Including Radiological Supervision And Interpretation; Left Heart, Arterial Access Only	No
33991	Insertion Of Ventricular Assist Device, Percutaneous, Including Radiological Supervision And Interpretation; Left Heart, Both Arterial And Venous Access, With Transseptal Puncture	No

Procedure Code	Description	Prior Auth Required
33992	Removal Of Percutaneous Left Heart Ventricular Assist Device, Arterial Or Arterial And Venous Cannula(S), At Separate And Distinct Session From Insertion	No
33993	Repositioning Of Percutaneous Right Or Left Heart Ventricular Assist Device With Imaging Guidance At Separate And Distinct Session From Insertion	No
33995	Insertion Of Ventricular Assist Device, Percutaneous, Including Radiological Supervision And Interpretation; Right Heart, Venous Access Only	No
33997	Removal Of Percutaneous Right Heart Ventricular Assist Device, Venous Cannula, At Separate And Distinct Session From Insertion	No
33999	Unlisted Procedure, Cardiac Surgery	Yes
34001	Embolectomy Or Thrombectomy, With Or Without Catheter; Carotid, Subclavian Or Innominate Artery, By Neck Incision	No
34051	Embolectomy Or Thrombectomy, With Or Without Catheter; Innominate, Subclavian Artery, By Thoracic Incision	No
34101	Embolectomy Or Thrombectomy, With Or Without Catheter; Axillary, Brachial, Innominate, Subclavian Artery, By Arm Incision	No
34111	Embolectomy Or Thrombectomy, With Or Without Catheter; Radial Or Ulnar Artery, By Arm Incision	No
34151	Embolectomy Or Thrombectomy, With Or Without Catheter; Renal, Celiac, Mesentery, Aortoiliac Artery, By Abdominal Incision	No
34201	Embolectomy Or Thrombectomy, With Or Without Catheter; Femoropopliteal, Aortoiliac Artery, By Leg Incision	No
34203	Embolectomy Or Thrombectomy, With Or Without Catheter; Popliteal-Tibio-Peroneal Artery, By Leg Incision	No
34401	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal Incision	No
34421	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac, Femoropopliteal Vein, By Leg Incision	No
34451	Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac, Femoropopliteal Vein, By Abdominal And Leg Incision	No
34471	Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision	No
34490	Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision	No
34501	Valvuloplasty, Femoral Vein	No
34502	Reconstruction Of Vena Cava, Any Method	No
3450F	Dyspnea Screened, No Dyspnea Or Mild Dyspnea (Pall Cr)	Yes
34510	Venous Valve Transposition, Any Vein Donor	No
3451F	Dyspnea Screened, Moderate Or Severe Dyspnea (Pall Cr)	Yes
34520	Cross-Over Vein Graft To Venous System	No
3452F	Dyspnea Not Screened (Pall Cr)	Yes
34530	Saphenopopliteal Vein Anastomosis	No
3455F	Tb Screening Performed And Results Interpreted Within Six Months Prior To Initiation Of First-Time Biologic Disease Modifying Anti-Rheumatic Drug Therapy For Ra (Ra)	Yes
34701	Endovascular Repair Of Infrarenal Aorta By Deployment Of An Aorto-Aortic Tube Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological Supervision And Interpretation, All Endograft Ext	No
34702	Endovascular Repair Of Infrarenal Aorta By Deployment Of An Aorto-Aortic Tube Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological Supervision And Interpretation, All Endograft Ext	No
34703	Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(Ies) By Deployment Of An Aorto-Uni-Iliac Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological Supervision And Interpreta	No
34704	Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(Ies) By Deployment Of An Aorto-Uni-Iliac Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological Supervision And Interpreta	No
34705	Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(Ies) By Deployment Of An Aorto-Bi-Iliac Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological Supervision And Interpretat	No
34706	Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(Ies) By Deployment Of An Aorto-Bi-Iliac Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological Supervision And Interpretat	No
34707	Endovascular Repair Of Iliac Artery By Deployment Of An Ilio-Iliac Tube Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological Supervision And Interpretation, And All Endograft Exten	No
34708	Endovascular Repair Of Iliac Artery By Deployment Of An Ilio-Iliac Tube Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological Supervision And Interpretation, And All Endograft Exten	No
34709	Placement Of Extension Prosthesis(Es) Distal To The Common Iliac Artery(Ies) Or Proximal To The Renal Artery(Ies) For Endovascular Repair Of Infrarenal Abdominal Aortic Or Iliac Aneurysm, False Aneurysm, Dissection, Penetrating Ulcer, Including Pre-Proced	No
3470F	Rheumatoid Arthritis (Ra) Disease Activity, Low (Ra)	Yes
34710	Delayed Placement Of Distal Or Proximal Extension Prosthesis For Endovascular Repair Of Infrarenal Abdominal Aortic Or Iliac Aneurysm, False Aneurysm, Dissection, Endoleak, Or Endograft Migration, Including Pre-Procedure Sizing And Device Selection, All N	No

Procedure Code	Description	Prior Auth Required
34711	Delayed Placement Of Distal Or Proximal Extension Prosthesis For Endovascular Repair Of Infrarenal Abdominal Aortic Or Iliac Aneurysm, False Aneurysm, Dissection, Endoleak, Or Endograft Migration, Including Pre-Procedure Sizing And Device Selection, All N	No
34712	Transcatheter Delivery Of Enhanced Fixation Device(s) To The Endograft (eg, Anchor, Screw, Tack) And All Associated Radiological Supervision And Interpretation	No
34713	Percutaneous Access And Closure Of Femoral Artery For Delivery Of Endograft Through A Large Sheath (12 French Or Larger), Including Ultrasound Guidance, When Performed, Unilateral (List Separately In Addition To Code For Primary Procedure)	No
34714	Open Femoral Artery Exposure With Creation Of Conduit For Delivery Of Endovascular Prosthesis Or For Establishment Of Cardiopulmonary Bypass, By Groin Incision, Unilateral (List Separately In Addition To Code For Primary Procedure)	No
34715	Open Axillary/Subclavian Artery Exposure For Delivery Of Endovascular Prosthesis By Infraclavicular Or Supraclavicular Incision, Unilateral (List Separately In Addition To Code For Primary Procedure)	No
34716	Open Axillary/Subclavian Artery Exposure With Creation Of Conduit For Delivery Of Endovascular Prosthesis Or For Establishment Of Cardiopulmonary Bypass, By Infraclavicular Or Supraclavicular Incision, Unilateral (List Separately In Addition To Code For P	No
34717	Endovascular Repair Of Iliac Artery At The Time Of Aorto-Iliac Artery Endograft Placement By Deployment Of An Iliac Branched Endograft Including Pre-Procedure Sizing And Device Selection, All Ipsilateral Selective Iliac Artery Catheterization(S), All Asso	No
34718	Endovascular Repair Of Iliac Artery, Not Associated With Placement Of An Aorto-Iliac Artery Endograft At The Same Session, By Deployment Of An Iliac Branched Endograft, Including Pre-Procedure Sizing And Device Selection, All Ipsilateral Selective Iliac A	No
3471F	Rheumatoid Arthritis (Ra) Disease Activity, Moderate (Ra)	Yes
3472F	Rheumatoid Arthritis (Ra) Disease Activity, High (Ra)	Yes
3475F	Disease Prognosis For Rheumatoid Arthritis Assessed, Poor Prognosis Documented (Ra)	Yes
3476F	Disease Prognosis For Rheumatoid Arthritis Assessed, Good Prognosis Documented (Ra)	Yes
34808	Endovascular Placement Of Iliac Artery Occlusion Device (List Separately In Addition To Code For Primary Procedure)	No
34812	Open Femoral Artery Exposure For Delivery Of Endovascular Prosthesis, By Groin Incision, Unilateral (List Separately In Addition To Code For Primary Procedure)	No
34813	Placement Of Femoral-Femoral Prosthetic Graft During Endovascular Aortic Aneurysm Repair (List Separately In Addition To Code For Primary Procedure)	No
34820	Open Iliac Artery Exposure For Delivery Of Endovascular Prosthesis Or Iliac Occlusion During Endovascular Therapy, By Abdominal Or Retroperitoneal Incision, Unilateral (List Separately In Addition To Code For Primary Procedure)	No
34830	Open Repair Of Infrarenal Aortic Aneurysm Or Dissection, Plus Repair Of Associated Arterial Trauma, Following Unsuccessful Endovascular Repair; Tube Prosthesis	No
34831	Open Repair Of Infrarenal Aortic Aneurysm Or Dissection, Plus Repair Of Associated Arterial Trauma, Following Unsuccessful Endovascular Repair; Aorto-Bi-Iliac Prosthesis	No
34832	Open Repair Of Infrarenal Aortic Aneurysm Or Dissection, Plus Repair Of Associated Arterial Trauma, Following Unsuccessful Endovascular Repair; Aorto-Bifemoral Prosthesis	No
34833	Open Iliac Artery Exposure With Creation Of Conduit For Delivery Of Endovascular Prosthesis Or For Establishment Of Cardiopulmonary Bypass, By Abdominal Or Retroperitoneal Incision, Unilateral (List Separately In Addition To Code For Primary Procedure)	No
34834	Open Brachial Artery Exposure For Delivery Of Endovascular Prosthesis, Unilateral (List Separately In Addition To Code For Primary Procedure)	No
34839	Physician Planning Of A Patient-Specific Fenestrated Visceral Aortic Endograft Requiring A Minimum Of 90 Minutes Of Physician Time	No
34841	Endovascular Repair Of Visceral Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption) By Deployment Of A Fenestrated Visceral Aortic Endograft And All Associated Radiological Supervision And Inte	No
34842	Endovascular Repair Of Visceral Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption) By Deployment Of A Fenestrated Visceral Aortic Endograft And All Associated Radiological Supervision And Inte	No
34843	Endovascular Repair Of Visceral Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption) By Deployment Of A Fenestrated Visceral Aortic Endograft And All Associated Radiological Supervision And Inte	No
34844	Endovascular Repair Of Visceral Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption) By Deployment Of A Fenestrated Visceral Aortic Endograft And All Associated Radiological Supervision And Inte	No
34845	Endovascular Repair Of Visceral Aorta And Infrarenal Abdominal Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption) With A Fenestrated Visceral Aortic Endograft And Concomitant Unibody Or Modula	No
34846	Endovascular Repair Of Visceral Aorta And Infrarenal Abdominal Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption) With A Fenestrated Visceral Aortic Endograft And Concomitant Unibody Or Modula	No
34847	Endovascular Repair Of Visceral Aorta And Infrarenal Abdominal Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption) With A Fenestrated Visceral Aortic Endograft And Concomitant Unibody Or Modula	No

Procedure Code	Description	Prior Auth Required
34848	Endovascular Repair Of Visceral Aorta And Infrarenal Abdominal Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption) With A Fenestrated Visceral Aortic Endograft And Concomitant Unibody Or Modula	No
3490F	History Of AIDS-Defining Condition (Hiv)	Yes
3491F	Hiv Indeterminate (Infants Of Undetermined Hiv Status Born Of Hiv-Infected Mothers) (Hiv)	Yes
3492F	History Of Nadir Cd4+ Cell Count <350 Cells/Mm3 (Hiv)	Yes
3493F	No History Of Nadir Cd4+ Cell Count <350 Cells/Mm3 And No History Of AIDS-Defining Condition (Hiv)	Yes
3494F	Cd4+ Cell Count <200 Cells/Mm3 (Hiv)	Yes
3495F	Cd4+ Cell Count 200 - 499 Cells/Mm3 (Hiv)	Yes
3496F	CD4+ CELL COUNT >=500 CELLS/MM3 (HIV)	Yes
3497F	Cd4+ Cell Percentage <15% (Hiv)	Yes
3498F	CD4+ CELL PERCENTAGE >=15% (HIV)	Yes
35001	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision	No
35002	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Carotid, Subclavian Artery, By Neck Incision	No
35005	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery	No
3500F	Cd4+ Cell Count Or Cd4+ Cell Percentage Documented As Performed (Hiv)	Yes
35011	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision	No
35013	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Axillary-Brachial Artery, By Arm Incision	No
35021	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision	No
35022	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, Subclavian Artery, By Thoracic Incision	No
3502F	Hiv RNa Viral Load Below Limits Of Quantification (Hiv)	Yes
3503F	Hiv RNa Viral Load Not Below Limits Of Quantification (Hiv)	Yes
35045	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery	No
35081	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta	No
35082	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta	No
35091	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Involving Visceral Vessels (Mesenteric, Celiac, Ren	No
35092	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta Involving Visceral Vessels (Mesenteric, Celiac, Renal)	No
35102	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta Involving Iliac Vessels (Common, Hypogastric, Exter	No
35103	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta Involving Iliac Vessels (Common, Hypogastric, External)	No
3510F	Documentation That Tuberculosis (Tb) Screening Test Performed And Results Interpreted (Hiv) (Ibd)	Yes
35111	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Splenic Artery	No
35112	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Splenic Artery	No
3511F	Chlamydia And Gonorrhea Screenings Documented As Performed (Hiv)	Yes
35121	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Hepatic, Celiac, Renal, Or Mesenteric Artery	No
35122	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Hepatic, Celiac, Renal, Or Mesenteric Artery	No
3512F	Syphilis Screening Documented As Performed (Hiv)	Yes

Procedure Code	Description	Prior Auth Required
35131	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Iliac Artery (Common, Hypogastric, External)	No
35132	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Iliac Artery (Common, Hypogastric, External)	No
3513F	Hepatitis B Screening Documented As Performed (Hiv)	Yes
35141	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Common Femoral Artery (Profunda Femoris, Superficial Femoral)	No
35142	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Common Femoral Artery (Profunda Femoris, Superficial Femoral)	No
3514F	Hepatitis C Screening Documented As Performed (Hiv)	Yes
35151	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Popliteal Artery	No
35152	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popliteal Artery	No
3515F	Patient Has Documented Immunity To Hepatitis C (Hiv)	Yes
3517F	Hepatitis B Virus (Hbv) Status Assessed And Results Interpreted Within One Year Prior To Receiving A First Course Of Anti-Tnf (Tumor Necrosis Factor) Therapy (Ibd)	Yes
35180	Repair, Congenital Arteriovenous Fistula; Head And Neck	No
35182	Repair, Congenital Arteriovenous Fistula; Thorax And Abdomen	No
35184	Repair, Congenital Arteriovenous Fistula; Extremities	No
35188	Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck	No
35189	Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen	No
35190	Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities	No
35201	Repair Blood Vessel, Direct; Neck	No
35206	Repair Blood Vessel, Direct; Upper Extremity	No
35207	Repair Blood Vessel, Direct; Hand, Finger	No
3520F	Clostridium Difficile Testing Performed (Ibd)	Yes
35211	Repair Blood Vessel, Direct; Intrathoracic, With Bypass	No
35216	Repair Blood Vessel, Direct; Intrathoracic, Without Bypass	No
35221	Repair Blood Vessel, Direct; Intra-Abdominal	No
35226	Repair Blood Vessel, Direct; Lower Extremity	No
35231	Repair Blood Vessel With Vein Graft; Neck	No
35236	Repair Blood Vessel With Vein Graft; Upper Extremity	No
35241	Repair Blood Vessel With Vein Graft; Intrathoracic, With Bypass	No
35246	Repair Blood Vessel With Vein Graft; Intrathoracic, Without Bypass	No
35251	Repair Blood Vessel With Vein Graft; Intra-Abdominal	No
35256	Repair Blood Vessel With Vein Graft; Lower Extremity	No
35261	Repair Blood Vessel With Graft Other Than Vein; Neck	No
35266	Repair Blood Vessel With Graft Other Than Vein; Upper Extremity	No
35271	Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, With Bypass	No
35276	Repair Blood Vessel With Graft Other Than Vein; Intrathoracic, Without Bypass	No
35281	Repair Blood Vessel With Graft Other Than Vein; Intra-Abdominal	No
35286	Repair Blood Vessel With Graft Other Than Vein; Lower Extremity	No
35301	Thromboendarterectomy, Including Patch Graft, If Performed; Carotid, Vertebral, Subclavian, By Neck Incision	No
35302	Thromboendarterectomy, Including Patch Graft, If Performed; Superficial Femoral Artery	No
35303	Thromboendarterectomy, Including Patch Graft, If Performed; Popliteal Artery	No
35304	Thromboendarterectomy, Including Patch Graft, If Performed; Tibioperoneal Trunk Artery	No
35305	Thromboendarterectomy, Including Patch Graft, If Performed; Tibial Or Peroneal Artery, Initial Vessel	No
35306	Thromboendarterectomy, Including Patch Graft, If Performed; Each Additional Tibial Or Peroneal Artery (List Separately In Addition To Code For Primary Procedure)	No
35311	Thromboendarterectomy, Including Patch Graft, If Performed; Subclavian, Innominate, By Thoracic Incision	No
35321	Thromboendarterectomy, Including Patch Graft, If Performed; Axillary-Brachial	No
35331	Thromboendarterectomy, Including Patch Graft, If Performed; Abdominal Aorta	No
35341	Thromboendarterectomy, Including Patch Graft, If Performed; Mesenteric, Celiac, Or Renal	No
35351	Thromboendarterectomy, Including Patch Graft, If Performed; Iliac	No
35355	Thromboendarterectomy, Including Patch Graft, If Performed; Iliofemoral	No
35361	Thromboendarterectomy, Including Patch Graft, If Performed; Combined Aortoiliac	No
35363	Thromboendarterectomy, Including Patch Graft, If Performed; Combined Aortoiliofemoral	No
35371	Thromboendarterectomy, Including Patch Graft, If Performed; Common Femoral	No
35372	Thromboendarterectomy, Including Patch Graft, If Performed; Deep (Profunda) Femoral	No
35390	Reoperation, Carotid, Thromboendarterectomy, More Than 1 Month After Original Operation (List Separately In Addition To Code For Primary Procedure)	No
35400	Angioscopy (Noncoronary Vessels Or Grafts) During Therapeutic Intervention (List Separately In Addition To Code For Primary Procedure)	No

Procedure Code	Description	Prior Auth Required
35500	Harvest Of Upper Extremity Vein, 1 Segment, For Lower Extremity Or Coronary Artery Bypass Procedure (List Separately In Addition To Code For Primary Procedure)	No
35501	Bypass Graft, With Vein; Common Carotid-Ipsilateral Internal Carotid	No
35506	Bypass Graft, With Vein; Carotid-Subclavian Or Subclavian-Carotid	No
35508	Bypass Graft, With Vein; Carotid-Vertebral	No
35509	Bypass Graft, With Vein; Carotid-Contralateral Carotid	No
3550F	Low Risk For Thromboembolism (Afib)	Yes
35510	Bypass Graft, With Vein; Carotid-Brachial	No
35511	Bypass Graft, With Vein; Subclavian-Subclavian	No
35512	Bypass Graft, With Vein; Subclavian-Brachial	No
35515	Bypass Graft, With Vein; Subclavian-Vertebral	No
35516	Bypass Graft, With Vein; Subclavian-Axillary	No
35518	Bypass Graft, With Vein; Axillary-Axillary	No
3551F	Intermediate Risk For Thromboembolism (Afib)	Yes
35521	Bypass Graft, With Vein; Axillary-Femoral	No
35522	Bypass Graft, With Vein; Axillary-Brachial	No
35523	Bypass Graft, With Vein; Brachial-Ulnar Or -Radial	No
35525	Bypass Graft, With Vein; Brachial-Brachial	No
35526	Bypass Graft, With Vein; Aortosubclavian, Aortoinnominate, Or Aortocarotid	No
3552F	High Risk For Thromboembolism (Afib)	Yes
35531	Bypass Graft, With Vein; Aortoceliac Or Aortomesenteric	No
35533	Bypass Graft, With Vein; Axillary-Femoral-Femoral	No
35535	Bypass Graft, With Vein; Hepatorenal	No
35536	Bypass Graft, With Vein; Splenorenal	No
35537	Bypass Graft, With Vein; Aortoiliac	No
35538	Bypass Graft, With Vein; Aortobi-Iliac	No
35539	Bypass Graft, With Vein; Aortofemoral	No
35540	Bypass Graft, With Vein; Aortobifemoral	No
35556	Bypass Graft, With Vein; Femoral-Popliteal	No
35558	Bypass Graft, With Vein; Femoral-Femoral	No
3555F	Patient Had International Normalized Ratio (Inr) Measurement Performed (Afib)	Yes
35560	Bypass Graft, With Vein; Aortorenal	No
35563	Bypass Graft, With Vein; Ilioiliac	No
35565	Bypass Graft, With Vein; Iliofemoral	No
35566	Bypass Graft, With Vein; Femoral-Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal Vessels	No
35570	Bypass Graft, With Vein; Tibial-Tibial, Peroneal-Tibial, Or Tibial/Peroneal Trunk-Tibial	No
35571	Bypass Graft, With Vein; Popliteal-Tibial, -Peroneal Artery Or Other Distal Vessels	No
35572	Harvest Of Femoropopliteal Vein, 1 Segment, For Vascular Reconstruction Procedure (eg, Aortic, Vena Caval, Coronary, Peripheral Artery) (List Separately In Addition To Code For Primary Procedure)	No
35583	In-Situ Vein Bypass; Femoral-Popliteal	No
35585	In-Situ Vein Bypass; Femoral-Anterior Tibial, Posterior Tibial, Or Peroneal Artery	No
35587	In-Situ Vein Bypass; Popliteal-Tibial, Peroneal	No
35600	Harvest Of Upper Extremity Artery, 1 Segment, For Coronary Artery Bypass Procedure, Open	No
35601	Bypass Graft, With Other Than Vein; Common Carotid-Ipsilateral Internal Carotid	No
35602	Bypass Graft, With Other Than Vein; Carotid-Contralateral Carotid	Yes
35606	Bypass Graft, With Other Than Vein; Carotid-Subclavian	No
35612	Bypass Graft, With Other Than Vein; Subclavian-Subclavian	No
35616	Bypass Graft, With Other Than Vein; Subclavian-Axillary	No
35621	Bypass Graft, With Other Than Vein; Axillary-Femoral	No
35623	Bypass Graft, With Other Than Vein; Axillary-Popliteal Or -Tibial	No
35626	Bypass Graft, With Other Than Vein; Aortosubclavian, Aortoinnominate, Or Aortocarotid	No
35631	Bypass Graft, With Other Than Vein; Aortoceliac, Aortomesenteric, Aortorenal	No
35632	Bypass Graft, With Other Than Vein; Ilio-Celiac	No
35633	Bypass Graft, With Other Than Vein; Ilio-Mesenteric	No
35634	Bypass Graft, With Other Than Vein; Iliorenal	No
35636	Bypass Graft, With Other Than Vein; Splenorenal (Splenic To Renal Arterial Anastomosis)	No
35637	Bypass Graft, With Other Than Vein; Aortoiliac	No
35638	Bypass Graft, With Other Than Vein; Aortobi-Iliac	No
35642	Bypass Graft, With Other Than Vein; Carotid-Vertebral	No
35645	Bypass Graft, With Other Than Vein; Subclavian-Vertebral	No
35646	Bypass Graft, With Other Than Vein; Aortobifemoral	No
35647	Bypass Graft, With Other Than Vein; Aortofemoral	No
35650	Bypass Graft, With Other Than Vein; Axillary-Axillary	No
35654	Bypass Graft, With Other Than Vein; Axillary-Femoral-Femoral	No
35656	Bypass Graft, With Other Than Vein; Femoral-Popliteal	No
35661	Bypass Graft, With Other Than Vein; Femoral-Femoral	No
35663	Bypass Graft, With Other Than Vein; Ilioiliac	No
35665	Bypass Graft, With Other Than Vein; Iliofemoral	No
35666	Bypass Graft, With Other Than Vein; Femoral-Anterior Tibial, Posterior Tibial, Or Peroneal Artery	No

Procedure Code	Description	Prior Auth Required
35671	Bypass Graft, With Other Than Vein; Popliteal-Tibial Or -Peroneal Artery	No
35681	Bypass Graft; Composite, Prosthetic And Vein (List Separately In Addition To Code For Primary Procedure)	No
35682	Bypass Graft; Autogenous Composite, 2 Segments Of Veins From 2 Locations (List Separately In Addition To Code For Primary Procedure)	No
35683	Bypass Graft; Autogenous Composite, 3 Or More Segments Of Vein From 2 Or More Locations (List Separately In Addition To Code For Primary Procedure)	No
35685	Placement Of Vein Patch Or Cuff At Distal Anastomosis Of Bypass Graft, Synthetic Conduit (List Separately In Addition To Code For Primary Procedure)	No
35686	Creation Of Distal Arteriovenous Fistula During Lower Extremity Bypass Surgery (Non-Hemodialysis) (List Separately In Addition To Code For Primary Procedure)	No
35691	Transposition And/Or Reimplantation; Vertebral To Carotid Artery	No
35693	Transposition And/Or Reimplantation; Vertebral To Subclavian Artery	No
35694	Transposition And/Or Reimplantation; Subclavian To Carotid Artery	No
35695	Transposition And/Or Reimplantation; Carotid To Subclavian Artery	No
35697	Reimplantation, Visceral Artery To Infrarenal Aortic Prosthesis, Each Artery (List Separately In Addition To Code For Primary Procedure)	No
35700	Reoperation, Femoral-Popliteal Or Femoral (Popliteal)-Anterior Tibial, Posterior Tibial, Peroneal Artery, Or Other Distal Vessels, More Than 1 Month After Original Operation (List Separately In Addition To Code For Primary Procedure)	No
35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	No
35702	Exploration Not Followed By Surgical Repair, Artery; Upper Extremity (Eg, Axillary, Brachial, Radial, Ulnar)	No
35703	Exploration Not Followed By Surgical Repair, Artery; Lower Extremity (Eg, Common Femoral, Deep Femoral, Superficial Femoral, Popliteal, Tibial, Peroneal)	No
3570F	FINAL REPORT FOR BONE SCINTIGRAPHY STUDY INCLUDES CORRELATION WITH EXISTING RELEVANT IMAGING STUDIES (EG, X RAY, MRI, CT) CORRESPONDING TO THE SAME ANATOMICAL REGION IN QUESTION (NUC_MED)	Yes
3572F	Patient Considered To Be Potentially At Risk For Fracture In A Weight-Bearing Site (Nuc_Med)	Yes
3573F	Patient Not Considered To Be Potentially At Risk For Fracture In A Weight-Bearing Site (Nuc_Med)	Yes
35800	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Neck	No
35820	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Chest	No
35840	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Abdomen	No
35860	Exploration For Postoperative Hemorrhage, Thrombosis Or Infection; Extremity	No
35870	Repair Of Graft-Enteric Fistula	No
35875	Thrombectomy Of Arterial Or Venous Graft (Other Than Hemodialysis Graft Or Fistula);	No
35876	Thrombectomy Of Arterial Or Venous Graft (Other Than Hemodialysis Graft Or Fistula); With Revision Of Arterial Or Venous Graft	No
35879	Revision, Lower Extremity Arterial Bypass, Without Thrombectomy, Open; With Vein Patch Angioplasty	No
35881	Revision, Lower Extremity Arterial Bypass, Without Thrombectomy, Open; With Segmental Vein Interposition	No
35883	Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin, Open; With Nonautogenous Patch Graft (Eg, Polyester, Eptfe, Bovine Pericardium)	No
35884	Revision, Femoral Anastomosis Of Synthetic Arterial Bypass Graft In Groin, Open; With Autogenous Vein Patch Graft	No
35901	Excision Of Infected Graft; Neck	No
35903	Excision Of Infected Graft; Extremity	No
35905	Excision Of Infected Graft; Thorax	No
35907	Excision Of Infected Graft; Abdomen	No
36000	Introduction Of Needle Or Intracatheter, Vein	No
36002	Injection Procedures (eg, Thrombin) For Percutaneous Treatment Of Extremity Pseudoaneurysm	No
36005	Injection Procedure For Extremity Venography (Including Introduction Of Needle Or Intracatheter)	No
36010	Introduction Of Catheter, Superior Or Inferior Vena Cava	No
36011	Selective Catheter Placement, Venous System; First Order Branch (eg, Renal Vein, Jugular Vein)	No
36012	Selective Catheter Placement, Venous System; Second Order, Or More Selective, Branch (eg, Left Adrenal Vein, Petrosal Sinus)	No
36013	Introduction Of Catheter, Right Heart Or Main Pulmonary Artery	No
36014	Selective Catheter Placement, Left Or Right Pulmonary Artery	No
36015	Selective Catheter Placement, Segmental Or Subsegmental Pulmonary Artery	No
36100	Introduction Of Needle Or Intracatheter, Carotid Or Vertebral Artery	No
36140	Introduction Of Needle Or Intracatheter, Upper Or Lower Extremity Artery	No
36160	Introduction Of Needle Or Intracatheter, Aortic, Translumbar	No
36200	Introduction Of Catheter, Aorta	No
36215	Selective Catheter Placement, Arterial System; Each First Order Thoracic Or Brachiocephalic Branch, Within A Vascular Family	No
36216	Selective Catheter Placement, Arterial System; Initial Second Order Thoracic Or Brachiocephalic Branch, Within A Vascular Family	No

Procedure Code	Description	Prior Auth Required
36217	Selective Catheter Placement, Arterial System; Initial Third Order Or More Selective Thoracic Or Brachiocephalic Branch, Within A Vascular Family	No
36218	Selective Catheter Placement, Arterial System; Additional Second Order, Third Order, And Beyond, Thoracic Or Brachiocephalic Branch, Within A Vascular Family (List In Addition To Code For Initial Second Or Third Order Vessel As Appropriate)	No
36221	Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Ce	No
36222	Selective Catheter Placement, Common Carotid Or Innominate Artery, Unilateral, Any Approach, With Angiography Of The Ipsilateral Extracranial Carotid Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The C	No
36223	Selective Catheter Placement, Common Carotid Or Innominate Artery, Unilateral, Any Approach, With Angiography Of The Ipsilateral Intracranial Carotid Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The E	No
36224	Selective Catheter Placement, Internal Carotid Artery, Unilateral, With Angiography Of The Ipsilateral Intracranial Carotid Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Extracranial Carotid And Ce	No
36225	Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Per	No
36226	Selective Catheter Placement, Vertebral Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed	No
36227	Selective Catheter Placement, External Carotid Artery, Unilateral, With Angiography Of The Ipsilateral External Carotid Circulation And All Associated Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	No
36228	Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Arter	No
36245	Selective Catheter Placement, Arterial System; Each First Order Abdominal, Pelvic, Or Lower Extremity Artery Branch, Within A Vascular Family	No
36246	Selective Catheter Placement, Arterial System; Initial Second Order Abdominal, Pelvic, Or Lower Extremity Artery Branch, Within A Vascular Family	No
36247	Selective Catheter Placement, Arterial System; Initial Third Order Or More Selective Abdominal, Pelvic, Or Lower Extremity Artery Branch, Within A Vascular Family	No
36248	Selective Catheter Placement, Arterial System; Additional Second Order, Third Order, And Beyond, Abdominal, Pelvic, Or Lower Extremity Artery Branch, Within A Vascular Family (List In Addition To Code For Initial Second Or Third Order Vessel As Appropriat	No
36251	Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of	No
36252	Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of	No
36253	Superselective Catheter Placement (One Or More Second Order Or Higher Renal Artery Branches) Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture, Catheterization, Fluoroscopy, Contrast Injection(S), Image Post	No
36254	Superselective Catheter Placement (One Or More Second Order Or Higher Renal Artery Branches) Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture, Catheterization, Fluoroscopy, Contrast Injection(S), Image Post	No
36260	Insertion Of Implantable Intra-Arterial Infusion Pump (eg, For Chemotherapy Of Liver)	Yes
36261	Revision Of Implanted Intra-Arterial Infusion Pump	No
36262	Removal Of Implanted Intra-Arterial Infusion Pump	No
36299	Unlisted Procedure, Vascular Injection	Yes
36400	Venipuncture, Younger Than Age 3 Years, Necessitating The Skill Of A Physician Or Other Qualified Health Care Professional, Not To Be Used For Routine Venipuncture; Femoral Or Jugular Vein	No
36405	Venipuncture, Younger Than Age 3 Years, Necessitating The Skill Of A Physician Or Other Qualified Health Care Professional, Not To Be Used For Routine Venipuncture; Scalp Vein	No
36406	Venipuncture, Younger Than Age 3 Years, Necessitating The Skill Of A Physician Or Other Qualified Health Care Professional, Not To Be Used For Routine Venipuncture; Other Vein	No
36410	Venipuncture, Age 3 Years Or Older, Necessitating The Skill Of A Physician Or Other Qualified Health Care Professional (Separate Procedure), For Diagnostic Or Therapeutic Purposes (Not To Be Used For Routine Venipuncture)	No
36415	Collection Of Venous Blood By Venipuncture	Yes
36416	Collection Of Capillary Blood Specimen (eg, Finger, Heel, Ear Stick)	Yes
36420	Venipuncture, Cutdown; Younger Than Age 1 Year	No
36425	Venipuncture, Cutdown; Age 1 Or Over	No
36430	Transfusion, Blood Or Blood Components	Yes
36440	Push Transfusion, Blood, 2 Years Or Younger	No
36450	Exchange Transfusion, Blood; Newborn	No
36455	Exchange Transfusion, Blood; Other Than Newborn	No

Procedure Code	Description	Prior Auth Required
36456	Partial Exchange Transfusion, Blood, Plasma Or Crystalloid Necessitating The Skill Of A Physician Or Other Qualified Health Care Professional, Newborn	No
36460	Transfusion, Intrauterine, Fetal	No
36465	Injection Of Non-Compounded Foam Sclerosant With Ultrasound Compression Maneuvers To Guide Dispersion Of The Injectate, Inclusive Of All Imaging Guidance And Monitoring; Single Incompetent Extremity Truncal Vein (Eg, Great Saphenous Vein, Accessory Saphen	Yes
36466	Injection Of Non-Compounded Foam Sclerosant With Ultrasound Compression Maneuvers To Guide Dispersion Of The Injectate, Inclusive Of All Imaging Guidance And Monitoring; Multiple Incompetent Truncal Veins (Eg, Great Saphenous Vein, Accessory Saphenous Vei	Yes
36468	Injection(S) Of Sclerosant For Spider Veins (Telangiectasia), Limb Or Trunk	Yes
36470	Injection Of Sclerosant; Single Incompetent Vein (Other Than Telangiectasia)	Yes
36471	Injection Of Sclerosant; Multiple Incompetent Veins (Other Than Telangiectasia), Same Leg	Yes
36473	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous, Mechanochemical; First Vein Treated	Yes
36474	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous, Mechanochemical; Subsequent Vein(S) Treated In A Single Extremity, Each Through Separate Access Sites (List Separately In Addition	Yes
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous, Radiofrequency; First Vein Treated	Yes
36476	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous, Radiofrequency; Subsequent Vein(S) Treated In A Single Extremity, Each Through Separate Access Sites (List Separately In Addition T	Yes
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous, Laser; First Vein Treated	Yes
36479	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous, Laser; Subsequent Vein(S) Treated In A Single Extremity, Each Through Separate Access Sites (List Separately In Addition To Code Fo	Yes
36481	Percutaneous Portal Vein Catheterization By Any Method	No
36482	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, By Transcatheter Delivery Of A Chemical Adhesive (eg, Cyanoacrylate) Remote From The Access Site, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous; First Vein Treated	Yes
36483	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, By Transcatheter Delivery Of A Chemical Adhesive (Eg, Cyanoacrylate) Remote From The Access Site, Inclusive Of All Imaging Guidance And Monitoring, Percutaneous; Subsequent Vein(S) Treated In A S	Yes
36500	Venous Catheterization For Selective Organ Blood Sampling	No
3650F	Electroencephalogram (Eeg) Ordered, Reviewed Or Requested (Epi)	Yes
36510	Catheterization Of Umbilical Vein For Diagnosis Or Therapy, Newborn	No
36511	Therapeutic Apheresis; For White Blood Cells	Yes
36512	Therapeutic Apheresis; For Red Blood Cells	No
36513	Therapeutic Apheresis; For Platelets	Yes
36514	Therapeutic Apheresis; For Plasma Pheresis	Yes
36516	Therapeutic Apheresis; With Extracorporeal Immunoadsorption, Selective Adsorption Or Selective Filtration And Plasma Reinfusion	Yes
36522	Photopheresis, Extracorporeal	Yes
36555	Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Younger Than 5 Years Of Age	No
36556	Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter; Age 5 Years Or Older	No
36557	Insertion Of Tunneled Centrally Inserted Central Venous Catheter, Without Subcutaneous Port Or Pump; Younger Than 5 Years Of Age	No
36558	Insertion Of Tunneled Centrally Inserted Central Venous Catheter, Without Subcutaneous Port Or Pump; Age 5 Years Or Older	No
36560	Insertion Of Tunneled Centrally Inserted Central Venous Access Device, With Subcutaneous Port; Younger Than 5 Years Of Age	No
36561	Insertion Of Tunneled Centrally Inserted Central Venous Access Device, With Subcutaneous Port; Age 5 Years Or Older	No
36563	Insertion Of Tunneled Centrally Inserted Central Venous Access Device With Subcutaneous Pump	No
36565	Insertion Of Tunneled Centrally Inserted Central Venous Access Device, Requiring 2 Catheters Via 2 Separate Venous Access Sites; Without Subcutaneous Port Or Pump (eg, Tesio Type Catheter)	No
36566	Insertion Of Tunneled Centrally Inserted Central Venous Access Device, Requiring 2 Catheters Via 2 Separate Venous Access Sites; With Subcutaneous Port(s)	No
36568	Insertion Of Peripherally Inserted Central Venous Catheter (Picc), Without Subcutaneous Port Or Pump, Without Imaging Guidance; Younger Than 5 Years Of Age	No
36569	Insertion Of Peripherally Inserted Central Venous Catheter (Picc), Without Subcutaneous Port Or Pump, Without Imaging Guidance; Age 5 Years Or Older	No
36570	Insertion Of Peripherally Inserted Central Venous Access Device, With Subcutaneous Port; Younger Than 5 Years Of Age	No
36571	Insertion Of Peripherally Inserted Central Venous Access Device, With Subcutaneous Port; Age 5 Years Or Older	No

Procedure Code	Description	Prior Auth Required
36572	Insertion Of Peripherally Inserted Central Venous Catheter (Picc), Without Subcutaneous Port Or Pump, Including All Imaging Guidance, Image Documentation, And All Associated Radiological Supervision And Interpretation Required To Perform The Insertion; Yo	No
36573	Insertion Of Peripherally Inserted Central Venous Catheter (Picc), Without Subcutaneous Port Or Pump, Including All Imaging Guidance, Image Documentation, And All Associated Radiological Supervision And Interpretation Required To Perform The Insertion; Ag	No
36575	Repair Of Tunneled Or Non-Tunneled Central Venous Access Catheter, Without Subcutaneous Port Or Pump, Central Or Peripheral Insertion Site	No
36576	Repair Of Central Venous Access Device, With Subcutaneous Port Or Pump, Central Or Peripheral Insertion Site	No
36578	Replacement, Catheter Only, Of Central Venous Access Device, With Subcutaneous Port Or Pump, Central Or Peripheral Insertion Site	No
36580	Replacement, Complete, Of A Non-Tunneled Centrally Inserted Central Venous Catheter, Without Subcutaneous Port Or Pump, Through Same Venous Access	No
36581	Replacement, Complete, Of A Tunneled Centrally Inserted Central Venous Catheter, Without Subcutaneous Port Or Pump, Through Same Venous Access	No
36582	Replacement, Complete, Of A Tunneled Centrally Inserted Central Venous Access Device, With Subcutaneous Port, Through Same Venous Access	No
36583	Replacement, Complete, Of A Tunneled Centrally Inserted Central Venous Access Device, With Subcutaneous Pump, Through Same Venous Access	No
36584	Replacement, Complete, Of A Peripherally Inserted Central Venous Catheter (Picc), Without Subcutaneous Port Or Pump, Through Same Venous Access, Including All Imaging Guidance, Image Documentation, And All Associated Radiological Supervision And Interpret	No
36585	Replacement, Complete, Of A Peripherally Inserted Central Venous Access Device, With Subcutaneous Port, Through Same Venous Access	No
36589	Removal Of Tunneled Central Venous Catheter, Without Subcutaneous Port Or Pump	No
36590	Removal Of Tunneled Central Venous Access Device, With Subcutaneous Port Or Pump, Central Or Peripheral Insertion	No
36591	Collection Of Blood Specimen From A Completely Implantable Venous Access Device	Yes
36592	Collection Of Blood Specimen Using Established Central Or Peripheral Catheter, Venous, Not Otherwise Specified	Yes
36593	Declotting By Thrombolytic Agent Of Implanted Vascular Access Device Or Catheter	No
36595	Mechanical Removal Of Pericatheter Obstructive Material (eg, Fibrin Sheath) From Central Venous Device Via Separate Venous Access	No
36596	Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device Through Device Lumen	No
36597	Repositioning Of Previously Placed Central Venous Catheter Under Fluoroscopic Guidance	No
36598	Contrast Injection(s) For Radiologic Evaluation Of Existing Central Venous Access Device, Including Fluoroscopy, Image Documentation And Report	No
36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis	No
36620	Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate Procedure); Percutaneous	No
36625	Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate Procedure); Cutdown	No
36640	Arterial Catheterization For Prolonged Infusion Therapy (Chemotherapy), Cutdown	No
36660	Catheterization, Umbilical Artery, Newborn, For Diagnosis Or Therapy	No
36680	Placement Of Needle For Intraosseous Infusion	No
36800	Insertion Of Cannula For Hemodialysis, Other Purpose (Separate Procedure); Vein To Vein	No
36810	Insertion Of Cannula For Hemodialysis, Other Purpose (Separate Procedure); Arteriovenous, External (Scribner Type)	No
36815	Insertion Of Cannula For Hemodialysis, Other Purpose (Separate Procedure); Arteriovenous, External Revision, Or Closure	No
36818	Arteriovenous Anastomosis, Open; By Upper Arm Cephalic Vein Transposition	No
36819	Arteriovenous Anastomosis, Open; By Upper Arm Basilic Vein Transposition	No
36820	Arteriovenous Anastomosis, Open; By Forearm Vein Transposition	No
36821	Arteriovenous Anastomosis, Open; Direct, Any Site (eg, Cimino Type) (Separate Procedure)	No
36823	Insertion Of Arterial And Venous Cannula(s) For Isolated Extracorporeal Circulation Including Regional Chemotherapy Perfusion To An Extremity, With Or Without Hyperthermia, With Removal Of Cannula(s) And Repair Of Arteriotomy And Venotomy Sites	No
36825	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Autogenous Graft	No
36830	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Nonautogenous Graft (eg, Biological Collagen, Thermoplastic Graft)	No
36831	Thrombectomy, Open, Arteriovenous Fistula Without Revision, Autogenous Or Nonautogenous Dialysis Graft (Separate Procedure)	No
36832	Revision, Open, Arteriovenous Fistula; Without Thrombectomy, Autogenous Or Nonautogenous Dialysis Graft (Separate Procedure)	No
36833	Revision, Open, Arteriovenous Fistula; With Thrombectomy, Autogenous Or Nonautogenous Dialysis Graft (Separate Procedure)	No
36835	Insertion Of Thomas Shunt (Separate Procedure)	No

Procedure Code	Description	Prior Auth Required
36836	Percutaneous Arteriovenous Fistula Creation, Upper Extremity, Single Access Of Both The Peripheral Artery And Peripheral Vein, Including Fistula Maturation Procedures (Eg, Transluminal Balloon Angioplasty, Coil Embolization) When Performed, Including All	No
36837	Percutaneous Arteriovenous Fistula Creation, Upper Extremity, Separate Access Sites Of The Peripheral Artery And Peripheral Vein, Including Fistula Maturation Procedures (Eg, Transluminal Balloon Angioplasty, Coil Embolization) When Performed, Including A	No
36838	Distal Revascularization And Interval Ligation (Dril), Upper Extremity Hemodialysis Access (Steal Syndrome)	No
36860	External Cannula Declotting (Separate Procedure); Without Balloon Catheter	No
36861	External Cannula Declotting (Separate Procedure); With Balloon Catheter	No
36901	Introduction Of Needle(S) And/Or Catheter(S), Dialysis Circuit, With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis	No
36902	Introduction Of Needle(S) And/Or Catheter(S), Dialysis Circuit, With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis	No
36903	Introduction Of Needle(S) And/Or Catheter(S), Dialysis Circuit, With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis	No
36904	Percutaneous Transluminal Mechanical Thrombectomy And/Or Infusion For Thrombolysis, Dialysis Circuit, Any Method, Including All Imaging And Radiological Supervision And Interpretation, Diagnostic Angiography, Fluoroscopic Guidance, Catheter Placement(S),	No
36905	Percutaneous Transluminal Mechanical Thrombectomy And/Or Infusion For Thrombolysis, Dialysis Circuit, Any Method, Including All Imaging And Radiological Supervision And Interpretation, Diagnostic Angiography, Fluoroscopic Guidance, Catheter Placement(S),	No
36906	Percutaneous Transluminal Mechanical Thrombectomy And/Or Infusion For Thrombolysis, Dialysis Circuit, Any Method, Including All Imaging And Radiological Supervision And Interpretation, Diagnostic Angiography, Fluoroscopic Guidance, Catheter Placement(S),	No
36907	Transluminal Balloon Angioplasty, Central Dialysis Segment, Performed Through Dialysis Circuit, Including All Imaging And Radiological Supervision And Interpretation Required To Perform The Angioplasty (List Separately In Addition To Code For Primary Proc	No
36908	Transcatheter Placement Of Intravascular Stent(S), Central Dialysis Segment, Performed Through Dialysis Circuit, Including All Imaging And Radiological Supervision And Interpretation Required To Perform The Stenting, And All Angioplasty In The Central Dia	No
36909	Dialysis Circuit Permanent Vascular Embolization Or Occlusion (Including Main Circuit Or Any Accessory Veins), Endovascular, Including All Imaging And Radiological Supervision And Interpretation Necessary To Complete The Intervention (List Separately In A	No
3700F	Psychiatric Disorders Or Disturbances Assessed (Prkns)	Yes
37140	Venous Anastomosis, Open; Portocaval	No
37145	Venous Anastomosis, Open; Renoportal	No
37160	Venous Anastomosis, Open; Caval-Mesenteric	No
37180	Venous Anastomosis, Open; Splenorenal, Proximal	No
37181	Venous Anastomosis, Open; Splenorenal, Distal (Selective Decompression Of Esophagogastric Varices, Any Technique)	No
37182	Insertion Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Includes Venous Access, Hepatic And Portal Vein Catheterization, Portography With Hemodynamic Evaluation, Intrahepatic Tract Formation/Dilatation, Stent Placement And All Associated Imag	No
37183	Revision Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Includes Venous Access, Hepatic And Portal Vein Catheterization, Portography With Hemodynamic Evaluation, Intrahepatic Tract Recannulization/Dilatation, Stent Placement And All Associated	No
37184	Primary Percutaneous Transluminal Mechanical Thrombectomy, Noncoronary, Non-Intracranial, Arterial Or Arterial Bypass Graft, Including Fluoroscopic Guidance And Intraprocedural Pharmacological Thrombolytic Injection(s); Initial Vessel	No
37185	Primary Percutaneous Transluminal Mechanical Thrombectomy, Noncoronary, Non-Intracranial, Arterial Or Arterial Bypass Graft, Including Fluoroscopic Guidance And Intraprocedural Pharmacological Thrombolytic Injection(S); Second And All Subsequent Vessel(S)	No
37186	Secondary Percutaneous Transluminal Thrombectomy (Eg, Nonprimary Mechanical, Snare Basket, Suction Technique), Noncoronary, Non-Intracranial, Arterial Or Arterial Bypass Graft, Including Fluoroscopic Guidance And Intraprocedural Pharmacological Thrombolyt	No
37187	Percutaneous Transluminal Mechanical Thrombectomy, Vein(s), Including Intraprocedural Pharmacological Thrombolytic Injections And Fluoroscopic Guidance	No
37188	Percutaneous Transluminal Mechanical Thrombectomy, Vein(s), Including Intraprocedural Pharmacological Thrombolytic Injections And Fluoroscopic Guidance, Repeat Treatment On Subsequent Day During Course Of Thrombolytic Therapy	No
37191	Insertion Of Intravascular Vena Cava Filter, Endovascular Approach Including Vascular Access, Vessel Selection, And Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance (Ultrasound And Fluoroscopy), When Performed	No
37192	Repositioning Of Intravascular Vena Cava Filter, Endovascular Approach Including Vascular Access, Vessel Selection, And Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance (Ultrasound And Fluoroscopy), When Perfo	No

Procedure Code	Description	Prior Auth Required
37193	Retrieval (Removal) Of Intravascular Vena Cava Filter, Endovascular Approach Including Vascular Access, Vessel Selection, And Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance (Ultrasound And Fluoroscopy), When	No
37195	Thrombolysis, Cerebral, By Intravenous Infusion	No
37197	Transcatheter Retrieval, Percutaneous, Of Intravascular Foreign Body (eg, Fractured Venous Or Arterial Catheter), Includes Radiological Supervision And Interpretation, And Imaging Guidance (Ultrasound Or Fluoroscopy), When Performed	No
37200	Transcatheter Biopsy	No
3720F	Cognitive Impairment Or Dysfunction Assessed (Prkns)	Yes
37211	Transcatheter Therapy, Arterial Infusion For Thrombolysis Other Than Coronary Or Intracranial, Any Method, Including Radiological Supervision And Interpretation, Initial Treatment Day	No
37212	Transcatheter Therapy, Venous Infusion For Thrombolysis, Any Method, Including Radiological Supervision And Interpretation, Initial Treatment Day	No
37213	Transcatheter Therapy, Arterial Or Venous Infusion For Thrombolysis Other Than Coronary, Any Method, Including Radiological Supervision And Interpretation, Continued Treatment On Subsequent Day During Course Of Thrombolytic Therapy, Including Follow-Up Ca	No
37214	Transcatheter Therapy, Arterial Or Venous Infusion For Thrombolysis Other Than Coronary, Any Method, Including Radiological Supervision And Interpretation, Continued Treatment On Subsequent Day During Course Of Thrombolytic Therapy, Including Follow-Up Ca	No
37215	Transcatheter Placement Of Intravascular Stent(s), Cervical Carotid Artery, Open Or Percutaneous, Including Angioplasty, When Performed, And Radiological Supervision And Interpretation; With Distal Embolic Protection	Yes
37216	Transcatheter Placement Of Intravascular Stent(s), Cervical Carotid Artery, Open Or Percutaneous, Including Angioplasty, When Performed, And Radiological Supervision And Interpretation; Without Distal Embolic Protection	Yes
37217	Transcatheter Placement Of Intravascular Stent(S), Intrathoracic Common Carotid Artery Or Innominate Artery By Retrograde Treatment, Open Ipsilateral Cervical Carotid Artery Exposure, Including Angioplasty, When Performed, And Radiological Supervision And	No
37218	Transcatheter Placement Of Intravascular Stent(s), Intrathoracic Common Carotid Artery Or Innominate Artery, Open Or Percutaneous Antegrade Approach, Including Angioplasty, When Performed, And Radiological Supervision And Interpretation	No
37236	Transcatheter Placement Of An Intravascular Stent(S) (Except Lower Extremity Artery(S) For Occlusive Disease, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Percutaneous, Including Radiological Super	No
37237	Transcatheter Placement Of An Intravascular Stent(S) (Except Lower Extremity Artery(S) For Occlusive Disease, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Percutaneous, Including Radiological Super	No
37238	Transcatheter Placement Of An Intravascular Stent(s), Open Or Percutaneous, Including Radiological Supervision And Interpretation And Including Angioplasty Within The Same Vessel, When Performed; Initial Vein	No
37239	Transcatheter Placement Of An Intravascular Stent(S), Open Or Percutaneous, Including Radiological Supervision And Interpretation And Including Angioplasty Within The Same Vessel, When Performed; Each Additional Vein (List Separately In Addition To Code F	No
37241	Vascular Embolization Or Occlusion, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention; Venous, Other Than Hemorrhage (Eg, Congenital Or Acquired Venous Ma	No
37242	Vascular Embolization Or Occlusion, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention; Arterial, Other Than Hemorrhage Or Tumor (Eg, Congenital Or Acquire	No
37243	Vascular Embolization Or Occlusion, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention; For Tumors, Organ Ischemia, Or Infarction	No
37244	Vascular Embolization Or Occlusion, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention; For Arterial Or Venous Hemorrhage Or Lymphatic Extravasation	No
37246	Transluminal Balloon Angioplasty (Except Lower Extremity Artery(Ies) For Occlusive Disease, Intracranial, Coronary, Pulmonary, Or Dialysis Circuit), Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretation Necessary To P	No
37247	Transluminal Balloon Angioplasty (Except Lower Extremity Artery(Ies) For Occlusive Disease, Intracranial, Coronary, Pulmonary, Or Dialysis Circuit), Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretation Necessary To P	No
37248	Transluminal Balloon Angioplasty (Except Dialysis Circuit), Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Initial Vein	No
37249	Transluminal Balloon Angioplasty (Except Dialysis Circuit), Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In Add	No
37252	Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Initial Noncoronary Vessel (List Separately In Addition To Code For Primary Procedure)	No

Procedure Code	Description	Prior Auth Required
37253	Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Each Additional Noncoronary Vessel (List Separately In Addition To Code For Primary Procedur	No
37254	Revascularization, Endovascular, Open Or Percutaneous, Iliac Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including All	Yes
37255	Revascularization, Endovascular, Open Or Percutaneous, Iliac Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including All	Yes
37256	Revascularization, Endovascular, Open Or Percutaneous, Iliac Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including All	Yes
37257	Revascularization, Endovascular, Open Or Percutaneous, Iliac Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including All	Yes
37258	Revascularization, Endovascular, Open Or Percutaneous, Iliac Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37259	Revascularization, Endovascular, Open Or Percutaneous, Iliac Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
3725F	Screening For Depression Performed (Dem)	Yes
37260	Revascularization, Endovascular, Open Or Percutaneous, Iliac Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37261	Revascularization, Endovascular, Open Or Percutaneous, Iliac Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37262	Intravascular Lithotripsy(Ies), Iliac Vascular Territory, Including All Imaging Guidance And Radiological Supervision And Interpretation Necessary To Perform The Intravascular Lithotripsy(Ies) Within The Same Artery	Yes
37263	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion,	Yes
37264	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion,	Yes
37265	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion	Yes
37266	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion,	Yes
37267	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37268	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37269	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37270	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37271	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37272	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37273	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37274	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37275	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Stent Placement, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary	Yes

Procedure Code	Description	Prior Auth Required
37276	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Stent Placement, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers	Yes
37277	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Stent Placement, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers	Yes
37278	Revascularization, Endovascular, Open Or Percutaneous, Femoral And Popliteal Vascular Territory, With Transluminal Stent Placement, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers	Yes
37279	Intravascular Lithotripsy(Ies), Femoral And Popliteal Vascular Territory, Including All Imaging Guidance And Radiological Supervision And Interpretation Necessary To Perform The Intravascular Lithotripsy(Ies) Within The Same Artery	Yes
37280	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion,	Yes
37281	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion,	Yes
37282	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including	Yes
37283	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including	Yes
37284	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37285	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37286	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37287	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Stent Placement, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37288	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively L	Yes
37289	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37290	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37291	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For Accessing And Selectively	Yes
37292	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Stent Placement, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers	Yes
37293	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Stent Placement, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For	Yes
37294	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Stent Placement, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary For	Yes
37295	Revascularization, Endovascular, Open Or Percutaneous, Tibial And Peroneal Vascular Territory, With Transluminal Stent Placement, With Transluminal Atherectomy, Including Transluminal Angioplasty When Performed, Including All Maneuvers Necessary	Yes
37296	Revascularization, Endovascular, Open Or Percutaneous, Inframalleolar Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including All	Yes
37297	Revascularization, Endovascular, Open Or Percutaneous, Inframalleolar Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including All Imagin	Yes
37298	Revascularization, Endovascular, Open Or Percutaneous, Inframalleolar Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including All Imagin	Yes
37299	Revascularization, Endovascular, Open Or Percutaneous, Inframalleolar Vascular Territory, With Transluminal Angioplasty, Including All Maneuvers Necessary For Accessing And Selectively Catheterizing The Artery And Crossing The Lesion, Including All	Yes

Procedure Code	Description	Prior Auth Required
37501	Unlisted Vascular Endoscopy Procedure	Yes
3750F	Patient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)	Yes
3751F	Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested), Documented, And Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)	Yes
3752F	Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Not Conducted (Or Requested), Documented, Or Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)	Yes
3753F	Patient Has Clear Clinical Symptoms And Signs That Are Highly Suggestive Of Neuropathy And Cannot Be Attributed To Another Condition, And Has An Obvious Cause For The Neuropathy (Dsp)	Yes
3754F	Screening Tests For Diabetes Mellitus Reviewed, Requested, Or Ordered (Dsp)	Yes
3755F	Cognitive And Behavioral Impairment Screening Performed (ALS)	Yes
37565	Ligation, Internal Jugular Vein	No
3756F	Patient Has Pseudobulbar Affect, Sialorrhea, Or ALS-Related Symptoms (ALS)	Yes
3757F	Patient Does Not Have Pseudobulbar Affect, Sialorrhea, Or ALS-Related Symptoms (ALS)	Yes
3758F	Patient Referred For Pulmonary Function Testing Or Peak Cough Expiratory Flow (ALS)	Yes
3759F	Patient Screened For Dysphagia, Weight Loss, And Impaired Nutrition, And Results Documented (ALS)	Yes
37600	Ligation; External Carotid Artery	No
37605	Ligation; Internal Or Common Carotid Artery	No
37606	Ligation; Internal Or Common Carotid Artery, With Gradual Occlusion, As With Selverstone Or Crutchfield Clamp	No
37607	Ligation Or Banding Of Angioaccess Arteriovenous Fistula	No
37609	Ligation Or Biopsy, Temporal Artery	No
3760F	Patient Exhibits Dysphagia, Weight Loss, Or Impaired Nutrition (ALS)	Yes
37615	Ligation, Major Artery (eg, Post-Traumatic, Rupture); Neck	No
37616	Ligation, Major Artery (eg, Post-Traumatic, Rupture); Chest	No
37617	Ligation, Major Artery (eg, Post-Traumatic, Rupture); Abdomen	No
37618	Ligation, Major Artery (eg, Post-Traumatic, Rupture); Extremity	No
37619	Ligation Of Inferior Vena Cava	No
3761F	Patient Does Not Exhibit Dysphagia, Weight Loss, Or Impaired Nutrition (ALS)	Yes
3762F	Patient Is Dysarthric (ALS)	Yes
3763F	Patient Is Not Dysarthric (ALS)	Yes
37650	Ligation Of Femoral Vein	No
37660	Ligation Of Common Iliac Vein	No
37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction, Or Distal Interruptions	Yes
37718	Ligation, Division, And Stripping, Short Saphenous Vein	Yes
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below	Yes
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/Or Interruption Of Communicating Veins Of Lower Leg, With Excision Of Deep Fascia	Yes
3775F	Adenoma(s) Or Other Neoplasm Detected During Screening Colonoscopy (Scadr)	Yes
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Including Skin Graft, When Performed, Open,1 Leg	Yes
37761	Ligation Of Perforator Vein(s), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg	Yes
37765	Stab Phlebectomy Of Varicose Veins, 1 Extremity; 10-20 Stab Incisions	Yes
37766	Stab Phlebectomy Of Varicose Veins, 1 Extremity; More Than 20 Incisions	Yes
3776F	Adenoma(s) Or Other Neoplasm Not Detected During Screening Colonoscopy (Scadr)	Yes
37780	Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junction (Separate Procedure)	Yes
37785	Ligation, Division, And/Or Excision Of Varicose Vein Cluster(s), 1 Leg	Yes
37788	Penile Revascularization, Artery, With Or Without Vein Graft	Yes
37790	Penile Venous Occlusive Procedure	Yes
37799	Unlisted Procedure, Vascular Surgery	Yes
38100	Splenectomy; Total (Separate Procedure)	No
38101	Splenectomy; Partial (Separate Procedure)	No
38102	Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure)	No
38115	Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy	No
38120	Laparoscopy, Surgical, Splenectomy	No
38129	Unlisted Laparoscopy Procedure, Spleen	Yes
38200	Injection Procedure For Splenoportography	No
38204	Management Of Recipient Hematopoietic Progenitor Cell Donor Search And Cell Acquisition	Yes
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogeneic	No
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous	Yes
38207	Transplant Preparation Of Hematopoietic Progenitor Cells; Cryopreservation And Storage	No

Procedure Code	Description	Prior Auth Required
38208	Transplant Preparation Of Hematopoietic Progenitor Cells; Thawing Of Previously Frozen Harvest, Without Washing, Per Donor	No
38209	Transplant Preparation Of Hematopoietic Progenitor Cells; Thawing Of Previously Frozen Harvest, With Washing, Per Donor	No
38210	Transplant Preparation Of Hematopoietic Progenitor Cells; Specific Cell Depletion Within Harvest, T-Cell Depletion	Yes
38211	Transplant Preparation Of Hematopoietic Progenitor Cells; Tumor Cell Depletion	Yes
38212	Transplant Preparation Of Hematopoietic Progenitor Cells; Red Blood Cell Removal	Yes
38213	Transplant Preparation Of Hematopoietic Progenitor Cells; Platelet Depletion	Yes
38214	Transplant Preparation Of Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	No
38215	Transplant Preparation Of Hematopoietic Progenitor Cells; Cell Concentration In Plasma, Mononuclear, Or Buffy Coat Layer	Yes
38220	Diagnostic Bone Marrow; Aspiration(S)	No
38221	Diagnostic Bone Marrow; Biopsy(Ies)	No
38222	Diagnostic Bone Marrow; Biopsy(Ies) And Aspiration(s)	No
38225	Chimeric Antigen Receptor T-Cell (Car-T) Therapy; Harvesting Of Blood-Derived T Lymphocytes For Development Of Genetically Modified Autologous Car-T Cells, Per Day	Yes
38226	Chimeric Antigen Receptor T-Cell (Car-T) Therapy; Preparation Of Blood-Derived T Lymphocytes For Transportation (Eg, Cryopreservation, Storage)	Yes
38227	Chimeric Antigen Receptor T-Cell (Car-T) Therapy; Receipt And Preparation Of Car-T Cells For Administration	Yes
38228	Chimeric Antigen Receptor T-Cell (Car-T) Therapy; Car-T Cell Administration, Autologous	Yes
38230	Bone Marrow Harvesting For Transplantation; Allogeneic	Yes
38232	Bone Marrow Harvesting For Transplantation; Autologous	Yes
38240	Hematopoietic Progenitor Cell (Hpc); Allogeneic Transplantation Per Donor	Yes
38241	Hematopoietic Progenitor Cell (Hpc); Autologous Transplantation	Yes
38242	Allogeneic Lymphocyte Infusions	Yes
38243	Hematopoietic Progenitor Cell (Hpc); Hpc Boost	Yes
38300	Drainage Of Lymph Node Abscess Or Lymphadenitis; Simple	No
38305	Drainage Of Lymph Node Abscess Or Lymphadenitis; Extensive	No
38308	Lymphangiotomy Or Other Operations On Lymphatic Channels	No
38380	Suture And/Or Ligation Of Thoracic Duct; Cervical Approach	No
38381	Suture And/Or Ligation Of Thoracic Duct; Thoracic Approach	No
38382	Suture And/Or Ligation Of Thoracic Duct; Abdominal Approach	No
38500	Biopsy Or Excision Of Lymph Node(s); Open, Superficial	No
38505	Biopsy Or Excision Of Lymph Node(s); By Needle, Superficial (eg, Cervical, Inguinal, Axillary)	No
38510	Biopsy Or Excision Of Lymph Node(s); Open, Deep Cervical Node(s)	No
38520	Biopsy Or Excision Of Lymph Node(s); Open, Deep Cervical Node(s) With Excision Scalene Fat Pad	No
38525	Biopsy Or Excision Of Lymph Node(s); Open, Deep Axillary Node(s)	No
38530	Biopsy Or Excision Of Lymph Node(s); Open, Internal Mammary Node(s)	No
38531	Biopsy Or Excision Of Lymph Node(s); Open, Inguinofemoral Node(s)	No
38542	Dissection, Deep Jugular Node(s)	No
38550	Excision Of Cystic Hygroma, Axillary Or Cervical; Without Deep Neurovascular Dissection	No
38555	Excision Of Cystic Hygroma, Axillary Or Cervical; With Deep Neurovascular Dissection	No
38562	Limited Lymphadenectomy For Staging (Separate Procedure); Pelvic And Para-Aortic	No
38564	Limited Lymphadenectomy For Staging (Separate Procedure); Retroperitoneal (Aortic And/Or Splenic)	No
38570	Laparoscopy, Surgical; With Retroperitoneal Lymph Node Sampling (Biopsy), Single Or Multiple	No
38571	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy	No
38572	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy And Peri-Aortic Lymph Node Sampling (Biopsy), Single Or Multiple	No
38573	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy And Peri-Aortic Lymph Node Sampling, Peritoneal Washings, Peritoneal Biopsy(Ies), Omentectomy, And Diaphragmatic Washings, Including Diaphragmatic And Other Serosal Biopsy(Ies), When Perfo	No
38589	Unlisted Laparoscopy Procedure, Lymphatic System	Yes
38700	Suprahyoid Lymphadenectomy	No
38720	Cervical Lymphadenectomy (Complete)	No
38724	Cervical Lymphadenectomy (Modified Radical Neck Dissection)	No
38740	Axillary Lymphadenectomy; Superficial	No
38745	Axillary Lymphadenectomy; Complete	No
38746	Thoracic Lymphadenectomy By Thoracotomy, Mediastinal And Regional Lymphadenectomy (List Separately In Addition To Code For Primary Procedure)	No
38747	Abdominal Lymphadenectomy, Regional, Including Celiac, Gastric, Portal, Peripancreatic, With Or Without Para-Aortic And Vena Caval Nodes (List Separately In Addition To Code For Primary Procedure)	No
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	No
38765	Inguinofemoral Lymphadenectomy, Superficial, In Continuity With Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes (Separate Procedure)	No
38770	Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes (Separate Procedure)	No

Procedure Code	Description	Prior Auth Required
38780	Retroperitoneal Transabdominal Lymphadenectomy, Extensive, Including Pelvic, Aortic, And Renal Nodes (Separate Procedure)	No
38790	Injection Procedure; Lymphangiography	No
38792	Injection Procedure; Radioactive Tracer For Identification Of Sentinel Node	No
38794	Cannulation, Thoracic Duct	No
38900	Intraoperative Identification (eg, Mapping) Of Sentinel Lymph Node(s) Includes Injection Of Non-Radioactive Dye, When Performed (List Separately In Addition To Code For Primary Procedure)	No
38999	Unlisted Procedure, Hemic Or Lymphatic System	Yes
39000	Mediastinotomy With Exploration, Drainage, Removal Of Foreign Body, Or Biopsy; Cervical Approach	No
39010	Mediastinotomy With Exploration, Drainage, Removal Of Foreign Body, Or Biopsy; Transthoracic Approach, Including Either Transthoracic Or Median Sternotomy	No
39200	Resection Of Mediastinal Cyst	No
39220	Resection Of Mediastinal Tumor	No
39401	Mediastinoscopy; Includes Biopsy(Ies) Of Mediastinal Mass (eg, Lymphoma), When Performed	No
39402	Mediastinoscopy; With Lymph Node Biopsy(Ies) (eg, Lung Cancer Staging)	No
39499	Unlisted Procedure, Mediastinum	Yes
39501	Repair, Laceration Of Diaphragm, Any Approach	No
39503	Repair, Neonatal Diaphragmatic Hernia, With Or Without Chest Tube Insertion And With Or Without Creation Of Ventral Hernia	No
39540	Repair, Diaphragmatic Hernia (Other Than Neonatal), Traumatic; Acute	No
39541	Repair, Diaphragmatic Hernia (Other Than Neonatal), Traumatic; Chronic	Yes
39545	Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic	No
39560	Resection, Diaphragm; With Simple Repair (eg, Primary Suture)	No
39561	Resection, Diaphragm; With Complex Repair (eg, Prosthetic Material, Local Muscle Flap)	No
39599	Unlisted Procedure, Diaphragm	Yes
3AA11	HIPPS Code 3AA11	No
3AA21	HIPPS Code 3AA21	No
3AA31	HIPPS Code 3AA31	No
3AB11	HIPPS Code 3AB11	No
3AB21	HIPPS Code 3AB21	No
3AB31	HIPPS Code 3AB31	No
3AC11	HIPPS Code 3AC11	No
3AC21	HIPPS Code 3AC21	No
3AC31	HIPPS Code 3AC31	No
3BA11	HIPPS Code 3BA11	No
3BA21	HIPPS Code 3BA21	No
3BA31	HIPPS Code 3BA31	No
3BB11	HIPPS Code 3BB11	No
3BB21	HIPPS Code 3BB21	No
3BB31	HIPPS Code 3BB31	No
3BC11	HIPPS Code 3BC11	No
3BC21	HIPPS Code 3BC21	No
3BC31	HIPPS Code 3BC31	No
3CA11	HIPPS Code 3CA11	No
3CA21	HIPPS Code 3CA21	No
3CA31	HIPPS Code 3CA31	No
3CB11	HIPPS Code 3CB11	No
3CB21	HIPPS Code 3CB21	No
3CB31	HIPPS Code 3CB31	No
3CC11	HIPPS Code 3CC11	No
3CC21	HIPPS Code 3CC21	No
3CC31	HIPPS Code 3CC31	No
3DA11	HIPPS Code 3DA11	No
3DA21	HIPPS Code 3DA21	No
3DA31	HIPPS Code 3DA31	No
3DB11	HIPPS Code 3DB11	No
3DB21	HIPPS Code 3DB21	No
3DB31	HIPPS Code 3DB31	No
3DC11	HIPPS Code 3DC11	No
3DC21	HIPPS Code 3DC21	No
3DC31	HIPPS Code 3DC31	No
3EA11	HIPPS Code 3EA11	No
3EA21	HIPPS Code 3EA21	No
3EA31	HIPPS Code 3EA31	No
3EB11	HIPPS Code 3EB11	No
3EB21	HIPPS Code 3EB21	No
3EB31	HIPPS Code 3EB31	No
3EC11	HIPPS Code 3EC11	No
3EC21	HIPPS Code 3EC21	No

Procedure Code	Description	Prior Auth Required
3EC31	HIPPS Code 3EC31	No
3FA11	HIPPS Code 3FA11	No
3FA21	HIPPS Code 3FA21	No
3FA31	HIPPS Code 3FA31	No
3FB11	HIPPS Code 3FB11	No
3FB21	HIPPS Code 3FB21	No
3FB31	HIPPS Code 3FB31	No
3FC11	HIPPS Code 3FC11	No
3FC21	HIPPS Code 3FC21	No
3FC31	HIPPS Code 3FC31	No
3GA11	HIPPS Code 3GA11	No
3GA21	HIPPS Code 3GA21	No
3GA31	HIPPS Code 3GA31	No
3GB11	HIPPS Code 3GB11	No
3GB21	HIPPS Code 3GB21	No
3GB31	HIPPS Code 3GB31	No
3GC11	HIPPS Code 3GC11	No
3GC21	HIPPS Code 3GC21	No
3GC31	HIPPS Code 3GC31	No
3HA11	HIPPS Code 3HA11	No
3HA21	HIPPS Code 3HA21	No
3HA31	HIPPS Code 3HA31	No
3HB11	HIPPS Code 3HB11	No
3HB21	HIPPS Code 3HB21	No
3HB31	HIPPS Code 3HB31	No
3HC11	HIPPS Code 3HC11	No
3HC21	HIPPS Code 3HC21	No
3HC31	HIPPS Code 3HC31	No
3IA11	HIPPS Code 3IA11	No
3IA21	HIPPS Code 3IA21	No
3IA31	HIPPS Code 3IA31	No
3IB11	HIPPS Code 3IB11	No
3IB21	HIPPS Code 3IB21	No
3IB31	HIPPS Code 3IB31	No
3IC11	HIPPS Code 3IC11	No
3IC21	HIPPS Code 3IC21	No
3IC31	HIPPS Code 3IC31	No
3JA11	HIPPS Code 3JA11	No
3JA21	HIPPS Code 3JA21	No
3JA31	HIPPS Code 3JA31	No
3JB11	HIPPS Code 3JB11	No
3JB21	HIPPS Code 3JB21	No
3JB31	HIPPS Code 3JB31	No
3JC11	HIPPS Code 3JC11	No
3JC21	HIPPS Code 3JC21	No
3JC31	HIPPS Code 3JC31	No
3KA11	HIPPS Code 3KA11	No
3KA21	HIPPS Code 3KA21	No
3KA31	HIPPS Code 3KA31	No
3KB11	HIPPS Code 3KB11	No
3KB21	HIPPS Code 3KB21	No
3KB31	HIPPS Code 3KB31	No
3KC11	HIPPS Code 3KC11	No
3KC21	HIPPS Code 3KC21	No
3KC31	HIPPS Code 3KC31	No
3LA11	HIPPS Code 3LA11	No
3LA21	HIPPS Code 3LA21	No
3LA31	HIPPS Code 3LA31	No
3LB11	HIPPS Code 3LB11	No
3LB21	HIPPS Code 3LB21	No
3LB31	HIPPS Code 3LB31	No
3LC11	HIPPS Code 3LC11	No
3LC21	HIPPS Code 3LC21	No
3LC31	HIPPS Code 3LC31	No
4000F	Tobacco Use Cessation Intervention, Counseling (Copd, Cap, Cad, Asthma) (Dm) (Pv)	Yes
4001F	Tobacco Use Cessation Intervention, Pharmacologic Therapy (Copd, Cad, Cap, Pv, Asthma) (Dm) (Pv)	Yes
4003F	Patient Education, Written/Oral, Appropriate For Patients With Heart Failure, Performed (Nma-No Measure Associated)	Yes
4004F	Patient Screened For Tobacco Use And Received Tobacco Cessation Intervention (Counseling, Pharmacotherapy, Or Both), If Identified As A Tobacco User (Pv, Cad)	No
4005F	Pharmacologic Therapy (Other Than Minerals/Vitamins) For Osteoporosis Prescribed (Op) (Ibd)	Yes

Procedure Code	Description	Prior Auth Required
4008F	Beta-Blocker Therapy Prescribed Or Currently Being Taken (Cad,Hf)	Yes
4010F	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Therapy Prescribed Or Currently Being Taken (Cad, Ckd, Hf) (Dm)	Yes
4011F	Oral Antiplatelet Therapy Prescribed (CAD)	Yes
4012F	Warfarin Therapy Prescribed (Nma-No Measure Associated)	Yes
4013F	Statin Therapy Prescribed Or Currently Being Taken (CAD)	Yes
4014F	Written Discharge Instructions Provided To Heart Failure Patients Discharged Home (Instructions Include All Of The Following Components: Activity Level, Diet, Discharge Medications, Follow-Up Appointment, Weight Monitoring, What To Do If Symptoms Worsen)	Yes
4015F	Persistent Asthma, Preferred Long Term Control Medication Or An Acceptable Alternative Treatment, Prescribed (Nma-No Measure Associated)	Yes
4016F	Anti-Inflammatory/Analgesic Agent Prescribed (OA) (Use For Prescribed Or Continued Medication[s], Including Over-The-Counter Medication[s])	Yes
4017F	Gastrointestinal Prophylaxis For Nsaid Use Prescribed (OA)	Yes
4018F	Therapeutic Exercise For The Involved Joint(s) Instructed Or Physical Or Occupational Therapy Prescribed (OA)	Yes
4019F	Documentation Of Receipt Of Counseling On Exercise And Either Both Calcium And Vitamin D Use Or Counseling Regarding Both Calcium And Vitamin D Use (Op)	Yes
4025F	Inhaled Bronchodilator Prescribed (Copd)	Yes
4030F	Long-Term Oxygen Therapy Prescribed (More Than 15 Hours Per Day) (Copd)	Yes
4033F	Pulmonary Rehabilitation Exercise Training Recommended (Copd)	Yes
4035F	Influenza Immunization Recommended (Copd) (Ibd)	Yes
4037F	Influenza Immunization Ordered Or Administered (Copd, Pv, Ckd, Esrd) (Ibd)	Yes
4040F	Pneumococcal Vaccine Administered Or Previously Received (Copd) (Pv) (Ibd)	Yes
4041F	Documentation Of Order For Cefazolin Or Cefuroxime For Antimicrobial Prophylaxis (Peri 2)	Yes
4042F	Documentation That Prophylactic Antibiotics Were Neither Given Within 4 Hours Prior To Surgical Incision Nor Given Intraoperatively (Peri 2)	Yes
4043F	Documentation That An Order Was Given To Discontinue Prophylactic Antibiotics Within 48 Hours Of Surgical End Time, Cardiac Procedures (Peri 2)	Yes
4044F	Documentation That An Order Was Given For Venous Thromboembolism (Vte) Prophylaxis To Be Given Within 24 Hours Prior To Incision Time Or 24 Hours After Surgery End Time (Peri 2)	Yes
4045F	Appropriate Empiric Antibiotic Prescribed (Cap), (Em)	Yes
4046F	Documentation That Prophylactic Antibiotics Were Given Within 4 Hours Prior To Surgical Incision Or Given Intraoperatively (Peri 2)	Yes
4047F	Documentation Of Order For Prophylactic Parenteral Antibiotics To Be Given Within 1 Hour (If Fluoroquinolone Or Vancomycin, 2 Hours) Prior To Surgical Incision (Or Start Of Procedure When No Incision Is Required) (Peri 2)	Yes
4048F	Documentation That Administration Of Prophylactic Parenteral Antibiotic Was Initiated Within 1 Hour (If Fluoroquinolone Or Vancomycin, 2 Hours) Prior To Surgical Incision (Or Start Of Procedure When No Incision Is Required) As Ordered (Peri 2)	Yes
40490	Biopsy Of Lip	No
4049F	Documentation That Order Was Given To Discontinue Prophylactic Antibiotics Within 24 Hours Of Surgical End Time, Non-Cardiac Procedure (Peri 2)	Yes
40500	Vermilionectomy (Lip Shave), With Mucosal Advancement	No
4050F	Hypertension Plan Of Care Documented As Appropriate (Nma-No Measure Associated)	Yes
40510	Excision Of Lip; Transverse Wedge Excision With Primary Closure	No
4051F	Referred For An Arteriovenous (Av) Fistula (Esrd, Ckd)	Yes
40520	Excision Of Lip; V-Excision With Primary Direct Linear Closure	No
40525	Excision Of Lip; Full Thickness, Reconstruction With Local Flap (eg, Estlander Or Fan)	No
40527	Excision Of Lip; Full Thickness, Reconstruction With Cross Lip Flap (Abbe-Estlander)	No
4052F	Hemodialysis Via Functioning Arteriovenous (Av) Fistula (Esrd)	Yes
40530	Resection Of Lip, More Than One-Fourth, Without Reconstruction	No
4053F	Hemodialysis Via Functioning Arteriovenous (Av) Graft (Esrd)	Yes
4054F	Hemodialysis Via Catheter (Esrd)	Yes
4055F	Patient Receiving Peritoneal Dialysis (Esrd)	Yes
4056F	Appropriate Oral Rehydration Solution Recommended (Pag)	Yes
4058F	Pediatric Gastroenteritis Education Provided To Caregiver (Pag)	Yes
4060F	Psychotherapy Services Provided (Mdd, Mdd Adol)	Yes
4062F	Patient Referral For Psychotherapy Documented (Mdd, Mdd Adol)	Yes
4063F	Antidepressant Pharmacotherapy Considered And Not Prescribed (Mdd Adol)	Yes
4064F	Antidepressant Pharmacotherapy Prescribed (Mdd, Mdd Adol)	Yes
40650	Repair Lip, Full Thickness; Vermilion Only	No
40652	Repair Lip, Full Thickness; Up To Half Vertical Height	No
40654	Repair Lip, Full Thickness; Over One-Half Vertical Height, Or Complex	No
4065F	Antipsychotic Pharmacotherapy Prescribed (Mdd)	Yes
4066F	Electroconvulsive Therapy (Ect) Provided (Mdd)	Yes
4067F	Patient Referral For Electroconvulsive Therapy (Ect) Documented (Mdd)	Yes
4069F	Venous Thromboembolism (Vte) Prophylaxis Received (Ibd)	Yes
40700	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral	No
40701	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, 1-Stage Procedure	No
40702	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, 1 Of 2 Stages	No
4070F	Deep Vein Thrombosis (Dvt) Prophylaxis Received By End Of Hospital Day 2 (Str)	Yes

Procedure Code	Description	Prior Auth Required
40720	Plastic Repair Of Cleft Lip/Nasal Deformity; Secondary, By Recreation Of Defect And Reclosure	No
4073F	Oral Antiplatelet Therapy Prescribed At Discharge (Str)	Yes
4075F	Anticoagulant Therapy Prescribed At Discharge (Str)	Yes
40761	Plastic Repair Of Cleft Lip/Nasal Deformity; With Cross Lip Pedicle Flap (Abbe-Estlander Type), Including Sectioning And Inserting Of Pedicle	No
4077F	Documentation That Tissue Plasminogen Activator (T-Pa) Administration Was Considered (Str)	Yes
40799	Unlisted Procedure, Lips	Yes
4079F	Documentation That Rehabilitation Services Were Considered (Str)	Yes
40800	Drainage Of Abscess, Cyst, Hematoma, Vestibule Of Mouth; Simple	No
40801	Drainage Of Abscess, Cyst, Hematoma, Vestibule Of Mouth; Complicated	No
40804	Removal Of Embedded Foreign Body, Vestibule Of Mouth; Simple	No
40805	Removal Of Embedded Foreign Body, Vestibule Of Mouth; Complicated	No
40806	Incision Of Labial Frenum (Frenotomy)	Yes
40808	Biopsy, Vestibule Of Mouth	No
40810	Excision Of Lesion Of Mucosa And Submucosa, Vestibule Of Mouth; Without Repair	Yes
40812	Excision Of Lesion Of Mucosa And Submucosa, Vestibule Of Mouth; With Simple Repair	No
40814	Excision Of Lesion Of Mucosa And Submucosa, Vestibule Of Mouth; With Complex Repair	No
40816	Excision Of Lesion Of Mucosa And Submucosa, Vestibule Of Mouth; Complex, With Excision Of Underlying Muscle	No
40818	Excision Of Mucosa Of Vestibule Of Mouth As Donor Graft	No
40819	Excision Of Frenum, Labial Or Buccal (Frenumectomy, Frenulectomy, Frenectomy)	No
40820	Destruction Of Lesion Or Scar Of Vestibule Of Mouth By Physical Methods (eg, Laser, Thermal, Cryo, Chemical)	No
40830	Closure Of Laceration, Vestibule Of Mouth; 2.5 Cm Or Less	No
40831	Closure Of Laceration, Vestibule Of Mouth; Over 2.5 Cm Or Complex	No
40840	Vestibuloplasty; Anterior	No
40842	Vestibuloplasty; Posterior, Unilateral	No
40843	Vestibuloplasty; Posterior, Bilateral	No
40844	Vestibuloplasty; Entire Arch	No
40845	Vestibuloplasty; Complex (Including Ridge Extension, Muscle Repositioning)	No
4084F	Aspirin Received Within 24 Hours Before Emergency Department Arrival Or During Emergency Department Stay (Em)	Yes
4086F	Aspirin Or Clopidogrel Prescribed Or Currently Being Taken (CAD)	Yes
40899	Unlisted Procedure, Vestibule Of Mouth	Yes
4090F	Patient Receiving Erythropoietin Therapy (Hem)	Yes
4095F	Patient Not Receiving Erythropoietin Therapy (Hem)	Yes
41000	Intraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Tongue Or Floor Of Mouth; Lingual	No
41005	Intraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Tongue Or Floor Of Mouth; Sublingual, Superficial	No
41006	Intraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Tongue Or Floor Of Mouth; Sublingual, Deep, Supramylohyoid	No
41007	Intraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Tongue Or Floor Of Mouth; Submental Space	No
41008	Intraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Tongue Or Floor Of Mouth; Submandibular Space	No
41009	Intraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Tongue Or Floor Of Mouth; Masticator Space	No
4100F	Bisphosphonate Therapy, Intravenous, Ordered Or Received (Hem)	Yes
41010	Incision Of Lingual Frenum (Frenotomy)	No
41015	Extraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Floor Of Mouth; Sublingual	No
41016	Extraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Floor Of Mouth; Submental	No
41017	Extraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Floor Of Mouth; Submandibular	No
41018	Extraoral Incision And Drainage Of Abscess, Cyst, Or Hematoma Of Floor Of Mouth; Masticator Space	No
41019	Placement Of Needles, Catheters, Or Other Device(s) Into The Head And/Or Neck Region (Percutaneous, Transoral, Or Transnasal) For Subsequent Interstitial Radioelement Application	No
41100	Biopsy Of Tongue; Anterior Two-Thirds	No
41105	Biopsy Of Tongue; Posterior One-Third	No
41108	Biopsy Of Floor Of Mouth	No
4110F	Internal Mammary Artery Graft Performed For Primary, Isolated Coronary Artery Bypass Graft Procedure (Cabg)	Yes
41110	Excision Of Lesion Of Tongue Without Closure	No
41112	Excision Of Lesion Of Tongue With Closure; Anterior Two-Thirds	No
41113	Excision Of Lesion Of Tongue With Closure; Posterior One-Third	No
41114	Excision Of Lesion Of Tongue With Closure; With Local Tongue Flap	No
41115	Excision Of Lingual Frenum (Frenectomy)	Yes
41116	Excision, Lesion Of Floor Of Mouth	No
41120	Glossectomy; Less Than One-Half Tongue	No
41130	Glossectomy; Hemiglossectomy	No
41135	Glossectomy; Partial, With Unilateral Radical Neck Dissection	No

Procedure Code	Description	Prior Auth Required
41140	Glossectomy; Complete Or Total, With Or Without Tracheostomy, Without Radical Neck Dissection	No
41145	Glossectomy; Complete Or Total, With Or Without Tracheostomy, With Unilateral Radical Neck Dissection	No
41150	Glossectomy; Composite Procedure With Resection Floor Of Mouth And Mandibular Resection, Without Radical Neck Dissection	No
41153	Glossectomy; Composite Procedure With Resection Floor Of Mouth, With Suprahyoid Neck Dissection	No
41155	Glossectomy; Composite Procedure With Resection Floor Of Mouth, Mandibular Resection, And Radical Neck Dissection (Commando Type)	No
4115F	Beta Blocker Administered Within 24 Hours Prior To Surgical Incision (Cabg)	Yes
4120F	Antibiotic Prescribed Or Dispensed (Uri, Phar), (A-Bronch)	Yes
4124F	Antibiotic Neither Prescribed Nor Dispensed (Uri, Phar), (A-Bronch)	Yes
41250	Repair Of Laceration 2.5 Cm Or Less; Floor Of Mouth And/Or Anterior Two-Thirds Of Tongue	No
41251	Repair Of Laceration 2.5 Cm Or Less; Posterior One-Third Of Tongue	No
41252	Repair Of Laceration Of Tongue, Floor Of Mouth, Over 2.6 Cm Or Complex	No
4130F	Topical Preparations (Including Otc) Prescribed For Acute Otitis Externa (Aoe)	Yes
4131F	Systemic Antimicrobial Therapy Prescribed (Aoe)	Yes
4132F	Systemic Antimicrobial Therapy Not Prescribed (Aoe)	Yes
4133F	Antihistamines Or Decongestants Prescribed Or Recommended (Ome)	Yes
4134F	Antihistamines Or Decongestants Neither Prescribed Nor Recommended (Ome)	Yes
4135F	Systemic Corticosteroids Prescribed (Ome)	Yes
4136F	Systemic Corticosteroids Not Prescribed (Ome)	Yes
4140F	Inhaled Corticosteroids Prescribed (Asthma)	Yes
4142F	Corticosteroid Sparing Therapy Prescribed (Ibd)	Yes
4144F	Alternative Long-Term Control Medication Prescribed (Asthma)	Yes
4145F	Two Or More Anti-Hypertensive Agents Prescribed Or Currently Being Taken (Cad, Htn)	Yes
4148F	Hepatitis A Vaccine Injection Administered Or Previously Received (Hep-C)	Yes
4149F	Hepatitis B Vaccine Injection Administered Or Previously Received (Hep-C, Hiv) (Ibd)	Yes
4150F	Patient Receiving Antiviral Treatment For Hepatitis C (Hep-C)	Yes
41510	Suture Of Tongue To Lip For Micrognathia (Douglas Type Procedure)	Yes
41512	Tongue Base Suspension, Permanent Suture Technique	No
4151F	Patient Did Not Start Or Is Not Receiving Antiviral Treatment For Hepatitis C During The Measurement Period (Hep-C)	Yes
41520	Frenoplasty (Surgical Revision Of Frenum, eg, With Z-Plasty)	No
41530	Submucosal Ablation Of The Tongue Base, Radiofrequency, 1 Or More Sites, Per Session	No
4153F	Combination Peginterferon And Ribavirin Therapy Prescribed (Hep-C)	Yes
4155F	Hepatitis A Vaccine Series Previously Received (Hep-C)	Yes
4157F	Hepatitis B Vaccine Series Previously Received (Hep-C)	Yes
4158F	Patient Counseled About Risks Of Alcohol Use (Hep-C)	Yes
41599	Unlisted Procedure, Tongue, Floor Of Mouth	Yes
4159F	Counseling Regarding Contraception Received Prior To Initiation Of Antiviral Treatment (Hep-C)	Yes
4163F	Patient Counseling At A Minimum On All Of The Following Treatment Options For Clinically Localized Prostate Cancer: Active Surveillance, And Interstitial Prostate Brachytherapy, And External Beam Radiotherapy, And Radical Prostatectomy, Provided Prior To	Yes
4164F	Adjuvant (Ie, In Combination With External Beam Radiotherapy To The Prostate For Prostate Cancer) Hormonal Therapy (Gonadotropin-Releasing Hormone [Gnrh] Agonist Or Antagonist) Prescribed/Administered (Prca)	Yes
4165F	3-Dimensional Conformal Radiotherapy (3d-Crt) Or Intensity Modulated Radiation Therapy (IMRT) Received (Prca)	Yes
4167F	Head Of Bed Elevation (30-45 Degrees) On First Ventilator Day Ordered (Crit)	Yes
4168F	Patient Receiving Care In The Intensive Care Unit (Icu) And Receiving Mechanical Ventilation, 24 Hours Or Less (Crit)	Yes
4169F	Patient Either Not Receiving Care In The Intensive Care Unit (Icu) Or Not Receiving Mechanical Ventilation Or Receiving Mechanical Ventilation Greater Than 24 Hours (Crit)	Yes
4171F	Patient Receiving Erythropoiesis-Stimulating Agents (Esa) Therapy (Ckd)	Yes
4172F	Patient Not Receiving Erythropoiesis-Stimulating Agents (Esa) Therapy (Ckd)	Yes
4174F	Counseling About The Potential Impact Of Glaucoma On Visual Functioning And Quality Of Life, And Importance Of Treatment Adherence Provided To Patient And/Or Caregiver(s) (Ec)	Yes
4175F	Best-Corrected Visual Acuity Of 20/40 Or Better (Distance Or Near) Achieved Within The 90 Days Following Cataract Surgery (Ec)	Yes
4176F	Counseling About Value Of Protection From Uv Light And Lack Of Proven Efficacy Of Nutritional Supplements In Prevention Or Progression Of Cataract Development Provided To Patient And/Or Caregiver(s) (Nma-No Measure Associated)	Yes
4177F	Counseling About The Benefits And/Or Risks Of The Age-Related Eye Disease Study (Areds) Formulation For Preventing Progression Of Age-Related Macular Degeneration (Amd) Provided To Patient And/Or Caregiver(s) (Ec)	Yes
4178F	Anti-D Immune Globulin Received Between 26 And 30 Weeks Gestation (Pre-Cr)	Yes
4179F	Tamoxifen Or Aromatase Inhibitor (Ai) Prescribed (Onc)	Yes
41800	Drainage Of Abscess, Cyst, Hematoma From Dentoalveolar Structures	No
41805	Removal Of Embedded Foreign Body From Dentoalveolar Structures; Soft Tissues	No
41806	Removal Of Embedded Foreign Body From Dentoalveolar Structures; Bone	No

Procedure Code	Description	Prior Auth Required
4180F	Adjuvant Chemotherapy Referred, Prescribed, Or Previously Received For Stage Iii Colon Cancer (Onc)	Yes
4181F	Conformal Radiation Therapy Received (Nma-No Measure Associated)	Yes
41820	Gingivectomy, Excision Gingiva, Each Quadrant	No
41821	Operculectomy, Excision Pericoronal Tissues	No
41822	Excision Of Fibrous Tuberosities, Dentoalveolar Structures	No
41823	Excision Of Osseous Tuberosities, Dentoalveolar Structures	No
41825	Excision Of Lesion Or Tumor (Except Listed Above), Dentoalveolar Structures; Without Repair	No
41826	Excision Of Lesion Or Tumor (Except Listed Above), Dentoalveolar Structures; With Simple Repair	No
41827	Excision Of Lesion Or Tumor (Except Listed Above), Dentoalveolar Structures; With Complex Repair	No
41828	Excision Of Hyperplastic Alveolar Mucosa, Each Quadrant (Specify)	No
4182F	Conformal Radiation Therapy Not Received (Nma-No Measure Associated)	Yes
41830	Alveolectomy, Including Curettage Of Osteitis Or Sequestrectomy	No
41850	Destruction Of Lesion (Except Excision), Dentoalveolar Structures	No
4185F	Continuous (12-Months) Therapy With Proton Pump Inhibitor (Ppi) Or Histamine H2 Receptor Antagonist (H2ra) Received (Gerd)	Yes
4186F	No Continuous (12-Months) Therapy With Either Proton Pump Inhibitor (Ppi) Or Histamine H2 Receptor Antagonist (H2ra) Received (Gerd)	Yes
41870	Periodontal Mucosal Grafting	No
41872	Gingivoplasty, Each Quadrant (Specify)	No
41874	Alveoloplasty, Each Quadrant (Specify)	No
4187F	Disease Modifying Anti-Rheumatic Drug Therapy Prescribed Or Dispensed (Ra)	Yes
4188F	Appropriate Angiotensin Converting Enzyme (Ace)/Angiotensin Receptor Blockers (Arb) Therapeutic Monitoring Test Ordered Or Performed (Am)	Yes
41899	Unlisted Procedure, Dentoalveolar Structures	Yes
4189F	Appropriate Digoxin Therapeutic Monitoring Test Ordered Or Performed (Am)	Yes
4190F	Appropriate Diuretic Therapeutic Monitoring Test Ordered Or Performed (Am)	Yes
4191F	Appropriate Anticonvulsant Therapeutic Monitoring Test Ordered Or Performed (Am)	Yes
4192F	Patient Not Receiving Glucocorticoid Therapy (Ra)	Yes
4193F	Patient Receiving <10 Mg Daily Prednisone (Or Equivalent), Or Ra Activity Is Worsening, Or Glucocorticoid Use Is For Less Than 6 Months (Ra)	Yes
4194F	PATIENT RECEIVING >= 10 MG DAILY PREDNISONE (OR EQUIVALENT) FOR LONGER THAN 6 MONTHS, AND IMPROVEMENT OR NO CHANGE IN DISEASE ACTIVITY (RA)	Yes
4195F	Patient Receiving First-Time Biologic Disease Modifying Anti-Rheumatic Drug Therapy For Rheumatoid Arthritis (Ra)	Yes
4196F	Patient Not Receiving First-Time Biologic Disease Modifying Anti-Rheumatic Drug Therapy For Rheumatoid Arthritis (Ra)	Yes
42000	Drainage Of Abscess Of Palate, Uvula	No
4200F	External Beam Radiotherapy As Primary Therapy To Prostate With Or Without Nodal Irradiation (Prca)	Yes
4201F	External Beam Radiotherapy With Or Without Nodal Irradiation As Adjuvant Or Salvage Therapy For Prostate Cancer Patient (Prca)	Yes
42100	Biopsy Of Palate, Uvula	No
42104	Excision, Lesion Of Palate, Uvula; Without Closure	No
42106	Excision, Lesion Of Palate, Uvula; With Simple Primary Closure	No
42107	Excision, Lesion Of Palate, Uvula; With Local Flap Closure	No
4210F	Angiotensin Converting Enzyme (Ace) Or Angiotensin Receptor Blockers (Arb) Medication Therapy For 6 Months Or More (Mm)	Yes
42120	Resection Of Palate Or Extensive Resection Of Lesion	No
42140	Uvulectomy, Excision Of Uvula	No
42145	Palatopharyngoplasty (eg, Uvulopalatopharyngoplasty, Uvulopharyngoplasty)	Yes
42160	Destruction Of Lesion, Palate Or Uvula (Thermal, Cryo Or Chemical)	No
42180	Repair, Laceration Of Palate; Up To 2 Cm	No
42182	Repair, Laceration Of Palate; Over 2 Cm Or Complex	No
42200	Palatoplasty For Cleft Palate, Soft And/Or Hard Palate Only	No
42205	Palatoplasty For Cleft Palate, With Closure Of Alveolar Ridge; Soft Tissue Only	No
4220F	Digoxin Medication Therapy For 6 Months Or More (Mm)	Yes
42210	Palatoplasty For Cleft Palate, With Closure Of Alveolar Ridge; With Bone Graft To Alveolar Ridge (Includes Obtaining Graft)	No
42215	Palatoplasty For Cleft Palate; Major Revision	No
4221F	Diuretic Medication Therapy For 6 Months Or More (Mm)	Yes
42220	Palatoplasty For Cleft Palate; Secondary Lengthening Procedure	No
42225	Palatoplasty For Cleft Palate; Attachment Pharyngeal Flap	No
42226	Lengthening Of Palate, And Pharyngeal Flap	No
42227	Lengthening Of Palate, With Island Flap	No
42235	Repair Of Anterior Palate, Including Vomer Flap	No
42260	Repair Of Nasolabial Fistula	No
42280	Maxillary Impression For Palatal Prosthesis	No
42281	Insertion Of Pin-Retained Palatal Prosthesis	No
42299	Unlisted Procedure, Palate, Uvula	Yes

Procedure Code	Description	Prior Auth Required
42300	Drainage Of Abscess; Parotid, Simple	No
42305	Drainage Of Abscess; Parotid, Complicated	No
4230F	Anticonvulsant Medication Therapy For 6 Months Or More (Mm)	Yes
42310	Drainage Of Abscess; Submaxillary Or Sublingual, Intraoral	No
42320	Drainage Of Abscess; Submaxillary, External	No
42330	Sialolithotomy; Submandibular (Submaxillary), Sublingual Or Parotid, Uncomplicated, Intraoral	No
42335	Sialolithotomy; Submandibular (Submaxillary), Complicated, Intraoral	No
42340	Sialolithotomy; Parotid, Extraoral Or Complicated Intraoral	No
42400	Biopsy Of Salivary Gland; Needle	No
42405	Biopsy Of Salivary Gland; Incisional	No
42408	Excision Of Sublingual Salivary Cyst (Ranula)	No
42409	Marsupialization Of Sublingual Salivary Cyst (Ranula)	No
4240F	Instruction In Therapeutic Exercise With Follow-Up Provided To Patients During Episode Of Back Pain Lasting Longer Than 12 Weeks (Bkp)	Yes
42410	Excision Of Parotid Tumor Or Parotid Gland; Lateral Lobe, Without Nerve Dissection	No
42415	Excision Of Parotid Tumor Or Parotid Gland; Lateral Lobe, With Dissection And Preservation Of Facial Nerve	No
42420	Excision Of Parotid Tumor Or Parotid Gland; Total, With Dissection And Preservation Of Facial Nerve	No
42425	Excision Of Parotid Tumor Or Parotid Gland; Total, En Bloc Removal With Sacrifice Of Facial Nerve	No
42426	Excision Of Parotid Tumor Or Parotid Gland; Total, With Unilateral Radical Neck Dissection	No
4242F	Counseling For Supervised Exercise Program Provided To Patients During Episode Of Back Pain Lasting Longer Than 12 Weeks (Bkp)	Yes
42440	Excision Of Submandibular (Submaxillary) Gland	No
42450	Excision Of Sublingual Gland	No
4245F	Patient Counseled During The Initial Visit To Maintain Or Resume Normal Activities (Bkp)	Yes
4248F	Patient Counseled During The Initial Visit For An Episode Of Back Pain Against Bed Rest Lasting 4 Days Or Longer (Bkp)	Yes
42500	Plastic Repair Of Salivary Duct, Sialodochoplasty; Primary Or Simple	No
42505	Plastic Repair Of Salivary Duct, Sialodochoplasty; Secondary Or Complicated	No
42507	Parotid Duct Diversion, Bilateral (Wilke Type Procedure);	No
42509	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Excision Of Both Submandibular Glands	No
4250F	Active Warming Used Intraoperatively For The Purpose Of Maintaining Normothermia, Or At Least 1 Body Temperature Equal To Or Greater Than 36 Degrees Centigrade (Or 96.8 Degrees Fahrenheit) Recorded Within The 30 Minutes Immediately Before Or The 15 Minute	Yes
42510	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Ligation Of Both Submandibular (Wharton'S) Ducts	No
42550	Injection Procedure For Sialography	No
4255F	Duration Of General Or Neuraxial Anesthesia 60 Minutes Or Longer, As Documented In The Anesthesia Record (Crit) (Peri2)	Yes
4256F	Duration Of General Or Neuraxial Anesthesia Less Than 60 Minutes, As Documented In The Anesthesia Record (Crit) (Peri2)	Yes
42600	Closure Salivary Fistula	No
4260F	Wound Surface Culture Technique Used (Cwc)	Yes
4261F	Technique Other Than Surface Culture Of The Wound Exudate Used (eg, Levine/Deep Swab Technique, Semi-Quantitative Or Quantitative Swab Technique) Or Wound Surface Culture Technique Not Used (Cwc)	Yes
42650	Dilation Salivary Duct	No
4265F	Use Of Wet To Dry Dressings Prescribed Or Recommended (Cwc)	Yes
42660	Dilation And Catheterization Of Salivary Duct, With Or Without Injection	No
42665	Ligation Salivary Duct, Intraoral	No
4266F	Use Of Wet To Dry Dressings Neither Prescribed Nor Recommended (Cwc)	Yes
4267F	Compression Therapy Prescribed (Cwc)	Yes
4268F	Patient Education Regarding The Need For Long Term Compression Therapy Including Interval Replacement Of Compression Stockings Received (Cwc)	Yes
42699	Unlisted Procedure, Salivary Glands Or Ducts	Yes
4269F	Appropriate Method Of Offloading (Pressure Relief) Prescribed (Cwc)	Yes
42700	Incision And Drainage Abscess; Peritonsillar	No
4270F	Patient Receiving Potent Antiretroviral Therapy For 6 Months Or Longer (Hiv)	Yes
4271F	Patient Receiving Potent Antiretroviral Therapy For Less Than 6 Months Or Not Receiving Potent Antiretroviral Therapy (Hiv)	Yes
42720	Incision And Drainage Abscess; Retropharyngeal Or Parapharyngeal, Intraoral Approach	No
42725	Incision And Drainage Abscess; Retropharyngeal Or Parapharyngeal, External Approach	No
4274F	Influenza Immunization Administered Or Previously Received (Hiv) (P-Esrd)	Yes
4276F	Potent Antiretroviral Therapy Prescribed (Hiv)	Yes
4279F	Pneumocystis Jiroveci Pneumonia Prophylaxis Prescribed (Hiv)	Yes
42800	Biopsy; Oropharynx	No
42804	Biopsy; Nasopharynx, Visible Lesion, Simple	No
42806	Biopsy; Nasopharynx, Survey For Unknown Primary Lesion	No
42808	Excision Or Destruction Of Lesion Of Pharynx, Any Method	No

Procedure Code	Description	Prior Auth Required
42809	Removal Of Foreign Body From Pharynx	No
4280F	Pneumocystis Jiroveci Pneumonia Prophylaxis Prescribed Within 3 Months Of Low Cd4+ Cell Count Or Percentage (Hiv)	Yes
42810	Excision Branchial Cleft Cyst Or Vestige, Confined To Skin And Subcutaneous Tissues	Yes
42815	Excision Branchial Cleft Cyst, Vestige, Or Fistula, Extending Beneath Subcutaneous Tissues And/Or Into Pharynx	Yes
42820	Tonsillectomy And Adenoidectomy; Younger Than Age 12	No
42821	Tonsillectomy And Adenoidectomy; Age 12 Or Over	No
42825	Tonsillectomy, Primary Or Secondary; Younger Than Age 12	No
42826	Tonsillectomy, Primary Or Secondary; Age 12 Or Over	No
42830	Adenoidectomy, Primary; Younger Than Age 12	No
42831	Adenoidectomy, Primary; Age 12 Or Over	No
42835	Adenoidectomy, Secondary; Younger Than Age 12	Yes
42836	Adenoidectomy, Secondary; Age 12 Or Over	No
42842	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or Retromolar Trigone; Without Closure	No
42844	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or Retromolar Trigone; Closure With Local Flap (eg, Tongue, Buccal)	No
42845	Radical Resection Of Tonsil, Tonsillar Pillars, And/Or Retromolar Trigone; Closure With Other Flap	No
42860	Excision Of Tonsil Tags	No
42870	Excision Or Destruction Lingual Tonsil, Any Method (Separate Procedure)	Yes
42890	Limited Pharyngectomy	No
42892	Resection Of Lateral Pharyngeal Wall Or Pyriform Sinus, Direct Closure By Advancement Of Lateral And Posterior Pharyngeal Walls	No
42894	Resection Of Pharyngeal Wall Requiring Closure With Myocutaneous Or Fasciocutaneous Flap Or Free Muscle, Skin, Or Fascial Flap With Microvascular Anastomosis	No
42900	Suture Pharynx For Wound Or Injury	No
4290F	Patient Screened For Injection Drug Use (Hiv)	Yes
4293F	Patient Screened For High-Risk Sexual Behavior (Hiv)	Yes
42950	Pharyngoplasty (Plastic Or Reconstructive Operation On Pharynx)	No
42953	Pharyngoesophageal Repair	No
42955	Pharyngostomy (Fistulization Of Pharynx, External For Feeding)	No
42960	Control Oropharyngeal Hemorrhage, Primary Or Secondary (eg, Post-Tonsillectomy); Simple	No
42961	Control Oropharyngeal Hemorrhage, Primary Or Secondary (eg, Post-Tonsillectomy); Complicated, Requiring Hospitalization	No
42962	Control Oropharyngeal Hemorrhage, Primary Or Secondary (eg, Post-Tonsillectomy); With Secondary Surgical Intervention	No
42970	Control Of Nasopharyngeal Hemorrhage, Primary Or Secondary (eg, Postadenoidectomy); Simple, With Posterior Nasal Packs, With Or Without Anterior Packs And/Or Cautery	No
42971	Control Of Nasopharyngeal Hemorrhage, Primary Or Secondary (eg, Postadenoidectomy); Complicated, Requiring Hospitalization	No
42972	Control Of Nasopharyngeal Hemorrhage, Primary Or Secondary (eg, Postadenoidectomy); With Secondary Surgical Intervention	No
42975	Drug-Induced Sleep Endoscopy, With Dynamic Evaluation Of Velum, Pharynx, Tongue Base, And Larynx For Evaluation Of Sleep-Disordered Breathing, Flexible, Diagnostic	No
42999	Unlisted Procedure, Pharynx, Adenoids, Or Tonsils	Yes
4300F	Patient Receiving Warfarin Therapy For Nonvalvular Atrial Fibrillation Or Atrial Flutter (Afib)	Yes
4301F	Patient Not Receiving Warfarin Therapy For Nonvalvular Atrial Fibrillation Or Atrial Flutter (Afib)	Yes
43020	Esophagotomy, Cervical Approach, With Removal Of Foreign Body	No
43030	Cricopharyngeal Myotomy	No
43045	Esophagotomy, Thoracic Approach, With Removal Of Foreign Body	No
4305F	Patient Education Regarding Appropriate Foot Care And Daily Inspection Of The Feet Received (Cwc)	Yes
4306F	Patient Counseled Regarding Psychosocial And Pharmacologic Treatment Options For Opioid Addiction (Sud)	Yes
43100	Excision Of Lesion, Esophagus, With Primary Repair; Cervical Approach	No
43101	Excision Of Lesion, Esophagus, With Primary Repair; Thoracic Or Abdominal Approach	No
43107	Total Or Near Total Esophagectomy, Without Thoracotomy; With Pharyngogastrostomy Or Cervical Esophagogastrostomy, With Or Without Pyloroplasty (Transhiatal)	No
43108	Total Or Near Total Esophagectomy, Without Thoracotomy; With Colon Interposition Or Small Intestine Reconstruction, Including Intestine Mobilization, Preparation And Anastomosis(Es)	No
43112	Total Or Near Total Esophagectomy, With Thoracotomy; With Pharyngogastrostomy Or Cervical Esophagogastrostomy, With Or Without Pyloroplasty (Ie, Mckeown Esophagectomy Or Tri-Incisional Esophagectomy)	No
43113	Total Or Near Total Esophagectomy, With Thoracotomy; With Colon Interposition Or Small Intestine Reconstruction, Including Intestine Mobilization, Preparation, And Anastomosis(Es)	No
43116	Partial Esophagectomy, Cervical, With Free Intestinal Graft, Including Microvascular Anastomosis, Obtaining The Graft And Intestinal Reconstruction	No
43117	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abdominal Incision, With Or Without Proximal Gastrectomy; With Thoracic Esophagogastrostomy, With Or Without Pyloroplasty (Ivor Lewis)	No

Procedure Code	Description	Prior Auth Required
43118	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abdominal Incision, With Or Without Proximal Gastrectomy; With Colon Interposition Or Small Intestine Reconstruction, Including Intestine Mobilization, Preparation, And Anastomosis(Es	No
43121	Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy Only, With Or Without Proximal Gastrectomy, With Thoracic Esophagogastrostomy, With Or Without Pyloroplasty	No
43122	Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or Without Proximal Gastrectomy; With Esophagogastrostomy, With Or Without Pyloroplasty	No
43123	Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or Without Proximal Gastrectomy; With Colon Interposition Or Small Intestine Reconstruction, Including Intestine Mobilization, Preparation, And Anastomosis(Es)	No
43124	Total Or Partial Esophagectomy, Without Reconstruction (Any Approach), With Cervical Esophagostomy	No
43130	Diverticulectomy Of Hypopharynx Or Esophagus, With Or Without Myotomy; Cervical Approach	No
43135	Diverticulectomy Of Hypopharynx Or Esophagus, With Or Without Myotomy; Thoracic Approach	No
43180	Esophagoscopy, Rigid, Transoral With Diverticulectomy Of Hypopharynx Or Cervical Esophagus (eg, Zenker's Diverticulum), With Cricopharyngeal Myotomy, Includes Use Of Telescope Or Operating Microscope And Repair, When Performed	No
43191	Esophagoscopy, Rigid, Transoral; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing When Performed (Separate Procedure)	No
43192	Esophagoscopy, Rigid, Transoral; With Directed Submucosal Injection(s), Any Substance	No
43193	Esophagoscopy, Rigid, Transoral; With Biopsy, Single Or Multiple	No
43194	Esophagoscopy, Rigid, Transoral; With Removal Of Foreign Body(s)	No
43195	Esophagoscopy, Rigid, Transoral; With Balloon Dilation (Less Than 30 Mm Diameter)	No
43196	Esophagoscopy, Rigid, Transoral; With Insertion Of Guide Wire Followed By Dilation Over Guide Wire	No
43197	Esophagoscopy, Flexible, Transnasal; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
43198	Esophagoscopy, Flexible, Transnasal; With Biopsy, Single Or Multiple	No
43200	Esophagoscopy, Flexible, Transoral; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
43201	Esophagoscopy, Flexible, Transoral; With Directed Submucosal Injection(s), Any Substance	No
43202	Esophagoscopy, Flexible, Transoral; With Biopsy, Single Or Multiple	No
43204	Esophagoscopy, Flexible, Transoral; With Injection Sclerosis Of Esophageal Varices	No
43205	Esophagoscopy, Flexible, Transoral; With Band Ligation Of Esophageal Varices	No
43206	Esophagoscopy, Flexible, Transoral; With Optical Endomicroscopy	No
4320F	Patient Counseled Regarding Psychosocial And Pharmacologic Treatment Options For Alcohol Dependence (Sud)	Yes
43210	Esophagogastroduodenoscopy, Flexible, Transoral; With Esophagogastric Fundoplasty, Partial Or Complete, Includes Duodenoscopy When Performed	No
43211	Esophagoscopy, Flexible, Transoral; With Endoscopic Mucosal Resection	No
43212	Esophagoscopy, Flexible, Transoral; With Placement Of Endoscopic Stent (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
43213	Esophagoscopy, Flexible, Transoral; With Dilation Of Esophagus, By Balloon Or Dilator, Retrograde (Includes Fluoroscopic Guidance, When Performed)	No
43214	Esophagoscopy, Flexible, Transoral; With Dilation Of Esophagus With Balloon (30 Mm Diameter Or Larger) (Includes Fluoroscopic Guidance, When Performed)	No
43215	Esophagoscopy, Flexible, Transoral; With Removal Of Foreign Body(s)	No
43216	Esophagoscopy, Flexible, Transoral; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps	No
43217	Esophagoscopy, Flexible, Transoral; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique	No
43220	Esophagoscopy, Flexible, Transoral; With Transendoscopic Balloon Dilation (Less Than 30 Mm Diameter)	No
43226	Esophagoscopy, Flexible, Transoral; With Insertion Of Guide Wire Followed By Passage Of Dilator(s) Over Guide Wire	No
43227	Esophagoscopy, Flexible, Transoral; With Control Of Bleeding, Any Method	No
43229	Esophagoscopy, Flexible, Transoral; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
4322F	Caregiver Provided With Education And Referred To Additional Resources For Support (Dem)	Yes
43231	Esophagoscopy, Flexible, Transoral; With Endoscopic Ultrasound Examination	No
43232	Esophagoscopy, Flexible, Transoral; With Transendoscopic Ultrasound-Guided Intramural Or Transmural Fine Needle Aspiration/Biopsy(s)	No
43233	Esophagogastroduodenoscopy, Flexible, Transoral; With Dilation Of Esophagus With Balloon (30 Mm Diameter Or Larger) (Includes Fluoroscopic Guidance, When Performed)	No
43235	Esophagogastroduodenoscopy, Flexible, Transoral; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
43236	Esophagogastroduodenoscopy, Flexible, Transoral; With Directed Submucosal Injection(s), Any Substance	No
43237	Esophagogastroduodenoscopy, Flexible, Transoral; With Endoscopic Ultrasound Examination Limited To The Esophagus, Stomach Or Duodenum, And Adjacent Structures	No

Procedure Code	Description	Prior Auth Required
43238	Esophagogastroduodenoscopy, Flexible, Transoral; With Transendoscopic Ultrasound-Guided Intramural Or Transmural Fine Needle Aspiration/Biopsy(S), (Includes Endoscopic Ultrasound Examination Limited To The Esophagus, Stomach Or Duodenum, And Adjacent Stru	Yes
43239	Esophagogastroduodenoscopy, Flexible, Transoral; With Biopsy, Single Or Multiple	No
43240	Esophagogastroduodenoscopy, Flexible, Transoral; With Transmural Drainage Of Pseudocyst (Includes Placement Of Transmural Drainage Catheter[s]/Stent[s], When Performed, And Endoscopic Ultrasound, When Performed)	No
43241	Esophagogastroduodenoscopy, Flexible, Transoral; With Insertion Of Intraluminal Tube Or Catheter	No
43242	Esophagogastroduodenoscopy, Flexible, Transoral; With Transendoscopic Ultrasound-Guided Intramural Or Transmural Fine Needle Aspiration/Biopsy(S) (Includes Endoscopic Ultrasound Examination Of The Esophagus, Stomach, And Either The Duodenum Or A Surgicall	No
43243	Esophagogastroduodenoscopy, Flexible, Transoral; With Injection Sclerosis Of Esophageal/Gastric Varices	No
43244	Esophagogastroduodenoscopy, Flexible, Transoral; With Band Ligation Of Esophageal/Gastric Varices	No
43245	Esophagogastroduodenoscopy, Flexible, Transoral; With Dilation Of Gastric/Duodenal Stricture(s) (eg, Balloon, Bougie)	No
43246	Esophagogastroduodenoscopy, Flexible, Transoral; With Directed Placement Of Percutaneous Gastrostomy Tube	No
43247	Esophagogastroduodenoscopy, Flexible, Transoral; With Removal Of Foreign Body(s)	No
43248	Esophagogastroduodenoscopy, Flexible, Transoral; With Insertion Of Guide Wire Followed By Passage Of Dilator(s) Through Esophagus Over Guide Wire	No
43249	Esophagogastroduodenoscopy, Flexible, Transoral; With Transendoscopic Balloon Dilation Of Esophagus (Less Than 30 Mm Diameter)	No
4324F	Patient (Or Caregiver) Queried About Parkinson's Disease Medication Related Motor Complications (Prkns)	Yes
43250	Esophagogastroduodenoscopy, Flexible, Transoral; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps	No
43251	Esophagogastroduodenoscopy, Flexible, Transoral; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique	No
43252	Esophagogastroduodenoscopy, Flexible, Transoral; With Optical Endomicroscopy	No
43253	Esophagogastroduodenoscopy, Flexible, Transoral; With Transendoscopic Ultrasound-Guided Transmural Injection Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Neurolytic Agent) Or Fiducial Marker(S) (Includes Endoscopic Ultrasound Examination Of	No
43254	Esophagogastroduodenoscopy, Flexible, Transoral; With Endoscopic Mucosal Resection	No
43255	Esophagogastroduodenoscopy, Flexible, Transoral; With Control Of Bleeding, Any Method	No
43257	Esophagogastroduodenoscopy, Flexible, Transoral; With Delivery Of Thermal Energy To The Muscle Of Lower Esophageal Sphincter And/Or Gastric Cardia, For Treatment Of Gastroesophageal Reflux Disease	No
43259	Esophagogastroduodenoscopy, Flexible, Transoral; With Endoscopic Ultrasound Examination, Including The Esophagus, Stomach, And Either The Duodenum Or A Surgically Altered Stomach Where The Jejunum Is Examined Distal To The Anastomosis	No
4325F	Medical And Surgical Treatment Options Reviewed With Patient (Or Caregiver) (Prkns)	Yes
43260	Endoscopic Retrograde Cholangiopancreatography (Ercp); Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
43261	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Biopsy, Single Or Multiple	No
43262	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Sphincterotomy/Papillotomy	No
43263	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Pressure Measurement Of Sphincter Of Oddi	No
43264	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Removal Of Calculi/Debris From Biliary/Pancreatic Duct(s)	No
43265	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Destruction Of Calculi, Any Method (eg, Mechanical, Electrohydraulic, Lithotripsy)	Yes
43266	Esophagogastroduodenoscopy, Flexible, Transoral; With Placement Of Endoscopic Stent (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
4326F	Patient (Or Caregiver) Queried About Symptoms Of Autonomic Dysfunction (Prkns)	Yes
43270	Esophagogastroduodenoscopy, Flexible, Transoral; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
43273	Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Duct(s) (List Separately In Addition To Code(s) For Primary Procedure)	No
43274	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Placement Of Endoscopic Stent Into Biliary Or Pancreatic Duct, Including Pre- And Post-Dilation And Guide Wire Passage, When Performed, Including Sphincterotomy, When Performed, Each Stent	No
43275	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Removal Of Foreign Body(s) Or Stent(s) From Biliary/Pancreatic Duct(s)	No
43276	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Removal And Exchange Of Stent(S), Biliary Or Pancreatic Duct, Including Pre- And Post-Dilation And Guide Wire Passage, When Performed, Including Sphincterotomy, When Performed, Each Stent Exchang	No
43277	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Trans-Endoscopic Balloon Dilation Of Biliary/Pancreatic Duct(s) Or Of Ampulla (Sphincteroplasty), Including Sphincterotomy, When Performed, Each Duct	No

Procedure Code	Description	Prior Auth Required
43278	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s), Including Pre- And Post-Dilation And Guide Wire Passage, When Performed	No
43279	Laparoscopy, Surgical, Esophagomyotomy (Heller Type), With Fundoplasty, When Performed	No
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty (eg, Nissen, Toupet Procedures)	No
43281	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh	No
43282	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh	No
43283	Laparoscopy, Surgical, Esophageal Lengthening Procedure (eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure)	No
43284	Laparoscopy, Surgical, Esophageal Sphincter Augmentation Procedure, Placement Of Sphincter Augmentation Device (Ie, Magnetic Band), Including Cruroplasty When Performed	No
43285	Removal Of Esophageal Sphincter Augmentation Device	No
43286	Esophagectomy, Total Or Near Total, With Laparoscopic Mobilization Of The Abdominal And Mediastinal Esophagus And Proximal Gastrectomy, With Laparoscopic Pyloric Drainage Procedure If Performed, With Open Cervical Pharyngogastrostomy Or Esophagogastrostom	No
43287	Esophagectomy, Distal Two-Thirds, With Laparoscopic Mobilization Of The Abdominal And Lower Mediastinal Esophagus And Proximal Gastrectomy, With Laparoscopic Pyloric Drainage Procedure If Performed, With Separate Thoracoscopic Mobilization Of The Middle A	No
43288	Esophagectomy, Total Or Near Total, With Thoracoscopic Mobilization Of The Upper, Middle, And Lower Mediastinal Esophagus, With Separate Laparoscopic Proximal Gastrectomy, With Laparoscopic Pyloric Drainage Procedure If Performed, With Open Cervical Phary	No
43289	Unlisted Laparoscopy Procedure, Esophagus	Yes
4328F	Patient (Or Caregiver) Queried About Sleep Disturbances (Prkns)	Yes
43290	Esophagogastroduodenoscopy, Flexible, Transoral; With Deployment Of Intragastric Bariatric Balloon	Yes
43291	Esophagogastroduodenoscopy, Flexible, Transoral; With Removal Of Intragastric Bariatric Balloon(S)	Yes
43300	Esophagoplasty (Plastic Repair Or Reconstruction), Cervical Approach; Without Repair Of Tracheoesophageal Fistula	No
43305	Esophagoplasty (Plastic Repair Or Reconstruction), Cervical Approach; With Repair Of Tracheoesophageal Fistula	No
4330F	Counseling About Epilepsy Specific Safety Issues Provided To Patient (Or Caregiver(S)) (Epi)	Yes
43310	Esophagoplasty (Plastic Repair Or Reconstruction), Thoracic Approach; Without Repair Of Tracheoesophageal Fistula	No
43312	Esophagoplasty (Plastic Repair Or Reconstruction), Thoracic Approach; With Repair Of Tracheoesophageal Fistula	No
43313	Esophagoplasty For Congenital Defect (Plastic Repair Or Reconstruction), Thoracic Approach; Without Repair Of Congenital Tracheoesophageal Fistula	No
43314	Esophagoplasty For Congenital Defect (Plastic Repair Or Reconstruction), Thoracic Approach; With Repair Of Congenital Tracheoesophageal Fistula	No
43320	Esophagogastrostomy (Cardioplasty), With Or Without Vagotomy And Pyloroplasty, Transabdominal Or Transthoracic Approach	No
43325	Esophagogastric Fundoplasty, With Fundic Patch (Thal-Nissen Procedure)	No
43327	Esophagogastric Fundoplasty Partial Or Complete; Laparotomy	No
43328	Esophagogastric Fundoplasty Partial Or Complete; Thoracotomy	No
43330	Esophagomyotomy (Heller Type); Abdominal Approach	No
43331	Esophagomyotomy (Heller Type); Thoracic Approach	No
43332	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via Laparotomy, Except Neonatal; Without Implantation Of Mesh Or Other Prosthesis	No
43333	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via Laparotomy, Except Neonatal; With Implantation Of Mesh Or Other Prosthesis	No
43334	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via Thoracotomy, Except Neonatal; Without Implantation Of Mesh Or Other Prosthesis	No
43335	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via Thoracotomy, Except Neonatal; With Implantation Of Mesh Or Other Prosthesis	No
43336	Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via Thoracoabdominal Incision, Except Neonatal; Without Implantation Of Mesh Or Other Prosthesis	No
43337	Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via Thoracoabdominal Incision, Except Neonatal; With Implantation Of Mesh Or Other Prosthesis	No
43338	Esophageal Lengthening Procedure (eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure)	No
43340	Esophagojejunostomy (Without Total Gastrectomy); Abdominal Approach	No
43341	Esophagojejunostomy (Without Total Gastrectomy); Thoracic Approach	No
43351	Esophagostomy, Fistulization Of Esophagus, External; Thoracic Approach	No
43352	Esophagostomy, Fistulization Of Esophagus, External; Cervical Approach	No
43360	Gastrointestinal Reconstruction For Previous Esophagectomy, For Obstructing Esophageal Lesion Or Fistula, Or For Previous Esophageal Exclusion; With Stomach, With Or Without Pyloroplasty	No
43361	Gastrointestinal Reconstruction For Previous Esophagectomy, For Obstructing Esophageal Lesion Or Fistula, Or For Previous Esophageal Exclusion; With Colon Interposition Or Small Intestine Reconstruction, Including Intestine Mobilization, Preparation, And	No

Procedure Code	Description	Prior Auth Required
43400	Ligation, Direct, Esophageal Varices	No
43405	Ligation Or Stapling At Gastroesophageal Junction For Pre-Existing Esophageal Perforation	No
4340F	Counseling For Women Of Childbearing Potential With Epilepsy (Epi)	Yes
43410	Suture Of Esophageal Wound Or Injury; Cervical Approach	No
43415	Suture Of Esophageal Wound Or Injury; Transthoracic Or Transabdominal Approach	No
43420	Closure Of Esophagostomy Or Fistula; Cervical Approach	No
43425	Closure Of Esophagostomy Or Fistula; Transthoracic Or Transabdominal Approach	No
43450	Dilation Of Esophagus, By Unguided Sound Or Bougie, Single Or Multiple Passes	No
43453	Dilation Of Esophagus, Over Guide Wire	No
43460	Esophagogastric Tamponade, With Balloon (Sengstaken Type)	No
43496	Free Jejunum Transfer With Microvascular Anastomosis	No
43497	Lower Esophageal Myotomy, Transoral (Ie, Peroral Endoscopic Myotomy [Poem])	No
43499	Unlisted Procedure, Esophagus	Yes
43500	Gastrotomy; With Exploration Or Foreign Body Removal	No
43501	Gastrotomy; With Suture Repair Of Bleeding Ulcer	No
43502	Gastrotomy; With Suture Repair Of Pre-Existing Esophagogastric Laceration (eg, Mallory-Weiss)	No
4350F	Counseling Provided On Symptom Management, End Of Life Decisions, And Palliation (Dem)	Yes
43510	Gastrotomy; With Esophageal Dilation And Insertion Of Permanent Intraluminal Tube (eg, Celestin Or Mousseaux-Barbin)	No
43520	Pyloromyotomy, Cutting Of Pyloric Muscle (Fredet-Ramstedt Type Operation)	No
43605	Biopsy Of Stomach, By Laparotomy	No
43610	Excision, Local; Ulcer Or Benign Tumor Of Stomach	No
43611	Excision, Local; Malignant Tumor Of Stomach	No
43620	Gastrectomy, Total; With Esophagoenterostomy	No
43621	Gastrectomy, Total; With Roux-En-Y Reconstruction	No
43622	Gastrectomy, Total; With Formation Of Intestinal Pouch, Any Type	No
43631	Gastrectomy, Partial, Distal; With Gastroduodenostomy	No
43632	Gastrectomy, Partial, Distal; With Gastrojejunostomy	No
43633	Gastrectomy, Partial, Distal; With Roux-En-Y Reconstruction	No
43634	Gastrectomy, Partial, Distal; With Formation Of Intestinal Pouch	No
43635	Vagotomy When Performed With Partial Distal Gastrectomy (List Separately In Addition To Code[s] For Primary Procedure)	No
43640	Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Truncal Or Selective	No
43641	Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Parietal Cell (Highly Selective)	No
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb 150 Cm Or Less)	Yes
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction To Limit Absorption	Yes
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum	Yes
43648	Laparoscopy, Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum	Yes
43651	Laparoscopy, Surgical; Transection Of Vagus Nerves, Truncal	No
43652	Laparoscopy, Surgical; Transection Of Vagus Nerves, Selective Or Highly Selective	No
43653	Laparoscopy, Surgical; Gastrostomy, Without Construction Of Gastric Tube (eg, Stamm Procedure) (Separate Procedure)	No
43659	Unlisted Laparoscopy Procedure, Stomach	Yes
43752	Naso- Or Oro-Gastric Tube Placement, Requiring Physician's Skill And Fluoroscopic Guidance (Includes Fluoroscopy, Image Documentation And Report)	No
43753	Gastric Intubation And Aspiration(s) Therapeutic, Necessitating Physician's Skill (eg, For Gastrointestinal Hemorrhage), Including Lavage If Performed	No
43754	Gastric Intubation And Aspiration, Diagnostic; Single Specimen (eg, Acid Analysis)	No
43755	Gastric Intubation And Aspiration, Diagnostic; Collection Of Multiple Fractional Specimens With Gastric Stimulation, Single Or Double Lumen Tube (Gastric Secretory Study) (Eg, Histamine, Insulin, Pentagastrin, Calcium, Secretin), Includes Drug Administrat	No
43756	Duodenal Intubation And Aspiration, Diagnostic, Includes Image Guidance; Single Specimen (eg, Bile Study For Crystals Or Afferent Loop Culture)	No
43757	Duodenal Intubation And Aspiration, Diagnostic, Includes Image Guidance; Collection Of Multiple Fractional Specimens With Pancreatic Or Gallbladder Stimulation, Single Or Double Lumen Tube, Includes Drug Administration	No
43761	Repositioning Of A Naso- Or Oro-Gastric Feeding Tube, Through The Duodenum For Enteric Nutrition	No
43762	Replacement Of Gastrostomy Tube, Percutaneous, Includes Removal, When Performed, Without Imaging Or Endoscopic Guidance; Not Requiring Revision Of Gastrostomy Tract	No
43763	Replacement Of Gastrostomy Tube, Percutaneous, Includes Removal, When Performed, Without Imaging Or Endoscopic Guidance; Requiring Revision Of Gastrostomy Tract	No
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Gastric Restrictive Device (eg, Gastric Band And Subcutaneous Port Components)	Yes
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gastric Restrictive Device Component Only	Yes
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device Component Only	Yes

Procedure Code	Description	Prior Auth Required
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of Adjustable Gastric Restrictive Device Component Only	Yes
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device And Subcutaneous Port Components	Yes
43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy)	Yes
43800	Pyloroplasty	No
43810	Gastroduodenostomy	No
43820	Gastrojejunostomy; Without Vagotomy	No
43825	Gastrojejunostomy; With Vagotomy, Any Type	No
43830	Gastrostomy, Open; Without Construction Of Gastric Tube (eg, Stamm Procedure) (Separate Procedure)	No
43831	Gastrostomy, Open; Neonatal, For Feeding	No
43832	Gastrostomy, Open; With Construction Of Gastric Tube (eg, Janeway Procedure)	No
43840	Gastrorrhaphy, Suture Of Perforated Duodenal Or Gastric Ulcer, Wound, Or Injury	No
43842	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty	Yes
43843	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty	Yes
43845	Gastric Restrictive Procedure With Partial Gastrectomy, Pylorus-Preserving Duodenoileostomy And Ileoileostomy (50 To 100 Cm Common Channel) To Limit Absorption (Biliopancreatic Diversion With Duodenal Switch)	Yes
43846	Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With Short Limb (150 Cm Or Less) Roux-En-Y Gastroenterostomy	Yes
43847	Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With Small Intestine Reconstruction To Limit Absorption	Yes
43848	Revision, Open, Of Gastric Restrictive Procedure For Morbid Obesity, Other Than Adjustable Gastric Restrictive Device (Separate Procedure)	Yes
43860	Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstruction, With Or Without Partial Gastrectomy Or Intestine Resection; Without Vagotomy	No
43865	Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstruction, With Or Without Partial Gastrectomy Or Intestine Resection; With Vagotomy	No
43870	Closure Of Gastrostomy, Surgical	No
43880	Closure Of Gastrocolic Fistula	No
43881	Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum, Open	Yes
43882	Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum, Open	Yes
43886	Gastric Restrictive Procedure, Open; Revision Of Subcutaneous Port Component Only	Yes
43887	Gastric Restrictive Procedure, Open; Removal Of Subcutaneous Port Component Only	Yes
43888	Gastric Restrictive Procedure, Open; Removal And Replacement Of Subcutaneous Port Component Only	Yes
43889	Gastric Restrictive Procedure, Transoral, Endoscopic Sleeve Gastroplasty (Esg), Including Argon Plasma Coagulation, When Performed	Yes
43999	Unlisted Procedure, Stomach	Yes
44005	Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	No
4400F	Rehabilitative Therapy Options Discussed With Patient (Or Caregiver) (Prkns)	Yes
44010	Duodenotomy, For Exploration, Biopsy(s), Or Foreign Body Removal	No
44015	Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperative, Any Method (List Separately In Addition To Primary Procedure)	No
44020	Enterotomy, Small Intestine, Other Than Duodenum; For Exploration, Biopsy(s), Or Foreign Body Removal	No
44021	Enterotomy, Small Intestine, Other Than Duodenum; For Decompression (eg, Baker Tube)	No
44025	Colotomy, For Exploration, Biopsy(s), Or Foreign Body Removal	No
44050	Reduction Of Volvulus, Intussusception, Internal Hernia, By Laparotomy	No
44055	Correction Of Malrotation By Lysis Of Duodenal Bands And/Or Reduction Of Midgut Volvulus (eg, Ladd Procedure)	No
44100	Biopsy Of Intestine By Capsule, Tube, Peroral (1 Or More Specimens)	No
44110	Excision Of 1 Or More Lesions Of Small Or Large Intestine Not Requiring Anastomosis, Exteriorization, Or Fistulization; Single Enterotomy	No
44111	Excision Of 1 Or More Lesions Of Small Or Large Intestine Not Requiring Anastomosis, Exteriorization, Or Fistulization; Multiple Enterotomies	No
44120	Enterectomy, Resection Of Small Intestine; Single Resection And Anastomosis	No
44121	Enterectomy, Resection Of Small Intestine; Each Additional Resection And Anastomosis (List Separately In Addition To Code For Primary Procedure)	No
44125	Enterectomy, Resection Of Small Intestine; With Enterostomy	No
44126	Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Resection And Anastomosis Of Proximal Segment Of Intestine; Without Tapering	No
44127	Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Resection And Anastomosis Of Proximal Segment Of Intestine; With Tapering	No
44128	Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Resection And Anastomosis Of Proximal Segment Of Intestine; Each Additional Resection And Anastomosis (List Separately In Addition To Code For Primary Procedure)	No

Procedure Code	Description	Prior Auth Required
44130	Enteroenterostomy, Anastomosis Of Intestine, With Or Without Cutaneous Enterostomy (Separate Procedure)	No
44132	Donor Enterectomy (Including Cold Preservation), Open; From Cadaver Donor	Yes
44133	Donor Enterectomy (Including Cold Preservation), Open; Partial, From Living Donor	Yes
44135	Intestinal Allotransplantation; From Cadaver Donor	Yes
44136	Intestinal Allotransplantation; From Living Donor	Yes
44137	Removal Of Transplanted Intestinal Allograft, Complete	Yes
44139	Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure)	No
44140	Colectomy, Partial; With Anastomosis	No
44141	Colectomy, Partial; With Skin Level Cecostomy Or Colostomy	No
44143	Colectomy, Partial; With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure)	No
44144	Colectomy, Partial; With Resection, With Colostomy Or Ileostomy And Creation Of Mucofistula	No
44145	Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis)	No
44146	Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis), With Colostomy	No
44147	Colectomy, Partial; Abdominal And Transanal Approach	No
44150	Colectomy, Total, Abdominal, Without Proctectomy; With Ileostomy Or Ileoproctostomy	No
44151	Colectomy, Total, Abdominal, Without Proctectomy; With Continent Ileostomy	No
44155	Colectomy, Total, Abdominal, With Proctectomy; With Ileostomy	No
44156	Colectomy, Total, Abdominal, With Proctectomy; With Continent Ileostomy	No
44157	Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, Includes Loop Ileostomy, And Rectal Mucosectomy, When Performed	No
44158	Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, Creation Of Ileal Reservoir (s Or J), Includes Loop Ileostomy, And Rectal Mucosectomy, When Performed	No
44160	Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	No
44180	Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure)	No
44186	Laparoscopy, Surgical; Jejunostomy (eg, For Decompression Or Feeding)	No
44187	Laparoscopy, Surgical; Ileostomy Or Jejunostomy, Non-Tube	No
44188	Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy	No
44202	Laparoscopy, Surgical; Enterectomy, Resection Of Small Intestine, Single Resection And Anastomosis	No
44203	Laparoscopy, Surgical; Each Additional Small Intestine Resection And Anastomosis (List Separately In Addition To Code For Primary Procedure)	No
44204	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis	No
44205	Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy	No
44206	Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure)	Yes
44207	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis)	Yes
44208	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy	Yes
44210	Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy	Yes
44211	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis, Creation Of Ileal Reservoir (s Or J), With Loop Ileostomy, Includes Rectal Mucosectomy, When Performed	Yes
44212	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy	Yes
44213	Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure)	No
44227	Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis	No
44238	Unlisted Laparoscopy Procedure, Intestine (Except Rectum)	Yes
44300	Placement, Enterostomy Or Cecostomy, Tube Open (eg, For Feeding Or Decompression) (Separate Procedure)	No
44310	Ileostomy Or Jejunostomy, Non-Tube	No
44312	Revision Of Ileostomy; Simple (Release Of Superficial Scar) (Separate Procedure)	No
44314	Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Procedure)	No
44316	Continent Ileostomy (Kock Procedure) (Separate Procedure)	No
44320	Colostomy Or Skin Level Cecostomy;	No
44322	Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (eg, For Congenital Megacolon) (Separate Procedure)	No
44340	Revision Of Colostomy; Simple (Release Of Superficial Scar) (Separate Procedure)	No
44345	Revision Of Colostomy; Complicated (Reconstruction In-Depth) (Separate Procedure)	No
44346	Revision Of Colostomy; With Repair Of Paracolostomy Hernia (Separate Procedure)	No
44360	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
44361	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Biopsy, Single Or Multiple	No
44363	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Removal Of Foreign Body(s)	No

Procedure Code	Description	Prior Auth Required
44364	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique	No
44365	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps Or Bipolar Cautery	No
44366	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Control Of Bleeding (eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	No
44369	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) Not Amenable To Removal By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique	No
44370	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Transendoscopic Stent Placement (Includes Predilation)	No
44372	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Placement Of Percutaneous Jejunostomy Tube	No
44373	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Conversion Of Percutaneous Gastrostomy Tube To Percutaneous Jejunostomy Tube	No
44376	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Including Ileum; Diagnostic, With Or Without Collection Of Specimen(s) By Brushing Or Washing (Separate Procedure)	No
44377	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Including Ileum; With Biopsy, Single Or Multiple	No
44378	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Including Ileum; With Control Of Bleeding (eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	No
44379	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Including Ileum; With Transendoscopic Stent Placement (Includes Predilation)	No
44380	Ileoscopy, Through Stoma; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
44381	Ileoscopy, Through Stoma; With Transendoscopic Balloon Dilation	No
44382	Ileoscopy, Through Stoma; With Biopsy, Single Or Multiple	No
44384	Ileoscopy, Through Stoma; With Placement Of Endoscopic Stent (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
44385	Endoscopic Evaluation Of Small Intestinal Pouch (eg, Kock Pouch, Ileal Reservoir [s Or J]); Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
44386	Endoscopic Evaluation Of Small Intestinal Pouch (eg, Kock Pouch, Ileal Reservoir [s Or J]); With Biopsy, Single Or Multiple	No
44388	Colonoscopy Through Stoma; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
44389	Colonoscopy Through Stoma; With Biopsy, Single Or Multiple	No
44390	Colonoscopy Through Stoma; With Removal Of Foreign Body(s)	No
44391	Colonoscopy Through Stoma; With Control Of Bleeding, Any Method	No
44392	Colonoscopy Through Stoma; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps	No
44394	Colonoscopy Through Stoma; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique	No
44401	Colonoscopy Through Stoma; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) (Includes Pre-And Post-Dilation And Guide Wire Passage, When Performed)	No
44402	Colonoscopy Through Stoma; With Endoscopic Stent Placement (Including Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
44403	Colonoscopy Through Stoma; With Endoscopic Mucosal Resection	No
44404	Colonoscopy Through Stoma; With Directed Submucosal Injection(s), Any Substance	No
44405	Colonoscopy Through Stoma; With Transendoscopic Balloon Dilation	No
44406	Colonoscopy Through Stoma; With Endoscopic Ultrasound Examination, Limited To The Sigmoid, Descending, Transverse, Or Ascending Colon And Cecum And Adjacent Structures	No
44407	Colonoscopy Through Stoma; With Transendoscopic Ultrasound Guided Intramural Or Transmural Fine Needle Aspiration/Biopsy(S), Includes Endoscopic Ultrasound Examination Limited To The Sigmoid, Descending, Transverse, Or Ascending Colon And Cecum And Adjace	No
44408	Colonoscopy Through Stoma; With Decompression (For Pathologic Distention) (eg, Volvulus, Megacolon), Including Placement Of Decompression Tube, When Performed	No
44500	Introduction Of Long Gastrointestinal Tube (eg, Miller-Abbott) (Separate Procedure)	No
4450F	Self-Care Education Provided To Patient (Hf)	Yes
44602	Suture Of Small Intestine (Enterorrhaphy) For Perforated Ulcer, Diverticulum, Wound, Injury Or Rupture; Single Perforation	No
44603	Suture Of Small Intestine (Enterorrhaphy) For Perforated Ulcer, Diverticulum, Wound, Injury Or Rupture; Multiple Perforations	No
44604	Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum, Wound, Injury Or Rupture (Single Or Multiple Perforations); Without Colostomy	No
44605	Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum, Wound, Injury Or Rupture (Single Or Multiple Perforations); With Colostomy	No

Procedure Code	Description	Prior Auth Required
44615	Intestinal Stricturoplasty (Enterotomy And Enterorrhaphy) With Or Without Dilation, For Intestinal Obstruction	No
44620	Closure Of Enterostomy, Large Or Small Intestine;	No
44625	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Anastomosis Other Than Colorectal	No
44626	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Colorectal Anastomosis (eg, Closure Of Hartmann Type Procedure)	No
44640	Closure Of Intestinal Cutaneous Fistula	No
44650	Closure Of Enteroenteric Or Enterocolic Fistula	No
44660	Closure Of Enterovesical Fistula; Without Intestinal Or Bladder Resection	No
44661	Closure Of Enterovesical Fistula; With Intestine And/Or Bladder Resection	No
44680	Intestinal Plication (Separate Procedure)	No
44700	Exclusion Of Small Intestine From Pelvis By Mesh Or Other Prosthesis, Or Native Tissue (eg, Bladder Or Omentum)	No
44701	Intraoperative Colonic Lavage (List Separately In Addition To Code For Primary Procedure)	No
44705	Preparation Of Fecal Microbiota For Instillation, Including Assessment Of Donor Specimen	No
4470F	Implantable Cardioverter-Defibrillator (Icd) Counseling Provided (Hf)	Yes
44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft Prior To Transplantation, Including Mobilization And Fashioning Of The Superior Mesenteric Artery And Vein	Yes
44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft Prior To Transplantation; Venous Anastomosis, Each	Yes
44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft Prior To Transplantation; Arterial Anastomosis, Each	Yes
44799	Unlisted Procedure, Small Intestine	Yes
44800	Excision Of Meckel's Diverticulum (Diverticulectomy) Or Omphalomesenteric Duct	No
4480F	Patient Receiving Ace Inhibitor/Arb Therapy And Beta-Blocker Therapy For 3 Months Or Longer (Hf)	Yes
4481F	Patient Receiving Ace Inhibitor/Arb Therapy And Beta-Blocker Therapy For Less Than 3 Months Or Patient Not Receiving Ace Inhibitor/Arb Therapy And Beta-Blocker Therapy (Hf)	Yes
44820	Excision Of Lesion Of Mesentery (Separate Procedure)	No
44850	Suture Of Mesentery (Separate Procedure)	No
44899	Unlisted Procedure, Meckel's Diverticulum And The Mesentery	Yes
44900	Incision And Drainage Of Appendiceal Abscess, Open	No
44950	Appendectomy;	No
44955	Appendectomy; When Done For Indicated Purpose At Time Of Other Major Procedure (Not As Separate Procedure) (List Separately In Addition To Code For Primary Procedure)	No
44960	Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis	No
44970	Laparoscopy, Surgical, Appendectomy	No
44979	Unlisted Laparoscopy Procedure, Appendix	Yes
45000	Transrectal Drainage Of Pelvic Abscess	No
45005	Incision And Drainage Of Submucosal Abscess, Rectum	No
4500F	Referred To An Outpatient Cardiac Rehabilitation Program (CAD)	Yes
45020	Incision And Drainage Of Deep Supralevator, Pelvirectal, Or Retrorectal Abscess	No
45100	Biopsy Of Anorectal Wall, Anal Approach (eg, Congenital Megacolon)	No
45108	Anorectal Myomectomy	No
4510F	Previous Cardiac Rehabilitation For Qualifying Cardiac Event Completed (CAD)	Yes
45110	Proctectomy; Complete, Combined Abdominoperineal, With Colostomy	No
45111	Proctectomy; Partial Resection Of Rectum, Transabdominal Approach	No
45112	Proctectomy, Combined Abdominoperineal, Pull-Through Procedure (eg, Colo-Anal Anastomosis)	No
45113	Proctectomy, Partial, With Rectal Mucosectomy, Ileoanal Anastomosis, Creation Of Ileal Reservoir (s Or J), With Or Without Loop Ileostomy	No
45114	Proctectomy, Partial, With Anastomosis; Abdominal And Transsacral Approach	No
45116	Proctectomy, Partial, With Anastomosis; Transsacral Approach Only (Kraske Type)	No
45119	Proctectomy, Combined Abdominoperineal Pull-Through Procedure (eg, Colo-Anal Anastomosis), With Creation Of Colonic Reservoir (eg, J-Pouch), With Diverting Enterostomy When Performed	No
45120	Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Approach; With Pull-Through Procedure And Anastomosis (eg, Swenson, Duhamel, Or Soave Type Operation)	No
45121	Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Approach; With Subtotal Or Total Colectomy, With Multiple Biopsies	No
45123	Proctectomy, Partial, Without Anastomosis, Perineal Approach	No
45126	Pelvic Exenteration For Colorectal Malignancy, With Proctectomy (With Or Without Colostomy), With Removal Of Bladder And Ureteral Transplantations, And/Or Hysterectomy, Or Cervicectomy, With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(	No
45130	Excision Of Rectal Procidentia, With Anastomosis; Perineal Approach	No
45135	Excision Of Rectal Procidentia, With Anastomosis; Abdominal And Perineal Approach	No
45136	Excision Of Ileoanal Reservoir With Ileostomy	No
45150	Division Of Stricture Of Rectum	No
45160	Excision Of Rectal Tumor By Proctotomy, Transsacral Or Transcoccygeal Approach	No

Procedure Code	Description	Prior Auth Required
45171	Excision Of Rectal Tumor, Transanal Approach; Not Including Muscularis Propria (Ie, Partial Thickness)	No
45172	Excision Of Rectal Tumor, Transanal Approach; Including Muscularis Propria (Ie, Full Thickness)	No
45190	Destruction Of Rectal Tumor (eg, Electrodesiccation, Electrosurgery, Laser Ablation, Laser Resection, Cryosurgery) Transanal Approach	No
4525F	Neuropsychiatric Intervention Ordered (Dem)	Yes
4526F	Neuropsychiatric Intervention Received (Dem)	Yes
45300	Proctosigmoidoscopy, Rigid; Diagnostic, With Or Without Collection Of Specimen(s) By Brushing Or Washing (Separate Procedure)	No
45303	Proctosigmoidoscopy, Rigid; With Dilation (eg, Balloon, Guide Wire, Bougie)	No
45305	Proctosigmoidoscopy, Rigid; With Biopsy, Single Or Multiple	No
45307	Proctosigmoidoscopy, Rigid; With Removal Of Foreign Body	No
45308	Proctosigmoidoscopy, Rigid; With Removal Of Single Tumor, Polyp, Or Other Lesion By Hot Biopsy Forceps Or Bipolar Cautery	No
45309	Proctosigmoidoscopy, Rigid; With Removal Of Single Tumor, Polyp, Or Other Lesion By Snare Technique	No
45315	Proctosigmoidoscopy, Rigid; With Removal Of Multiple Tumors, Polyps, Or Other Lesions By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique	No
45317	Proctosigmoidoscopy, Rigid; With Control Of Bleeding (eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	No
45320	Proctosigmoidoscopy, Rigid; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) Not Amenable To Removal By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique (eg, Laser)	No
45321	Proctosigmoidoscopy, Rigid; With Decompression Of Volvulus	No
45327	Proctosigmoidoscopy, Rigid; With Transendoscopic Stent Placement (Includes Predilation)	No
45330	Sigmoidoscopy, Flexible; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
45331	Sigmoidoscopy, Flexible; With Biopsy, Single Or Multiple	No
45332	Sigmoidoscopy, Flexible; With Removal Of Foreign Body(s)	No
45333	Sigmoidoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps	No
45334	Sigmoidoscopy, Flexible; With Control Of Bleeding, Any Method	No
45335	Sigmoidoscopy, Flexible; With Directed Submucosal Injection(s), Any Substance	No
45337	Sigmoidoscopy, Flexible; With Decompression (For Pathologic Distention) (eg, Volvulus, Megacolon), Including Placement Of Decompression Tube, When Performed	No
45338	Sigmoidoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique	No
45340	Sigmoidoscopy, Flexible; With Transendoscopic Balloon Dilation	No
45341	Sigmoidoscopy, Flexible; With Endoscopic Ultrasound Examination	No
45342	Sigmoidoscopy, Flexible; With Transendoscopic Ultrasound Guided Intramural Or Transmural Fine Needle Aspiration/Biopsy(s)	No
45346	Sigmoidoscopy, Flexible; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
45347	Sigmoidoscopy, Flexible; With Placement Of Endoscopic Stent (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
45349	Sigmoidoscopy, Flexible; With Endoscopic Mucosal Resection	No
45350	Sigmoidoscopy, Flexible; With Band Ligation(s) (eg, Hemorrhoids)	No
45378	Colonoscopy, Flexible; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
45379	Colonoscopy, Flexible; With Removal Of Foreign Body(s)	No
45380	Colonoscopy, Flexible; With Biopsy, Single Or Multiple	No
45381	Colonoscopy, Flexible; With Directed Submucosal Injection(s), Any Substance	No
45382	Colonoscopy, Flexible; With Control Of Bleeding, Any Method	No
45384	Colonoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps	No
45385	Colonoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique	No
45386	Colonoscopy, Flexible; With Transendoscopic Balloon Dilation	No
45388	Colonoscopy, Flexible; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
45389	Colonoscopy, Flexible; With Endoscopic Stent Placement (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	No
45390	Colonoscopy, Flexible; With Endoscopic Mucosal Resection	No
45391	Colonoscopy, Flexible; With Endoscopic Ultrasound Examination Limited To The Rectum, Sigmoid, Descending, Transverse, Or Ascending Colon And Cecum, And Adjacent Structures	No
45392	Colonoscopy, Flexible; With Transendoscopic Ultrasound Guided Intramural Or Transmural Fine Needle Aspiration/Biopsy(S), Includes Endoscopic Ultrasound Examination Limited To The Rectum, Sigmoid, Descending, Transverse, Or Ascending Colon And Cecum, And A	No
45393	Colonoscopy, Flexible; With Decompression (For Pathologic Distention) (eg, Volvulus, Megacolon), Including Placement Of Decompression Tube, When Performed	No
45395	Laparoscopy, Surgical; Proctectomy, Complete, Combined Abdominoperineal, With Colostomy	No

Procedure Code	Description	Prior Auth Required
45397	Laparoscopy, Surgical; Proctectomy, Combined Abdominoperineal Pull-Through Procedure (eg, Colo-Anal Anastomosis), With Creation Of Colonic Reservoir (eg, J-Pouch), With Diverting Enterostomy, When Performed	No
45398	Colonoscopy, Flexible; With Band Ligation(s) (eg, Hemorrhoids)	No
45399	Unlisted Procedure, Colon	Yes
45400	Laparoscopy, Surgical; Proctopexy (For Prolapse)	No
45402	Laparoscopy, Surgical; Proctopexy (For Prolapse), With Sigmoid Resection	No
4540F	Disease Modifying Pharmacotherapy Discussed (ALS)	Yes
4541F	Patient Offered Treatment For Pseudobulbar Affect, Sialorrhea, Or ALS-Related Symptoms (ALS)	Yes
45499	Unlisted Laparoscopy Procedure, Rectum	Yes
45500	Proctoplasty; For Stenosis	No
45505	Proctoplasty; For Prolapse Of Mucous Membrane	Yes
4550F	Options For Noninvasive Respiratory Support Discussed With Patient (ALS)	Yes
4551F	Nutritional Support Offered (ALS)	Yes
45520	Perirectal Injection Of Sclerosing Solution For Prolapse	No
4552F	Patient Offered Referral To A Speech Language Pathologist (ALS)	Yes
4553F	Patient Offered Assistance In Planning For End Of Life Issues (ALS)	Yes
45540	Proctopexy (eg, For Prolapse); Abdominal Approach	No
45541	Proctopexy (eg, For Prolapse); Perineal Approach	No
4554F	Patient Received Inhalational Anesthetic Agent (Peri2)	Yes
45550	Proctopexy (eg, For Prolapse); With Sigmoid Resection, Abdominal Approach	No
4555F	Patient Did Not Receive Inhalational Anesthetic Agent (Peri2)	Yes
45560	Repair Of Rectocele (Separate Procedure)	No
45562	Exploration, Repair, And Presacral Drainage For Rectal Injury;	No
45563	Exploration, Repair, And Presacral Drainage For Rectal Injury; With Colostomy	No
4556F	Patient Exhibits 3 Or More Risk Factors For Post-Operative Nausea And Vomiting (Peri2)	Yes
4557F	Patient Does Not Exhibit 3 Or More Risk Factors For Post-Operative Nausea And Vomiting (Peri2)	Yes
4558F	Patient Received At Least 2 Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes Preoperatively And Intraoperatively (Peri2)	Yes
4559F	At Least 1 Body Temperature Measurement Equal To Or Greater Than 35.5 Degrees Celsius (Or 95.9 Degrees Fahrenheit) Recorded Within The 30 Minutes Immediately Before Or The 15 Minutes Immediately After Anesthesia End Time (Peri2)	Yes
4560F	Anesthesia Technique Did Not Involve General Or Neuraxial Anesthesia (Peri2)	Yes
4561F	Patient Has A Coronary Artery Stent (Peri2)	Yes
4562F	Patient Does Not Have A Coronary Artery Stent (Peri2)	Yes
4563F	Patient Received Aspirin Within 24 Hours Prior To Anesthesia Start Time (Peri2)	Yes
45800	Closure Of Rectovesical Fistula;	No
45805	Closure Of Rectovesical Fistula; With Colostomy	No
45820	Closure Of Rectourethral Fistula;	No
45825	Closure Of Rectourethral Fistula; With Colostomy	No
45900	Reduction Of Procidentia (Separate Procedure) Under Anesthesia	No
45905	Dilation Of Anal Sphincter (Separate Procedure) Under Anesthesia Other Than Local	No
45910	Dilation Of Rectal Stricture (Separate Procedure) Under Anesthesia Other Than Local	No
45915	Removal Of Fecal Impaction Or Foreign Body (Separate Procedure) Under Anesthesia	No
45990	Anorectal Exam, Surgical, Requiring Anesthesia (General, Spinal, Or Epidural), Diagnostic	No
45999	Unlisted Procedure, Rectum	Yes
46020	Placement Of Seton	No
46030	Removal Of Anal Seton, Other Marker	No
46040	Incision And Drainage Of Ischiorectal And/Or Perirectal Abscess (Separate Procedure)	No
46045	Incision And Drainage Of Intramural, Intramuscular, Or Submucosal Abscess, Transanal, Under Anesthesia	No
46050	Incision And Drainage, Perianal Abscess, Superficial	No
46060	Incision And Drainage Of Ischiorectal Or Intramural Abscess, With Fistulectomy Or Fistulotomy, Submuscular, With Or Without Placement Of Seton	No
46070	Incision, Anal Septum (Infant)	No
46080	Sphincterotomy, Anal, Division Of Sphincter (Separate Procedure)	No
46083	Incision Of Thrombosed Hemorrhoid, External	No
46200	Fissurectomy, Including Sphincterotomy, When Performed	Yes
46220	Excision Of Single External Papilla Or Tag, Anus	No
46221	Hemorrhoidectomy, Internal, By Rubber Band Ligation(s)	No
46230	Excision Of Multiple External Papillae Or Tags, Anus	No
46250	Hemorrhoidectomy, External, 2 Or More Columns/Groups	No
46255	Hemorrhoidectomy, Internal And External, Single Column/Group;	No
46257	Hemorrhoidectomy, Internal And External, Single Column/Group; With Fissurectomy	No
46258	Hemorrhoidectomy, Internal And External, Single Column/Group; With Fistulectomy, Including Fissurectomy, When Performed	No
46260	Hemorrhoidectomy, Internal And External, 2 Or More Columns/Groups;	No
46261	Hemorrhoidectomy, Internal And External, 2 Or More Columns/Groups; With Fissurectomy	No
46262	Hemorrhoidectomy, Internal And External, 2 Or More Columns/Groups; With Fistulectomy, Including Fissurectomy, When Performed	No
46270	Surgical Treatment Of Anal Fistula (Fistulectomy/Fistulotomy); Subcutaneous	No

Procedure Code	Description	Prior Auth Required
46275	Surgical Treatment Of Anal Fistula (Fistulectomy/Fistulotomy); Intersphincteric	Yes
46280	Surgical Treatment Of Anal Fistula (Fistulectomy/Fistulotomy); Transsphincteric, Suprasphincteric, Extrasphincteric Or Multiple, Including Placement Of Seton, When Performed	No
46285	Surgical Treatment Of Anal Fistula (Fistulectomy/Fistulotomy); Second Stage	Yes
46288	Closure Of Anal Fistula With Rectal Advancement Flap	Yes
46320	Excision Of Thrombosed Hemorrhoid, External	No
46500	Injection Of Sclerosing Solution, Hemorrhoids	No
46505	Chemodenervation Of Internal Anal Sphincter	No
46600	Anoscopy; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure)	No
46601	Anoscopy; Diagnostic, With High-Resolution Magnification (HRA) (eg, Colposcope, Operating Microscope) And Chemical Agent Enhancement, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed	No
46604	Anoscopy; With Dilation (eg, Balloon, Guide Wire, Bougie)	No
46606	Anoscopy; With Biopsy, Single Or Multiple	No
46607	Anoscopy; With High-Resolution Magnification (HRA) (eg, Colposcope, Operating Microscope) And Chemical Agent Enhancement, With Biopsy, Single Or Multiple	No
46608	Anoscopy; With Removal Of Foreign Body	No
46610	Anoscopy; With Removal Of Single Tumor, Polyp, Or Other Lesion By Hot Biopsy Forceps Or Bipolar Cautery	No
46611	Anoscopy; With Removal Of Single Tumor, Polyp, Or Other Lesion By Snare Technique	No
46612	Anoscopy; With Removal Of Multiple Tumors, Polyps, Or Other Lesions By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique	No
46614	Anoscopy; With Control Of Bleeding (eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	No
46615	Anoscopy; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) Not Amenable To Removal By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique	No
46700	Anoplasty, Plastic Operation For Stricture; Adult	No
46705	Anoplasty, Plastic Operation For Stricture; Infant	No
46706	Repair Of Anal Fistula With Fibrin Glue	No
46707	Repair Of Anorectal Fistula With Plug (eg, Porcine Small Intestine Submucosa [Sis])	No
46710	Repair Of Ileoanal Pouch Fistula/Sinus (eg, Perineal Or Vaginal), Pouch Advancement; Transperineal Approach	No
46712	Repair Of Ileoanal Pouch Fistula/Sinus (eg, Perineal Or Vaginal), Pouch Advancement; Combined Transperineal And Transabdominal Approach	No
46715	Repair Of Low Imperforate Anus; With Anoperineal Fistula (Cut-Back Procedure)	Yes
46716	Repair Of Low Imperforate Anus; With Transposition Of Anoperineal Or Anovestibular Fistula	No
46730	Repair Of High Imperforate Anus Without Fistula; Perineal Or Sacroperineal Approach	No
46735	Repair Of High Imperforate Anus Without Fistula; Combined Transabdominal And Sacroperineal Approaches	No
46740	Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula; Perineal Or Sacroperineal Approach	No
46742	Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula; Combined Transabdominal And Sacroperineal Approaches	No
46744	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Sacroperineal Approach	No
46746	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combined Abdominal And Sacroperineal Approach;	No
46748	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combined Abdominal And Sacroperineal Approach; With Vaginal Lengthening By Intestinal Graft Or Pedicle Flaps	No
46750	Sphincteroplasty, Anal, For Incontinence Or Prolapse; Adult	No
46751	Sphincteroplasty, Anal, For Incontinence Or Prolapse; Child	No
46753	Graft (Thiersch Operation) For Rectal Incontinence And/Or Prolapse	No
46754	Removal Of Thiersch Wire Or Suture, Anal Canal	No
46760	Sphincteroplasty, Anal, For Incontinence, Adult; Muscle Transplant	No
46761	Sphincteroplasty, Anal, For Incontinence, Adult; Levator Muscle Imbrication (Park Posterior Anal Repair)	No
46900	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Chemical	No
46910	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Electrodesiccation	No
46916	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Cryosurgery	No
46917	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Laser Surgery	No
46922	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Surgical Excision	No
46924	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Extensive (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	No
46930	Destruction Of Internal Hemorrhoid(s) By Thermal Energy (eg, Infrared Coagulation, Cautery, Radiofrequency)	No
46940	Curettage Or Cautery Of Anal Fissure, Including Dilation Of Anal Sphincter (Separate Procedure); Initial	No

Procedure Code	Description	Prior Auth Required
46942	Curettage Or Cautery Of Anal Fissure, Including Dilation Of Anal Sphincter (Separate Procedure); Subsequent	No
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	No
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	No
46947	Hemorrhoidopexy (eg, For Prolapsing Internal Hemorrhoids) By Stapling	No
46948	Hemorrhoidectomy, Internal, By Transanal Hemorrhoidal Dearterialization, 2 Or More Hemorrhoid Columns/Groups, Including Ultrasound Guidance, With Mucopexy, When Performed	No
46999	Unlisted Procedure, Anus	Yes
47000	Biopsy Of Liver, Needle; Percutaneous	No
47001	Biopsy Of Liver, Needle; When Done For Indicated Purpose At Time Of Other Major Procedure (List Separately In Addition To Code For Primary Procedure)	No
47010	Hepatotomy, For Open Drainage Of Abscess Or Cyst, 1 Or 2 Stages	No
47015	Laparotomy, With Aspiration And/Or Injection Of Hepatic Parasitic (eg, Amoebic Or Echinococcal) Cyst(s) Or Abscess(Es)	No
47100	Biopsy Of Liver, Wedge	No
47120	Hepatectomy, Resection Of Liver; Partial Lobectomy	No
47122	Hepatectomy, Resection Of Liver; Trisegmentectomy	No
47125	Hepatectomy, Resection Of Liver; Total Left Lobectomy	No
47130	Hepatectomy, Resection Of Liver; Total Right Lobectomy	No
47133	Donor Hepatectomy (Including Cold Preservation), From Cadaver Donor	Yes
47135	Liver Allotransplantation, Orthotopic, Partial Or Whole, From Cadaver Or Living Donor, Any Age	Yes
47140	Donor Hepatectomy (Including Cold Preservation), From Living Donor; Left Lateral Segment Only (Segments Ii And Iii)	Yes
47141	Donor Hepatectomy (Including Cold Preservation), From Living Donor; Total Left Lobectomy (Segments Ii, Iii And Iv)	Yes
47142	Donor Hepatectomy (Including Cold Preservation), From Living Donor; Total Right Lobectomy (Segments V, Vi, Vii And Viii)	Yes
47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft Prior To Allotransplantation, Including Cholecystectomy, If Necessary, And Dissection And Removal Of Surrounding Soft Tissues To Prepare The Vena Cava, Portal Vein, Hepatic Artery, And Comm	Yes
47144	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft Prior To Allotransplantation, Including Cholecystectomy, If Necessary, And Dissection And Removal Of Surrounding Soft Tissues To Prepare The Vena Cava, Portal Vein, Hepatic Artery, And Comm	Yes
47145	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft Prior To Allotransplantation, Including Cholecystectomy, If Necessary, And Dissection And Removal Of Surrounding Soft Tissues To Prepare The Vena Cava, Portal Vein, Hepatic Artery, And Comm	Yes
47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	Yes
47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	Yes
47300	Marsupialization Of Cyst Or Abscess Of Liver	No
47350	Management Of Liver Hemorrhage; Simple Suture Of Liver Wound Or Injury	No
47360	Management Of Liver Hemorrhage; Complex Suture Of Liver Wound Or Injury, With Or Without Hepatic Artery Ligation	No
47361	Management Of Liver Hemorrhage; Exploration Of Hepatic Wound, Extensive Debridement, Coagulation And/Or Suture, With Or Without Packing Of Liver	No
47362	Management Of Liver Hemorrhage; Re-Exploration Of Hepatic Wound For Removal Of Packing	No
47370	Laparoscopy, Surgical, Ablation Of 1 Or More Liver Tumor(s); Radiofrequency	No
47371	Laparoscopy, Surgical, Ablation Of 1 Or More Liver Tumor(s); Cryosurgical	No
47379	Unlisted Laparoscopic Procedure, Liver	Yes
47380	Ablation, Open, Of 1 Or More Liver Tumor(s); Radiofrequency	No
47381	Ablation, Open, Of 1 Or More Liver Tumor(s); Cryosurgical	No
47382	Ablation, 1 Or More Liver Tumor(s), Percutaneous, Radiofrequency	No
47383	Ablation, 1 Or More Liver Tumor(s), Percutaneous, Cryoablation	No
47384	Ablation, Irreversible Electroporation, Liver, 1 Or More Tumors, Including Imaging Guidance, Percutaneous	Yes
47399	Unlisted Procedure, Liver	Yes
47400	Hepaticotomy Or Hepaticostomy With Exploration, Drainage, Or Removal Of Calculus	No
47420	Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of Calculus, With Or Without Cholecystotomy; Without Transduodenal Sphincterotomy Or Sphincteroplasty	No
47425	Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of Calculus, With Or Without Cholecystotomy; With Transduodenal Sphincterotomy Or Sphincteroplasty	No
47460	Transduodenal Sphincterotomy Or Sphincteroplasty, With Or Without Transduodenal Extraction Of Calculus (Separate Procedure)	No
47480	Cholecystotomy Or Cholecystostomy, Open, With Exploration, Drainage, Or Removal Of Calculus (Separate Procedure)	No
47490	Cholecystostomy, Percutaneous, Complete Procedure, Including Imaging Guidance, Catheter Placement, Cholecystogram When Performed, And Radiological Supervision And Interpretation	No

Procedure Code	Description	Prior Auth Required
47531	Injection Procedure For Cholangiography, Percutaneous, Complete Diagnostic Procedure Including Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation; Existing Access	No
47532	Injection Procedure For Cholangiography, Percutaneous, Complete Diagnostic Procedure Including Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation; New Access (Eg, Percutaneous Transhepatic C	No
47533	Placement Of Biliary Drainage Catheter, Percutaneous, Including Diagnostic Cholangiography When Performed, Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy), And All Associated Radiological Supervision And Interpretation; External	No
47534	Placement Of Biliary Drainage Catheter, Percutaneous, Including Diagnostic Cholangiography When Performed, Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy), And All Associated Radiological Supervision And Interpretation; Internal-External	No
47535	Conversion Of External Biliary Drainage Catheter To Internal-External Biliary Drainage Catheter, Percutaneous, Including Diagnostic Cholangiography When Performed, Imaging Guidance (Eg, Fluoroscopy), And All Associated Radiological Supervision And Interpr	No
47536	Exchange Of Biliary Drainage Catheter (Eg, External, Internal-External, Or Conversion Of Internal-External To External Only), Percutaneous, Including Diagnostic Cholangiography When Performed, Imaging Guidance (Eg, Fluoroscopy), And All Associated Radiolo	No
47537	Removal Of Biliary Drainage Catheter, Percutaneous, Requiring Fluoroscopic Guidance (Eg, With Concurrent Indwelling Biliary Stents), Including Diagnostic Cholangiography When Performed, Imaging Guidance (Eg, Fluoroscopy), And All Associated Radiological S	No
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICA	No
47539	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICA	No
47540	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICA	No
47541	Placement Of Access Through The Biliary Tree And Into Small Bowel To Assist With An Endoscopic Biliary Procedure (Eg, Rendezvous Procedure), Percutaneous, Including Diagnostic Cholangiography When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoros	No
47542	Balloon Dilation Of Biliary Duct(S) Or Of Ampulla (Sphincteroplasty), Percutaneous, Including Imaging Guidance (Eg, Fluoroscopy), And All Associated Radiological Supervision And Interpretation, Each Duct (List Separately In Addition To Code For Primary Pr	No
47543	Endoluminal Biopsy(Ies) Of Biliary Tree, Percutaneous, Any Method(S) (Eg, Brush, Forceps, And/Or Needle), Including Imaging Guidance (Eg, Fluoroscopy), And All Associated Radiological Supervision And Interpretation, Single Or Multiple (List Separately In	No
47544	Removal Of Calculi/Debris From Biliary Duct(S) And/Or Gallbladder, Percutaneous, Including Destruction Of Calculi By Any Method (Eg, Mechanical, Electrohydraulic, Lithotripsy) When Performed, Imaging Guidance (Eg, Fluoroscopy), And All Associated Radiolog	No
47550	Biliary Endoscopy, Intraoperative (Choledochoscopy) (List Separately In Addition To Code For Primary Procedure)	No
47552	Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; Diagnostic, With Collection Of Specimen(s) By Brushing And/Or Washing, When Performed (Separate Procedure)	No
47553	Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; With Biopsy, Single Or Multiple	No
47554	Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; With Removal Of Calculus/Calculi	No
47555	Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; With Dilation Of Biliary Duct Stricture(s) Without Stent	No
47556	Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; With Dilation Of Biliary Duct Stricture(s) With Stent	No
47562	Laparoscopy, Surgical; Cholecystectomy	No
47563	Laparoscopy, Surgical; Cholecystectomy With Cholangiography	No
47564	Laparoscopy, Surgical; Cholecystectomy With Exploration Of Common Duct	Yes
47570	Laparoscopy, Surgical; Cholecystoenterostomy	No
47579	Unlisted Laparoscopy Procedure, Biliary Tract	Yes
47600	Cholecystectomy;	No
47605	Cholecystectomy; With Cholangiography	No
47610	Cholecystectomy With Exploration Of Common Duct;	No
47612	Cholecystectomy With Exploration Of Common Duct; With Choledochoenterostomy	No
47620	Cholecystectomy With Exploration Of Common Duct; With Transduodenal Sphincterotomy Or Sphincteroplasty, With Or Without Cholangiography	No
47700	Exploration For Congenital Atresia Of Bile Ducts, Without Repair, With Or Without Liver Biopsy, With Or Without Cholangiography	No
47701	Portoenterostomy (eg, Kasai Procedure)	No
47711	Excision Of Bile Duct Tumor, With Or Without Primary Repair Of Bile Duct; Extrahepatic	No
47712	Excision Of Bile Duct Tumor, With Or Without Primary Repair Of Bile Duct; Intrahepatic	No
47715	Excision Of Choledochal Cyst	No

Procedure Code	Description	Prior Auth Required
47720	Cholecystoenterostomy; Direct	No
47721	Cholecystoenterostomy; With Gastroenterostomy	No
47740	Cholecystoenterostomy; Roux-En-Y	No
47741	Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy	No
47760	Anastomosis, Of Extrahepatic Biliary Ducts And Gastrointestinal Tract	No
47765	Anastomosis, Of Intrahepatic Ducts And Gastrointestinal Tract	No
47780	Anastomosis, Roux-En-Y, Of Extrahepatic Biliary Ducts And Gastrointestinal Tract	No
47785	Anastomosis, Roux-En-Y, Of Intrahepatic Biliary Ducts And Gastrointestinal Tract	No
47800	Reconstruction, Plastic, Of Extrahepatic Biliary Ducts With End-To-End Anastomosis	No
47801	Placement Of Choledochal Stent	No
47900	Suture Of Extrahepatic Biliary Duct For Pre-Existing Injury (Separate Procedure)	No
47999	Unlisted Procedure, Biliary Tract	Yes
48000	Placement Of Drains, Peripancreatic, For Acute Pancreatitis;	No
48001	Placement Of Drains, Peripancreatic, For Acute Pancreatitis; With Cholecystostomy, Gastrostomy, And Jejunostomy	No
48020	Removal Of Pancreatic Calculus	No
48100	Biopsy Of Pancreas, Open (eg, Fine Needle Aspiration, Needle Core Biopsy, Wedge Biopsy)	No
48102	Biopsy Of Pancreas, Percutaneous Needle	No
48105	Resection Or Debridement Of Pancreas And Peripancreatic Tissue For Acute Necrotizing Pancreatitis	No
48120	Excision Of Lesion Of Pancreas (eg, Cyst, Adenoma)	No
48140	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; Without Pancreaticojejunostomy	No
48145	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; With Pancreaticojejunostomy	No
48146	Pancreatectomy, Distal, Near-Total With Preservation Of Duodenum (Child-Type Procedure)	No
48148	Excision Of Ampulla Of Vater	No
48150	Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrectomy, Choledochoenterostomy And Gastrojejunostomy (Whipple-Type Procedure); With Pancreatojejunostomy	No
48152	Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrectomy, Choledochoenterostomy And Gastrojejunostomy (Whipple-Type Procedure); Without Pancreatojejunostomy	No
48153	Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoenterostomy And Duodenojejunostomy (Pylorus-Sparing, Whipple-Type Procedure); With Pancreatojejunostomy	No
48154	Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoenterostomy And Duodenojejunostomy (Pylorus-Sparing, Whipple-Type Procedure); Without Pancreatojejunostomy	No
48155	Pancreatectomy, Total	No
48160	Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells	Yes
48400	Injection Procedure For Intraoperative Pancreatography (List Separately In Addition To Code For Primary Procedure)	No
48500	Marsupialization Of Pancreatic Cyst	No
48510	External Drainage, Pseudocyst Of Pancreas, Open	No
48520	Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Direct	No
48540	Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Roux-En-Y	No
48545	Pancreatorrhaphy For Injury	No
48547	Duodenal Exclusion With Gastrojejunostomy For Pancreatic Injury	No
48548	Pancreaticojejunostomy, Side-To-Side Anastomosis (Puestow-Type Operation)	No
48550	Donor Pancreatectomy (Including Cold Preservation), With Or Without Duodenal Segment For Transplantation	Yes
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues, Splenectomy, Duodenotomy, Ligation Of Bile Duct, Ligation Of Mesenteric Vessels, And Y-Graft Arte	Yes
48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	Yes
48554	Transplantation Of Pancreatic Allograft	Yes
48556	Removal Of Transplanted Pancreatic Allograft	Yes
48999	Unlisted Procedure, Pancreas	Yes
49000	Exploratory Laparotomy, Exploratory Celiotomy With Or Without Biopsy(s) (Separate Procedure)	No
49002	Reopening Of Recent Laparotomy	Yes
49010	Exploration, Retroperitoneal Area With Or Without Biopsy(s) (Separate Procedure)	No
49013	Preperitoneal Pelvic Packing For Hemorrhage Associated With Pelvic Trauma, Including Local Exploration	No
49014	Re-Exploration Of Pelvic Wound With Removal Of Preperitoneal Pelvic Packing, Including Repacking, When Performed	No
49020	Drainage Of Peritoneal Abscess Or Localized Peritonitis, Exclusive Of Appendiceal Abscess, Open	No
49040	Drainage Of Subdiaphragmatic Or Subphrenic Abscess, Open	No
49060	Drainage Of Retroperitoneal Abscess, Open	No

Procedure Code	Description	Prior Auth Required
49062	Drainage Of Extraperitoneal Lymphocele To Peritoneal Cavity, Open	No
49082	Abdominal Paracentesis (Diagnostic Or Therapeutic); Without Imaging Guidance	No
49083	Abdominal Paracentesis (Diagnostic Or Therapeutic); With Imaging Guidance	No
49084	Peritoneal Lavage, Including Imaging Guidance, When Performed	No
49180	Biopsy, Abdominal Or Retroperitoneal Mass, Percutaneous Needle	No
49185	Sclerotherapy Of A Fluid Collection (Eg, Lymphocele, Cyst, Or Seroma), Percutaneous, Including Contrast Injection(S), Sclerosant Injection(S), Diagnostic Study, Imaging Guidance (Eg, Ultrasound, Fluoroscopy) And Radiological Supervision And Interpretation	No
49186	Excision Or Destruction, Open, Intra-Abdominal (Ie, Peritoneal, Mesenteric, Retroperitoneal), Primary Or Secondary Tumor(S) Or Cyst(S), Sum Of The Maximum Length Of Tumor(S) Or Cyst(S); 5 Cm Or Less	Yes
49187	Excision Or Destruction, Open, Intra-Abdominal (Ie, Peritoneal, Mesenteric, Retroperitoneal), Primary Or Secondary Tumor(S) Or Cyst(S), Sum Of The Maximum Length Of Tumor(S) Or Cyst(S); 5.1 To 10 Cm	Yes
49188	Excision Or Destruction, Open, Intra-Abdominal (Ie, Peritoneal, Mesenteric, Retroperitoneal), Primary Or Secondary Tumor(S) Or Cyst(S), Sum Of The Maximum Length Of Tumor(S) Or Cyst(S); 10.1 To 20 Cm	Yes
49189	Excision Or Destruction, Open, Intra-Abdominal (Ie, Peritoneal, Mesenteric, Retroperitoneal), Primary Or Secondary Tumor(S) Or Cyst(S), Sum Of The Maximum Length Of Tumor(S) Or Cyst(S); 20.1 To 30 Cm	Yes
49190	Excision Or Destruction, Open, Intra-Abdominal (Ie, Peritoneal, Mesenteric, Retroperitoneal), Primary Or Secondary Tumor(S) Or Cyst(S), Sum Of The Maximum Length Of Tumor(S) Or Cyst(S); Greater Than 30 Cm	Yes
49215	Excision Of Presacral Or Sacrococcygeal Tumor	No
49250	Umbilectomy, Omphalectomy, Excision Of Umbilicus (Separate Procedure)	Yes
49255	Omentectomy, Epiploectomy, Resection Of Omentum (Separate Procedure)	No
49320	Laparoscopy, Abdomen, Peritoneum, And Omentum, Diagnostic, With Or Without Collection Of Specimen(s) By Brushing Or Washing (Separate Procedure)	No
49321	Laparoscopy, Surgical; With Biopsy (Single Or Multiple)	No
49322	Laparoscopy, Surgical; With Aspiration Of Cavity Or Cyst (eg, Ovarian Cyst) (Single Or Multiple)	No
49323	Laparoscopy, Surgical; With Drainage Of Lymphocele To Peritoneal Cavity	No
49324	Laparoscopy, Surgical; With Insertion Of Tunneled Intraperitoneal Catheter	No
49325	Laparoscopy, Surgical; With Revision Of Previously Placed Intraperitoneal Cannula Or Catheter, With Removal Of Intraluminal Obstructive Material If Performed	No
49326	Laparoscopy, Surgical; With Omentopexy (Omental Tacking Procedure) (List Separately In Addition To Code For Primary Procedure)	No
49327	Laparoscopy, Surgical; With Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter), Intra-Abdominal, Intrapelvic, And/Or Retroperitoneum, Including Imaging Guidance, If Performed, Single Or Multiple (List Sepa	No
49329	Unlisted Laparoscopy Procedure, Abdomen, Peritoneum And Omentum	Yes
49400	Injection Of Air Or Contrast Into Peritoneal Cavity (Separate Procedure)	No
49402	Removal Of Peritoneal Foreign Body From Peritoneal Cavity	No
49405	Image-Guided Fluid Collection Drainage By Catheter (eg, Abscess, Hematoma, Seroma, Lymphocele, Cyst); Visceral (eg, Kidney, Liver, Spleen, Lung/Mediastinum), Percutaneous	No
49406	Image-Guided Fluid Collection Drainage By Catheter (eg, Abscess, Hematoma, Seroma, Lymphocele, Cyst); Peritoneal Or Retroperitoneal, Percutaneous	No
49407	Image-Guided Fluid Collection Drainage By Catheter (eg, Abscess, Hematoma, Seroma, Lymphocele, Cyst); Peritoneal Or Retroperitoneal, Transvaginal Or Transrectal	No
49411	Placement Of Interstitial Device(s) For Radiation Therapy Guidance (eg, Fiducial Markers, Dosimeter), Percutaneous, Intra-Abdominal, Intra-Pelvic (Except Prostate), And/Or Retroperitoneum, Single Or Multiple	No
49412	Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter), Open, Intra-Abdominal, Intrapelvic, And/Or Retroperitoneum, Including Image Guidance, If Performed, Single Or Multiple (List Separately In Addition To Co	No
49418	Insertion Of Tunneled Intraperitoneal Catheter (Eg, Dialysis, Intraperitoneal Chemotherapy Instillation, Management Of Ascites), Complete Procedure, Including Imaging Guidance, Catheter Placement, Contrast Injection When Performed, And Radiological Superv	No
49419	Insertion Of Tunneled Intraperitoneal Catheter, With Subcutaneous Port (Ie, Totally Implantable)	No
49421	Insertion Of Tunneled Intraperitoneal Catheter For Dialysis, Open	No
49422	Removal Of Tunneled Intraperitoneal Catheter	No
49423	Exchange Of Previously Placed Abscess Or Cyst Drainage Catheter Under Radiological Guidance (Separate Procedure)	No
49424	Contrast Injection For Assessment Of Abscess Or Cyst Via Previously Placed Drainage Catheter Or Tube (Separate Procedure)	No
49425	Insertion Of Peritoneal-Venous Shunt	No
49426	Revision Of Peritoneal-Venous Shunt	No
49427	Injection Procedure (eg, Contrast Media) For Evaluation Of Previously Placed Peritoneal-Venous Shunt	No
49428	Ligation Of Peritoneal-Venous Shunt	No
49429	Removal Of Peritoneal-Venous Shunt	No

Procedure Code	Description	Prior Auth Required
49435	Insertion Of Subcutaneous Extension To Intraperitoneal Cannula Or Catheter With Remote Chest Exit Site (List Separately In Addition To Code For Primary Procedure)	No
49436	Delayed Creation Of Exit Site From Embedded Subcutaneous Segment Of Intraperitoneal Cannula Or Catheter	No
49440	Insertion Of Gastrostomy Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast Injection(s), Image Documentation And Report	No
49441	Insertion Of Duodenostomy Or Jejunostomy Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast Injection(s), Image Documentation And Report	No
49442	Insertion Of Cecostomy Or Other Colonic Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast Injection(s), Image Documentation And Report	No
49446	Conversion Of Gastrostomy Tube To Gastro-Jejunostomy Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast Injection(s), Image Documentation And Report	No
49450	Replacement Of Gastrostomy Or Cecostomy (Or Other Colonic) Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast Injection(s), Image Documentation And Report	No
49451	Replacement Of Duodenostomy Or Jejunostomy Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast Injection(s), Image Documentation And Report	No
49452	Replacement Of Gastro-Jejunostomy Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast Injection(s), Image Documentation And Report	No
49460	Mechanical Removal Of Obstructive Material From Gastrostomy, Duodenostomy, Jejunostomy, Gastro-Jejunostomy, Or Cecostomy (Or Other Colonic) Tube, Any Method, Under Fluoroscopic Guidance Including Contrast Injection(S), If Performed, Image Documentation An	No
49465	Contrast Injection(s) For Radiological Evaluation Of Existing Gastrostomy, Duodenostomy, Jejunostomy, Gastro-Jejunostomy, Or Cecostomy (Or Other Colonic) Tube, From A Percutaneous Approach Including Image Documentation And Report	No
49491	Repair, Initial Inguinal Hernia, Preterm Infant (Younger Than 37 Weeks Gestation At Birth), Performed From Birth Up To 50 Weeks Postconception Age, With Or Without Hydrocelectomy; Reducible	No
49492	Repair, Initial Inguinal Hernia, Preterm Infant (Younger Than 37 Weeks Gestation At Birth), Performed From Birth Up To 50 Weeks Postconception Age, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	No
49495	Repair, Initial Inguinal Hernia, Full Term Infant Younger Than Age 6 Months, Or Preterm Infant Older Than 50 Weeks Postconception Age And Younger Than Age 6 Months At The Time Of Surgery, With Or Without Hydrocelectomy; Reducible	No
49496	Repair, Initial Inguinal Hernia, Full Term Infant Younger Than Age 6 Months, Or Preterm Infant Older Than 50 Weeks Postconception Age And Younger Than Age 6 Months At The Time Of Surgery, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	No
49500	Repair Initial Inguinal Hernia, Age 6 Months To Younger Than 5 Years, With Or Without Hydrocelectomy; Reducible	No
49501	Repair Initial Inguinal Hernia, Age 6 Months To Younger Than 5 Years, With Or Without Hydrocelectomy; Incarcerated Or Strangulated	No
49505	Repair Initial Inguinal Hernia, Age 5 Years Or Older; Reducible	No
49507	Repair Initial Inguinal Hernia, Age 5 Years Or Older; Incarcerated Or Strangulated	Yes
49520	Repair Recurrent Inguinal Hernia, Any Age; Reducible	No
49521	Repair Recurrent Inguinal Hernia, Any Age; Incarcerated Or Strangulated	No
49525	Repair Inguinal Hernia, Sliding, Any Age	No
49540	Repair Lumbar Hernia	No
49550	Repair Initial Femoral Hernia, Any Age; Reducible	No
49553	Repair Initial Femoral Hernia, Any Age; Incarcerated Or Strangulated	No
49555	Repair Recurrent Femoral Hernia; Reducible	No
49557	Repair Recurrent Femoral Hernia; Incarcerated Or Strangulated	No
49591	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); Less	Yes
49592	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); Less	No
49593	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); 3 Cm	Yes
49594	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); 3 Cm	No
49595	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); Grea	Yes
49596	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); Grea	No
49600	Repair Of Small Omphalocele, With Primary Closure	Yes
49605	Repair Of Large Omphalocele Or Gastroschisis; With Or Without Prosthesis	No
49606	Repair Of Large Omphalocele Or Gastroschisis; With Removal Of Prosthesis, Final Reduction And Closure, In Operating Room	No

Procedure Code	Description	Prior Auth Required
49610	Repair Of Omphalocele (Gross Type Operation); First Stage	No
49611	Repair Of Omphalocele (Gross Type Operation); Second Stage	No
49613	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); Le	Yes
49614	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); Le	No
49615	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); 3	Yes
49616	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); 3	No
49617	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); Gr	Yes
49618	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any Approach (Ie, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other Prosthesis When Performed, Total Length Of Defect(S); Gr	No
49621	Repair Of Parastomal Hernia, Any Approach (Ie, Open, Laparoscopic, Robotic), Initial Or Recurrent, Including Implantation Of Mesh Or Other Prosthesis, When Performed; Reducible	Yes
49622	Repair Of Parastomal Hernia, Any Approach (Ie, Open, Laparoscopic, Robotic), Initial Or Recurrent, Including Implantation Of Mesh Or Other Prosthesis, When Performed; Incarcerated Or Strangulated	No
49623	Removal Of Total Or Near Total Non-Infected Mesh Or Other Prosthesis At The Time Of Initial Or Recurrent Anterior Abdominal Hernia Repair Or Parastomal Hernia Repair, Any Approach (Ie, Open, Laparoscopic, Robotic) (List Separately In Addition To Code For	No
49650	Laparoscopy, Surgical; Repair Initial Inguinal Hernia	No
49651	Laparoscopy, Surgical; Repair Recurrent Inguinal Hernia	Yes
49659	Unlisted Laparoscopy Procedure, Hernioplasty, Herniorrhaphy, Herniotomy	Yes
49900	Suture, Secondary, Of Abdominal Wall For Evisceration Or Dehiscence	No
49904	Omental Flap, Extra-Abdominal (eg, For Reconstruction Of Sternal And Chest Wall Defects)	No
49905	Omental Flap, Intra-Abdominal (List Separately In Addition To Code For Primary Procedure)	No
49906	Free Omental Flap With Microvascular Anastomosis	No
49999	Unlisted Procedure, Abdomen, Peritoneum And Omentum	Yes
4AA11	HIPPS Code 4AA11	No
4AA21	HIPPS Code 4AA21	No
4AA31	HIPPS Code 4AA31	No
4AB11	HIPPS Code 4AB11	No
4AB21	HIPPS Code 4AB21	No
4AB31	HIPPS Code 4AB31	No
4AC11	HIPPS Code 4AC11	No
4AC21	HIPPS Code 4AC21	No
4AC31	HIPPS Code 4AC31	No
4BA11	HIPPS Code 4BA11	No
4BA21	HIPPS Code 4BA21	No
4BA31	HIPPS Code 4BA31	No
4BB11	HIPPS Code 4BB11	No
4BB21	HIPPS Code 4BB21	No
4BB31	HIPPS Code 4BB31	No
4BC11	HIPPS Code 4BC11	No
4BC21	HIPPS Code 4BC21	No
4BC31	HIPPS Code 4BC31	No
4CA11	HIPPS Code 4CA11	No
4CA21	HIPPS Code 4CA21	No
4CA31	HIPPS Code 4CA31	No
4CB11	HIPPS Code 4CB11	No
4CB21	HIPPS Code 4CB21	No
4CB31	HIPPS Code 4CB31	No
4CC11	HIPPS Code 4CC11	No
4CC21	HIPPS Code 4CC21	No
4CC31	HIPPS Code 4CC31	No
4DA11	HIPPS Code 4DA11	No
4DA21	HIPPS Code 4DA21	No
4DA31	HIPPS Code 4DA31	No
4DB11	HIPPS Code 4DB11	No
4DB21	HIPPS Code 4DB21	No
4DB31	HIPPS Code 4DB31	No
4DC11	HIPPS Code 4DC11	No
4DC21	HIPPS Code 4DC21	No
4DC31	HIPPS Code 4DC31	No

Procedure Code	Description	Prior Auth Required
4EA11	HIPPS Code 4EA11	No
4EA21	HIPPS Code 4EA21	No
4EA31	HIPPS Code 4EA31	No
4EB11	HIPPS Code 4EB11	No
4EB21	HIPPS Code 4EB21	No
4EB31	HIPPS Code 4EB31	No
4EC11	HIPPS Code 4EC11	No
4EC21	HIPPS Code 4EC21	No
4EC31	HIPPS Code 4EC31	No
4FA11	HIPPS Code 4FA11	No
4FA21	HIPPS Code 4FA21	No
4FA31	HIPPS Code 4FA31	No
4FB11	HIPPS Code 4FB11	No
4FB21	HIPPS Code 4FB21	No
4FB31	HIPPS Code 4FB31	No
4FC11	HIPPS Code 4FC11	No
4FC21	HIPPS Code 4FC21	No
4FC31	HIPPS Code 4FC31	No
4GA11	HIPPS Code 4GA11	No
4GA21	HIPPS Code 4GA21	No
4GA31	HIPPS Code 4GA31	No
4GB11	HIPPS Code 4GB11	No
4GB21	HIPPS Code 4GB21	No
4GB31	HIPPS Code 4GB31	No
4GC11	HIPPS Code 4GC11	No
4GC21	HIPPS Code 4GC21	No
4GC31	HIPPS Code 4GC31	No
4HA11	HIPPS Code 4HA11	No
4HA21	HIPPS Code 4HA21	No
4HA31	HIPPS Code 4HA31	No
4HB11	HIPPS Code 4HB11	No
4HB21	HIPPS Code 4HB21	No
4HB31	HIPPS Code 4HB31	No
4HC11	HIPPS Code 4HC11	No
4HC21	HIPPS Code 4HC21	No
4HC31	HIPPS Code 4HC31	No
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4IA21	HIPPS Code 4IA21	No
4IA31	HIPPS Code 4IA31	No
4IB11	HIPPS Code 4IB11	No
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4KA31	HIPPS Code 4KA31	No
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4KB21	HIPPS Code 4KB21	No
4KB31	HIPPS Code 4KB31	No
4KC11	HIPPS Code 4KC11	No
4KC21	HIPPS Code 4KC21	No
4KC31	HIPPS Code 4KC31	No
4LA11	HIPPS Code 4LA11	No
4LA21	HIPPS Code 4LA21	No
4LA31	HIPPS Code 4LA31	No
4LB11	HIPPS Code 4LB11	No
4LB21	HIPPS Code 4LB21	No
4LB31	HIPPS Code 4LB31	No
4LC11	HIPPS Code 4LC11	No
4LC21	HIPPS Code 4LC21	No
4LC31	HIPPS Code 4LC31	No

Procedure Code	Description	Prior Auth Required
50010	Renal Exploration, Not Necessitating Other Specific Procedures	No
50020	Drainage Of Perirenal Or Renal Abscess, Open	No
50040	Nephrostomy, Nephrotomy With Drainage	No
50045	Nephrotomy, With Exploration	No
5005F	Patient Counseled On Self-Examination For New Or Changing Moles (Ml)	Yes
50060	Nephrolithotomy; Removal Of Calculus	No
50065	Nephrolithotomy; Secondary Surgical Operation For Calculus	No
50070	Nephrolithotomy; Complicated By Congenital Kidney Abnormality	No
50075	Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatrophic Pyelolithotomy)	No
50080	Percutaneous Nephrolithotomy Or Pyelolithotomy, Lithotripsy, Stone Extraction, Antegrade Ureteroscopy, Antegrade Stent Placement And Nephrostomy Tube Placement, When Performed, Including Imaging Guidance; Simple (Eg, Stone[S] Up To 2 Cm In Single Location	No
50081	Percutaneous Nephrolithotomy Or Pyelolithotomy, Lithotripsy, Stone Extraction, Antegrade Ureteroscopy, Antegrade Stent Placement And Nephrostomy Tube Placement, When Performed, Including Imaging Guidance; Complex (Eg, Stone[S] > 2 Cm, Branching Stones, St	No
50100	Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure)	No
5010F	Findings Of Dilated Macular Or Fundus Exam Communicated To The Physician Or Other Qualified Health Care Professional Managing The Diabetes Care (Ec)	Yes
50120	Pyelotomy; With Exploration	No
50125	Pyelotomy; With Drainage, Pyelostomy	No
50130	Pyelotomy; With Removal Of Calculus (Pyelolithotomy, Pelviolithotomy, Including Coagulum Pyelolithotomy)	No
5015F	Documentation Of Communication That A Fracture Occurred And That The Patient Was Or Should Be Tested Or Treated For Osteoporosis (Op)	Yes
50200	Renal Biopsy; Percutaneous, By Trocar Or Needle	No
50205	Renal Biopsy; By Surgical Exposure Of Kidney	No
5020F	Treatment Summary Report Communicated To Physician(s) Or Other Qualified Health Care Professional(s) Managing Continuing Care And To The Patient Within 1 Month Of Completing Treatment (Onc)	Yes
50220	Nephrectomy, Including Partial Ureterectomy, Any Open Approach Including Rib Resection;	No
50225	Nephrectomy, Including Partial Ureterectomy, Any Open Approach Including Rib Resection; Complicated Because Of Previous Surgery On Same Kidney	No
50230	Nephrectomy, Including Partial Ureterectomy, Any Open Approach Including Rib Resection; Radical, With Regional Lymphadenectomy And/Or Vena Caval Thrombectomy	No
50234	Nephrectomy With Total Ureterectomy And Bladder Cuff; Through Same Incision	No
50236	Nephrectomy With Total Ureterectomy And Bladder Cuff; Through Separate Incision	No
50240	Nephrectomy, Partial	No
50250	Ablation, Open, 1 Or More Renal Mass Lesion(s), Cryosurgical, Including Intraoperative Ultrasound Guidance And Monitoring, If Performed	No
50280	Excision Or Unroofing Of Cyst(s) Of Kidney	No
50290	Excision Of Perinephric Cyst	No
50300	Donor Nephrectomy (Including Cold Preservation); From Cadaver Donor, Unilateral Or Bilateral	Yes
50320	Donor Nephrectomy (Including Cold Preservation); Open, From Living Donor	Yes
50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft Prior To Transplantation, Including Dissection And Removal Of Perinephric Fat, Diaphragmatic And Retroperitoneal Attachments, Excision Of Adrenal Gland, And Preparation Of Ureter(S), Renal Ve	Yes
50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic) Prior To Transplantation, Including Dissection And Removal Of Perinephric Fat And Preparation Of Ureter(S), Renal Vein(S), And Renal Artery(S), Ligating Branches, As Nec	Yes
50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	Yes
50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	Yes
50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	Yes
50340	Recipient Nephrectomy (Separate Procedure)	Yes
50360	Renal Allotransplantation, Implantation Of Graft; Without Recipient Nephrectomy	Yes
50365	Renal Allotransplantation, Implantation Of Graft; With Recipient Nephrectomy	Yes
50370	Removal Of Transplanted Renal Allograft	No
50380	Renal Autotransplantation, Reimplantation Of Kidney	Yes
50382	Removal (Via Snare/Capture) And Replacement Of Internally Dwelling Ureteral Stent Via Percutaneous Approach, Including Radiological Supervision And Interpretation	No
50384	Removal (Via Snare/Capture) Of Internally Dwelling Ureteral Stent Via Percutaneous Approach, Including Radiological Supervision And Interpretation	No
50385	Removal (Via Snare/Capture) And Replacement Of Internally Dwelling Ureteral Stent Via Transurethral Approach, Without Use Of Cystoscopy, Including Radiological Supervision And Interpretation	No
50386	Removal (Via Snare/Capture) Of Internally Dwelling Ureteral Stent Via Transurethral Approach, Without Use Of Cystoscopy, Including Radiological Supervision And Interpretation	No

Procedure Code	Description	Prior Auth Required
50387	Removal And Replacement Of Externally Accessible Nephroureteral Catheter (eg, External/Internal Stent) Requiring Fluoroscopic Guidance, Including Radiological Supervision And Interpretation	No
50389	Removal Of Nephrostomy Tube, Requiring Fluoroscopic Guidance (eg, With Concurrent Indwelling Ureteral Stent)	No
50390	Aspiration And/Or Injection Of Renal Cyst Or Pelvis By Needle, Percutaneous	No
50391	Instillation(s) Of Therapeutic Agent Into Renal Pelvis And/Or Ureter Through Established Nephrostomy, Pyelostomy Or Ureterostomy Tube (eg, Anticarcinogenic Or Antifungal Agent)	No
50396	Manometric Studies Through Nephrostomy Or Pyelostomy Tube, Or Indwelling Ureteral Catheter	No
50400	Pyeloplasty (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With Or Without Plastic Operation On Ureter, Nephropexy, Nephrostomy, Pyelostomy, Or Ureteral Splinting; Simple	No
50405	Pyeloplasty (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With Or Without Plastic Operation On Ureter, Nephropexy, Nephrostomy, Pyelostomy, Or Ureteral Splinting; Complicated (Congenital Kidney Abnormality, Secondary Pyeloplasty, Solitary Kidn	No
50430	Injection Procedure For Antegrade Nephrostogram And/Or Ureterogram, Complete Diagnostic Procedure Including Imaging Guidance (eg, Ultrasound And Fluoroscopy) And All Associated Radiological Supervision And Interpretation; New Access	No
50431	Injection Procedure For Antegrade Nephrostogram And/Or Ureterogram, Complete Diagnostic Procedure Including Imaging Guidance (eg, Ultrasound And Fluoroscopy) And All Associated Radiological Supervision And Interpretation; Existing Access	No
50432	Placement Of Nephrostomy Catheter, Percutaneous, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation	No
50433	Placement Of Nephroureteral Catheter, Percutaneous, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation, New Access	No
50434	Convert Nephrostomy Catheter To Nephroureteral Catheter, Percutaneous, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretatio	No
50435	Exchange Nephrostomy Catheter, Percutaneous, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation	No
50436	Dilation Of Existing Tract, Percutaneous, For An Endourologic Procedure Including Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation, With Postprocedure Tube Placement, When Performed;	No
50437	Dilation Of Existing Tract, Percutaneous, For An Endourologic Procedure Including Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation, With Postprocedure Tube Placement, When Performed; Inclu	No
50500	Nephrorrhaphy, Suture Of Kidney Wound Or Injury	No
5050F	Treatment Plan Communicated To Provider(s) Managing Continuing Care Within 1 Month Of Diagnosis (Ml)	Yes
50520	Closure Of Nephrocutaneous Or Pyelocutaneous Fistula	No
50525	Closure Of Nephrovisceral Fistula (eg, Renocolic), Including Visceral Repair; Abdominal Approach	No
50526	Closure Of Nephrovisceral Fistula (eg, Renocolic), Including Visceral Repair; Thoracic Approach	No
50540	Symphysiotomy For Horseshoe Kidney With Or Without Pyeloplasty And/Or Other Plastic Procedure, Unilateral Or Bilateral (1 Operation)	Yes
50541	Laparoscopy, Surgical; Ablation Of Renal Cysts	No
50542	Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(s), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed	No
50543	Laparoscopy, Surgical; Partial Nephrectomy	Yes
50544	Laparoscopy, Surgical; Pyeloplasty	No
50545	Laparoscopy, Surgical; Radical Nephrectomy (Includes Removal Of Gerota's Fascia And Surrounding Fatty Tissue, Removal Of Regional Lymph Nodes, And Adrenalectomy)	No
50546	Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy	No
50547	Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor	Yes
50548	Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy	No
50549	Unlisted Laparoscopy Procedure, Renal	Yes
50551	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service;	No
50553	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, With Or Without Dilation Of Ureter	No
50555	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy	No
50557	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration And/Or Incision, With Or Without Biopsy	No
50561	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus	No

Procedure Code	Description	Prior Auth Required
50562	Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor	No
50570	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service;	No
50572	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, With Or Without Dilation Of Ureter	No
50574	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy	No
50575	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Endopyelotomy (Includes Cystoscopy, Ureteroscopy, Dilation Of Ureter And Ureteral Pelvic Junction, Inci	No
50576	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration And/Or Incision, With Or Without Biopsy	No
50580	Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus	No
50590	Lithotripsy, Extracorporeal Shock Wave	No
50592	Ablation, 1 Or More Renal Tumor(s), Percutaneous, Unilateral, Radiofrequency	No
50593	Ablation, Renal Tumor(s), Unilateral, Percutaneous, Cryotherapy	No
50600	Ureterotomy With Exploration Or Drainage (Separate Procedure)	No
50605	Ureterotomy For Insertion Of Indwelling Stent, All Types	No
50606	Endoluminal Biopsy Of Ureter And/Or Renal Pelvis, Non-Endoscopic, Including Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	No
5060F	Findings From Diagnostic Mammogram Communicated To Practice Managing Patient's On-Going Care Within 3 Business Days Of Exam Interpretation (Rad)	Yes
50610	Ureterolithotomy; Upper One-Third Of Ureter	No
50620	Ureterolithotomy; Middle One-Third Of Ureter	No
5062F	Findings From Diagnostic Mammogram Communicated To The Patient Within 5 Days Of Exam Interpretation (Rad)	Yes
50630	Ureterolithotomy; Lower One-Third Of Ureter	No
50650	Ureterectomy, With Bladder Cuff (Separate Procedure)	No
50660	Ureterectomy, Total, Ectopic Ureter, Combination Abdominal, Vaginal And/Or Perineal Approach	No
50684	Injection Procedure For Ureterography Or Ureteropyelography Through Ureterostomy Or Indwelling Ureteral Catheter	No
50686	Manometric Studies Through Ureterostomy Or Indwelling Ureteral Catheter	No
50688	Change Of Ureterostomy Tube Or Externally Accessible Ureteral Stent Via Ileal Conduit	No
50690	Injection Procedure For Visualization Of Ileal Conduit And/Or Ureteropyelography, Exclusive Of Radiologic Service	No
50693	Placement Of Ureteral Stent, Percutaneous, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy), And All Associated Radiological Supervision And Interpretation; Pre-Existing Nephrostomy	No
50694	Placement Of Ureteral Stent, Percutaneous, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy), And All Associated Radiological Supervision And Interpretation; New Access, Without Sepa	No
50695	Placement Of Ureteral Stent, Percutaneous, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy), And All Associated Radiological Supervision And Interpretation; New Access, With Separat	No
50700	Ureteroplasty, Plastic Operation On Ureter (eg, Stricture)	No
50705	Ureteral Embolization Or Occlusion, Including Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	No
50706	Balloon Dilation, Ureteral Stricture, Including Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	No
50715	Ureterolysis, With Or Without Repositioning Of Ureter For Retroperitoneal Fibrosis	No
50722	Ureterolysis For Ovarian Vein Syndrome	No
50725	Ureterolysis For Retrocaval Ureter, With Reanastomosis Of Upper Urinary Tract Or Vena Cava	No
50727	Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy);	No
50728	Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy); With Repair Of Fascial Defect And Hernia	No
50740	Ureteropyelostomy, Anastomosis Of Ureter And Renal Pelvis	No
50750	Ureterocalycostomy, Anastomosis Of Ureter To Renal Calyx	No
50760	Ureteroureterostomy	No
50770	Transureteroureterostomy, Anastomosis Of Ureter To Contralateral Ureter	No
50780	Ureteroneocystostomy; Anastomosis Of Single Ureter To Bladder	No
50782	Ureteroneocystostomy; Anastomosis Of Duplicated Ureter To Bladder	No
50783	Ureteroneocystostomy; With Extensive Ureteral Tailoring	No
50785	Ureteroneocystostomy; With Vesico-Psoas Hitch Or Bladder Flap	No

Procedure Code	Description	Prior Auth Required
50800	Ureteroenterostomy, Direct Anastomosis Of Ureter To Intestine	No
50810	Ureterosigmoidostomy, With Creation Of Sigmoid Bladder And Establishment Of Abdominal Or Perineal Colostomy, Including Intestine Anastomosis	No
50815	Ureterocolon Conduit, Including Intestine Anastomosis	No
50820	Ureteroileal Conduit (Ileal Bladder), Including Intestine Anastomosis (Bricker Operation)	No
50825	Continent Diversion, Including Intestine Anastomosis Using Any Segment Of Small And/Or Large Intestine (Kock Pouch Or Camey Enterocystoplasty)	No
50830	Urinary Undiversion (eg, Taking Down Of Ureteroileal Conduit, Ureterosigmoidostomy Or Ureteroenterostomy With Ureteroureterostomy Or Ureteroneocystostomy)	No
50840	Replacement Of All Or Part Of Ureter By Intestine Segment, Including Intestine Anastomosis	No
50845	Cutaneous Appendico-Vesicostomy	No
50860	Ureterostomy, Transplantation Of Ureter To Skin	No
50900	Ureterorrhaphy, Suture Of Ureter (Separate Procedure)	No
50920	Closure Of Ureterocutaneous Fistula	No
50930	Closure Of Ureterovisceral Fistula (Including Visceral Repair)	No
50940	Deligation Of Ureter	No
50945	Laparoscopy, Surgical; Ureterolithotomy	No
50947	Laparoscopy, Surgical; Ureteroneocystostomy With Cystoscopy And Ureteral Stent Placement	No
50948	Laparoscopy, Surgical; Ureteroneocystostomy Without Cystoscopy And Ureteral Stent Placement	No
50949	Unlisted Laparoscopy Procedure, Ureter	Yes
50951	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service;	No
50953	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, With Or Without Dilation Of Ureter	No
50955	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy	No
50957	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration And/Or Incision, With Or Without Biopsy	No
50961	Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus	No
50970	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service;	No
50972	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, With Or Without Dilation Of Ureter	No
50974	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy	No
50976	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration And/Or Incision, With Or Without Biopsy	No
50980	Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus	No
5100F	Potential Risk For Fracture Communicated To The Referring Physician Or Other Qualified Health Care Professional Within 24 Hours Of Completion Of The Imaging Study (Nuc_Med)	Yes
51020	Cystotomy Or Cystostomy, With Fulguration And/Or Insertion Of Radioactive Material	No
51040	Cystostomy, Cystotomy With Drainage	No
51045	Cystotomy, With Insertion Of Ureteral Catheter Or Stent (Separate Procedure)	No
51050	Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection	No
51060	Transvesical Ureterolithotomy	No
51065	Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus	No
51080	Drainage Of Perivesical Or Prevesical Space Abscess	No
51100	Aspiration Of Bladder; By Needle	No
51101	Aspiration Of Bladder; By Trocar Or Intracatheter	No
51102	Aspiration Of Bladder; With Insertion Of Suprapubic Catheter	No
51500	Excision Of Urachal Cyst Or Sinus, With Or Without Umbilical Hernia Repair	No
51520	Cystotomy; For Simple Excision Of Vesical Neck (Separate Procedure)	No
51525	Cystotomy; For Excision Of Bladder Diverticulum, Single Or Multiple (Separate Procedure)	No
51530	Cystotomy; For Excision Of Bladder Tumor	No
51535	Cystotomy For Excision, Incision, Or Repair Of Ureterocele	No
51550	Cystectomy, Partial; Simple	No
51555	Cystectomy, Partial; Complicated (eg, Postradiation, Previous Surgery, Difficult Location)	No
51565	Cystectomy, Partial, With Reimplantation Of Ureter(s) Into Bladder (Ureteroneocystostomy)	No
51570	Cystectomy, Complete; (Separate Procedure)	No
51575	Cystectomy, Complete; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes	No
51580	Cystectomy, Complete, With Ureterosigmoidostomy Or Ureterocutaneous Transplantations;	No

Procedure Code	Description	Prior Auth Required
51585	Cystectomy, Complete, With Ureterosigmoidostomy Or Ureterocutaneous Transplantations; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes	No
51590	Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Including Intestine Anastomosis;	No
51595	Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Including Intestine Anastomosis; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes	No
51596	Cystectomy, Complete, With Continent Diversion, Any Open Technique, Using Any Segment Of Small And/Or Large Intestine To Construct Neobladder	No
51597	Pelvic Exenteration, Complete, For Vesical, Prostatic Or Urethral Malignancy, With Removal Of Bladder And Ureteral Transplantations, With Or Without Hysterectomy And/Or Abdominoperineal Resection Of Rectum And Colon And Colostomy, Or Any Combination There	No
51600	Injection Procedure For Cystography Or Voiding Urethrocystography	No
51605	Injection Procedure And Placement Of Chain For Contrast And/Or Chain Urethrocystography	No
51610	Injection Procedure For Retrograde Urethrocystography	No
51700	Bladder Irrigation, Simple, Lavage And/Or Instillation	No
51701	Insertion Of Non-Indwelling Bladder Catheter (eg, Straight Catheterization For Residual Urine)	No
51702	Insertion Of Temporary Indwelling Bladder Catheter; Simple (eg, Foley)	No
51703	Insertion Of Temporary Indwelling Bladder Catheter; Complicated (eg, Altered Anatomy, Fractured Catheter/Balloon)	No
51705	Change Of Cystostomy Tube; Simple	No
51710	Change Of Cystostomy Tube; Complicated	No
51715	Endoscopic Injection Of Implant Material Into The Submucosal Tissues Of The Urethra And/Or Bladder Neck	Yes
51720	Bladder Instillation Of Anticarcinogenic Agent (Including Retention Time)	No
51721	Insertion Of Transurethral Ablation Transducer For Delivery Of Thermal Ultrasound For Prostate Tissue Ablation, Including Suprapubic Tube Placement During The Same Session And Placement Of An Endorectal Cooling Device, When Performed	Yes
51725	Simple Cystometrogram (Cmg) (eg, Spinal Manometer)	No
51726	Complex Cystometrogram (Ie, Calibrated Electronic Equipment);	No
51727	Complex Cystometrogram (Ie, Calibrated Electronic Equipment); With Urethral Pressure Profile Studies (Ie, Urethral Closure Pressure Profile), Any Technique	No
51728	Complex Cystometrogram (Ie, Calibrated Electronic Equipment); With Voiding Pressure Studies (Ie, Bladder Voiding Pressure), Any Technique	No
51729	Complex Cystometrogram (Ie, Calibrated Electronic Equipment); With Voiding Pressure Studies (Ie, Bladder Voiding Pressure) And Urethral Pressure Profile Studies (Ie, Urethral Closure Pressure Profile), Any Technique	No
51736	Simple Uroflowmetry (Ufr) (eg, Stop-Watch Flow Rate, Mechanical Uroflowmeter)	No
51741	Complex Uroflowmetry (eg, Calibrated Electronic Equipment)	No
51784	Electromyography Studies (Emg) Of Anal Or Urethral Sphincter, Other Than Needle, Any Technique	No
51785	Needle Electromyography Studies (Emg) Of Anal Or Urethral Sphincter, Any Technique	No
51792	Stimulus Evoked Response (eg, Measurement Of Bulbocavernosus Reflex Latency Time)	No
51797	Voiding Pressure Studies, Intra-Abdominal (Ie, Rectal, Gastric, Intraperitoneal) (List Separately In Addition To Code For Primary Procedure)	No
51798	Measurement Of Post-Voiding Residual Urine And/Or Bladder Capacity By Ultrasound, Non-Imaging	No
51800	Cystoplasty Or Cystourethroplasty, Plastic Operation On Bladder And/Or Vesical Neck (Anterior Y-Plasty, Vesical Fundus Resection), Any Procedure, With Or Without Wedge Resection Of Posterior Vesical Neck	No
51820	Cystourethroplasty With Unilateral Or Bilateral Ureteroneocystostomy	No
51840	Anterior Vesicourethropexy, Or Urethropexy (eg, Marshall-Marchetti-Krantz, Burch); Simple	No
51841	Anterior Vesicourethropexy, Or Urethropexy (eg, Marshall-Marchetti-Krantz, Burch); Complicated (eg, Secondary Repair)	No
51845	Abdomino-Vaginal Vesical Neck Suspension, With Or Without Endoscopic Control (eg, Stamey, Raz, Modified Pereyra)	No
51860	Cystorrhaphy, Suture Of Bladder Wound, Injury Or Rupture; Simple	No
51865	Cystorrhaphy, Suture Of Bladder Wound, Injury Or Rupture; Complicated	No
51880	Closure Of Cystostomy (Separate Procedure)	No
51900	Closure Of Vesicovaginal Fistula, Abdominal Approach	No
51920	Closure Of Vesicouterine Fistula;	No
51925	Closure Of Vesicouterine Fistula; With Hysterectomy	No
51940	Closure, Exstrophy Of Bladder	No
51960	Enterocystoplasty, Including Intestinal Anastomosis	No
51980	Cutaneous Vesicostomy	No
51990	Laparoscopy, Surgical; Urethral Suspension For Stress Incontinence	No
51992	Laparoscopy, Surgical; Sling Operation For Stress Incontinence (eg, Fascia Or Synthetic)	No
51999	Unlisted Laparoscopy Procedure, Bladder	Yes
52000	Cystourethroscopy (Separate Procedure)	No
52001	Cystourethroscopy With Irrigation And Evacuation Of Multiple Obstructing Clots	No

Procedure Code	Description	Prior Auth Required
52005	Cystourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service;	No
52007	Cystourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Brush Biopsy Of Ureter And/Or Renal Pelvis	No
5200F	Consideration Of Referral For A Neurological Evaluation Of Appropriateness For Surgical Therapy For Intractable Epilepsy Within The Past 3 Years (Epi)	Yes
52010	Cystourethroscopy, With Ejaculatory Duct Catheterization, With Or Without Irrigation, Instillation, Or Duct Radiography, Exclusive Of Radiologic Service	No
52204	Cystourethroscopy, With Biopsy(s)	No
52214	Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) Of Trigone, Bladder Neck, Prostatic Fossa, Urethra, Or Periurethral Glands	No
52224	Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) Or Treatment Of Minor (Less Than 0.5 Cm) Lesion(s) With Or Without Biopsy	No
52234	Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Small Bladder Tumor(s) (0.5 Up To 2.0 Cm)	No
52235	Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Medium Bladder Tumor(s) (2.0 To 5.0 Cm)	No
52240	Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Large Bladder Tumor(s)	No
52250	Cystourethroscopy With Insertion Of Radioactive Substance, With Or Without Biopsy Or Fulguration	No
52260	Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; General Or Conduction (Spinal) Anesthesia	No
52265	Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; Local Anesthesia	No
52270	Cystourethroscopy, With Internal Urethrotomy; Female	No
52275	Cystourethroscopy, With Internal Urethrotomy; Male	No
52276	Cystourethroscopy With Direct Vision Internal Urethrotomy	No
52277	Cystourethroscopy, With Resection Of External Sphincter (Sphincterotomy)	No
52281	Cystourethroscopy, With Calibration And/Or Dilation Of Urethral Stricture Or Stenosis, With Or Without Meatotomy, With Or Without Injection Procedure For Cystography, Male Or Female	No
52282	Cystourethroscopy, With Insertion Of Permanent Urethral Stent	No
52283	Cystourethroscopy, With Steroid Injection Into Stricture	No
52284	Cystourethroscopy, With Mechanical Urethral Dilation And Urethral Therapeutic Drug Delivery By Drug-Coated Balloon Catheter For Urethral Stricture Or Stenosis, Male, Including Fluoroscopy, When Performed	No
52285	Cystourethroscopy For Treatment Of The Female Urethral Syndrome With Any Or All Of The Following: Urethral Meatotomy, Urethral Dilation, Internal Urethrotomy, Lysis Of Urethrovaginal Septal Fibrosis, Lateral Incisions Of The Bladder Neck, And Fulguration	No
52287	Cystourethroscopy, With Injection(s) For Chemodenervation Of The Bladder	No
52290	Cystourethroscopy; With Ureteral Meatotomy, Unilateral Or Bilateral	No
52300	Cystourethroscopy; With Resection Or Fulguration Of Orthotopic Ureterocele(s), Unilateral Or Bilateral	No
52301	Cystourethroscopy; With Resection Or Fulguration Of Ectopic Ureterocele(s), Unilateral Or Bilateral	No
52305	Cystourethroscopy; With Incision Or Resection Of Orifice Of Bladder Diverticulum, Single Or Multiple	No
52310	Cystourethroscopy, With Removal Of Foreign Body, Calculus, Or Ureteral Stent From Urethra Or Bladder (Separate Procedure); Simple	No
52315	Cystourethroscopy, With Removal Of Foreign Body, Calculus, Or Ureteral Stent From Urethra Or Bladder (Separate Procedure); Complicated	No
52317	Litholapaxy: Crushing Or Fragmentation Of Calculus By Any Means In Bladder And Removal Of Fragments; Simple Or Small (Less Than 2.5 Cm)	No
52318	Litholapaxy: Crushing Or Fragmentation Of Calculus By Any Means In Bladder And Removal Of Fragments; Complicated Or Large (Over 2.5 Cm)	No
52320	Cystourethroscopy (Including Ureteral Catheterization); With Removal Of Ureteral Calculus	No
52325	Cystourethroscopy (Including Ureteral Catheterization); With Fragmentation Of Ureteral Calculus (eg, Ultrasonic Or Electro-Hydraulic Technique)	No
52327	Cystourethroscopy (Including Ureteral Catheterization); With Subureteric Injection Of Implant Material	No
52330	Cystourethroscopy (Including Ureteral Catheterization); With Manipulation, Without Removal Of Ureteral Calculus	No
52332	Cystourethroscopy, With Insertion Of Indwelling Ureteral Stent (eg, Gibbons Or Double-J Type)	No
52334	Cystourethroscopy With Insertion Of Ureteral Guide Wire Through Kidney To Establish A Percutaneous Nephrostomy, Retrograde	No
52341	Cystourethroscopy; With Treatment Of Ureteral Stricture (eg, Balloon Dilation, Laser, Electrocautery, And Incision)	No
52342	Cystourethroscopy; With Treatment Of Ureteropelvic Junction Stricture (eg, Balloon Dilation, Laser, Electrocautery, And Incision)	No
52343	Cystourethroscopy; With Treatment Of Intra-Renal Stricture (eg, Balloon Dilation, Laser, Electrocautery, And Incision)	No

Procedure Code	Description	Prior Auth Required
52344	Cystourethroscopy With Ureteroscopy; With Treatment Of Ureteral Stricture (eg, Balloon Dilation, Laser, Electrocautery, And Incision)	No
52345	Cystourethroscopy With Ureteroscopy; With Treatment Of Ureteropelvic Junction Stricture (eg, Balloon Dilation, Laser, Electrocautery, And Incision)	No
52346	Cystourethroscopy With Ureteroscopy; With Treatment Of Intra-Renal Stricture (eg, Balloon Dilation, Laser, Electrocautery, And Incision)	No
52351	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; Diagnostic	No
52352	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Removal Or Manipulation Of Calculus (Ureteral Catheterization Is Included)	No
52353	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Lithotripsy (Ureteral Catheterization Is Included)	No
52354	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Biopsy And/Or Fulguration Of Ureteral Or Renal Pelvic Lesion	No
52355	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Resection Of Ureteral Or Renal Pelvic Tumor	No
52356	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Lithotripsy Including Insertion Of Indwelling Ureteral Stent (eg, Gibbons Or Double-J Type)	No
52400	Cystourethroscopy With Incision, Fulguration, Or Resection Of Congenital Posterior Urethral Valves, Or Congenital Obstructive Hypertrophic Mucosal Folds	No
52402	Cystourethroscopy With Transurethral Resection Or Incision Of Ejaculatory Ducts	No
52441	Cystourethroscopy, With Insertion Of Permanent Adjustable Transprostatic Implant; Single Implant	No
52442	Cystourethroscopy, With Insertion Of Permanent Adjustable Transprostatic Implant; Each Additional Permanent Adjustable Transprostatic Implant (List Separately In Addition To Code For Primary Procedure)	No
52443	Cystourethroscopy With Initial Transurethral Anterior Prostate Commissurotomy With A Nondrug-Coated Balloon Catheter Followed By Therapeutic Drug Delivery Into The Prostate By A Drug-Coated Balloon Catheter, Including Transrectal Ultrasound And	Yes
52450	Transurethral Incision Of Prostate	No
52500	Transurethral Resection Of Bladder Neck (Separate Procedure)	No
5250F	Asthma Discharge Plan Provided To Patient (Asthma)	Yes
52597	Transurethral Robotic-Assisted Waterjet Resection Of Prostate, Including Intraoperative Planning, Ultrasound Guidance, Control Of Postoperative Bleeding, Complete, Including Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation,	Yes
52601	Transurethral Electrosurgical Resection Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included)	No
52630	Transurethral Resection; Residual Or Regrowth Of Obstructive Prostate Tissue Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included)	Yes
52640	Transurethral Resection; Of Postoperative Bladder Neck Contracture	No
52648	Laser Vaporization Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, Internal Urethrotomy And Transurethral Resection Of Prostate Are Included If Performed)	No
52649	Laser Enucleation Of The Prostate With Morcellation, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, Internal Urethrotomy And Transurethral Resection Of Prostate Are Inc	Yes
52700	Transurethral Drainage Of Prostatic Abscess	No
53000	Urethrotomy Or Urethrostomy, External (Separate Procedure); Pendulous Urethra	No
53010	Urethrotomy Or Urethrostomy, External (Separate Procedure); Perineal Urethra, External	No
53020	Meatotomy, Cutting Of Meatus (Separate Procedure); Except Infant	No
53025	Meatotomy, Cutting Of Meatus (Separate Procedure); Infant	No
53040	Drainage Of Deep Periurethral Abscess	No
53060	Drainage Of Skene's Gland Abscess Or Cyst	No
53080	Drainage Of Perineal Urinary Extravasation; Uncomplicated (Separate Procedure)	No
53085	Drainage Of Perineal Urinary Extravasation; Complicated	No
53200	Biopsy Of Urethra	No
53210	Urethrectomy, Total, Including Cystostomy; Female	No
53215	Urethrectomy, Total, Including Cystostomy; Male	No
53220	Excision Or Fulguration Of Carcinoma Of Urethra	No
53230	Excision Of Urethral Diverticulum (Separate Procedure); Female	No
53235	Excision Of Urethral Diverticulum (Separate Procedure); Male	No
53240	Marsupialization Of Urethral Diverticulum, Male Or Female	No
53250	Excision Of Bulbourethral Gland (Cowper's Gland)	No
53260	Excision Or Fulguration; Urethral Polyp(s), Distal Urethra	No
53265	Excision Or Fulguration; Urethral Caruncle	No
53270	Excision Or Fulguration; Skene's Glands	No
53275	Excision Or Fulguration; Urethral Prolapse	No
53400	Urethroplasty; First Stage, For Fistula, Diverticulum, Or Stricture (eg, Johannsen Type)	No
53405	Urethroplasty; Second Stage (Formation Of Urethra), Including Urinary Diversion	No
53410	Urethroplasty, 1-Stage Reconstruction Of Male Anterior Urethra	No

Procedure Code	Description	Prior Auth Required
53415	Urethroplasty, Transpubic Or Perineal, 1-Stage, For Reconstruction Or Repair Of Prostatic Or Membranous Urethra	No
53420	Urethroplasty, 2-Stage Reconstruction Or Repair Of Prostatic Or Membranous Urethra; First Stage	No
53425	Urethroplasty, 2-Stage Reconstruction Or Repair Of Prostatic Or Membranous Urethra; Second Stage	No
53430	Urethroplasty, Reconstruction Of Female Urethra	No
53431	Urethroplasty With Tubularization Of Posterior Urethra And/Or Lower Bladder For Incontinence (eg, Tenago, Leadbetter Procedure)	No
53440	Sling Operation For Correction Of Male Urinary Incontinence (eg, Fascia Or Synthetic)	No
53442	Removal Or Revision Of Sling For Male Urinary Incontinence (eg, Fascia Or Synthetic)	No
53444	Insertion Of Tandem Cuff (Dual Cuff)	No
53445	Insertion Of Inflatable Urethral/Bladder Neck Sphincter, Including Placement Of Pump, Reservoir, And Cuff	No
53446	Removal Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff	No
53447	Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Including Pump, Reservoir, And Cuff At The Same Operative Session	No
53448	Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Including Pump, Reservoir, And Cuff Through An Infected Field At The Same Operative Session Including Irrigation And Debridement Of Infected Tissue	No
53449	Repair Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff	No
53450	Urethromeatoplasty, With Mucosal Advancement	No
53451	Periurethral Transperineal Adjustable Balloon Continence Device; Bilateral Insertion, Including Cystourethroscopy And Imaging Guidance	Yes
53452	Periurethral Transperineal Adjustable Balloon Continence Device; Unilateral Insertion, Including Cystourethroscopy And Imaging Guidance	Yes
53453	Periurethral Transperineal Adjustable Balloon Continence Device; Removal, Each Balloon	Yes
53454	Periurethral Transperineal Adjustable Balloon Continence Device; Percutaneous Adjustment Of Balloon(S) Fluid Volume	No
53460	Urethromeatoplasty, With Partial Excision Of Distal Urethral Segment (Richardson Type Procedure)	No
53500	Urethrolysis, Transvaginal, Secondary, Open, Including Cystourethroscopy (eg, Postsurgical Obstruction, Scarring)	No
53502	Urethrorrhaphy, Suture Of Urethral Wound Or Injury, Female	No
53505	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Penile	No
53510	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal	No
53515	Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Prostatomembranous	No
53520	Closure Of Urethrostomy Or Urethrocutaneous Fistula, Male (Separate Procedure)	No
53600	Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial	No
53601	Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent	No
53605	Dilation Of Urethral Stricture Or Vesical Neck By Passage Of Sound Or Urethral Dilator, Male, General Or Conduction (Spinal) Anesthesia	No
53620	Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Initial	No
53621	Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent	No
53660	Dilation Of Female Urethra Including Suppository And/Or Instillation; Initial	No
53661	Dilation Of Female Urethra Including Suppository And/Or Instillation; Subsequent	No
53665	Dilation Of Female Urethra, General Or Conduction (Spinal) Anesthesia	No
53850	Transurethral Destruction Of Prostate Tissue; By Microwave Thermotherapy	Yes
53852	Transurethral Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy	Yes
53854	Transurethral Destruction Of Prostate Tissue; By Radiofrequency Generated Water Vapor Thermotherapy	Yes
53855	Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement	No
53860	Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra For Stress Urinary Incontinence	No
53865	Cystourethroscopy With Insertion Of Temporary Device For Ischemic Remodeling (Ie, Pressure Necrosis) Of Bladder Neck And Prostate	Yes
53866	Catheterization With Removal Of Temporary Device For Ischemic Remodeling (Ie, Pressure Necrosis) Of Bladder Neck And Prostate	Yes
53899	Unlisted Procedure, Urinary System	Yes
54000	Slitting Of Prepuce, Dorsal Or Lateral (Separate Procedure); Newborn	No
54001	Slitting Of Prepuce, Dorsal Or Lateral (Separate Procedure); Except Newborn	No
54015	Incision And Drainage Of Penis, Deep	No
54050	Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Chemical	No
54055	Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Electrodesiccation	No
54056	Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Cryosurgery	No
54057	Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Laser Surgery	No
54060	Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Surgical Excision	No

Procedure Code	Description	Prior Auth Required
54065	Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Extensive (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	No
54100	Biopsy Of Penis; (Separate Procedure)	No
54105	Biopsy Of Penis; Deep Structures	No
54110	Excision Of Penile Plaque (Peyronie Disease);	No
54111	Excision Of Penile Plaque (Peyronie Disease); With Graft To 5 Cm In Length	No
54112	Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm In Length	No
54115	Removal Foreign Body From Deep Penile Tissue (eg, Plastic Implant)	No
54120	Amputation Of Penis; Partial	Yes
54125	Amputation Of Penis; Complete	Yes
54130	Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy	Yes
54135	Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	Yes
54150	Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring Block	Yes
54160	Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or Less)	Yes
54161	Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of Age	Yes
54162	Lysis Or Excision Of Penile Post-Circumcision Adhesions	Yes
54163	Repair Incomplete Circumcision	Yes
54164	Frenulotomy Of Penis	No
54200	Injection Procedure For Peyronie Disease;	No
54205	Injection Procedure For Peyronie Disease; With Surgical Exposure Of Plaque	No
54220	Irrigation Of Corpora Cavernosa For Priapism	No
54230	Injection Procedure For Corpora Cavernosography	No
54231	Dynamic Cavernosometry, Including Intracavernosal Injection Of Vasoactive Drugs (eg, Papaverine, Phentolamine)	Yes
54235	Injection Of Corpora Cavernosa With Pharmacologic Agent(s) (eg, Papaverine, Phentolamine)	Yes
54240	Penile Plethysmography	No
54250	Nocturnal Penile Tumescence And/Or Rigidity Test	No
54300	Plastic Operation Of Penis For Straightening Of Chordee (eg, Hypospadias), With Or Without Mobilization Of Urethra	No
54304	Plastic Operation On Penis For Correction Of Chordee Or For First Stage Hypospadias Repair With Or Without Transplantation Of Prepuce And/Or Skin Flaps	No
54308	Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion); Less Than 3 Cm	No
54312	Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion); Greater Than 3 Cm	No
54316	Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia	No
54318	Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (eg, Third Stage Cecil Repair)	No
54322	1-Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Simple Meatal Advancement (eg, Magpi, V-Flap)	No
54324	1-Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (eg, Flip-Flap, Prepucial Flap)	No
54326	1-Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra	No
54328	1-Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Extensive Dissection To Correct Chordee And Urethroplasty With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap	No
54332	1-Stage Proximal Penile Or Penoscrotal Hypospadias Repair Requiring Extensive Dissection To Correct Chordee And Urethroplasty By Use Of Skin Graft Tube And/Or Island Flap	No
54336	1-Stage Perineal Hypospadias Repair Requiring Extensive Dissection To Correct Chordee And Urethroplasty By Use Of Skin Graft Tube And/Or Island Flap	No
54340	Repair Of Hypospadias Complication(S) (Ie, Fistula, Stricture, Diverticula); By Closure, Incision, Or Excision, Simple	No
54344	Repair Of Hypospadias Complication(S) (Ie, Fistula, Stricture, Diverticula); Requiring Mobilization Of Skin Flaps And Urethroplasty With Flap Or Patch Graft	No
54348	Repair Of Hypospadias Complication(S) (Ie, Fistula, Stricture, Diverticula); Requiring Extensive Dissection, And Urethroplasty With Flap, Patch Or Tubed Graft (Including Urinary Diversion, When Performed)	No
54352	Revision Of Prior Hypospadias Repair Requiring Extensive Dissection And Excision Of Previously Constructed Structures Including Re-Release Of Chordee And Reconstruction Of Urethra And Penis By Use Of Local Skin As Grafts And Island Flaps And Skin Brought	No
54360	Plastic Operation On Penis To Correct Angulation	Yes
54380	Plastic Operation On Penis For Epispadias Distal To External Sphincter;	No
54385	Plastic Operation On Penis For Epispadias Distal To External Sphincter; With Incontinence	No
54390	Plastic Operation On Penis For Epispadias Distal To External Sphincter; With Exstrophy Of Bladder	No
54400	Insertion Of Penile Prosthesis; Non-Inflatable (Semi-Rigid)	Yes
54401	Insertion Of Penile Prosthesis; Inflatable (Self-Contained)	Yes

Procedure Code	Description	Prior Auth Required
54405	Insertion Of Multi-Component, Inflatable Penile Prosthesis, Including Placement Of Pump, Cylinders, And Reservoir	Yes
54406	Removal Of All Components Of A Multi-Component, Inflatable Penile Prosthesis Without Replacement Of Prosthesis	Yes
54408	Repair Of Component(s) Of A Multi-Component, Inflatable Penile Prosthesis	Yes
54410	Removal And Replacement Of All Component(s) Of A Multi-Component, Inflatable Penile Prosthesis At The Same Operative Session	Yes
54411	Removal And Replacement Of All Components Of A Multi-Component Inflatable Penile Prosthesis Through An Infected Field At The Same Operative Session, Including Irrigation And Debridement Of Infected Tissue	Yes
54415	Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis, Without Replacement Of Prosthesis	Yes
54416	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis At The Same Operative Session	Yes
54417	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis Through An Infected Field At The Same Operative Session, Including Irrigation And Debridement Of Infected Tissue	Yes
54420	Corpora Cavernosa-Saphenous Vein Shunt (Priapism Operation), Unilateral Or Bilateral	No
54430	Corpora Cavernosa-Corpus Spongiosum Shunt (Priapism Operation), Unilateral Or Bilateral	No
54435	Corpora Cavernosa-Glans Penis Fistulization (eg, Biopsy Needle, Winter Procedure, Rongeur, Or Punch) For Priapism	No
54437	Repair Of Traumatic Corporeal Tear(s)	No
54440	Plastic Operation Of Penis For Injury	No
54450	Foreskin Manipulation Including Lysis Of Preputial Adhesions And Stretching	Yes
54500	Biopsy Of Testis, Needle (Separate Procedure)	No
54505	Biopsy Of Testis, Incisional (Separate Procedure)	No
54512	Excision Of Extraparenchymal Lesion Of Testis	No
54520	Orchiectomy, Simple (Including Subcapsular), With Or Without Testicular Prosthesis, Scrotal Or Inguinal Approach	Yes
54522	Orchiectomy, Partial	No
54530	Orchiectomy, Radical, For Tumor; Inguinal Approach	No
54535	Orchiectomy, Radical, For Tumor; With Abdominal Exploration	Yes
54550	Exploration For Undescended Testis (Inguinal Or Scrotal Area)	Yes
54560	Exploration For Undescended Testis With Abdominal Exploration	Yes
54600	Reduction Of Torsion Of Testis, Surgical, With Or Without Fixation Of Contralateral Testis	No
54620	Fixation Of Contralateral Testis (Separate Procedure)	No
54640	Orchiopexy, inguinal or scrotal approach	No
54650	Orchiopexy, Abdominal Approach, For Intra-Abdominal Testis (eg, Fowler-Stephens)	Yes
54660	Insertion Of Testicular Prosthesis (Separate Procedure)	Yes
54670	Suture Or Repair Of Testicular Injury	No
54680	Transplantation Of Testis(Es) To Thigh (Because Of Scrotal Destruction)	No
54690	Laparoscopy, Surgical; Orchiectomy	No
54692	Laparoscopy, Surgical; Orchiopexy For Intra-Abdominal Testis	No
54699	Unlisted Laparoscopy Procedure, Testis	Yes
54700	Incision And Drainage Of Epididymis, Testis And/Or Scrotal Space (eg, Abscess Or Hematoma)	No
54800	Biopsy Of Epididymis, Needle	No
54830	Excision Of Local Lesion Of Epididymis	No
54840	Excision Of Spermatocele, With Or Without Epididymectomy	No
54860	Epididymectomy; Unilateral	No
54861	Epididymectomy; Bilateral	No
54865	Exploration Of Epididymis, With Or Without Biopsy	No
54900	Epididymovasostomy, Anastomosis Of Epididymis To Vas Deferens; Unilateral	Yes
54901	Epididymovasostomy, Anastomosis Of Epididymis To Vas Deferens; Bilateral	Yes
55000	Puncture Aspiration Of Hydrocele, Tunica Vaginalis, With Or Without Injection Of Medication	No
55040	Excision Of Hydrocele; Unilateral	No
55041	Excision Of Hydrocele; Bilateral	No
55060	Repair Of Tunica Vaginalis Hydrocele (Bottle Type)	No
55100	Drainage Of Scrotal Wall Abscess	No
55110	Scrotal Exploration	No
55120	Removal Of Foreign Body In Scrotum	No
55150	Resection Of Scrotum	No
55175	Scrotoplasty; Simple	No
55180	Scrotoplasty; Complicated	Yes
55200	Vasotomy, Cannulization With Or Without Incision Of Vas, Unilateral Or Bilateral (Separate Procedure)	No
55250	Vasectomy, Unilateral Or Bilateral (Separate Procedure), Including Postoperative Semen Examination(s)	No
55300	Vasotomy For Vasograms, Seminal Vesiculograms, Or Epididymograms, Unilateral Or Bilateral	No
55400	Vasovasostomy, Vasovasorrhaphy	Yes
55500	Excision Of Hydrocele Of Spermatic Cord, Unilateral (Separate Procedure)	No
55520	Excision Of Lesion Of Spermatic Cord (Separate Procedure)	No
55530	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; (Separate Procedure)	No

Procedure Code	Description	Prior Auth Required
55535	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; Abdominal Approach	No
55540	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; With Hernia Repair	No
55550	Laparoscopy, Surgical, With Ligation Of Spermatic Veins For Varicocele	Yes
55559	Unlisted Laparoscopy Procedure, Spermatic Cord	Yes
55600	Vesiculotomy;	Yes
55605	Vesiculotomy; Complicated	Yes
55650	Vesiculectomy, Any Approach	Yes
55680	Excision Of Mullerian Duct Cyst	Yes
55705	Biopsy, Prostate, Any Approach, Nonimaging-Guided	No
55706	Biopsies, Prostate, Needle, Transperineal, Stereotactic Template Guided Saturation Sampling, Including Imaging Guidance	No
55707	Biopsy, Prostate, Transrectal, Ultrasound-Guided (Ie, Sextant, Ultrasound-Localized Discrete Lesion[S])	Yes
55708	Biopsy, Prostate, Transrectal, Ultrasound-Guided (Ie, Sextant) With Mri-Fusion-Guidance, First Targeted Lesion	Yes
55709	Biopsy, Prostate, Transperineal, Ultrasound-Guided (Ie, Sextant, Ultrasound-Localized Discrete Lesion[S])	Yes
55710	Biopsy, Prostate, Transperineal, Ultrasound-Guided (Ie, Sextant) With Mri-Fusion-Guidance Biopsy, First Targeted Lesion	Yes
55711	Biopsy, Prostate, Transrectal, Mri-Ultrasound-Fusion Guided, Targeted Lesion(S) Only, First Targeted Lesion	Yes
55712	Biopsy, Prostate, Transperineal, Mri-Ultrasound-Fusion Guided, Targeted Lesion(S) Only, First Targeted Lesion	Yes
55713	Biopsy, Prostate, In-Bore Ct- Or Mri-Guided (Ie, Sextant), With Biopsy Of Additional Targeted Lesion(S), First Targeted Lesion	Yes
55714	Biopsy, Prostate, In-Bore Ct- Or Mri-Guided Targeted Lesion(S) Only, First Targeted Lesion	Yes
55715	Biopsy, Prostate, Each Additional, Mri-Ultrasound Fusion Or In-Bore Ct- Or Mri-Guided Targeted Lesion (List Separately In Addition To Code For Primary Procedure)	Yes
55720	Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Simple	No
55725	Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Complicated	No
55801	Prostatectomy, Perineal, Subtotal (Including Control Of Postoperative Bleeding, Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy)	No
55810	Prostatectomy, Perineal Radical;	No
55812	Prostatectomy, Perineal Radical; With Lymph Node Biopsy(s) (Limited Pelvic Lymphadenectomy)	No
55815	Prostatectomy, Perineal Radical; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	No
55821	Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy); Suprapubic, Subtotal, 1 Or 2 Stages	No
55831	Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy); Retropubic, Subtotal	No
55840	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing;	No
55842	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; With Lymph Node Biopsy(s) (Limited Pelvic Lymphadenectomy)	No
55845	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes	No
55860	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance;	No
55862	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Lymph Node Biopsy(s) (Limited Pelvic Lymphadenectomy)	No
55865	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	No
55866	Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sparing, Includes Robotic Assistance, When Performed;	No
55867	Laparoscopy, Surgical Prostatectomy, Simple Subtotal (Including Control Of Postoperative Bleeding, Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy), Includes Robotic Assistance, When Performed	No
55868	Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sparing, Includes Robotic Assistance, When Performed; With Lymph Node Biopsy(Ies) (Limited Pelvic Lymphadenectomy)	Yes
55869	Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sparing, Includes Robotic Assistance, When Performed; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes	Yes
55870	Electroejaculation	Yes
55873	Cryosurgical Ablation Of The Prostate (Includes Ultrasonic Guidance And Monitoring)	Yes
55874	Transperineal Placement Of Biodegradable Material, Peri-Prostatic, Single Or Multiple Injection(s), Including Image Guidance, When Performed	No
55875	Transperineal Placement Of Needles Or Catheters Into Prostate For Interstitial Radioelement Application, With Or Without Cystoscopy	No
55876	Placement Of Interstitial Device(s) For Radiation Therapy Guidance (eg, Fiducial Markers, Dosimeter), Prostate (Via Needle, Any Approach), Single Or Multiple	No
55877	Ablation, Irreversible Electroporation, Prostate, 1 Or More Tumors, Including Imaging Guidance, Percutaneous	Yes

Procedure Code	Description	Prior Auth Required
55880	Ablation Of Malignant Prostate Tissue, Transrectal, With High Intensity-Focused Ultrasound (HIFU), Including Ultrasound Guidance	No
55881	Ablation Of Prostate Tissue, Transurethral, Using Thermal Ultrasound, Including Magnetic Resonance Imaging Guidance For, And Monitoring Of, Tissue Ablation;	Yes
55882	Ablation Of Prostate Tissue, Transurethral, Using Thermal Ultrasound, Including Magnetic Resonance Imaging Guidance For, And Monitoring Of, Tissue Ablation; With Insertion Of Transurethral Ultrasound Transducer For Delivery Of Thermal Ultrasound, Includin	Yes
55899	Unlisted Procedure, Male Genital System	Yes
55920	Placement Of Needles Or Catheters Into Pelvic Organs And/Or Genitalia (Except Prostate) For Subsequent Interstitial Radioelement Application	No
55970	Intersex Surgery; Male To Female	Yes
55980	Intersex Surgery; Female To Male	Yes
56405	Incision And Drainage Of Vulva Or Perineal Abscess	No
56420	Incision And Drainage Of Bartholin's Gland Abscess	No
56440	Marsupialization Of Bartholin's Gland Cyst	No
56441	Lysis Of Labial Adhesions	No
56442	Hymenotomy, Simple Incision	No
56501	Destruction Of Lesion(s), Vulva; Simple (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	No
56515	Destruction Of Lesion(s), Vulva; Extensive (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	No
56605	Biopsy Of Vulva Or Perineum (Separate Procedure); 1 Lesion	No
56606	Biopsy Of Vulva Or Perineum (Separate Procedure); Each Separate Additional Lesion (List Separately In Addition To Code For Primary Procedure)	No
56620	Vulvectomy Simple; Partial	No
56625	Vulvectomy Simple; Complete	No
56630	Vulvectomy, Radical, Partial;	No
56631	Vulvectomy, Radical, Partial; With Unilateral Inguinofemoral Lymphadenectomy	No
56632	Vulvectomy, Radical, Partial; With Bilateral Inguinofemoral Lymphadenectomy	No
56633	Vulvectomy, Radical, Complete;	No
56634	Vulvectomy, Radical, Complete; With Unilateral Inguinofemoral Lymphadenectomy	No
56637	Vulvectomy, Radical, Complete; With Bilateral Inguinofemoral Lymphadenectomy	No
56640	Vulvectomy, Radical, Complete, With Inguinofemoral, Iliac, And Pelvic Lymphadenectomy	No
56700	Partial Hymenectomy Or Revision Of Hymenal Ring	No
56740	Excision Of Bartholin's Gland Or Cyst	No
56800	Plastic Repair Of Introitus	Yes
56805	Clitoroplasty For Intersex State	No
56810	Perineoplasty, Repair Of Perineum, Nonobstetrical (Separate Procedure)	No
56820	Colposcopy Of The Vulva;	Yes
56821	Colposcopy Of The Vulva; With Biopsy(s)	Yes
57000	Colpotomy; With Exploration	No
57010	Colpotomy; With Drainage Of Pelvic Abscess	No
57020	Colpocentesis (Separate Procedure)	No
57022	Incision And Drainage Of Vaginal Hematoma; Obstetrical/Postpartum	Yes
57023	Incision And Drainage Of Vaginal Hematoma; Non-Obstetrical (eg, Post-Trauma, Spontaneous Bleeding)	Yes
57061	Destruction Of Vaginal Lesion(s); Simple (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	No
57065	Destruction Of Vaginal Lesion(s); Extensive (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	No
57100	Biopsy Of Vaginal Mucosa; Simple (Separate Procedure)	No
57105	Biopsy Of Vaginal Mucosa; Extensive, Requiring Suture (Including Cysts)	No
57106	Vaginectomy, Partial Removal Of Vaginal Wall;	Yes
57107	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy)	Yes
57109	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling (Biopsy)	Yes
57110	Vaginectomy, Complete Removal Of Vaginal Wall;	Yes
57111	Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy)	Yes
57120	Colpocleisis (Le Fort Type)	No
57130	Excision Of Vaginal Septum	No
57135	Excision Of Vaginal Cyst Or Tumor	No
57150	Irrigation Of Vagina And/Or Application Of Medicament For Treatment Of Bacterial, Parasitic, Or Fungoid Disease	No
57155	Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy	Yes
57156	Insertion Of A Vaginal Radiation Afterloading Apparatus For Clinical Brachytherapy	No
57160	Fitting And Insertion Of Pessary Or Other Intravaginal Support Device	No
57170	Diaphragm Or Cervical Cap Fitting With Instructions	No
57180	Introduction Of Any Hemostatic Agent Or Pack For Spontaneous Or Traumatic Nonobstetrical Vaginal Hemorrhage (Separate Procedure)	No

Procedure Code	Description	Prior Auth Required
57200	Colporrhaphy, Suture Of Injury Of Vagina (Nonobstetrical)	No
57210	Colpoperineorrhaphy, Suture Of Injury Of Vagina And/Or Perineum (Nonobstetrical)	No
57220	Plastic Operation On Urethral Sphincter, Vaginal Approach (eg, Kelly Urethral Plication)	No
57230	Plastic Repair Of Urethrocele	No
57240	Anterior Colporrhaphy, Repair Of Cystocele With Or Without Repair Of Urethrocele, Including Cystourethroscopy, When Performed	No
57250	Posterior Colporrhaphy, Repair Of Rectocele With Or Without Perineorrhaphy	No
57260	Combined Anteroposterior Colporrhaphy, Including Cystourethroscopy, When Performed;	No
57265	Combined Anteroposterior Colporrhaphy, Including Cystourethroscopy, When Performed; With Enterocele Repair	No
57267	Insertion Of Mesh Or Other Prosthesis For Repair Of Pelvic Floor Defect, Each Site (Anterior, Posterior Compartment), Vaginal Approach (List Separately In Addition To Code For Primary Procedure)	No
57268	Repair Of Enterocele, Vaginal Approach (Separate Procedure)	No
57270	Repair Of Enterocele, Abdominal Approach (Separate Procedure)	No
57280	Colpopexy, Abdominal Approach	No
57282	Colpopexy, Vaginal; Extra-Peritoneal Approach (Sacrospinous, Iliococcygeus)	No
57283	Colpopexy, Vaginal; Intra-Peritoneal Approach (Uterosacral, Levator Myorrhaphy)	No
57284	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed); Open Abdominal Approach	No
57285	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed); Vaginal Approach	No
57287	Removal Or Revision Of Sling For Stress Incontinence (eg, Fascia Or Synthetic)	No
57288	Sling Operation For Stress Incontinence (eg, Fascia Or Synthetic)	No
57289	Pereyra Procedure, Including Anterior Colporrhaphy	No
57291	Construction Of Artificial Vagina; Without Graft	Yes
57292	Construction Of Artificial Vagina; With Graft	Yes
57295	Revision (Including Removal) Of Prosthetic Vaginal Graft; Vaginal Approach	No
57296	Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal Approach	No
57300	Closure Of Rectovaginal Fistula; Vaginal Or Transanal Approach	No
57305	Closure Of Rectovaginal Fistula; Abdominal Approach	No
57307	Closure Of Rectovaginal Fistula; Abdominal Approach, With Concomitant Colostomy	No
57308	Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or Without Levator Plication	No
57310	Closure Of Urethrovaginal Fistula;	No
57311	Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant	No
57320	Closure Of Vesicovaginal Fistula; Vaginal Approach	No
57330	Closure Of Vesicovaginal Fistula; Transvesical And Vaginal Approach	No
57335	Vaginoplasty For Intersex State	No
57400	Dilation Of Vagina Under Anesthesia (Other Than Local)	No
57410	Pelvic Examination Under Anesthesia (Other Than Local)	No
57415	Removal Of Impacted Vaginal Foreign Body (Separate Procedure) Under Anesthesia (Other Than Local)	No
57420	Colposcopy Of The Entire Vagina, With Cervix If Present;	No
57421	Colposcopy Of The Entire Vagina, With Cervix If Present; With Biopsy(s) Of Vagina/Cervix	No
57423	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed), Laparoscopic Approach	No
57425	Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex)	No
57426	Revision (Including Removal) Of Prosthetic Vaginal Graft, Laparoscopic Approach	No
57452	Colposcopy Of The Cervix Including Upper/Adjacent Vagina;	No
57454	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The Cervix And Endocervical Curettage	No
57455	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The Cervix	No
57456	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Endocervical Curettage	No
57460	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Biopsy(s) Of The Cervix	No
57461	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Conization Of The Cervix	No
57465	Computer-Aided Mapping Of Cervix Uteri During Colposcopy, Including Optical Dynamic Spectral Imaging And Algorithmic Quantification Of The Acetowhitening Effect (List Separately In Addition To Code For Primary Procedure)	No
57500	Biopsy Of Cervix, Single Or Multiple, Or Local Excision Of Lesion, With Or Without Fulguration (Separate Procedure)	No
57505	Endocervical Curettage (Not Done As Part Of A Dilation And Curettage)	No
57510	Cautery Of Cervix; Electro Or Thermal	No
57511	Cautery Of Cervix; Cryocautery, Initial Or Repeat	No
57513	Cautery Of Cervix; Laser Ablation	No
57520	Conization Of Cervix, With Or Without Fulguration, With Or Without Dilation And Curettage, With Or Without Repair; Cold Knife Or Laser	No
57522	Conization Of Cervix, With Or Without Fulguration, With Or Without Dilation And Curettage, With Or Without Repair; Loop Electrode Excision	No
57530	Trachelectomy (Cervicectomy), Amputation Of Cervix (Separate Procedure)	No

Procedure Code	Description	Prior Auth Required
57531	Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling Biopsy, With Or Without Removal Of Tube(s), With Or Without Removal Of Ovary(s)	No
57540	Excision Of Cervical Stump, Abdominal Approach;	No
57545	Excision Of Cervical Stump, Abdominal Approach; With Pelvic Floor Repair	No
57550	Excision Of Cervical Stump, Vaginal Approach;	No
57555	Excision Of Cervical Stump, Vaginal Approach; With Anterior And/Or Posterior Repair	No
57556	Excision Of Cervical Stump, Vaginal Approach; With Repair Of Enterocele	No
57558	Dilation And Curettage Of Cervical Stump	No
57700	Cerclage Of Uterine Cervix, Nonobstetrical	No
57720	Trachelorrhaphy, Plastic Repair Of Uterine Cervix, Vaginal Approach	No
57800	Dilation Of Cervical Canal, Instrumental (Separate Procedure)	No
58100	Endometrial Sampling (Biopsy) With Or Without Endocervical Sampling (Biopsy), Without Cervical Dilation, Any Method (Separate Procedure)	No
58110	Endometrial Sampling (Biopsy) Performed In Conjunction With Colposcopy (List Separately In Addition To Code For Primary Procedure)	No
58120	Dilation And Curettage, Diagnostic And/Or Therapeutic (Nonobstetrical)	No
58140	Myomectomy, Excision Of Fibroid Tumor(s) Of Uterus, 1 To 4 Intramural Myoma(s) With Total Weight Of 250 G Or Less And/Or Removal Of Surface Myomas; Abdominal Approach	No
58145	Myomectomy, Excision Of Fibroid Tumor(s) Of Uterus, 1 To 4 Intramural Myoma(s) With Total Weight Of 250 G Or Less And/Or Removal Of Surface Myomas; Vaginal Approach	No
58146	Myomectomy, Excision Of Fibroid Tumor(s) Of Uterus, 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater Than 250 G, Abdominal Approach	Yes
58150	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal Of Tube(s), With Or Without Removal Of Ovary(s);	Yes
58152	Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal Of Tube(s), With Or Without Removal Of Ovary(s); With Colpo-Urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	No
58180	Supracervical Abdominal Hysterectomy (Subtotal Hysterectomy), With Or Without Removal Of Tube(s), With Or Without Removal Of Ovary(s)	Yes
58200	Total Abdominal Hysterectomy, Including Partial Vaginectomy, With Para-Aortic And Pelvic Lymph Node Sampling, With Or Without Removal Of Tube(s), With Or Without Removal Of Ovary(s)	No
58210	Radical Abdominal Hysterectomy, With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling (Biopsy), With Or Without Removal Of Tube(s), With Or Without Removal Of Ovary(s)	No
58240	Pelvic Exenteration For Gynecologic Malignancy, With Total Abdominal Hysterectomy Or Cervicectomy, With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S), With Removal Of Bladder And Ureteral Transplantations, And/Or Abdominoperineal Rese	No
58260	Vaginal Hysterectomy, For Uterus 250 G Or Less;	No
58262	Vaginal Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(s), And/Or Ovary(s)	Yes
58263	Vaginal Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(s), And/Or Ovary(s), With Repair Of Enterocele	Yes
58267	Vaginal Hysterectomy, For Uterus 250 G Or Less; With Colpo-Urethrocystopexy (Marshall-Marchetti-Krantz Type, Pereyra Type) With Or Without Endoscopic Control	No
58270	Vaginal Hysterectomy, For Uterus 250 G Or Less; With Repair Of Enterocele	No
58275	Vaginal Hysterectomy, With Total Or Partial Vaginectomy;	No
58280	Vaginal Hysterectomy, With Total Or Partial Vaginectomy; With Repair Of Enterocele	No
58285	Vaginal Hysterectomy, Radical (Schauta Type Operation)	No
58290	Vaginal Hysterectomy, For Uterus Greater Than 250 G;	No
58291	Vaginal Hysterectomy, For Uterus Greater Than 250 G; With Removal Of Tube(s) And/Or Ovary(s)	Yes
58292	Vaginal Hysterectomy, For Uterus Greater Than 250 G; With Removal Of Tube(s) And/Or Ovary(s), With Repair Of Enterocele	Yes
58294	Vaginal Hysterectomy, For Uterus Greater Than 250 G; With Repair Of Enterocele	Yes
58300	Insertion Of Intrauterine Device (Iud)	No
58301	Removal Of Intrauterine Device (Iud)	No
58321	Artificial Insemination; Intra-Cervical	Yes
58322	Artificial Insemination; Intra-Uterine	Yes
58323	Sperm Washing For Artificial Insemination	Yes
58340	Catheterization And Introduction Of Saline Or Contrast Material For Saline Infusion Sonohysterography (Sis) Or Hysterosalpingography	No
58345	Transcervical Introduction Of Fallopian Tube Catheter For Diagnosis And/Or Re-Establishing Patency (Any Method), With Or Without Hysterosalpingography	Yes
58346	Insertion Of Heyman Capsules For Clinical Brachytherapy	Yes
58350	Chromotubation Of Oviduct, Including Materials	No
58353	Endometrial Ablation, Thermal, Without Hysteroscopic Guidance	No
58356	Endometrial Cryoablation With Ultrasonic Guidance, Including Endometrial Curettage, When Performed	No
58400	Uterine Suspension, With Or Without Shortening Of Round Ligaments, With Or Without Shortening Of Sacrouterine Ligaments; (Separate Procedure)	Yes
58410	Uterine Suspension, With Or Without Shortening Of Round Ligaments, With Or Without Shortening Of Sacrouterine Ligaments; With Presacral Sympathectomy	Yes

Procedure Code	Description	Prior Auth Required
58520	Hysterorrhaphy, Repair Of Ruptured Uterus (Nonobstetrical)	No
58540	Hysteroplasty, Repair Of Uterine Anomaly (Strassman Type)	Yes
58541	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less;	Yes
58542	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(s) And/Or Ovary(s)	Yes
58543	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than 250 G;	No
58544	Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus Greater Than 250 G; With Removal Of Tube(s) And/Or Ovary(s)	Yes
58545	Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With Total Weight Of 250 G Or Less And/Or Removal Of Surface Myomas	Yes
58546	Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater Than 250 G	No
58548	Laparoscopy, Surgical, With Radical Hysterectomy, With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling (Biopsy), With Removal Of Tube(s) And Ovary(s), If Performed	No
58550	Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus 250 G Or Less;	Yes
58552	Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(s) And/Or Ovary(s)	Yes
58553	Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus Greater Than 250 G;	Yes
58554	Laparoscopy, Surgical, With Vaginal Hysterectomy, For Uterus Greater Than 250 G; With Removal Of Tube(s) And/Or Ovary(s)	Yes
58555	Hysteroscopy, Diagnostic (Separate Procedure)	No
58558	Hysteroscopy, Surgical; With Sampling (Biopsy) Of Endometrium And/Or Polypectomy, With Or Without D & C	No
58559	Hysteroscopy, Surgical; With Lysis Of Intrauterine Adhesions (Any Method)	No
58560	Hysteroscopy, Surgical; With Division Or Resection Of Intrauterine Septum (Any Method)	No
58561	Hysteroscopy, Surgical; With Removal Of Leiomyomata	No
58562	Hysteroscopy, Surgical; With Removal Of Impacted Foreign Body	No
58563	Hysteroscopy, Surgical; With Endometrial Ablation (eg, Endometrial Resection, Electrosurgical Ablation, Thermoablation)	No
58565	Hysteroscopy, Surgical; With Bilateral Fallopian Tube Cannulation To Induce Occlusion By Placement Of Permanent Implants	Yes
58570	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less;	Yes
58571	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(s) And/Or Ovary(s)	Yes
58572	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250 G;	Yes
58573	Laparoscopy, Surgical, With Total Hysterectomy, For Uterus Greater Than 250 G; With Removal Of Tube(s) And/Or Ovary(s)	Yes
58575	Laparoscopy, Surgical, Total Hysterectomy For Resection Of Malignancy (Tumor Debulking), With Omentectomy Including Salpingo-Oophorectomy, Unilateral Or Bilateral, When Performed	No
58578	Unlisted Laparoscopy Procedure, Uterus	Yes
58579	Unlisted Hysteroscopy Procedure, Uterus	Yes
58580	Transcervical Ablation Of Uterine Fibroid(S), Including Intraoperative Ultrasound Guidance And Monitoring, Radiofrequency	No
58600	Ligation Or Transection Of Fallopian Tube(s), Abdominal Or Vaginal Approach, Unilateral Or Bilateral	No
58605	Ligation Or Transection Of Fallopian Tube(s), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure)	No
58611	Ligation Or Transection Of Fallopian Tube(s) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure)	No
58615	Occlusion Of Fallopian Tube(s) By Device (eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach	No
58660	Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure)	No
58661	Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy)	Yes
58662	Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method	No
58670	Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection)	No
58671	Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (eg, Band, Clip, Or Falope Ring)	No
58672	Laparoscopy, Surgical; With Fimbrioplasty	Yes
58673	Laparoscopy, Surgical; With Salpingostomy (Salpingoneostomy)	Yes
58674	Laparoscopy, Surgical, Ablation Of Uterine Fibroid(s) Including Intraoperative Ultrasound Guidance And Monitoring, Radiofrequency	No
58679	Unlisted Laparoscopy Procedure, Oviduct, Ovary	Yes
58700	Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure)	Yes
58720	Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure)	Yes
58740	Lysis Of Adhesions (Salpingolysis, Ovariolysis)	No
58750	Tubotubal Anastomosis	Yes
58752	Tubouterine Implantation	Yes
58760	Fimbrioplasty	Yes
58770	Salpingostomy (Salpingoneostomy)	Yes

Procedure Code	Description	Prior Auth Required
58800	Drainage Of Ovarian Cyst(s), Unilateral Or Bilateral (Separate Procedure); Vaginal Approach	No
58805	Drainage Of Ovarian Cyst(s), Unilateral Or Bilateral (Separate Procedure); Abdominal Approach	No
58820	Drainage Of Ovarian Abscess; Vaginal Approach, Open	No
58822	Drainage Of Ovarian Abscess; Abdominal Approach	No
58825	Transposition, Ovary(s)	Yes
58900	Biopsy Of Ovary, Unilateral Or Bilateral (Separate Procedure)	No
58920	Wedge Resection Or Bisection Of Ovary, Unilateral Or Bilateral	No
58925	Ovarian Cystectomy, Unilateral Or Bilateral	No
58940	Oophorectomy, Partial Or Total, Unilateral Or Bilateral;	Yes
58943	Oophorectomy, Partial Or Total, Unilateral Or Bilateral; For Ovarian, Tubal Or Primary Peritoneal Malignancy, With Para-Aortic And Pelvic Lymph Node Biopsies, Peritoneal Washings, Peritoneal Biopsies, Diaphragmatic Assessments, With Or Without Salpingecto	Yes
58950	Resection (Initial) Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral Salpingo-Oophorectomy And Omentectomy;	No
58951	Resection (Initial) Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral Salpingo-Oophorectomy And Omentectomy; With Total Abdominal Hysterectomy, Pelvic And Limited Para-Aortic Lymphadenectomy	No
58952	Resection (Initial) Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral Salpingo-Oophorectomy And Omentectomy; With Radical Dissection For Debulking (Ie, Radical Excision Or Destruction, Intra-Abdominal Or Retroperitoneal Tumors)	No
58953	Bilateral Salpingo-Oophorectomy With Omentectomy, Total Abdominal Hysterectomy And Radical Dissection For Debulking;	Yes
58954	Bilateral Salpingo-Oophorectomy With Omentectomy, Total Abdominal Hysterectomy And Radical Dissection For Debulking; With Pelvic Lymphadenectomy And Limited Para-Aortic Lymphadenectomy	Yes
58956	Bilateral Salpingo-Oophorectomy With Total Omentectomy, Total Abdominal Hysterectomy For Malignancy	Yes
58958	Resection (Tumor Debulking) Of Recurrent Ovarian, Tubal, Primary Peritoneal, Uterine Malignancy (Intra-Abdominal, Retroperitoneal Tumors), With Omentectomy, If Performed, With Pelvic Lymphadenectomy And Limited Para-Aortic Lymphadenectomy	No
58960	Laparotomy, For Staging Or Restaging Of Ovarian, Tubal, Or Primary Peritoneal Malignancy (Second Look), With Or Without Omentectomy, Peritoneal Washing, Biopsy Of Abdominal And Pelvic Peritoneum, Diaphragmatic Assessment With Pelvic And Limited Para-Aorti	No
58970	Follicle Puncture For Oocyte Retrieval, Any Method	Yes
58974	Embryo Transfer, Intrauterine	Yes
58976	Gamete, Zygote, Or Embryo Intrafallopian Transfer, Any Method	Yes
58999	Unlisted Procedure, Female Genital System (Nonobstetrical)	Yes
59000	Amniocentesis; Diagnostic	No
59001	Amniocentesis; Therapeutic Amniotic Fluid Reduction (Includes Ultrasound Guidance)	No
59012	Cordocentesis (Intrauterine), Any Method	No
59015	Chorionic Villus Sampling, Any Method	No
59020	Fetal Contraction Stress Test	No
59025	Fetal Non-Stress Test	No
59030	Fetal Scalp Blood Sampling	No
59050	Fetal Monitoring During Labor By Consulting Physician (Ie, Non-Attending Physician) With Written Report; Supervision And Interpretation	No
59051	Fetal Monitoring During Labor By Consulting Physician (Ie, Non-Attending Physician) With Written Report; Interpretation Only	No
59070	Transabdominal Amnioinfusion, Including Ultrasound Guidance	No
59072	Fetal Umbilical Cord Occlusion, Including Ultrasound Guidance	No
59074	Fetal Fluid Drainage (eg, Vesicocentesis, Thoracocentesis, Paracentesis), Including Ultrasound Guidance	No
59076	Fetal Shunt Placement, Including Ultrasound Guidance	No
59100	Hysterotomy, Abdominal (eg, For Hydatidiform Mole, Abortion)	No
59120	Surgical Treatment Of Ectopic Pregnancy; Tubal Or Ovarian, Requiring Salpingectomy And/Or Oophorectomy, Abdominal Or Vaginal Approach	No
59121	Surgical Treatment Of Ectopic Pregnancy; Tubal Or Ovarian, Without Salpingectomy And/Or Oophorectomy	No
59130	Surgical Treatment Of Ectopic Pregnancy; Abdominal Pregnancy	No
59136	Surgical Treatment Of Ectopic Pregnancy; Interstitial, Uterine Pregnancy With Partial Resection Of Uterus	No
59140	Surgical Treatment Of Ectopic Pregnancy; Cervical, With Evacuation	No
59150	Laparoscopic Treatment Of Ectopic Pregnancy; Without Salpingectomy And/Or Oophorectomy	No
59151	Laparoscopic Treatment Of Ectopic Pregnancy; With Salpingectomy And/Or Oophorectomy	No
59160	Curettage, Postpartum	No
59200	Insertion Of Cervical Dilator (eg, Laminaria, Prostaglandin) (Separate Procedure)	Yes
59300	Episiotomy Or Vaginal Repair, By Other Than Attending	No
59320	Cerclage Of Cervix, During Pregnancy; Vaginal	No
59325	Cerclage Of Cervix, During Pregnancy; Abdominal	No
59350	Hysterorrhaphy Of Ruptured Uterus	No
59400	Routine Obstetric Care Including Antepartum Care, Vaginal Delivery (With Or Without Episiotomy, And/Or Forceps) And Postpartum Care	No

Procedure Code	Description	Prior Auth Required
59409	Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps);	No
59410	Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); Including Postpartum Care	Yes
59412	External Cephalic Version, With Or Without Tocolysis	No
59414	Delivery Of Placenta (Separate Procedure)	No
59425	Antepartum Care Only; 4-6 Visits	Yes
59426	Antepartum Care Only; 7 Or More Visits	Yes
59430	Postpartum Care Only (Separate Procedure)	Yes
59510	Routine Obstetric Care Including Antepartum Care, Cesarean Delivery, And Postpartum Care	No
59514	Cesarean Delivery Only;	No
59515	Cesarean Delivery Only; Including Postpartum Care	Yes
59525	Subtotal Or Total Hysterectomy After Cesarean Delivery (List Separately In Addition To Code For Primary Procedure)	No
59610	Routine Obstetric Care Including Antepartum Care, Vaginal Delivery (With Or Without Episiotomy, And/Or Forceps) And Postpartum Care, After Previous Cesarean Delivery	No
59612	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or Forceps);	No
59614	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or Forceps); Including Postpartum Care	Yes
59618	Routine Obstetric Care Including Antepartum Care, Cesarean Delivery, And Postpartum Care, Following Attempted Vaginal Delivery After Previous Cesarean Delivery	No
59620	Cesarean Delivery Only, Following Attempted Vaginal Delivery After Previous Cesarean Delivery;	No
59622	Cesarean Delivery Only, Following Attempted Vaginal Delivery After Previous Cesarean Delivery; Including Postpartum Care	Yes
59812	Treatment Of Incomplete Abortion, Any Trimester, Completed Surgically	No
59820	Treatment Of Missed Abortion, Completed Surgically; First Trimester	No
59821	Treatment Of Missed Abortion, Completed Surgically; Second Trimester	No
59830	Treatment Of Septic Abortion, Completed Surgically	No
59840	Induced Abortion, By Dilation And Curettage	No
59841	Induced Abortion, By Dilation And Evacuation	No
59850	Induced Abortion, By 1 Or More Intra-Amniotic Injections (Amniocentesis-Injections), Including Hospital Admission And Visits, Delivery Of Fetus And Secundines;	No
59851	Induced Abortion, By 1 Or More Intra-Amniotic Injections (Amniocentesis-Injections), Including Hospital Admission And Visits, Delivery Of Fetus And Secundines; With Dilation And Curettage And/Or Evacuation	No
59852	Induced Abortion, By 1 Or More Intra-Amniotic Injections (Amniocentesis-Injections), Including Hospital Admission And Visits, Delivery Of Fetus And Secundines; With Hysterotomy (Failed Intra-Amniotic Injection)	No
59855	Induced Abortion, By 1 Or More Vaginal Suppositories (eg, Prostaglandin) With Or Without Cervical Dilation (eg, Laminaria), Including Hospital Admission And Visits, Delivery Of Fetus And Secundines;	No
59856	Induced Abortion, By 1 Or More Vaginal Suppositories (eg, Prostaglandin) With Or Without Cervical Dilation (eg, Laminaria), Including Hospital Admission And Visits, Delivery Of Fetus And Secundines; With Dilation And Curettage And/Or Evacuation	No
59857	Induced Abortion, By 1 Or More Vaginal Suppositories (eg, Prostaglandin) With Or Without Cervical Dilation (eg, Laminaria), Including Hospital Admission And Visits, Delivery Of Fetus And Secundines; With Hysterotomy (Failed Medical Evacuation)	No
59866	Multifetal Pregnancy Reduction(s) (Mpr)	Yes
59870	Uterine Evacuation And Curettage For Hydatidiform Mole	No
59871	Removal Of Cerclage Suture Under Anesthesia (Other Than Local)	No
59897	Unlisted Fetal Invasive Procedure, Including Ultrasound Guidance, When Performed	Yes
59898	Unlisted Laparoscopy Procedure, Maternity Care And Delivery	Yes
59899	Unlisted Procedure, Maternity Care And Delivery	Yes
60000	Incision And Drainage Of Thyroglossal Duct Cyst, Infected	No
6005F	Rationale (eg, Severity Of Illness And Safety) For Level Of Care (eg, Home, Hospital) Documented (Cap)	Yes
60100	Biopsy Thyroid, Percutaneous Core Needle	No
6010F	Dysphagia Screening Conducted Prior To Order For Or Receipt Of Any Foods, Fluids, Or Medication By Mouth (Str)	Yes
6015F	Patient Receiving Or Eligible To Receive Foods, Fluids, Or Medication By Mouth (Str)	Yes
60200	Excision Of Cyst Or Adenoma Of Thyroid, Or Transection Of Isthmus	No
6020F	Npo (Nothing By Mouth) Ordered (Str)	Yes
60210	Partial Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	No
60212	Partial Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy, Including Isthmusectomy	No
60220	Total Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy	No
60225	Total Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy, Including Isthmusectomy	No
60240	Thyroidectomy, Total Or Complete	No
60252	Thyroidectomy, Total Or Subtotal For Malignancy; With Limited Neck Dissection	No
60254	Thyroidectomy, Total Or Subtotal For Malignancy; With Radical Neck Dissection	No

Procedure Code	Description	Prior Auth Required
60260	Thyroidectomy, Removal Of All Remaining Thyroid Tissue Following Previous Removal Of A Portion Of Thyroid	No
60270	Thyroidectomy, Including Substernal Thyroid; Sternal Split Or Transthoracic Approach	No
60271	Thyroidectomy, Including Substernal Thyroid; Cervical Approach	No
60280	Excision Of Thyroglossal Duct Cyst Or Sinus;	No
60281	Excision Of Thyroglossal Duct Cyst Or Sinus; Recurrent	No
60300	Aspiration And/Or Injection, Thyroid Cyst	No
6030F	All Elements Of Maximal Sterile Barrier Technique, Hand Hygiene, Skin Preparation And, If Ultrasound Is Used, Sterile Ultrasound Techniques Followed (Crit)	Yes
6040F	Use Of Appropriate Radiation Dose Reduction Devices Or Manual Techniques For Appropriate Moderation Of Exposure, Documented (Rad)	Yes
6045F	Radiation Exposure Or Exposure Time In Final Report For Procedure Using Fluoroscopy, Documented (Rad)	Yes
60500	Parathyroidectomy Or Exploration Of Parathyroid(s);	No
60502	Parathyroidectomy Or Exploration Of Parathyroid(s); Re-Exploration	No
60505	Parathyroidectomy Or Exploration Of Parathyroid(s); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach	No
60512	Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure)	No
60520	Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure)	No
60521	Thymectomy, Partial Or Total; Sternal Split Or Transthoracic Approach, Without Radical Mediastinal Dissection (Separate Procedure)	No
60522	Thymectomy, Partial Or Total; Sternal Split Or Transthoracic Approach, With Radical Mediastinal Dissection (Separate Procedure)	No
60540	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure);	No
60545	Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure); With Excision Of Adjacent Retroperitoneal Tumor	No
60600	Excision Of Carotid Body Tumor; Without Excision Of Carotid Artery	No
60605	Excision Of Carotid Body Tumor; With Excision Of Carotid Artery	No
60650	Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal	Yes
60659	Unlisted Laparoscopy Procedure, Endocrine System	Yes
60660	Ablation Of 1 Or More Thyroid Nodule(S), One Lobe Or The Isthmus, Percutaneous, Including Imaging Guidance, Radiofrequency	Yes
60661	Ablation Of 1 Or More Thyroid Nodule(S), Additional Lobe, Percutaneous, Including Imaging Guidance, Radiofrequency (List Separately In Addition To Code For Primary Procedure)	Yes
60699	Unlisted Procedure, Endocrine System	Yes
6070F	Patient Queried And Counseled About Anti-Epileptic Drug (Aed) Side Effects (Epi)	Yes
6080F	Patient (Or Caregiver) Queried About Falls (Prkns, Dsp)	Yes
6090F	Patient (Or Caregiver) Counseled About Safety Issues Appropriate To Patient's Stage Of Disease (Prkns)	Yes
61000	Subdural Tap Through Fontanelle, Or Suture, Infant, Unilateral Or Bilateral; Initial	No
61001	Subdural Tap Through Fontanelle, Or Suture, Infant, Unilateral Or Bilateral; Subsequent Taps	No
6100F	Timeout To Verify Correct Patient, Correct Site, And Correct Procedure, Documented (Path)	Yes
6101F	Safety Counseling For Dementia Provided (Dem)	Yes
61020	Ventricular Puncture Through Previous Burr Hole, Fontanelle, Suture, Or Implanted Ventricular Catheter/Reservoir; Without Injection	No
61026	Ventricular Puncture Through Previous Burr Hole, Fontanelle, Suture, Or Implanted Ventricular Catheter/Reservoir; With Injection Of Medication Or Other Substance For Diagnosis Or Treatment	No
6102F	Safety Counseling For Dementia Ordered (Dem)	Yes
61050	Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure)	No
61055	Cisternal Or Lateral Cervical (C1-C2) Puncture; With Injection Of Medication Or Other Substance For Diagnosis Or Treatment	No
61070	Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure	No
61105	Twist Drill Hole For Subdural Or Ventricular Puncture	No
61107	Twist Drill Hole(s) For Subdural, Intracerebral, Or Ventricular Puncture; For Implanting Ventricular Catheter, Pressure Recording Device, Or Other Intracerebral Monitoring Device	No
61108	Twist Drill Hole(s) For Subdural, Intracerebral, Or Ventricular Puncture; For Evacuation And/Or Drainage Of Subdural Hematoma	No
6110F	Counseling Provided Regarding Risks Of Driving And The Alternatives To Driving (Dem)	Yes
61120	Burr Hole(s) For Ventricular Puncture (Including Injection Of Gas, Contrast Media, Dye, Or Radioactive Material)	No
61140	Burr Hole(s) Or Trephine; With Biopsy Of Brain Or Intracranial Lesion	No
61150	Burr Hole(s) Or Trephine; With Drainage Of Brain Abscess Or Cyst	No
61151	Burr Hole(s) Or Trephine; With Subsequent Tapping (Aspiration) Of Intracranial Abscess Or Cyst	No
61154	Burr Hole(s) With Evacuation And/Or Drainage Of Hematoma, Extradural Or Subdural	No
61156	Burr Hole(s); With Aspiration Of Hematoma Or Cyst, Intracerebral	No
61210	Burr Hole(s); For Implanting Ventricular Catheter, Reservoir, Eeg Electrode(s), Pressure Recording Device, Or Other Cerebral Monitoring Device (Separate Procedure)	No

Procedure Code	Description	Prior Auth Required
61215	Insertion Of Subcutaneous Reservoir, Pump Or Continuous Infusion System For Connection To Ventricular Catheter	No
61250	Burr Hole(s) Or Trephine, Supratentorial, Exploratory, Not Followed By Other Surgery	No
61253	Burr Hole(s) Or Trephine, Infratentorial, Unilateral Or Bilateral	No
61304	Craniectomy Or Craniotomy, Exploratory; Supratentorial	No
61305	Craniectomy Or Craniotomy, Exploratory; Infratentorial (Posterior Fossa)	No
61312	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Supratentorial; Extradural Or Subdural	No
61313	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Supratentorial; Intracerebral	No
61314	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Infratentorial; Extradural Or Subdural	No
61315	Craniectomy Or Craniotomy For Evacuation Of Hematoma, Infratentorial; Intracerebellar	No
61316	Incision And Subcutaneous Placement Of Cranial Bone Graft (List Separately In Addition To Code For Primary Procedure)	No
61320	Craniectomy Or Craniotomy, Drainage Of Intracranial Abscess; Supratentorial	No
61321	Craniectomy Or Craniotomy, Drainage Of Intracranial Abscess; Infratentorial	No
61322	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of Associated Intraparenchymal Hematoma; Without Lobectomy	No
61323	Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of Associated Intraparenchymal Hematoma; With Lobectomy	No
61330	Decompression Of Orbit Only, Transcranial Approach	No
61333	Exploration Of Orbit (Transcranial Approach), With Removal Of Lesion	No
61340	Subtemporal Cranial Decompression (Pseudotumor Cerebri, Slit Ventricle Syndrome)	No
61343	Craniectomy, Suboccipital With Cervical Laminectomy For Decompression Of Medulla And Spinal Cord, With Or Without Dural Graft (eg, Arnold-Chiari Malformation)	No
61345	Other Cranial Decompression, Posterior Fossa	No
61450	Craniectomy, Subtemporal, For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion	No
61458	Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves	No
61460	Craniectomy, Suboccipital; For Section Of 1 Or More Cranial Nerves	No
61500	Craniectomy; With Excision Of Tumor Or Other Bone Lesion Of Skull	No
61501	Craniectomy; For Osteomyelitis	No
6150F	Patient Not Receiving A First Course Of Anti-Tnf (Tumor Necrosis Factor) Therapy (Ibd)	Yes
61510	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Brain Tumor, Supratentorial, Except Meningioma	No
61512	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Meningioma, Supratentorial	No
61514	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Of Brain Abscess, Supratentorial	No
61516	Craniectomy, Trephination, Bone Flap Craniotomy; For Excision Or Fenestration Of Cyst, Supratentorial	No
61517	Implantation Of Brain Intracavitary Chemotherapy Agent (List Separately In Addition To Code For Primary Procedure)	No
61518	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa; Except Meningioma, Cerebellopontine Angle Tumor, Or Midline Tumor At Base Of Skull	No
61519	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa; Meningioma	No
61520	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa; Cerebellopontine Angle Tumor	No
61521	Craniectomy For Excision Of Brain Tumor, Infratentorial Or Posterior Fossa; Midline Tumor At Base Of Skull	No
61522	Craniectomy, Infratentorial Or Posterior Fossa; For Excision Of Brain Abscess	No
61524	Craniectomy, Infratentorial Or Posterior Fossa; For Excision Or Fenestration Of Cyst	No
61526	Craniectomy, Bone Flap Craniotomy, Transtemporal (Mastoid) For Excision Of Cerebellopontine Angle Tumor;	No
61530	Craniectomy, Bone Flap Craniotomy, Transtemporal (Mastoid) For Excision Of Cerebellopontine Angle Tumor; Combined With Middle/Posterior Fossa Craniotomy/Craniectomy	No
61531	Subdural Implantation Of Strip Electrodes Through 1 Or More Burr Or Trephine Hole(s) For Long-Term Seizure Monitoring	No
61533	Craniotomy With Elevation Of Bone Flap; For Subdural Implantation Of An Electrode Array, For Long-Term Seizure Monitoring	No
61534	Craniotomy With Elevation Of Bone Flap; For Excision Of Epileptogenic Focus Without Electrocorticography During Surgery	No
61535	Craniotomy With Elevation Of Bone Flap; For Removal Of Epidural Or Subdural Electrode Array, Without Excision Of Cerebral Tissue (Separate Procedure)	No
61536	Craniotomy With Elevation Of Bone Flap; For Excision Of Cerebral Epileptogenic Focus, With Electrocorticography During Surgery (Includes Removal Of Electrode Array)	No
61537	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Temporal Lobe, Without Electrocorticography During Surgery	No
61538	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Temporal Lobe, With Electrocorticography During Surgery	No
61539	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Other Than Temporal Lobe, Partial Or Total, With Electrocorticography During Surgery	No

Procedure Code	Description	Prior Auth Required
61540	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Other Than Temporal Lobe, Partial Or Total, Without Electrocorticography During Surgery	No
61541	Craniotomy With Elevation Of Bone Flap; For Transection Of Corpus Callosum	No
61543	Craniotomy With Elevation Of Bone Flap; For Partial Or Subtotal (Functional) Hemispherectomy	No
61544	Craniotomy With Elevation Of Bone Flap; For Excision Or Coagulation Of Choroid Plexus	No
61545	Craniotomy With Elevation Of Bone Flap; For Excision Of Craniopharyngioma	No
61546	Craniotomy For Hypophysectomy Or Excision Of Pituitary Tumor, Intracranial Approach	No
61548	Hypophysectomy Or Excision Of Pituitary Tumor, Transnasal Or Transseptal Approach, Nonstereotactic	No
61550	Craniectomy For Craniosynostosis; Single Cranial Suture	No
61552	Craniectomy For Craniosynostosis; Multiple Cranial Sutures	No
61556	Craniotomy For Craniosynostosis; Frontal Or Parietal Bone Flap	No
61557	Craniotomy For Craniosynostosis; Bifrontal Bone Flap	No
61558	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (eg, Cloverleaf Skull); Not Requiring Bone Grafts	No
61559	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (eg, Cloverleaf Skull); Recontouring With Multiple Osteotomies And Bone Autografts (eg, Barrel-Stave Procedure) (Includes Obtaining Grafts)	No
61563	Excision, Intra And Extracranial, Benign Tumor Of Cranial Bone (eg, Fibrous Dysplasia); Without Optic Nerve Decompression	No
61564	Excision, Intra And Extracranial, Benign Tumor Of Cranial Bone (eg, Fibrous Dysplasia); With Optic Nerve Decompression	No
61566	Craniotomy With Elevation Of Bone Flap; For Selective Amygdalohippocampectomy	No
61567	Craniotomy With Elevation Of Bone Flap; For Multiple Subpial Transections, With Electrocorticography During Surgery	No
61570	Craniectomy Or Craniotomy; With Excision Of Foreign Body From Brain	No
61571	Craniectomy Or Craniotomy; With Treatment Of Penetrating Wound Of Brain	No
61575	Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biopsy, Decompression Or Excision Of Lesion;	No
61576	Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biopsy, Decompression Or Excision Of Lesion; Requiring Splitting Of Tongue And/Or Mandible (Including Tracheostomy)	No
61580	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Lateral Rhinotomy, Ethmoidectomy, Sphenoidectomy, Without Maxillectomy Or Orbital Exenteration	No
61581	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Lateral Rhinotomy, Orbital Exenteration, Ethmoidectomy, Sphenoidectomy And/Or Maxillectomy	No
61582	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Unilateral Or Bifrontal Craniotomy, Elevation Of Frontal Lobe(s), Osteotomy Of Base Of Anterior Cranial Fossa	No
61583	Craniofacial Approach To Anterior Cranial Fossa; Intradural, Including Unilateral Or Bifrontal Craniotomy, Elevation Or Resection Of Frontal Lobe, Osteotomy Of Base Of Anterior Cranial Fossa	No
61584	Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Supraorbital Ridge Osteotomy And Elevation Of Frontal And/Or Temporal Lobe(s); Without Orbital Exenteration	No
61585	Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Supraorbital Ridge Osteotomy And Elevation Of Frontal And/Or Temporal Lobe(s); With Orbital Exenteration	No
61586	Bicoronal, Transzygomatic And/Or Lefort I Osteotomy Approach To Anterior Cranial Fossa With Or Without Internal Fixation, Without Bone Graft	No
61590	Infratemporal Pre-Auricular Approach To Middle Cranial Fossa (Parapharyngeal Space, Infratemporal And Midline Skull Base, Nasopharynx), With Or Without Disarticulation Of The Mandible, Including Parotidectomy, Craniotomy, Decompression And/Or Mobilization	No
61591	Infratemporal Post-Auricular Approach To Middle Cranial Fossa (Internal Auditory Meatus, Petrous Apex, Tentorium, Cavernous Sinus, Parasellar Area, Infratemporal Fossa) Including Mastoidectomy, Resection Of Sigmoid Sinus, With Or Without Decompression And	No
61592	Orbitocranial Zygomatic Approach To Middle Cranial Fossa (Cavernous Sinus And Carotid Artery, Clivus, Basilar Artery Or Petrous Apex) Including Osteotomy Of Zygoma, Craniotomy, Extra- Or Intradural Elevation Of Temporal Lobe	No
61595	Transtemporal Approach To Posterior Cranial Fossa, Jugular Foramen Or Midline Skull Base, Including Mastoidectomy, Decompression Of Sigmoid Sinus And/Or Facial Nerve, With Or Without Mobilization	No
61596	Transcochlear Approach To Posterior Cranial Fossa, Jugular Foramen Or Midline Skull Base, Including Labyrinthectomy, Decompression, With Or Without Mobilization Of Facial Nerve And/Or Petrous Carotid Artery	No
61597	Transcondylar (Far Lateral) Approach To Posterior Cranial Fossa, Jugular Foramen Or Midline Skull Base, Including Occipital Condylectomy, Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization	No
61598	Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus	No
61600	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base Of Anterior Cranial Fossa; Extradural	No
61601	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base Of Anterior Cranial Fossa; Intradural, Including Dural Repair, With Or Without Graft	No
61605	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Infratemporal Fossa, Parapharyngeal Space, Petrous Apex; Extradural	No

Procedure Code	Description	Prior Auth Required
61606	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Infratemporal Fossa, Parapharyngeal Space, Petrous Apex; Intradural, Including Dural Repair, With Or Without Graft	No
61607	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Parasellar Area, Cavernous Sinus, Clivus Or Midline Skull Base; Extradural	No
61608	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Parasellar Area, Cavernous Sinus, Clivus Or Midline Skull Base; Intradural, Including Dural Repair, With Or Without Graft	No
61611	Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure)	No
61613	Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus	No
61615	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base Of Posterior Cranial Fossa, Jugular Foramen, Foramen Magnum, Or C1-C3 Vertebral Bodies; Extradural	No
61616	Resection Or Excision Of Neoplastic, Vascular Or Infectious Lesion Of Base Of Posterior Cranial Fossa, Jugular Foramen, Foramen Magnum, Or C1-C3 Vertebral Bodies; Intradural, Including Dural Repair, With Or Without Graft	No
61618	Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Free Tissue Graft (eg, Pericranium, Fascia, Tensor Fascia Lata, Adipose Tissue, Homologous Or Synthetic Grafts)	No
61619	Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Local Or Regionalized Vascularized Pedicle Flap Or Myocutaneous Flap (Including Galea, Temporalis, Frontalis Or Occi	No
61623	Endovascular Temporary Balloon Arterial Occlusion, Head Or Neck (Extracranial/Intracranial) Including Selective Catheterization Of Vessel To Be Occluded, Positioning And Inflation Of Occlusion Balloon, Concomitant Neurological Monitoring, And Radiologic S	No
61624	Transcatheter Permanent Occlusion Or Embolization (Eg, For Tumor Destruction, To Achieve Hemostasis, To Occlude A Vascular Malformation), Including All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessar	No
61626	Transcatheter Permanent Occlusion Or Embolization (Eg, For Tumor Destruction, To Achieve Hemostasis, To Occlude A Vascular Malformation), Including All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessar	No
61630	Balloon Angioplasty, Intracranial (eg, Atherosclerotic Stenosis), Percutaneous	No
61635	Transcatheter Placement Of Intravascular Stent(s), Intracranial (eg, Atherosclerotic Stenosis), Including Balloon Angioplasty, If Performed	No
61640	Balloon Dilatation Of Intracranial Vasospasm, Percutaneous; Initial Vessel	No
61641	Balloon Dilatation Of Intracranial Vasospasm, Percutaneous; Each Additional Vessel In Same Vascular Territory (List Separately In Addition To Code For Primary Procedure)	No
61642	Balloon Dilatation Of Intracranial Vasospasm, Percutaneous; Each Additional Vessel In Different Vascular Territory (List Separately In Addition To Code For Primary Procedure)	No
61645	Percutaneous Arterial Transluminal Mechanical Thrombectomy And/Or Infusion For Thrombolysis, Intracranial, Any Method, Including Diagnostic Angiography, Fluoroscopic Guidance, Catheter Placement, And Intraprocedural Pharmacological Thrombolytic Injection(	No
61650	Endovascular Intracranial Prolonged Administration Of Pharmacologic Agent(s) Other Than For Thrombolysis, Arterial, Including Catheter Placement, Diagnostic Angiography, And Imaging Guidance; Initial Vascular Territory	No
61651	Endovascular Intracranial Prolonged Administration Of Pharmacologic Agent(S) Other Than For Thrombolysis, Arterial, Including Catheter Placement, Diagnostic Angiography, And Imaging Guidance; Each Additional Vascular Territory (List Separately In Addition	No
61680	Surgery Of Intracranial Arteriovenous Malformation; Supratentorial, Simple	No
61682	Surgery Of Intracranial Arteriovenous Malformation; Supratentorial, Complex	No
61684	Surgery Of Intracranial Arteriovenous Malformation; Infratentorial, Simple	No
61686	Surgery Of Intracranial Arteriovenous Malformation; Infratentorial, Complex	No
61690	Surgery Of Intracranial Arteriovenous Malformation; Dural, Simple	No
61692	Surgery Of Intracranial Arteriovenous Malformation; Dural, Complex	No
61697	Surgery Of Complex Intracranial Aneurysm, Intracranial Approach; Carotid Circulation	No
61698	Surgery Of Complex Intracranial Aneurysm, Intracranial Approach; Vertebrobasilar Circulation	No
61700	Surgery Of Simple Intracranial Aneurysm, Intracranial Approach; Carotid Circulation	No
61702	Surgery Of Simple Intracranial Aneurysm, Intracranial Approach; Vertebrobasilar Circulation	No
61703	Surgery Of Intracranial Aneurysm, Cervical Approach By Application Of Occluding Clamp To Cervical Carotid Artery (Selverstone-Crutchfield Type)	No
61705	Surgery Of Aneurysm, Vascular Malformation Or Carotid-Cavernous Fistula; By Intracranial And Cervical Occlusion Of Carotid Artery	No
61708	Surgery Of Aneurysm, Vascular Malformation Or Carotid-Cavernous Fistula; By Intracranial Electrothrombosis	No
61710	Surgery Of Aneurysm, Vascular Malformation Or Carotid-Cavernous Fistula; By Intra-Arterial Embolization, Injection Procedure, Or Balloon Catheter	No
61711	Anastomosis, Arterial, Extracranial-Intracranial (eg, Middle Cerebral/Cortical) Arteries	No
61715	Magnetic Resonance Image Guided High Intensity Focused Ultrasound (Mrgfus), Stereotactic Ablation Of Target, Intracranial, Including Stereotactic Navigation And Frame Placement, When Performed	Yes
61720	Creation Of Lesion By Stereotactic Method, Including Burr Hole(s) And Localizing And Recording Techniques, Single Or Multiple Stages; Globus Pallidus Or Thalamus	Yes

Procedure Code	Description	Prior Auth Required
61735	Creation Of Lesion By Stereotactic Method, Including Burr Hole(s) And Localizing And Recording Techniques, Single Or Multiple Stages; Subcortical Structure(s) Other Than Globus Pallidus Or Thalamus	No
61736	Laser Interstitial Thermal Therapy (Litt) Of Lesion, Intracranial, Including Burr Hole(S), With Magnetic Resonance Imaging Guidance, When Performed; Single Trajectory For 1 Simple Lesion	No
61737	Laser Interstitial Thermal Therapy (Litt) Of Lesion, Intracranial, Including Burr Hole(S), With Magnetic Resonance Imaging Guidance, When Performed; Multiple Trajectories For Multiple Or Complex Lesion(S)	No
61750	Stereotactic Biopsy, Aspiration, Or Excision, Including Burr Hole(s), For Intracranial Lesion;	No
61751	Stereotactic Biopsy, Aspiration, Or Excision, Including Burr Hole(s), For Intracranial Lesion; With Computed Tomography And/Or Magnetic Resonance Guidance	No
61760	Stereotactic Implantation Of Depth Electrodes Into The Cerebrum For Long-Term Seizure Monitoring	No
61770	Stereotactic Localization, Including Burr Hole(s), With Insertion Of Catheter(s) Or Probe(s) For Placement Of Radiation Source	No
61781	Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure)	No
61782	Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure)	No
61783	Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure)	No
61790	Creation Of Lesion By Stereotactic Method, Percutaneous, By Neurolytic Agent (eg, Alcohol, Thermal, Electrical, Radiofrequency); Gasserian Ganglion	No
61791	Creation Of Lesion By Stereotactic Method, Percutaneous, By Neurolytic Agent (eg, Alcohol, Thermal, Electrical, Radiofrequency); Trigeminal Medullary Tract	No
61796	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, Or Linear Accelerator); 1 Simple Cranial Lesion	No
61797	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, Or Linear Accelerator); Each Additional Cranial Lesion, Simple (List Separately In Addition To Code For Primary Procedure)	No
61798	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, Or Linear Accelerator); 1 Complex Cranial Lesion	No
61799	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, Or Linear Accelerator); Each Additional Cranial Lesion, Complex (List Separately In Addition To Code For Primary Procedure)	No
61800	Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure)	No
61850	Twist Drill Or Burr Hole(s) For Implantation Of Neurostimulator Electrodes, Cortical	Yes
61860	Craniectomy Or Craniotomy For Implantation Of Neurostimulator Electrodes, Cerebral, Cortical	Yes
61863	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), Without Use Of Intraoperat	Yes
61864	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), Without Use Of Intraoperat	Yes
61867	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoperative	Yes
61868	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoperative	Yes
61880	Revision Or Removal Of Intracranial Neurostimulator Electrodes	Yes
61885	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling; With Connection To A Single Electrode Array	No
61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling; With Connection To 2 Or More Electrode Arrays	No
61888	Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver	Yes
61889	Insertion Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver, Including Craniectomy Or Craniotomy, When Performed, With Direct Or Inductive Coupling, With Connection To Depth And/Or Cortical Strip Electrode Array(S)	No
61891	Revision Or Replacement Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver With Connection To Depth And/Or Cortical Strip Electrode Array(S)	No
61892	Removal Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver With Cranioplasty, When Performed	No
62000	Elevation Of Depressed Skull Fracture; Simple, Extradural	No
62005	Elevation Of Depressed Skull Fracture; Compound Or Comminuted, Extradural	No
62010	Elevation Of Depressed Skull Fracture; With Repair Of Dura And/Or Debridement Of Brain	No
62100	Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea	No
62115	Reduction Of Craniomegalic Skull (eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty	No
62117	Reduction Of Craniomegalic Skull (eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Graft (Includes Obtaining Grafts)	No
62120	Repair Of Encephalocele, Skull Vault, Including Cranioplasty	No

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62121	Craniotomy For Repair Of Encephalocele, Skull Base	No
62140	Cranioplasty For Skull Defect; Up To 5 Cm Diameter	No
62141	Cranioplasty For Skull Defect; Larger Than 5 Cm Diameter	No
62142	Removal Of Bone Flap Or Prosthetic Plate Of Skull	No
62143	Replacement Of Bone Flap Or Prosthetic Plate Of Skull	No
62145	Cranioplasty For Skull Defect With Reparative Brain Surgery	No
62146	Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Up To 5 Cm Diameter	No
62147	Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Larger Than 5 Cm Diameter	No
62148	Incision And Retrieval Of Subcutaneous Cranial Bone Graft For Cranioplasty (List Separately In Addition To Code For Primary Procedure)	Yes
62160	Neuroendoscopy, Intracranial, For Placement Or Replacement Of Ventricular Catheter And Attachment To Shunt System Or External Drainage (List Separately In Addition To Code For Primary Procedure)	Yes
62161	Neuroendoscopy, Intracranial; With Dissection Of Adhesions, Fenestration Of Septum Pellucidum Or Intraventricular Cysts (Including Placement, Replacement, Or Removal Of Ventricular Catheter)	No
62162	Neuroendoscopy, Intracranial; With Fenestration Or Excision Of Colloid Cyst, Including Placement Of External Ventricular Catheter For Drainage	Yes
62164	Neuroendoscopy, Intracranial; With Excision Of Brain Tumor, Including Placement Of External Ventricular Catheter For Drainage	Yes
62165	Neuroendoscopy, Intracranial; With Excision Of Pituitary Tumor, Transnasal Or Trans-Sphenoidal Approach	Yes
62180	Ventriculocisternostomy (Torkildsen Type Operation)	No
62190	Creation Of Shunt; Subarachnoid/Subdural-Atrial, -Jugular, -Auricular	No
62192	Creation Of Shunt; Subarachnoid/Subdural-Peritoneal, -Pleural, Other Terminus	No
62194	Replacement Or Irrigation, Subarachnoid/Subdural Catheter	No
62200	Ventriculocisternostomy, Third Ventricle;	No
62201	Ventriculocisternostomy, Third Ventricle; Stereotactic, Neuroendoscopic Method	No
62220	Creation Of Shunt; Ventriculo-Atrial, -Jugular, -Auricular	No
62223	Creation Of Shunt; Ventriculo-Peritoneal, -Pleural, Other Terminus	No
62225	Replacement Or Irrigation, Ventricular Catheter	No
62230	Replacement Or Revision Of Cerebrospinal Fluid Shunt, Obstructed Valve, Or Distal Catheter In Shunt System	No
62252	Reprogramming Of Programmable Cerebrospinal Shunt	No
62256	Removal Of Complete Cerebrospinal Fluid Shunt System; Without Replacement	No
62258	Removal Of Complete Cerebrospinal Fluid Shunt System; With Replacement By Similar Or Other Shunt At Same Operation	No
62263	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (Eg, Hypertonic Saline, Enzyme) Or Mechanical Means (Eg, Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 2 Or More Days	No
62264	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (eg, Hypertonic Saline, Enzyme) Or Mechanical Means (eg, Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day	No
62267	Percutaneous Aspiration Within The Nucleus Pulposus, Intervertebral Disc, Or Paravertebral Tissue For Diagnostic Purposes	No
62268	Percutaneous Aspiration, Spinal Cord Cyst Or Syrinx	No
62269	Biopsy Of Spinal Cord, Percutaneous Needle	No
62270	Spinal puncture, lumbar, diagnostic;	No
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	No
62273	Injection, Epidural, Of Blood Or Clot Patch	No
62280	Injection/Infusion Of Neurolytic Substance (eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid	No
62281	Injection/Infusion Of Neurolytic Substance (eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic	No
62282	Injection/Infusion Of Neurolytic Substance (eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Lumbar, Sacral (Caudal)	No
62284	Injection Procedure For Myelography And/Or Computed Tomography, Lumbar	No
62287	Decompression, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Any Method Utilizing Needle-Based Technique To Remove Disc Material Under Fluoroscopic Imaging Or Other Form Of Indirect Visualization, With Discography And/Or Epidural Injection(S)	No
62290	Injection Procedure For Discography, Each Level; Lumbar	No
62291	Injection Procedure For Discography, Each Level; Cervical Or Thoracic	No
62292	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single Or Multiple Levels, Lumbar	No
62294	Injection Procedure, Arterial, For Occlusion Of Arteriovenous Malformation, Spinal	No
62302	Myelography Via Lumbar Injection, Including Radiological Supervision And Interpretation; Cervical	No
62303	Myelography Via Lumbar Injection, Including Radiological Supervision And Interpretation; Thoracic	No
62304	Myelography Via Lumbar Injection, Including Radiological Supervision And Interpretation; Lumbosacral	No

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62305	Myelography Via Lumbar Injection, Including Radiological Supervision And Interpretation; 2 Or More Regions (eg, Lumbar/Thoracic, Cervical/Thoracic, Lumbar/Cervical, Lumbar/Thoracic/Cervical)	No
62320	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thora	No
62321	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thora	No
62322	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral	No
62323	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral	No
62324	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar	No
62325	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar	No
62326	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar	No
62327	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar	No
62328	Spinal Puncture, Lumbar, Diagnostic; With Fluoroscopic Or CT Guidance	No
62329	Spinal Puncture, Therapeutic, For Drainage Of Cerebrospinal Fluid (By Needle Or Catheter); With Fluoroscopic Or CT Guidance	No
62330	Decompression, Percutaneous, With Partial Removal Of The Ligamentum Flavum, Including Laminotomy For Access, Epidurography, And Imaging Guidance (Ie, Ct Or Fluoroscopy), Bilateral; One Interspace, Lumbar	Yes
62331	Decompression, Percutaneous, With Partial Removal Of The Ligamentum Flavum, Including Laminotomy For Access, Epidurography, And Imaging Guidance (Ie, Ct Or Fluoroscopy), Bilateral; Additional Interspace(S), Lumbar	Yes
62350	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without Laminectomy	No
62351	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With Laminectomy	No
62355	Removal Of Previously Implanted Intrathecal Or Epidural Catheter	No
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	No
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Nonprogrammable Pump	No
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	No
62365	Removal Of Subcutaneous Reservoir Or Pump, Previously Implanted For Intrathecal Or Epidural Infusion	No
62367	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); Without Reprogramming Or Refill	No
62368	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With Reprogramming	No
62369	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With Reprogramming And Refill	No
62370	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With Reprogramming And Refill (Requiring Skill Of A Physician Or Other Qualifi	No
62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(s), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar	No
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Cervical	No
63003	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Thoracic	No

Procedure Code	Description	Prior Auth Required
63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Lumbar, Except For Spondylolisthesis	No
63011	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Sacral	No
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)	No
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), More Than 2 Vertebral Segments; Cervical	No
63016	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), More Than 2 Vertebral Segments; Thoracic	No
63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), More Than 2 Vertebral Segments; Lumbar	No
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical	No
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar	No
63032	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; With Repair Of Annular Defect By Implantation Of Bone-Anchored Annular Closure Device,	Yes
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primar	No
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Cervical	No
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(s), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar	No
63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Cervical Interspace (List Separately In Addi	No
63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Lumbar Interspace (List Separately In Additi	No
63045	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[s], [eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Cervical	No
63046	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[s], [eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Thoracic	No
63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[s], [eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Lumbar	No
63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Each Additional Vertebral Segment, Cervical, Thora	No
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments;	No
63051	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments; With Reconstruction Of The Posterior Bony Elements (Including The Application Of Bridging Bone Graft And Non-Segmental Fixation Devices [Eg, Wire, Suture, Mini-Pl	No
63052	Laminectomy, Facetectomy, Or Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S] [Eg, Spinal Or Lateral Recess Stenosis]), During Posterior Interbody Arthrodesis, Lumbar; Single Vertebral Segment (Lis	Yes
63053	Laminectomy, Facetectomy, Or Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S] [Eg, Spinal Or Lateral Recess Stenosis]), During Posterior Interbody Arthrodesis, Lumbar; Each Additional Vertebral Seg	Yes
63055	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(s) (eg, Herniated Intervertebral Disc), Single Segment; Thoracic	No
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disc)	No
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(s) (eg, Herniated Intervertebral Disc), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)	No

Procedure Code	Description	Prior Auth Required
63064	Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(s) (eg, Herniated Intervertebral Disc), Thoracic; Single Segment	No
63066	Costovertebral Approach With Decompression Of Spinal Cord Or Nerve Root(s) (eg, Herniated Intervertebral Disc), Thoracic; Each Additional Segment (List Separately In Addition To Code For Primary Procedure)	No
63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(s), Including Osteophytectomy; Cervical, Single Interspace	No
63076	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(s), Including Osteophytectomy; Cervical, Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	No
63077	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(s), Including Osteophytectomy; Thoracic, Single Interspace	No
63078	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(s), Including Osteophytectomy; Thoracic, Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	No
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(s); Cervical, Single Segment	No
63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(s); Cervical, Each Additional Segment (List Separately In Addition To Code For Primary Procedure)	No
63085	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(s); Thoracic, Single Segment	No
63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transthoracic Approach With Decompression Of Spinal Cord And/Or Nerve Root(s); Thoracic, Each Additional Segment (List Separately In Addition To Code For Primary Procedure)	No
63087	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined Thoracolumbar Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic Or Lumbar; Single Segment	No
63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined Thoracolumbar Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(S), Lower Thoracic Or Lumbar; Each Additional Segment (List Separately In Addition To Code	No
63090	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment	No
63091	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(S), Lower Thoracic, Lumbar, Or Sacral; Each Additional Segment (List Separately	No
63101	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(s) (eg, For Tumor Or Retropulsed Bone Fragments); Thoracic, Single Segment	No
63102	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(s) (eg, For Tumor Or Retropulsed Bone Fragments); Lumbar, Single Segment	No
63103	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary Approach With Decompression Of Spinal Cord And/Or Nerve Root(S) (Eg, For Tumor Or Retropulsed Bone Fragments); Thoracic Or Lumbar, Each Additional Segment (List Se	No
63170	Laminectomy With Myelotomy (eg, Bischof Or Drez Type), Cervical, Thoracic, Or Thoracolumbar	No
63172	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Space	No
63173	Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Or Pleural Space	No
63185	Laminectomy With Rhizotomy; 1 Or 2 Segments	No
63190	Laminectomy With Rhizotomy; More Than 2 Segments	No
63191	Laminectomy With Section Of Spinal Accessory Nerve	No
63197	Laminectomy With Cordotomy, With Section Of Both Spinothalamic Tracts, 1 Stage, Thoracic	No
63200	Laminectomy, With Release Of Tethered Spinal Cord, Lumbar	No
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Cervical	No
63251	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracic	No
63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Cord; Thoracolumbar	No
63265	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm, Extradural; Cervical	No
63266	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm, Extradural; Thoracic	No
63267	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm, Extradural; Lumbar	No
63268	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than Neoplasm, Extradural; Sacral	No
63270	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Cervical	No
63271	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Thoracic	No
63272	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar	No
63273	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural; Sacral	No
63275	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Cervical	No
63276	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Thoracic	No

Procedure Code	Description	Prior Auth Required
63277	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Lumbar	No
63278	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Sacral	No
63280	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extramedullary, Cervical	No
63281	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extramedullary, Thoracic	No
63282	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar	No
63283	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Sacral	No
63285	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intramedullary, Cervical	No
63286	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intramedullary, Thoracic	No
63287	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar	No
63290	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Combined Extradural-Intradural Lesion, Any Level	No
63295	Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinal Procedure (List Separately In Addition To Code For Primary Procedure)	No
63300	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Extradural, Cervical	No
63301	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Extradural, Thoracic By Transthoracic Approach	No
63302	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Extradural, Thoracic By Thoracolumbar Approach	No
63303	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Extradural, Lumbar Or Sacral By Transperitoneal Or Retroperitoneal Approach	No
63304	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Intradural, Cervical	No
63305	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Intradural, Thoracic By Transthoracic Approach	No
63306	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Intradural, Thoracic By Thoracolumbar Approach	No
63307	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Intradural, Lumbar Or Sacral By Transperitoneal Or Retroperitoneal Approach	No
63308	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Each Additional Segment (List Separately In Addition To Codes For Single Segment)	No
63600	Creation Of Lesion Of Spinal Cord By Stereotactic Method, Percutaneous, Any Modality (Including Stimulation And/Or Recording)	No
63610	Stereotactic Stimulation Of Spinal Cord, Percutaneous, Separate Procedure Not Followed By Other Surgery	No
63620	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, Or Linear Accelerator); 1 Spinal Lesion	No
63621	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, Or Linear Accelerator); Each Additional Spinal Lesion (List Separately In Addition To Code For Primary Procedure)	No
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes
63661	Removal Of Spinal Neurostimulator Electrode Percutaneous Array(s), Including Fluoroscopy, When Performed	No
63662	Removal Of Spinal Neurostimulator Electrode Plate/Paddle(s) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed	No
63663	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Percutaneous Array(s), Including Fluoroscopy, When Performed	No
63664	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Plate/Paddle(s) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed	No
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Requiring Pocket Creation And Connection Between Electrode Array And Pulse Generator Or Receiver	Yes
63688	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or Receiver, With Detachable Connection To Electrode Array	No
63700	Repair Of Meningocele; Less Than 5 Cm Diameter	No
63702	Repair Of Meningocele; Larger Than 5 Cm Diameter	No
63704	Repair Of Myelomeningocele; Less Than 5 Cm Diameter	No
63706	Repair Of Myelomeningocele; Larger Than 5 Cm Diameter	No
63707	Repair Of Dural/Cerebrospinal Fluid Leak, Not Requiring Laminectomy	No
63709	Repair Of Dural/Cerebrospinal Fluid Leak Or Pseudomeningocele, With Laminectomy	No
63710	Dural Graft, Spinal	No
63740	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Including Laminectomy	No
63741	Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Percutaneous, Not Requiring Laminectomy	No
63744	Replacement, Irrigation Or Revision Of Lumbosubarachnoid Shunt	No
63746	Removal Of Entire Lumbosubarachnoid Shunt System Without Replacement	No
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	No
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	No

Procedure Code	Description	Prior Auth Required
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve	No
64415	Injection(S), Anesthetic Agent(S) And/Or Steroid; Brachial Plexus, Including Imaging Guidance, When Performed	No
64416	Injection(S), Anesthetic Agent(S) And/Or Steroid; Brachial Plexus, Continuous Infusion By Catheter (Including Catheter Placement), Including Imaging Guidance, When Performed	No
64417	Injection(S), Anesthetic Agent(S) And/Or Steroid; Axillary Nerve, Including Imaging Guidance, When Performed	No
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve	No
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	No
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	No
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	No
64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve	No
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	No
64445	Injection(S), Anesthetic Agent(S) And/Or Steroid; Sciatic Nerve, Including Imaging Guidance, When Performed	No
64446	Injection(S), Anesthetic Agent(S) And/Or Steroid; Sciatic Nerve, Continuous Infusion By Catheter (Including Catheter Placement), Including Imaging Guidance, When Performed	No
64447	Injection(S), Anesthetic Agent(S) And/Or Steroid; Femoral Nerve, Including Imaging Guidance, When Performed	No
64448	Injection(S), Anesthetic Agent(S) And/Or Steroid; Femoral Nerve, Continuous Infusion By Catheter (Including Catheter Placement), Including Imaging Guidance, When Performed	No
64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	No
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	No
64451	Injection(S), Anesthetic Agent(S) And/Or Steroid; Nerves Innervating The Sacroiliac Joint, With Image Guidance (Ie, Fluoroscopy Or Computed Tomography)	No
64454	Injection(S), Anesthetic Agent(S) And/Or Steroid; Genicular Nerve Branches, Including Imaging Guidance, When Performed	No
64455	Injection(S), Anesthetic Agent(S) And/Or Steroid; Plantar Common Digital Nerve(S) (Eg, Morton'S Neuroma)	No
64461	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Single Injection Site (Includes Imaging Guidance, When Performed)	No
64462	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Second And Any Additional Injection Site(s) (Includes Imaging Guidance, When Performed) (List Separately In Addition To Code For Primary Procedure)	No
64463	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Continuous Infusion By Catheter (Includes Imaging Guidance, When Performed)	No
64466	Thoracic Fascial Plane Block, Unilateral; By Injection(S), Including Imaging Guidance, When Performed	No
64467	Thoracic Fascial Plane Block, Unilateral; By Continuous Infusion(S), Including Imaging Guidance, When Performed	No
64468	Thoracic Fascial Plane Block, Bilateral; By Injection(S), Including Imaging Guidance, When Performed	No
64469	Thoracic Fascial Plane Block, Bilateral; By Continuous Infusion(S), Including Imaging Guidance, When Performed	No
64473	Lower Extremity Fascial Plane Block, Unilateral; By Injection(S), Including Imaging Guidance, When Performed	No
64474	Lower Extremity Fascial Plane Block, Unilateral; By Continuous Infusion(S), Including Imaging Guidance, When Performed	No
64479	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level	No
64480	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Each Additional Level (List Separately In Addition To Code For Primary Procedure)	No
64483	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level	No
64484	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Each Additional Level (List Separately In Addition To Code For Primary Procedure)	No
64486	Transversus Abdominis Plane (Tap) Block (Abdominal Plane Block, Rectus Sheath Block) Unilateral; By Injection(s) (Includes Imaging Guidance, When Performed)	No
64487	Transversus Abdominis Plane (Tap) Block (Abdominal Plane Block, Rectus Sheath Block) Unilateral; By Continuous Infusion(s) (Includes Imaging Guidance, When Performed)	No
64488	Transversus Abdominis Plane (Tap) Block (Abdominal Plane Block, Rectus Sheath Block) Bilateral; By Injections (Includes Imaging Guidance, When Performed)	No
64489	Transversus Abdominis Plane (Tap) Block (Abdominal Plane Block, Rectus Sheath Block) Bilateral; By Continuous Infusions (Includes Imaging Guidance, When Performed)	No
64490	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level	No

Procedure Code	Description	Prior Auth Required
64491	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Second Level (List Separately In Addition To Code For Primary Proced	No
64492	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any Additional Level(S) (List Separately In Addition To Co	No
64493	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Single Level	No
64494	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List Separately In Addition To Code For Primary Procedure)	No
64495	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Third And Any Additional Level(S) (List Separately In Addition To Code F	No
64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion	No
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	No
64517	Injection, Anesthetic Agent; Superior Hypogastric Plexus	No
64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)	No
64530	Injection, Anesthetic Agent; Celiac Plexus, With Or Without Radiologic Monitoring	No
64553	Percutaneous Implantation Of Neurostimulator Electrode Array; Cranial Nerve	Yes
64555	Percutaneous Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral Nerve)	Yes
64561	Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement) Including Image Guidance, If Performed	Yes
64566	Posterior Tibial Neurostimulation, Percutaneous Needle Electrode, Single Treatment, Includes Programming	No
64567	Percutaneous Electrical Nerve Field Stimulation, Cranial Nerves, Without Implantation	Yes
64568	Open Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	Yes
64569	Revision Or Replacement Of Cranial Nerve (eg, Vagus Nerve) Neurostimulator Electrode Array, Including Connection To Existing Pulse Generator	No
64570	Removal Of Cranial Nerve (eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	No
64575	Open Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral Nerve)	No
64580	Open Implantation Of Neurostimulator Electrode Array; Neuromuscular	Yes
64581	Open Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement)	Yes
64582	Open Implantation Of Hypoglossal Nerve Neurostimulator Array, Pulse Generator, And Distal Respiratory Sensor Electrode Or Electrode Array	Yes
64583	Revision Or Replacement Of Hypoglossal Nerve Neurostimulator Array And Distal Respiratory Sensor Electrode Or Electrode Array, Including Connection To Existing Pulse Generator	Yes
64584	Removal Of Hypoglossal Nerve Neurostimulator Array, Pulse Generator, And Distal Respiratory Sensor Electrode Or Electrode Array	Yes
64585	Revision Or Removal Of Peripheral Neurostimulator Electrode Array	No
64590	Insertion Or Replacement Of Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver, Requiring Pocket Creation And Connection Between Electrode Array And Pulse Generator Or Receiver	No
64595	Revision Or Removal Of Peripheral, Sacral, Or Gastric Neurostimulator Pulse Generator Or Receiver, With Detachable Connection To Electrode Array	No
64596	Insertion Or Replacement Of Percutaneous Electrode Array, Peripheral Nerve, With Integrated Neurostimulator, Including Imaging Guidance, When Performed; Initial Electrode Array	No
64597	Insertion Or Replacement Of Percutaneous Electrode Array, Peripheral Nerve, With Integrated Neurostimulator, Including Imaging Guidance, When Performed; Each Additional Electrode Array (List Separately In Addition To Code For Primary Procedure)	No
64598	Revision Or Removal Of Neurostimulator Electrode Array, Peripheral Nerve, With Integrated Neurostimulator	No
64600	Destruction By Neurolytic Agent, Trigeminal Nerve; Supraorbital, Infraorbital, Mental, Or Inferior Alveolar Branch	No
64605	Destruction By Neurolytic Agent, Trigeminal Nerve; Second And Third Division Branches At Foramen Ovale	No
64610	Destruction By Neurolytic Agent, Trigeminal Nerve; Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring	No
64611	Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral	No
64612	Chemodenervation Of Muscle(s); Muscle(s) Innervated By Facial Nerve, Unilateral (eg, For Blepharospasm, Hemifacial Spasm)	No
64615	Chemodenervation Of Muscle(s); Muscle(s) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (eg, For Chronic Migraine)	No
64616	Chemodenervation Of Muscle(s); Neck Muscle(s), Excluding Muscles Of The Larynx, Unilateral (eg, For Cervical Dystonia, Spasmodic Torticollis)	No

Procedure Code	Description	Prior Auth Required
64617	Chemodenervation Of Muscle(s); Larynx, Unilateral, Percutaneous (eg, For Spasmodic Dysphonia), Includes Guidance By Needle Electromyography, When Performed	No
64620	Destruction By Neurolytic Agent, Intercostal Nerve	No
64624	Destruction By Neurolytic Agent, Genicular Nerve Branches Including Imaging Guidance, When Performed	No
64625	Radiofrequency Ablation, Nerves Innervating The Sacroiliac Joint, With Image Guidance (Ie, Fluoroscopy Or Computed Tomography)	No
64628	Thermal Destruction Of Intraosseous Basivertebral Nerve, Including All Imaging Guidance; First 2 Vertebral Bodies, Lumbar Or Sacral	Yes
64629	Thermal Destruction Of Intraosseous Basivertebral Nerve, Including All Imaging Guidance; Each Additional Vertebral Body, Lumbar Or Sacral (List Separately In Addition To Code For Primary Procedure)	Yes
64630	Destruction By Neurolytic Agent; Pudendal Nerve	No
64632	Destruction By Neurolytic Agent; Plantar Common Digital Nerve	No
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	No
64634	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	No
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	No
64636	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	No
64640	Destruction By Neurolytic Agent; Other Peripheral Nerve Or Branch	No
64642	Chemodenervation Of One Extremity; 1-4 Muscle(s)	No
64643	Chemodenervation Of One Extremity; Each Additional Extremity, 1-4 Muscle(s) (List Separately In Addition To Code For Primary Procedure)	No
64644	Chemodenervation Of One Extremity; 5 Or More Muscles	No
64645	Chemodenervation Of One Extremity; Each Additional Extremity, 5 Or More Muscles (List Separately In Addition To Code For Primary Procedure)	No
64646	Chemodenervation Of Trunk Muscle(s); 1-5 Muscle(s)	No
64647	Chemodenervation Of Trunk Muscle(s); 6 Or More Muscles	No
64650	Chemodenervation Of Eccrine Glands; Both Axillae	Yes
64653	Chemodenervation Of Eccrine Glands; Other Area(s) (eg, Scalp, Face, Neck), Per Day	Yes
64654	Initial Open Implantation Of Baroreflex Activation Therapy (Bat) Modulation System, Including Lead Placement Onto The Carotid Sinus, Lead Tunnelling, Connection To A Pulse Generator Placed In A Distant Subcutaneous Pocket (Ie, Total System),	Yes
64655	Revision Or Replacement Of Baroreflex Activation Therapy (Bat) Modulation System, With Intraoperative Interrogation And Programming; Lead Only	Yes
64656	Revision Or Replacement Of Baroreflex Activation Therapy (Bat) Modulation System, With Intraoperative Interrogation And Programming; Pulse Generator Only	Yes
64657	Removal Of Baroreflex Activation Therapy (Bat) Modulation System; Total System, Including Lead And Pulse Generator	Yes
64658	Removal Of Baroreflex Activation Therapy (Bat) Modulation System; Lead Only	Yes
64659	Removal Of Baroreflex Activation Therapy (Bat) Modulation System; Pulse Generator Only	Yes
64680	Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Celiac Plexus	No
64681	Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Superior Hypogastric Plexus	No
64702	Neuroplasty; Digital, 1 Or Both, Same Digit	No
64704	Neuroplasty; Nerve Of Hand Or Foot	No
64708	Neuroplasty, Major Peripheral Nerve, Arm Or Leg, Open; Other Than Specified	No
64712	Neuroplasty, Major Peripheral Nerve, Arm Or Leg, Open; Sciatic Nerve	No
64713	Neuroplasty, Major Peripheral Nerve, Arm Or Leg, Open; Brachial Plexus	No
64714	Neuroplasty, Major Peripheral Nerve, Arm Or Leg, Open; Lumbar Plexus	No
64716	Neuroplasty And/Or Transposition; Cranial Nerve (Specify)	No
64718	Neuroplasty And/Or Transposition; Ulnar Nerve At Elbow	No
64719	Neuroplasty And/Or Transposition; Ulnar Nerve At Wrist	No
64721	Neuroplasty And/Or Transposition; Median Nerve At Carpal Tunnel	No
64722	Decompression; Unspecified Nerve(s) (Specify)	No
64726	Decompression; Plantar Digital Nerve	No
64727	Internal Neurolysis, Requiring Use Of Operating Microscope (List Separately In Addition To Code For Neuroplasty) (Neuroplasty Includes External Neurolysis)	No
64728	Decompression; Median Nerve At The Carpal Tunnel, Percutaneous, With Intracarpal Tunnel Balloon Dilation, Including Ultrasound Guidance	Yes
64732	Transection Or Avulsion Of; Supraorbital Nerve	No
64734	Transection Or Avulsion Of; Infraorbital Nerve	No
64736	Transection Or Avulsion Of; Mental Nerve	No
64738	Transection Or Avulsion Of; Inferior Alveolar Nerve By Osteotomy	No
64740	Transection Or Avulsion Of; Lingual Nerve	No
64742	Transection Or Avulsion Of; Facial Nerve, Differential Or Complete	No
64744	Transection Or Avulsion Of; Greater Occipital Nerve	No

Procedure Code	Description	Prior Auth Required
64746	Transection Or Avulsion Of; Phrenic Nerve	No
64755	Transection Or Avulsion Of; Vagus Nerves Limited To Proximal Stomach (Selective Proximal Vagotomy, Proximal Gastric Vagotomy, Parietal Cell Vagotomy, Supra- Or Highly Selective Vagotomy)	No
64760	Transection Or Avulsion Of; Vagus Nerve (Vagotomy), Abdominal	No
64763	Transection Or Avulsion Of Obturator Nerve, Extrapelvic, With Or Without Adductor Tenotomy	No
64766	Transection Or Avulsion Of Obturator Nerve, Intrapelvic, With Or Without Adductor Tenotomy	No
64771	Transection Or Avulsion Of Other Cranial Nerve, Extradural	No
64772	Transection Or Avulsion Of Other Spinal Nerve, Extradural	No
64774	Excision Of Neuroma; Cutaneous Nerve, Surgically Identifiable	No
64776	Excision Of Neuroma; Digital Nerve, 1 Or Both, Same Digit	No
64778	Excision Of Neuroma; Digital Nerve, Each Additional Digit (List Separately In Addition To Code For Primary Procedure)	No
64782	Excision Of Neuroma; Hand Or Foot, Except Digital Nerve	No
64783	Excision Of Neuroma; Hand Or Foot, Each Additional Nerve, Except Same Digit (List Separately In Addition To Code For Primary Procedure)	No
64784	Excision Of Neuroma; Major Peripheral Nerve, Except Sciatic	No
64786	Excision Of Neuroma; Sciatic Nerve	No
64787	Implantation Of Nerve End Into Bone Or Muscle (List Separately In Addition To Neuroma Excision)	No
64788	Excision Of Neurofibroma Or Neurolemmoma; Cutaneous Nerve	No
64790	Excision Of Neurofibroma Or Neurolemmoma; Major Peripheral Nerve	No
64792	Excision Of Neurofibroma Or Neurolemmoma; Extensive (Including Malignant Type)	No
64795	Biopsy Of Nerve	No
64802	Sympathectomy, Cervical	No
64804	Sympathectomy, Cervicothoracic	No
64809	Sympathectomy, Thoracolumbar	No
64818	Sympathectomy, Lumbar	No
64820	Sympathectomy; Digital Arteries, Each Digit	No
64821	Sympathectomy; Radial Artery	No
64822	Sympathectomy; Ulnar Artery	No
64823	Sympathectomy; Superficial Palmar Arch	No
64831	Suture Of Digital Nerve, Hand Or Foot; 1 Nerve	No
64832	Suture Of Digital Nerve, Hand Or Foot; Each Additional Digital Nerve (List Separately In Addition To Code For Primary Procedure)	No
64834	Suture Of 1 Nerve; Hand Or Foot, Common Sensory Nerve	No
64835	Suture Of 1 Nerve; Median Motor Thenar	No
64836	Suture Of 1 Nerve; Ulnar Motor	No
64837	Suture Of Each Additional Nerve, Hand Or Foot (List Separately In Addition To Code For Primary Procedure)	No
64840	Suture Of Posterior Tibial Nerve	No
64856	Suture Of Major Peripheral Nerve, Arm Or Leg, Except Sciatic; Including Transposition	No
64857	Suture Of Major Peripheral Nerve, Arm Or Leg, Except Sciatic; Without Transposition	No
64858	Suture Of Sciatic Nerve	No
64859	Suture Of Each Additional Major Peripheral Nerve (List Separately In Addition To Code For Primary Procedure)	No
64861	Suture Of; Brachial Plexus	No
64862	Suture Of; Lumbar Plexus	No
64864	Suture Of Facial Nerve; Extracranial	No
64865	Suture Of Facial Nerve; Infratemporal, With Or Without Grafting	No
64866	Anastomosis; Facial-Spinal Accessory	No
64868	Anastomosis; Facial-Hypoglossal	No
64872	Suture Of Nerve; Requiring Secondary Or Delayed Suture (List Separately In Addition To Code For Primary Neurorrhaphy)	No
64874	Suture Of Nerve; Requiring Extensive Mobilization, Or Transposition Of Nerve (List Separately In Addition To Code For Nerve Suture)	No
64876	Suture Of Nerve; Requiring Shortening Of Bone Of Extremity (List Separately In Addition To Code For Nerve Suture)	No
64885	Nerve Graft (Includes Obtaining Graft), Head Or Neck; Up To 4 Cm In Length	No
64886	Nerve Graft (Includes Obtaining Graft), Head Or Neck; More Than 4 Cm Length	No
64890	Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; Up To 4 Cm Length	No
64891	Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; More Than 4 Cm Length	No
64892	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; Up To 4 Cm Length	No
64893	Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; More Than 4 Cm Length	No
64895	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or Foot; Up To 4 Cm Length	No
64896	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or Foot; More Than 4 Cm Length	No
64897	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Leg; Up To 4 Cm Length	No
64898	Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Leg; More Than 4 Cm Length	No

Procedure Code	Description	Prior Auth Required
64901	Nerve Graft, Each Additional Nerve; Single Strand (List Separately In Addition To Code For Primary Procedure)	No
64902	Nerve Graft, Each Additional Nerve; Multiple Strands (Cable) (List Separately In Addition To Code For Primary Procedure)	No
64905	Nerve Pedicle Transfer; First Stage	No
64907	Nerve Pedicle Transfer; Second Stage	No
64910	Nerve Repair; With Synthetic Conduit Or Vein Allograft (eg, Nerve Tube), Each Nerve	No
64911	Nerve Repair; With Autogenous Vein Graft (Includes Harvest Of Vein Graft), Each Nerve	No
64912	Nerve Repair; With Nerve Allograft, Each Nerve, First Strand (Cable)	No
64913	Nerve Repair; With Nerve Allograft, Each Additional Strand (List Separately In Addition To Code For Primary Procedure)	No
64999	Unlisted Procedure, Nervous System	Yes
65091	Evisceration Of Ocular Contents; Without Implant	No
65093	Evisceration Of Ocular Contents; With Implant	No
65101	Enucleation Of Eye; Without Implant	No
65103	Enucleation Of Eye; With Implant, Muscles Not Attached To Implant	No
65105	Enucleation Of Eye; With Implant, Muscles Attached To Implant	No
65110	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Contents; Only	No
65112	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Contents; With Therapeutic Removal Of Bone	No
65114	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Contents; With Muscle Or Myocutaneous Flap	No
65125	Modification Of Ocular Implant With Placement Or Replacement Of Pegs (eg, Drilling Receptacle For Prosthesis Appendage) (Separate Procedure)	No
65130	Insertion Of Ocular Implant Secondary; After Evisceration, In Scleral Shell	No
65135	Insertion Of Ocular Implant Secondary; After Enucleation, Muscles Not Attached To Implant	No
65140	Insertion Of Ocular Implant Secondary; After Enucleation, Muscles Attached To Implant	No
65150	Reinsertion Of Ocular Implant; With Or Without Conjunctival Graft	No
65155	Reinsertion Of Ocular Implant; With Use Of Foreign Material For Reinforcement And/Or Attachment Of Muscles To Implant	No
65175	Removal Of Ocular Implant	No
65205	Removal Of Foreign Body, External Eye; Conjunctival Superficial	No
65210	Removal Of Foreign Body, External Eye; Conjunctival Embedded (Includes Concretions), Subconjunctival, Or Scleral Nonperforating	No
65220	Removal Of Foreign Body, External Eye; Corneal, Without Slit Lamp	No
65222	Removal Of Foreign Body, External Eye; Corneal, With Slit Lamp	No
65235	Removal Of Foreign Body, Intraocular; From Anterior Chamber Of Eye Or Lens	No
65260	Removal Of Foreign Body, Intraocular; From Posterior Segment, Magnetic Extraction, Anterior Or Posterior Route	No
65265	Removal Of Foreign Body, Intraocular; From Posterior Segment, Nonmagnetic Extraction	No
65270	Repair Of Laceration; Conjunctiva, With Or Without Nonperforating Laceration Sclera, Direct Closure	No
65272	Repair Of Laceration; Conjunctiva, By Mobilization And Rearrangement, Without Hospitalization	No
65273	Repair Of Laceration; Conjunctiva, By Mobilization And Rearrangement, With Hospitalization	No
65275	Repair Of Laceration; Cornea, Nonperforating, With Or Without Removal Foreign Body	No
65280	Repair Of Laceration; Cornea And/Or Sclera, Perforating, Not Involving Uveal Tissue	No
65285	Repair Of Laceration; Cornea And/Or Sclera, Perforating, With Reposition Or Resection Of Uveal Tissue	No
65286	Repair Of Laceration; Application Of Tissue Glue, Wounds Of Cornea And/Or Sclera	No
65290	Repair Of Wound, Extraocular Muscle, Tendon And/Or Tenon's Capsule	No
65400	Excision Of Lesion, Cornea (Keratectomy, Lamellar, Partial), Except Pterygium	No
65410	Biopsy Of Cornea	No
65420	Excision Or Transposition Of Pterygium; Without Graft	No
65426	Excision Or Transposition Of Pterygium; With Graft	No
65430	Scraping Of Cornea, Diagnostic, For Smear And/Or Culture	No
65435	Removal Of Corneal Epithelium; With Or Without Chemocauterization (Abrasion, Curettage)	No
65436	Removal Of Corneal Epithelium; With Application Of Chelating Agent (eg, Edta)	No
65450	Destruction Of Lesion Of Cornea By Cryotherapy, Photocoagulation Or Thermocauterization	No
65600	Multiple Punctures Of Anterior Cornea (eg, For Corneal Erosion, Tattoo)	No
65710	Keratoplasty (Corneal Transplant); Anterior Lamellar	No
65730	Keratoplasty (Corneal Transplant); Penetrating (Except In Aphakia Or Pseudophakia)	No
65750	Keratoplasty (Corneal Transplant); Penetrating (In Aphakia)	No
65755	Keratoplasty (Corneal Transplant); Penetrating (In Pseudophakia)	No
65756	Keratoplasty (Corneal Transplant); Endothelial	No
65757	Backbench Preparation Of Corneal Endothelial Allograft Prior To Transplantation (List Separately In Addition To Code For Primary Procedure)	No
65760	Keratomileusis	Yes
65765	Keratophakia	Yes
65767	Epikeratoplasty	Yes
65770	Keratoprosthesis	Yes
65771	Radial Keratotomy	Yes
65772	Corneal Relaxing Incision For Correction Of Surgically Induced Astigmatism	Yes

Procedure Code	Description	Prior Auth Required
65775	Corneal Wedge Resection For Correction Of Surgically Induced Astigmatism	Yes
65778	Placement Of Amniotic Membrane On The Ocular Surface; Without Sutures	No
65779	Placement Of Amniotic Membrane On The Ocular Surface; Single Layer, Sutured	No
65780	Ocular Surface Reconstruction; Amniotic Membrane Transplantation, Multiple Layers	No
65781	Ocular Surface Reconstruction; Limbal Stem Cell Allograft (eg, Cadaveric Or Living Donor)	No
65782	Ocular Surface Reconstruction; Limbal Conjunctival Autograft (Includes Obtaining Graft)	No
65785	Implantation Of Intrastromal Corneal Ring Segments	Yes
65800	Paracentesis Of Anterior Chamber Of Eye (Separate Procedure); With Removal Of Aqueous	No
65810	Paracentesis Of Anterior Chamber Of Eye (Separate Procedure); With Removal Of Vitreous And/Or Discission Of Anterior Hyaloid Membrane, With Or Without Air Injection	No
65815	Paracentesis Of Anterior Chamber Of Eye (Separate Procedure); With Removal Of Blood, With Or Without Irrigation And/Or Air Injection	No
65820	Goniotomy	No
65850	Trabeculotomy Ab Externo	No
65855	Trabeculoplasty By Laser Surgery	No
65860	Severing Adhesions Of Anterior Segment, Laser Technique (Separate Procedure)	No
65865	Severing Adhesions Of Anterior Segment Of Eye, Incisional Technique (With Or Without Injection Of Air Or Liquid) (Separate Procedure); Goniosynechiae	No
65870	Severing Adhesions Of Anterior Segment Of Eye, Incisional Technique (With Or Without Injection Of Air Or Liquid) (Separate Procedure); Anterior Synechiae, Except Goniosynechiae	No
65875	Severing Adhesions Of Anterior Segment Of Eye, Incisional Technique (With Or Without Injection Of Air Or Liquid) (Separate Procedure); Posterior Synechiae	No
65880	Severing Adhesions Of Anterior Segment Of Eye, Incisional Technique (With Or Without Injection Of Air Or Liquid) (Separate Procedure); Corneovitreal Adhesions	No
65900	Removal Of Epithelial Downgrowth, Anterior Chamber Of Eye	No
65920	Removal Of Implanted Material, Anterior Segment Of Eye	No
65930	Removal Of Blood Clot, Anterior Segment Of Eye	No
66020	Injection, Anterior Chamber Of Eye (Separate Procedure); Air Or Liquid	No
66030	Injection, Anterior Chamber Of Eye (Separate Procedure); Medication	No
66130	Excision Of Lesion, Sclera	No
66150	Fistulization Of Sclera For Glaucoma; Trephination With Iridectomy	No
66155	Fistulization Of Sclera For Glaucoma; Thermocauterization With Iridectomy	No
66160	Fistulization Of Sclera For Glaucoma; Sclerectomy With Punch Or Scissors, With Iridectomy	No
66170	Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab Externo In Absence Of Previous Surgery	No
66172	Fistulization Of Sclera For Glaucoma; Trabeculectomy Ab Externo With Scarring From Previous Ocular Surgery Or Trauma (Includes Injection Of Antifibrotic Agents)	No
66174	Transluminal Dilation Of Aqueous Outflow Canal (Eg, Canaloplasty); Without Retention Of Device Or Stent	No
66175	Transluminal Dilation Of Aqueous Outflow Canal (Eg, Canaloplasty); With Retention Of Device Or Stent	Yes
66179	Aqueous Shunt To Extraocular Equatorial Plate Reservoir, External Approach; Without Graft	No
66180	Aqueous Shunt To Extraocular Equatorial Plate Reservoir, External Approach; With Graft	No
66183	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir, External Approach	Yes
66184	Revision Of Aqueous Shunt To Extraocular Equatorial Plate Reservoir; Without Graft	No
66185	Revision Of Aqueous Shunt To Extraocular Equatorial Plate Reservoir; With Graft	No
66225	Repair Of Scleral Staphyloma With Graft	No
66250	Revision Or Repair Of Operative Wound Of Anterior Segment, Any Type, Early Or Late, Major Or Minor Procedure	No
66500	Iridotomy By Stab Incision (Separate Procedure); Except Transfixion	No
66505	Iridotomy By Stab Incision (Separate Procedure); With Transfixion As For Iris Bombe	No
66600	Iridectomy, With Corneoscleral Or Corneal Section; For Removal Of Lesion	No
66605	Iridectomy, With Corneoscleral Or Corneal Section; With Cyclectomy	No
66625	Iridectomy, With Corneoscleral Or Corneal Section; Peripheral For Glaucoma (Separate Procedure)	No
66630	Iridectomy, With Corneoscleral Or Corneal Section; Sector For Glaucoma (Separate Procedure)	No
66635	Iridectomy, With Corneoscleral Or Corneal Section; Optical (Separate Procedure)	No
66680	Repair Of Iris, Ciliary Body (As For Iridodialysis)	No
66682	Suture Of Iris, Ciliary Body (Separate Procedure) With Retrieval Of Suture Through Small Incision (eg, Mccannel Suture)	No
66683	Implantation Of Iris Prosthesis, Including Suture Fixation And Repair Or Removal Of Iris, When Performed	Yes
66700	Ciliary Body Destruction; Diathermy	No
66710	Ciliary Body Destruction; Cyclophotocoagulation, Transscleral	No
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens	No
66720	Ciliary Body Destruction; Cryotherapy	No
66740	Ciliary Body Destruction; Cyclodialysis	No
66761	Iridotomy/Iridectomy By Laser Surgery (eg, For Glaucoma) (Per Session)	No
66762	Iridoplasty By Photocoagulation (1 Or More Sessions) (eg, For Improvement Of Vision, For Widening Of Anterior Chamber Angle)	No

Procedure Code	Description	Prior Auth Required
66770	Destruction Of Cyst Or Lesion Iris Or Ciliary Body (Nonexcisional Procedure)	No
66820	Discission Of Secondary Membranous Cataract (Opacified Posterior Lens Capsule And/Or Anterior Hyaloid); Stab Incision Technique (Ziegler Or Wheeler Knife)	No
66821	Discission Of Secondary Membranous Cataract (Opacified Posterior Lens Capsule And/Or Anterior Hyaloid); Laser Surgery (eg, Yag Laser) (1 Or More Stages)	No
66825	Repositioning Of Intraocular Lens Prosthesis, Requiring An Incision (Separate Procedure)	No
66830	Removal Of Secondary Membranous Cataract (Opacified Posterior Lens Capsule And/Or Anterior Hyaloid) With Corneo-Scleral Section, With Or Without Iridectomy (Iridocapsulotomy, Iridocapsulectomy)	Yes
66840	Removal Of Lens Material; Aspiration Technique, 1 Or More Stages	Yes
66850	Removal Of Lens Material; Phacofragmentation Technique (Mechanical Or Ultrasonic) (eg, Phacoemulsification), With Aspiration	Yes
66852	Removal Of Lens Material; Pars Plana Approach, With Or Without Vitrectomy	Yes
66920	Removal Of Lens Material; Intracapsular	Yes
66930	Removal Of Lens Material; Intracapsular, For Dislocated Lens	Yes
66940	Removal Of Lens Material; Extracapsular (Other Than 66840, 66850, 66852)	Yes
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine	No
66983	Intracapsular Cataract Extraction With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure)	Yes
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	No
66985	Insertion Of Intraocular Lens Prosthesis (Secondary Implant), Not Associated With Concurrent Cataract Removal	Yes
66986	Exchange Of Intraocular Lens	No
66987	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1-Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification), Complex, Requiring Devices Or Techniques Not Generally Used In Routine	Yes
66988	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification); With Endoscopic Cyclophotocoagulation	Yes
66989	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1-Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification), Complex, Requiring Devices Or Techniques Not Generally Used In Routine	Yes
66990	Use Of Ophthalmic Endoscope (List Separately In Addition To Code For Primary Procedure)	Yes
66991	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification); With Insertion Of Intraocular (Eg, Trabecular Meshwork, Supraciliary,	Yes
66999	Unlisted Procedure, Anterior Segment Of Eye	Yes
67005	Removal Of Vitreous, Anterior Approach (Open Sky Technique Or Limbal Incision); Partial Removal	No
67010	Removal Of Vitreous, Anterior Approach (Open Sky Technique Or Limbal Incision); Subtotal Removal With Mechanical Vitrectomy	No
67015	Aspiration Or Release Of Vitreous, Subretinal Or Choroidal Fluid, Pars Plana Approach (Posterior Sclerotomy)	No
67025	Injection Of Vitreous Substitute, Pars Plana Or Limbal Approach (Fluid-Gas Exchange), With Or Without Aspiration (Separate Procedure)	No
67027	Implantation Of Intravitreal Drug Delivery System (eg, Ganciclovir Implant), Includes Concomitant Removal Of Vitreous	No
67028	Intravitreal Injection Of A Pharmacologic Agent (Separate Procedure)	No
67030	Discission Of Vitreous Strands (Without Removal), Pars Plana Approach	No
67031	Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser Surgery (1 Or More Stages)	No
67036	Vitrectomy, Mechanical, Pars Plana Approach;	No
67039	Vitrectomy, Mechanical, Pars Plana Approach; With Focal Endolaser Photocoagulation	No
67040	Vitrectomy, Mechanical, Pars Plana Approach; With Endolaser Panretinal Photocoagulation	No
67041	Vitrectomy, Mechanical, Pars Plana Approach; With Removal Of Preretinal Cellular Membrane (eg, Macular Pucker)	No
67042	Vitrectomy, Mechanical, Pars Plana Approach; With Removal Of Internal Limiting Membrane Of Retina (eg, For Repair Of Macular Hole, Diabetic Macular Edema), Includes, If Performed, Intraocular Tamponade (Ie, Air, Gas Or Silicone Oil)	No
67043	Vitrectomy, Mechanical, Pars Plana Approach; With Removal Of Subretinal Membrane (eg, Choroidal Neovascularization), Includes, If Performed, Intraocular Tamponade (Ie, Air, Gas Or Silicone Oil) And Laser Photocoagulation	No
67101	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED; CRYOTHERAPY	No
67105	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED; PHOTOCOAGULATION	No

Procedure Code	Description	Prior Auth Required
67107	Repair Of Retinal Detachment; Scleral Buckling (Such As Lamellar Scleral Dissection, Imbrication Or Encircling Procedure), Including, When Performed, Implant, Cryotherapy, Photocoagulation, And Drainage Of Subretinal Fluid	No
67108	Repair Of Retinal Detachment; With Vitrectomy, Any Method, Including, When Performed, Air Or Gas Tamponade, Focal Endolaser Photocoagulation, Cryotherapy, Drainage Of Subretinal Fluid, Scleral Buckling, And/Or Removal Of Lens By Same Technique	No
67110	Repair Of Retinal Detachment; By Injection Of Air Or Other Gas (eg, Pneumatic Retinopexy)	No
67113	Repair Of Complex Retinal Detachment (Eg, Proliferative Vitreoretinopathy, Stage C-1 Or Greater, Diabetic Traction Retinal Detachment, Retinopathy Of Prematurity, Retinal Tear Of Greater Than 90 Degrees), With Vitrectomy And Membrane Peeling, Including, W	No
67115	Release Of Encircling Material (Posterior Segment)	No
67120	Removal Of Implanted Material, Posterior Segment; Extraocular	No
67121	Removal Of Implanted Material, Posterior Segment; Intraocular	No
67141	Prophylaxis Of Retinal Detachment (Eg, Retinal Break, Lattice Degeneration) Without Drainage; Cryotherapy, Diathermy	No
67145	Prophylaxis Of Retinal Detachment (Eg, Retinal Break, Lattice Degeneration) Without Drainage; Photocoagulation	No
67208	Destruction Of Localized Lesion Of Retina (eg, Macular Edema, Tumors), 1 Or More Sessions; Cryotherapy, Diathermy	No
67210	Destruction Of Localized Lesion Of Retina (eg, Macular Edema, Tumors), 1 Or More Sessions; Photocoagulation	No
67218	Destruction Of Localized Lesion Of Retina (eg, Macular Edema, Tumors), 1 Or More Sessions; Radiation By Implantation Of Source (Includes Removal Of Source)	No
67220	Destruction Of Localized Lesion Of Choroid (eg, Choroidal Neovascularization); Photocoagulation (eg, Laser), 1 Or More Sessions	No
67221	Destruction Of Localized Lesion Of Choroid (eg, Choroidal Neovascularization); Photodynamic Therapy (Includes Intravenous Infusion)	No
67225	Destruction Of Localized Lesion Of Choroid (eg, Choroidal Neovascularization); Photodynamic Therapy, Second Eye, At Single Session (List Separately In Addition To Code For Primary Eye Treatment)	No
67227	Destruction Of Extensive Or Progressive Retinopathy (eg, Diabetic Retinopathy), Cryotherapy, Diathermy	No
67228	Treatment Of Extensive Or Progressive Retinopathy (eg, Diabetic Retinopathy), Photocoagulation	No
67229	Treatment Of Extensive Or Progressive Retinopathy, 1 Or More Sessions, Preterm Infant (Less Than 37 Weeks Gestation At Birth), Performed From Birth Up To 1 Year Of Age (Eg, Retinopathy Of Prematurity), Photocoagulation Or Cryotherapy	Yes
67250	Scleral Reinforcement (Separate Procedure); Without Graft	No
67255	Scleral Reinforcement (Separate Procedure); With Graft	No
67299	Unlisted Procedure, Posterior Segment	Yes
67311	Strabismus Surgery, Recession Or Resection Procedure; 1 Horizontal Muscle	No
67312	Strabismus Surgery, Recession Or Resection Procedure; 2 Horizontal Muscles	No
67314	Strabismus Surgery, Recession Or Resection Procedure; 1 Vertical Muscle (Excluding Superior Oblique)	Yes
67316	Strabismus Surgery, Recession Or Resection Procedure; 2 Or More Vertical Muscles (Excluding Superior Oblique)	Yes
67318	Strabismus Surgery, Any Procedure, Superior Oblique Muscle	Yes
67320	Transposition Procedure (eg, For Paretic Extraocular Muscle), Any Extraocular Muscle (Specify) (List Separately In Addition To Code For Primary Procedure)	Yes
67331	Strabismus Surgery On Patient With Previous Eye Surgery Or Injury That Did Not Involve The Extraocular Muscles (List Separately In Addition To Code For Primary Procedure)	Yes
67332	Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (eg, Prior Ocular Injury, Strabismus Or Retinal Detachment Surgery) Or Restrictive Myopathy (eg, Dysthyroid Ophthalmopathy) (List Separately In Addition To Code For Primary Procedure)	Yes
67334	Strabismus Surgery By Posterior Fixation Suture Technique, With Or Without Muscle Recession (List Separately In Addition To Code For Primary Procedure)	Yes
67335	Placement Of Adjustable Suture(s) During Strabismus Surgery, Including Postoperative Adjustment(s) Of Suture(s) (List Separately In Addition To Code For Specific Strabismus Surgery)	No
67340	Strabismus Surgery Involving Exploration And/Or Repair Of Detached Extraocular Muscle(s) (List Separately In Addition To Code For Primary Procedure)	Yes
67343	Release Of Extensive Scar Tissue Without Detaching Extraocular Muscle (Separate Procedure)	Yes
67345	Chemodenervation Of Extraocular Muscle	No
67346	Biopsy Of Extraocular Muscle	No
67399	Unlisted Procedure, Extraocular Muscle	Yes
67400	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); For Exploration, With Or Without Biopsy	No
67405	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With Drainage Only	No
67412	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With Removal Of Lesion	No
67413	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With Removal Of Foreign Body	No

Procedure Code	Description	Prior Auth Required
67414	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With Removal Of Bone For Decompression	No
67415	Fine Needle Aspiration Of Orbital Contents	No
67420	Orbitotomy With Bone Flap Or Window, Lateral Approach (eg, Kroenlein); With Removal Of Lesion	No
67430	Orbitotomy With Bone Flap Or Window, Lateral Approach (eg, Kroenlein); With Removal Of Foreign Body	No
67440	Orbitotomy With Bone Flap Or Window, Lateral Approach (eg, Kroenlein); With Drainage	No
67445	Orbitotomy With Bone Flap Or Window, Lateral Approach (eg, Kroenlein); With Removal Of Bone For Decompression	No
67450	Orbitotomy With Bone Flap Or Window, Lateral Approach (eg, Kroenlein); For Exploration, With Or Without Biopsy	No
67500	Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication)	No
67505	Retrobulbar Injection; Alcohol	No
67515	Injection Of Medication Or Other Substance Into Tenon's Capsule	No
67516	Suprachoroidal Space Injection Of Pharmacologic Agent (Separate Procedure)	No
67550	Orbital Implant (Implant Outside Muscle Cone); Insertion	No
67560	Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision	No
67570	Optic Nerve Decompression (eg, Incision Or Fenestration Of Optic Nerve Sheath)	No
67599	Unlisted Procedure, Orbit	Yes
67700	Blepharotomy, Drainage Of Abscess, Eyelid	No
67710	Severing Of Tarsorrhaphy	No
67715	Canthotomy (Separate Procedure)	No
67800	Excision Of Chalazion; Single	No
67801	Excision Of Chalazion; Multiple, Same Lid	No
67805	Excision Of Chalazion; Multiple, Different Lids	No
67808	Excision Of Chalazion; Under General Anesthesia And/Or Requiring Hospitalization, Single Or Multiple	No
67810	Incisional Biopsy Of Eyelid Skin Including Lid Margin	No
67820	Correction Of Trichiasis; Epilation, By Forceps Only	No
67825	Correction Of Trichiasis; Epilation By Other Than Forceps (eg, By Electrosurgery, Cryotherapy, Laser Surgery)	No
67830	Correction Of Trichiasis; Incision Of Lid Margin	No
67835	Correction Of Trichiasis; Incision Of Lid Margin, With Free Mucous Membrane Graft	No
67840	Excision Of Lesion Of Eyelid (Except Chalazion) Without Closure Or With Simple Direct Closure	No
67850	Destruction Of Lesion Of Lid Margin (Up To 1 Cm)	No
67875	Temporary Closure Of Eyelids By Suture (eg, Frost Suture)	No
67880	Construction Of Intermarginal Adhesions, Median Tarsorrhaphy, Or Canthorrhaphy;	No
67882	Construction Of Intermarginal Adhesions, Median Tarsorrhaphy, Or Canthorrhaphy; With Transposition Of Tarsal Plate	No
67900	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Coronal Approach)	No
67901	Repair Of Blepharoptosis; Frontalis Muscle Technique With Suture Or Other Material (eg, Banked Fascia)	Yes
67902	Repair Of Blepharoptosis; Frontalis Muscle Technique With Autologous Fascial Sling (Includes Obtaining Fascia)	Yes
67903	Repair Of Blepharoptosis; (Tarso) Levator Resection Or Advancement, Internal Approach	Yes
67904	Repair Of Blepharoptosis; (Tarso) Levator Resection Or Advancement, External Approach	Yes
67906	Repair Of Blepharoptosis; Superior Rectus Technique With Fascial Sling (Includes Obtaining Fascia)	Yes
67908	Repair Of Blepharoptosis; Conjunctivo-Tarso-Muller's Muscle-Levator Resection (eg, Fasanella-Servat Type)	Yes
67909	Reduction Of Overcorrection Of Ptosis	Yes
67911	Correction Of Lid Retraction	Yes
67912	Correction Of Lagophthalmos, With Implantation Of Upper Eyelid Lid Load (eg, Gold Weight)	No
67914	Repair Of Ectropion; Suture	Yes
67915	Repair Of Ectropion; Thermocauterization	Yes
67916	Repair Of Ectropion; Excision Tarsal Wedge	Yes
67917	Repair Of Ectropion; Extensive (eg, Tarsal Strip Operations)	Yes
67921	Repair Of Entropion; Suture	Yes
67922	Repair Of Entropion; Thermocauterization	Yes
67923	Repair Of Entropion; Excision Tarsal Wedge	Yes
67924	Repair Of Entropion; Extensive (eg, Tarsal Strip Or Capsulopalpebral Fascia Repairs Operation)	Yes
67930	Suture Of Recent Wound, Eyelid, Involving Lid Margin, Tarsus, And/Or Palpebral Conjunctiva Direct Closure; Partial Thickness	No
67935	Suture Of Recent Wound, Eyelid, Involving Lid Margin, Tarsus, And/Or Palpebral Conjunctiva Direct Closure; Full Thickness	No
67938	Removal Of Embedded Foreign Body, Eyelid	No
67950	Canthoplasty (Reconstruction Of Canthus)	Yes
67961	Excision And Repair Of Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Canthus, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle Flap With Adjacent Tissue Transfer Or Rearrangement; Up To One-Fourth Of Lid Margin	Yes

Procedure Code	Description	Prior Auth Required
67966	Excision And Repair Of Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Canthus, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle Flap With Adjacent Tissue Transfer Or Rearrangement; Over One-Fourth Of Lid Margin	Yes
67971	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Up To Two-Thirds Of Eyelid, 1 Stage Or First Stage	Yes
67973	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Total Eyelid, Lower, 1 Stage Or First Stage	Yes
67974	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Total Eyelid, Upper, 1 Stage Or First Stage	Yes
67975	Reconstruction Of Eyelid, Full Thickness By Transfer Of Tarsoconjunctival Flap From Opposing Eyelid; Second Stage	Yes
67999	Unlisted Procedure, Eyelids	Yes
68020	Incision Of Conjunctiva, Drainage Of Cyst	No
68040	Expression Of Conjunctival Follicles (eg, For Trachoma)	No
68100	Biopsy Of Conjunctiva	No
68110	Excision Of Lesion, Conjunctiva; Up To 1 Cm	No
68115	Excision Of Lesion, Conjunctiva; Over 1 Cm	No
68130	Excision Of Lesion, Conjunctiva; With Adjacent Sclera	No
68135	Destruction Of Lesion, Conjunctiva	No
68200	Subconjunctival Injection	No
68320	Conjunctivoplasty; With Conjunctival Graft Or Extensive Rearrangement	No
68325	Conjunctivoplasty; With Buccal Mucous Membrane Graft (Includes Obtaining Graft)	No
68326	Conjunctivoplasty, Reconstruction Cul-De-Sac; With Conjunctival Graft Or Extensive Rearrangement	No
68328	Conjunctivoplasty, Reconstruction Cul-De-Sac; With Buccal Mucous Membrane Graft (Includes Obtaining Graft)	No
68330	Repair Of Symblepharon; Conjunctivoplasty, Without Graft	No
68335	Repair Of Symblepharon; With Free Graft Conjunctiva Or Buccal Mucous Membrane (Includes Obtaining Graft)	No
68340	Repair Of Symblepharon; Division Of Symblepharon, With Or Without Insertion Of Conformer Or Contact Lens	No
68360	Conjunctival Flap; Bridge Or Partial (Separate Procedure)	No
68362	Conjunctival Flap; Total (Such As Gunderson Thin Flap Or Purse String Flap)	No
68371	Harvesting Conjunctival Allograft, Living Donor	No
68399	Unlisted Procedure, Conjunctiva	Yes
68400	Incision, Drainage Of Lacrimal Gland	No
68420	Incision, Drainage Of Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy)	No
68440	Snip Incision Of Lacrimal Punctum	No
68500	Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total	No
68505	Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial	No
68510	Biopsy Of Lacrimal Gland	No
68520	Excision Of Lacrimal Sac (Dacryocystectomy)	No
68525	Biopsy Of Lacrimal Sac	No
68530	Removal Of Foreign Body Or Dacryolith, Lacrimal Passages	No
68540	Excision Of Lacrimal Gland Tumor; Frontal Approach	No
68550	Excision Of Lacrimal Gland Tumor; Involving Osteotomy	No
68700	Plastic Repair Of Canaliculi	Yes
68705	Correction Of Everted Punctum, Cautery	No
68720	Dacryocystorhinostomy (Fistulization Of Lacrimal Sac To Nasal Cavity)	No
68745	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); Without Tube	No
68750	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); With Insertion Of Tube Or Stent	No
68760	Closure Of The Lacrimal Punctum; By Thermocauterization, Ligation, Or Laser Surgery	No
68761	Closure Of The Lacrimal Punctum; By Plug, Each	No
68770	Closure Of Lacrimal Fistula (Separate Procedure)	No
68801	Dilation Of Lacrimal Punctum, With Or Without Irrigation	No
68810	Probing Of Nasolacrimal Duct, With Or Without Irrigation;	No
68811	Probing Of Nasolacrimal Duct, With Or Without Irrigation; Requiring General Anesthesia	No
68815	Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Insertion Of Tube Or Stent	No
68816	Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Transluminal Balloon Catheter Dilation	No
68840	Probing Of Lacrimal Canaliculi, With Or Without Irrigation	No
68841	Insertion Of Drug-Eluting Implant, Including Punctal Dilation When Performed, Into Lacrimal Canaliculus, Each	Yes
68850	Injection Of Contrast Medium For Dacryocystography	No
68899	Unlisted Procedure, Lacrimal System	Yes
69000	Drainage External Ear, Abscess Or Hematoma; Simple	No
69005	Drainage External Ear, Abscess Or Hematoma; Complicated	No
69020	Drainage External Auditory Canal, Abscess	No
69090	Ear Piercing	Yes
69100	Biopsy External Ear	No
69105	Biopsy External Auditory Canal	No

Procedure Code	Description	Prior Auth Required
69110	Excision External Ear; Partial, Simple Repair	No
69120	Excision External Ear; Complete Amputation	No
69140	Excision Exostosis(Es), External Auditory Canal	No
69145	Excision Soft Tissue Lesion, External Auditory Canal	No
69150	Radical Excision External Auditory Canal Lesion; Without Neck Dissection	No
69155	Radical Excision External Auditory Canal Lesion; With Neck Dissection	No
69200	Removal Foreign Body From External Auditory Canal; Without General Anesthesia	No
69205	Removal Foreign Body From External Auditory Canal; With General Anesthesia	No
69209	Removal Impacted Cerumen Using Irrigation/Lavage, Unilateral	No
69210	Removal Impacted Cerumen Requiring Instrumentation, Unilateral	No
69220	Debridement, Mastoidectomy Cavity, Simple (eg, Routine Cleaning)	No
69222	Debridement, Mastoidectomy Cavity, Complex (eg, With Anesthesia Or More Than Routine Cleaning)	No
69300	Otoplasty, Protruding Ear, With Or Without Size Reduction	Yes
69310	Reconstruction Of External Auditory Canal (Meatoplasty) (eg, For Stenosis Due To Injury, Infection) (Separate Procedure)	No
69320	Reconstruction External Auditory Canal For Congenital Atresia, Single Stage	No
69399	Unlisted Procedure, External Ear	Yes
69420	Myringotomy Including Aspiration And/Or Eustachian Tube Inflation	No
69421	Myringotomy Including Aspiration And/Or Eustachian Tube Inflation Requiring General Anesthesia	Yes
69424	Ventilating Tube Removal Requiring General Anesthesia	No
69433	Tympanostomy (Requiring Insertion Of Ventilating Tube), Local Or Topical Anesthesia	Yes
69436	Tympanostomy (Requiring Insertion Of Ventilating Tube), General Anesthesia	No
69440	Middle Ear Exploration Through Postauricular Or Ear Canal Incision	Yes
69450	Tympanolysis, Transcanal	Yes
69501	Transmastoid Antrotomy (Simple Mastoidectomy)	No
69502	Mastoidectomy; Complete	No
69505	Mastoidectomy; Modified Radical	No
69511	Mastoidectomy; Radical	No
69530	Petrous Apicectomy Including Radical Mastoidectomy	No
69535	Resection Temporal Bone, External Approach	No
69540	Excision Aural Polyp	No
69550	Excision Aural Glomus Tumor; Transcanal	No
69552	Excision Aural Glomus Tumor; Transmastoid	No
69554	Excision Aural Glomus Tumor; Extended (Extratemporal)	No
69601	Revision Mastoidectomy; Resulting In Complete Mastoidectomy	No
69602	Revision Mastoidectomy; Resulting In Modified Radical Mastoidectomy	No
69603	Revision Mastoidectomy; Resulting In Radical Mastoidectomy	No
69604	Revision Mastoidectomy; Resulting In Tympanoplasty	No
69610	Tympanic Membrane Repair, With Or Without Site Preparation Of Perforation For Closure, With Or Without Patch	No
69620	Myringoplasty (Surgery Confined To Drumhead And Donor Area)	No
69631	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction	No
69632	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; With Ossicular Chain Reconstruction (eg, Postfenestration)	No
69633	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; With Ossicular Chain Reconstruction And Synthetic Prosthesis (Eg, Partial Ossicular Replacement Prosthesis [Porp], Total Ossicular Repl	No
69635	Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction	No
69636	Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); With Ossicular Chain Reconstruction	No
69637	Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); With Ossicular Chain Reconstruction And Synthetic Prosthesis (Eg, Partial Ossicular Replacement Prosthesis [Porp], Total	No
69641	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear Surgery, Tympanic Membrane Repair); Without Ossicular Chain Reconstruction	No
69642	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear Surgery, Tympanic Membrane Repair); With Ossicular Chain Reconstruction	No
69643	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear Surgery, Tympanic Membrane Repair); With Intact Or Reconstructed Wall, Without Ossicular Chain Reconstruction	No
69644	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear Surgery, Tympanic Membrane Repair); With Intact Or Reconstructed Canal Wall, With Ossicular Chain Reconstruction	No
69645	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear Surgery, Tympanic Membrane Repair); Radical Or Complete, Without Ossicular Chain Reconstruction	No
69646	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear Surgery, Tympanic Membrane Repair); Radical Or Complete, With Ossicular Chain Reconstruction	No
69650	Stapes Mobilization	No

Procedure Code	Description	Prior Auth Required
69660	Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material;	No
69661	Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material; With Footplate Drill Out	No
69662	Revision Of Stapedectomy Or Stapedotomy	No
69666	Repair Oval Window Fistula	No
69667	Repair Round Window Fistula	No
69670	Mastoid Obliteration (Separate Procedure)	No
69676	Tympanic Neurectomy	No
69700	Closure Postauricular Fistula, Mastoid (Separate Procedure)	No
69705	Nasopharyngoscopy, Surgical, With Dilation Of Eustachian Tube (Ie, Balloon Dilation); Unilateral	No
69706	Nasopharyngoscopy, Surgical, With Dilation Of Eustachian Tube (Ie, Balloon Dilation); Bilateral	No
69710	Implantation Or Replacement Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone	Yes
69711	Removal Or Repair Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone	Yes
69714	Implantation, Osseointegrated Implant, Skull; With Percutaneous Attachment To External Speech Processor	Yes
69716	Implantation, Osseointegrated Implant, Skull; With Magnetic Transcutaneous Attachment To External Speech Processor, Within The Mastoid And/Or Resulting In Removal Of Less Than 100 Sq Mm Surface Area Of Bone Deep To The Outer Cranial Cortex	Yes
69717	Replacement (Including Removal Of Existing Device), Osseointegrated Implant, Skull; With Percutaneous Attachment To External Speech Processor	Yes
69719	Replacement (Including Removal Of Existing Device), Osseointegrated Implant, Skull; With Magnetic Transcutaneous Attachment To External Speech Processor, Within The Mastoid And/Or Involving A Bony Defect Less Than 100 Sq Mm Surface Area Of Bone Deep To Th	Yes
69720	Decompression Facial Nerve, Intratemporal; Lateral To Geniculate Ganglion	No
69725	Decompression Facial Nerve, Intratemporal; Including Medial To Geniculate Ganglion	No
69726	Removal, Entire Osseointegrated Implant, Skull; With Percutaneous Attachment To External Speech Processor	Yes
69727	Removal, Entire Osseointegrated Implant, Skull; With Magnetic Transcutaneous Attachment To External Speech Processor, Within The Mastoid And/Or Involving A Bony Defect Less Than 100 Sq Mm Surface Area Of Bone Deep To The Outer Cranial Cortex	Yes
69728	Removal, Entire Osseointegrated Implant, Skull; With Magnetic Transcutaneous Attachment To External Speech Processor, Outside The Mastoid And Involving A Bony Defect Greater Than Or Equal To 100 Sq Mm Surface Area Of Bone Deep To The Outer Cranial Cortex	Yes
69729	Implantation, Osseointegrated Implant, Skull; With Magnetic Transcutaneous Attachment To External Speech Processor, Outside Of The Mastoid And Resulting In Removal Of Greater Than Or Equal To 100 Sq Mm Surface Area Of Bone Deep To The Outer Cranial Cortex	Yes
69730	Replacement (Including Removal Of Existing Device), Osseointegrated Implant, Skull; With Magnetic Transcutaneous Attachment To External Speech Processor, Outside The Mastoid And Involving A Bony Defect Greater Than Or Equal To 100 Sq Mm Surface Area Of Bo	Yes
69740	Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression; Lateral To Geniculate Ganglion	No
69745	Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression; Including Medial To Geniculate Ganglion	No
69799	Unlisted Procedure, Middle Ear	Yes
69801	Labyrinthotomy, With Perfusion Of Vestibuloactive Drug(S), Transcanal	No
69805	Endolymphatic Sac Operation; Without Shunt	No
69806	Endolymphatic Sac Operation; With Shunt	No
69905	Labyrinthectomy; Transcanal	No
69910	Labyrinthectomy; With Mastoidectomy	No
69915	Vestibular Nerve Section, Translabyrinthine Approach	No
69930	Cochlear Device Implantation, With Or Without Mastoidectomy	Yes
69949	Unlisted Procedure, Inner Ear	Yes
69950	Vestibular Nerve Section, Transcranial Approach	No
69955	Total Facial Nerve Decompression And/Or Repair (May Include Graft)	No
69960	Decompression Internal Auditory Canal	No
69970	Removal Of Tumor, Temporal Bone	No
69979	Unlisted Procedure, Temporal Bone, Middle Fossa Approach	Yes
69990	Microsurgical Techniques, Requiring Use Of Operating Microscope (List Separately In Addition To Code For Primary Procedure)	No
70010	Myelography, Posterior Fossa, Radiological Supervision And Interpretation	No
70015	Cisternography, Positive Contrast, Radiological Supervision And Interpretation	No
70030	Radiologic Examination, Eye, For Detection Of Foreign Body	No
70100	Radiologic Examination, Mandible; Partial, Less Than 4 Views	No
7010F	Patient Information Entered Into A Recall System That Includes: Target Date For The Next Exam Specified And A Process To Follow Up With Patients Regarding Missed Or Unscheduled Appointments (MI)	Yes
70110	Radiologic Examination, Mandible; Complete, Minimum Of 4 Views	No
70120	Radiologic Examination, Mastoids; Less Than 3 Views Per Side	No
70130	Radiologic Examination, Mastoids; Complete, Minimum Of 3 Views Per Side	No
70134	Radiologic Examination, Internal Auditory Meati, Complete	No

Procedure Code	Description	Prior Auth Required
70140	Radiologic Examination, Facial Bones; Less Than 3 Views	No
70150	Radiologic Examination, Facial Bones; Complete, Minimum Of 3 Views	No
70160	Radiologic Examination, Nasal Bones, Complete, Minimum Of 3 Views	No
70170	Dacryocystography, Nasolacrimal Duct, Radiological Supervision And Interpretation	No
70190	Radiologic Examination; Optic Foramina	No
70200	Radiologic Examination; Orbits, Complete, Minimum Of 4 Views	No
7020F	Mammogram Assessment Category (Eg, Mammography Quality Standards Act [Mqsa], Breast Imaging Reporting And Data System [Bi-Rads], Or Fda Approved Equivalent Categories) Entered Into An Internal Database To Allow For Analysis Of Abnormal Interpretation (Rec	Yes
70210	Radiologic Examination, Sinuses, Paranasal, Less Than 3 Views	No
70220	Radiologic Examination, Sinuses, Paranasal, Complete, Minimum Of 3 Views	No
70240	Radiologic Examination, Sella Turcica	No
70250	Radiologic Examination, Skull; Less Than 4 Views	No
7025F	Patient Information Entered Into A Reminder System With A Target Due Date For The Next Mammogram (Rad)	Yes
70260	Radiologic Examination, Skull; Complete, Minimum Of 4 Views	No
70300	Radiologic Examination, Teeth; Single View	No
70310	Radiologic Examination, Teeth; Partial Examination, Less Than Full Mouth	No
70320	Radiologic Examination, Teeth; Complete, Full Mouth	No
70328	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth; Unilateral	No
70330	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth; Bilateral	No
70332	Temporomandibular Joint Arthrography, Radiological Supervision And Interpretation	No
70336	Magnetic Resonance (eg, Proton) Imaging, Temporomandibular Joint(s)	Yes
70350	Cephalogram, Orthodontic	No
70355	Orthopantogram (eg, Panoramic X-Ray)	No
70360	Radiologic Examination; Neck, Soft Tissue	No
70370	Radiologic Examination; Pharynx Or Larynx, Including Fluoroscopy And/Or Magnification Technique	No
70371	Complex Dynamic Pharyngeal And Speech Evaluation By Cine Or Video Recording	Yes
70380	Radiologic Examination, Salivary Gland For Calculus	No
70390	Sialography, Radiological Supervision And Interpretation	No
70450	Computed Tomography, Head Or Brain; Without Contrast Material	No
70460	Computed Tomography, Head Or Brain; With Contrast Material(s)	No
70470	Computed Tomography, Head Or Brain; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
70471	Computed Tomographic Angiography (Cta), Head And Neck, With Contrast Material(S), Including Noncontrast Images, When Performed, And Image Postprocessing	No
70472	Computed Tomographic (Ct) Cerebral Perfusion Analysis With Contrast Material(S), Including Image Postprocessing Performed With Concurrent Ct Or Ct Angiography Of The Same Anatomy (List Separately In Addition To Code For Primary Procedure)	No
70473	Computed Tomographic (Ct) Cerebral Perfusion Analysis With Contrast Material(S), Including Image Postprocessing Performed Without Concurrent Ct Or Ct Angiography Of The Same Anatomy	No
70480	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; Without Contrast Material	No
70481	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; With Contrast Material(s)	No
70482	Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
70486	Computed Tomography, Maxillofacial Area; Without Contrast Material	No
70487	Computed Tomography, Maxillofacial Area; With Contrast Material(s)	No
70488	Computed Tomography, Maxillofacial Area; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
70490	Computed Tomography, Soft Tissue Neck; Without Contrast Material	No
70491	Computed Tomography, Soft Tissue Neck; With Contrast Material(s)	No
70492	Computed Tomography, Soft Tissue Neck; Without Contrast Material Followed By Contrast Material(s) And Further Sections	No
70496	Computed Tomographic Angiography, Head, With Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing	No
70498	Computed Tomographic Angiography, Neck, With Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing	No
70540	Magnetic Resonance (eg, Proton) Imaging, Orbit, Face, And/Or Neck; Without Contrast Material(s)	Yes
70542	Magnetic Resonance (eg, Proton) Imaging, Orbit, Face, And/Or Neck; With Contrast Material(s)	Yes
70543	Magnetic Resonance (eg, Proton) Imaging, Orbit, Face, And/Or Neck; Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Yes
70544	Magnetic Resonance Angiography, Head; Without Contrast Material(s)	Yes
70545	Magnetic Resonance Angiography, Head; With Contrast Material(s)	Yes
70546	Magnetic Resonance Angiography, Head; Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Yes
70547	Magnetic Resonance Angiography, Neck; Without Contrast Material(s)	Yes
70548	Magnetic Resonance Angiography, Neck; With Contrast Material(s)	Yes

Procedure Code	Description	Prior Auth Required
70549	Magnetic Resonance Angiography, Neck; Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Yes
70551	Magnetic Resonance (eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material	Yes
70552	Magnetic Resonance (eg, Proton) Imaging, Brain (Including Brain Stem); With Contrast Material(s)	Yes
70553	Magnetic Resonance (eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material, Followed By Contrast Material(s) And Further Sequences	Yes
70554	Magnetic Resonance Imaging, Brain, Functional MRI; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or Visual Stimulation, Not Requiring Physician Or Psychologist Administration	No
70555	Magnetic Resonance Imaging, Brain, Functional MRI; Requiring Physician Or Psychologist Administration Of Entire Neurofunctional Testing	No
70557	Magnetic Resonance (eg, Proton) Imaging, Brain (Including Brain Stem And Skull Base), During Open Intracranial Procedure (eg, To Assess For Residual Tumor Or Residual Vascular Malformation); Without Contrast Material	Yes
70558	Magnetic Resonance (eg, Proton) Imaging, Brain (Including Brain Stem And Skull Base), During Open Intracranial Procedure (eg, To Assess For Residual Tumor Or Residual Vascular Malformation); With Contrast Material(s)	Yes
70559	Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem And Skull Base), During Open Intracranial Procedure (Eg, To Assess For Residual Tumor Or Residual Vascular Malformation); Without Contrast Material(S), Followed By Contrast Material(S) A	Yes
71045	Radiologic Examination, Chest; Single View	No
71046	Radiologic Examination, Chest; 2 Views	No
71047	Radiologic Examination, Chest; 3 Views	No
71048	Radiologic Examination, Chest; 4 Or More Views	No
71100	Radiologic Examination, Ribs, Unilateral; 2 Views	No
71101	Radiologic Examination, Ribs, Unilateral; Including Posteroanterior Chest, Minimum Of 3 Views	No
71110	Radiologic Examination, Ribs, Bilateral; 3 Views	No
71111	Radiologic Examination, Ribs, Bilateral; Including Posteroanterior Chest, Minimum Of 4 Views	No
71120	Radiologic Examination; Sternum, Minimum Of 2 Views	No
71130	Radiologic Examination; Sternoclavicular Joint Or Joints, Minimum Of 3 Views	No
71250	Computed Tomography, Thorax, Diagnostic; Without Contrast Material	No
71260	Computed Tomography, Thorax, Diagnostic; With Contrast Material(S)	No
71270	Computed Tomography, Thorax, Diagnostic; Without Contrast Material, Followed By Contrast Material(S) And Further Sections	No
71271	Computed Tomography, Thorax, Low Dose For Lung Cancer Screening, Without Contrast Material(S)	No
71275	Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing	No
71550	Magnetic Resonance (eg, Proton) Imaging, Chest (eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(s)	Yes
71551	Magnetic Resonance (eg, Proton) Imaging, Chest (eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(s)	Yes
71552	Magnetic Resonance (eg, Proton) Imaging, Chest (eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Yes
71555	Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(s)	Yes
72020	Radiologic Examination, Spine, Single View, Specify Level	No
72040	Radiologic Examination, Spine, Cervical; 2 Or 3 Views	No
72050	Radiologic Examination, Spine, Cervical; 4 Or 5 Views	No
72052	Radiologic Examination, Spine, Cervical; 6 Or More Views	No
72070	Radiologic Examination, Spine; Thoracic, 2 Views	No
72072	Radiologic Examination, Spine; Thoracic, 3 Views	No
72074	Radiologic Examination, Spine; Thoracic, Minimum Of 4 Views	No
72080	Radiologic Examination, Spine; Thoracolumbar Junction, Minimum Of 2 Views	No
72081	Radiologic Examination, Spine, Entire Thoracic And Lumbar, Including Skull, Cervical And Sacral Spine If Performed (eg, Scoliosis Evaluation); One View	No
72082	Radiologic Examination, Spine, Entire Thoracic And Lumbar, Including Skull, Cervical And Sacral Spine If Performed (eg, Scoliosis Evaluation); 2 Or 3 Views	No
72083	Radiologic Examination, Spine, Entire Thoracic And Lumbar, Including Skull, Cervical And Sacral Spine If Performed (eg, Scoliosis Evaluation); 4 Or 5 Views	No
72084	Radiologic Examination, Spine, Entire Thoracic And Lumbar, Including Skull, Cervical And Sacral Spine If Performed (eg, Scoliosis Evaluation); Minimum Of 6 Views	No
72100	Radiologic Examination, Spine, Lumbosacral; 2 Or 3 Views	No
72110	Radiologic Examination, Spine, Lumbosacral; Minimum Of 4 Views	No
72114	Radiologic Examination, Spine, Lumbosacral; Complete, Including Bending Views, Minimum Of 6 Views	No
72120	Radiologic Examination, Spine, Lumbosacral; Bending Views Only, 2 Or 3 Views	No
72125	Computed Tomography, Cervical Spine; Without Contrast Material	No
72126	Computed Tomography, Cervical Spine; With Contrast Material	No

Procedure Code	Description	Prior Auth Required
72127	Computed Tomography, Cervical Spine; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
72128	Computed Tomography, Thoracic Spine; Without Contrast Material	No
72129	Computed Tomography, Thoracic Spine; With Contrast Material	No
72130	Computed Tomography, Thoracic Spine; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
72131	Computed Tomography, Lumbar Spine; Without Contrast Material	No
72132	Computed Tomography, Lumbar Spine; With Contrast Material	No
72133	Computed Tomography, Lumbar Spine; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
72141	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Cervical; Without Contrast Material	Yes
72142	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Cervical; With Contrast Material(s)	Yes
72146	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Thoracic; Without Contrast Material	Yes
72147	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Thoracic; With Contrast Material(s)	Yes
72148	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Lumbar; Without Contrast Material	Yes
72149	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Lumbar; With Contrast Material(s)	Yes
72156	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(s) And Further Sequences; Cervical	Yes
72157	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(s) And Further Sequences; Thoracic	Yes
72158	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(s) And Further Sequences; Lumbar	Yes
72159	Magnetic Resonance Angiography, Spinal Canal And Contents, With Or Without Contrast Material(s)	Yes
72170	Radiologic Examination, Pelvis; 1 Or 2 Views	No
72190	Radiologic Examination, Pelvis; Complete, Minimum Of 3 Views	No
72191	Computed Tomographic Angiography, Pelvis, With Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing	No
72192	Computed Tomography, Pelvis; Without Contrast Material	No
72193	Computed Tomography, Pelvis; With Contrast Material(s)	No
72194	Computed Tomography, Pelvis; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
72195	Magnetic Resonance (eg, Proton) Imaging, Pelvis; Without Contrast Material(s)	Yes
72196	Magnetic Resonance (eg, Proton) Imaging, Pelvis; With Contrast Material(s)	Yes
72197	Magnetic Resonance (eg, Proton) Imaging, Pelvis; Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Yes
72198	Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(s)	Yes
72200	Radiologic Examination, Sacroiliac Joints; Less Than 3 Views	No
72202	Radiologic Examination, Sacroiliac Joints; 3 Or More Views	No
72220	Radiologic Examination, Sacrum And Coccyx, Minimum Of 2 Views	No
72240	Myelography, Cervical, Radiological Supervision And Interpretation	No
72255	Myelography, Thoracic, Radiological Supervision And Interpretation	No
72265	Myelography, Lumbosacral, Radiological Supervision And Interpretation	No
72270	Myelography, 2 Or More Regions (eg, Lumbar/Thoracic, Cervical/Thoracic, Lumbar/Cervical, Lumbar/Thoracic/Cervical), Radiological Supervision And Interpretation	No
72285	Discography, Cervical Or Thoracic, Radiological Supervision And Interpretation	No
72295	Discography, Lumbar, Radiological Supervision And Interpretation	No
73000	Radiologic Examination; Clavicle, Complete	No
73010	Radiologic Examination; Scapula, Complete	No
73020	Radiologic Examination, Shoulder; 1 View	No
73030	Radiologic Examination, Shoulder; Complete, Minimum Of 2 Views	No
73040	Radiologic Examination, Shoulder, Arthrography, Radiological Supervision And Interpretation	No
73050	Radiologic Examination; Acromioclavicular Joints, Bilateral, With Or Without Weighted Distraction	No
73060	Radiologic Examination; Humerus, Minimum Of 2 Views	No
73070	Radiologic Examination, Elbow; 2 Views	No
73080	Radiologic Examination, Elbow; Complete, Minimum Of 3 Views	No
73085	Radiologic Examination, Elbow, Arthrography, Radiological Supervision And Interpretation	No
73090	Radiologic Examination; Forearm, 2 Views	No
73092	Radiologic Examination; Upper Extremity, Infant, Minimum Of 2 Views	No
73100	Radiologic Examination, Wrist; 2 Views	No
73110	Radiologic Examination, Wrist; Complete, Minimum Of 3 Views	No
73115	Radiologic Examination, Wrist, Arthrography, Radiological Supervision And Interpretation	No
73120	Radiologic Examination, Hand; 2 Views	No
73130	Radiologic Examination, Hand; Minimum Of 3 Views	No
73140	Radiologic Examination, Finger(s), Minimum Of 2 Views	No

Procedure Code	Description	Prior Auth Required
73200	Computed Tomography, Upper Extremity; Without Contrast Material	No
73201	Computed Tomography, Upper Extremity; With Contrast Material(s)	No
73202	Computed Tomography, Upper Extremity; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
73206	Computed Tomographic Angiography, Upper Extremity, With Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing	No
73218	Magnetic Resonance (eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(s)	Yes
73219	Magnetic Resonance (eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(s)	Yes
73220	Magnetic Resonance (eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Yes
73221	Magnetic Resonance (eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(s)	Yes
73222	Magnetic Resonance (eg, Proton) Imaging, Any Joint Of Upper Extremity; With Contrast Material(s)	Yes
73223	Magnetic Resonance (eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Yes
73225	Magnetic Resonance Angiography, Upper Extremity, With Or Without Contrast Material(s)	Yes
73501	Radiologic Examination, Hip, Unilateral, With Pelvis When Performed; 1 View	No
73502	Radiologic Examination, Hip, Unilateral, With Pelvis When Performed; 2-3 Views	No
73503	Radiologic Examination, Hip, Unilateral, With Pelvis When Performed; Minimum Of 4 Views	No
73521	Radiologic Examination, Hips, Bilateral, With Pelvis When Performed; 2 Views	No
73522	Radiologic Examination, Hips, Bilateral, With Pelvis When Performed; 3-4 Views	No
73523	Radiologic Examination, Hips, Bilateral, With Pelvis When Performed; Minimum Of 5 Views	No
73525	Radiologic Examination, Hip, Arthrography, Radiological Supervision And Interpretation	No
73551	Radiologic Examination, Femur; 1 View	No
73552	Radiologic Examination, Femur; Minimum 2 Views	No
73560	Radiologic Examination, Knee; 1 Or 2 Views	No
73562	Radiologic Examination, Knee; 3 Views	No
73564	Radiologic Examination, Knee; Complete, 4 Or More Views	No
73565	Radiologic Examination, Knee; Both Knees, Standing, Anteroposterior	No
73580	Radiologic Examination, Knee, Arthrography, Radiological Supervision And Interpretation	No
73590	Radiologic Examination; Tibia And Fibula, 2 Views	No
73592	Radiologic Examination; Lower Extremity, Infant, Minimum Of 2 Views	No
73600	Radiologic Examination, Ankle; 2 Views	No
73610	Radiologic Examination, Ankle; Complete, Minimum Of 3 Views	No
73615	Radiologic Examination, Ankle, Arthrography, Radiological Supervision And Interpretation	No
73620	Radiologic Examination, Foot; 2 Views	No
73630	Radiologic Examination, Foot; Complete, Minimum Of 3 Views	No
73650	Radiologic Examination; Calcaneus, Minimum Of 2 Views	No
73660	Radiologic Examination; Toe(s), Minimum Of 2 Views	No
73700	Computed Tomography, Lower Extremity; Without Contrast Material	No
73701	Computed Tomography, Lower Extremity; With Contrast Material(s)	No
73702	Computed Tomography, Lower Extremity; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
73706	Computed Tomographic Angiography, Lower Extremity, With Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing	No
73718	Magnetic Resonance (eg, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(s)	Yes
73719	Magnetic Resonance (eg, Proton) Imaging, Lower Extremity Other Than Joint; With Contrast Material(s)	Yes
73720	Magnetic Resonance (eg, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Yes
73721	Magnetic Resonance (eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material	Yes
73722	Magnetic Resonance (eg, Proton) Imaging, Any Joint Of Lower Extremity; With Contrast Material(s)	Yes
73723	Magnetic Resonance (eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Yes
73725	Magnetic Resonance Angiography, Lower Extremity, With Or Without Contrast Material(s)	Yes
74018	Radiologic Examination, Abdomen; 1 View	No
74019	Radiologic Examination, Abdomen; 2 Views	No
74021	Radiologic Examination, Abdomen; 3 Or More Views	No
74022	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	No
74150	Computed Tomography, Abdomen; Without Contrast Material	No
74160	Computed Tomography, Abdomen; With Contrast Material(s)	No
74170	Computed Tomography, Abdomen; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	No
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing	No

Procedure Code	Description	Prior Auth Required
74175	Computed Tomographic Angiography, Abdomen, With Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing	No
74176	Computed Tomography, Abdomen And Pelvis; Without Contrast Material	No
74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(s)	No
74178	Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(s) And Further Sections In One Or Both Body Regions	No
74181	Magnetic Resonance (eg, Proton) Imaging, Abdomen; Without Contrast Material(s)	Yes
74182	Magnetic Resonance (eg, Proton) Imaging, Abdomen; With Contrast Material(s)	Yes
74183	Magnetic Resonance (eg, Proton) Imaging, Abdomen; Without Contrast Material(s), Followed By With Contrast Material(s) And Further Sequences	Yes
74185	Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(s)	Yes
74190	Peritoneogram (eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation	No
74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	No
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	No
74221	Radiologic Examination, Esophagus, Including Scout Chest Radiograph(S) And Delayed Image(S), When Performed; Double-Contrast (Eg, High-Density Barium And Effervescent Agent) Study	No
74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	No
74235	Removal Of Foreign Body(s), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation	No
74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	No
74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	No
74248	Radiologic Small Intestine Follow-Through Study, Including Multiple Serial Images (List Separately In Addition To Code For Primary Procedure For Upper GI Radiologic Examination)	No
74250	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	No
74251	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered	No
74261	Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; Without Contrast Material	Yes
74262	Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; With Contrast Material(s) Including Non-Contrast Images, If Performed	Yes
74263	Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing	Yes
74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	No
74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered	No
74283	Therapeutic Enema, Contrast Or Air, For Reduction Of Intussusception Or Other Intraluminal Obstruction (eg, Meconium Ileus)	No
74290	Cholecystography, Oral Contrast	No
74300	Cholangiography And/Or Pancreatography; Intraoperative, Radiological Supervision And Interpretation	No
74301	Cholangiography And/Or Pancreatography; Additional Set Intraoperative, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	No
74328	Endoscopic Catheterization Of The Biliary Ductal System, Radiological Supervision And Interpretation	No
74329	Endoscopic Catheterization Of The Pancreatic Ductal System, Radiological Supervision And Interpretation	No
74330	Combined Endoscopic Catheterization Of The Biliary And Pancreatic Ductal Systems, Radiological Supervision And Interpretation	No
74340	Introduction Of Long Gastrointestinal Tube (eg, Miller-Abbott), Including Multiple Fluoroscopies And Images, Radiological Supervision And Interpretation	No
74355	Percutaneous Placement Of Enteroclysis Tube, Radiological Supervision And Interpretation	No
74360	Intraluminal Dilation Of Strictures And/Or Obstructions (eg, Esophagus), Radiological Supervision And Interpretation	No
74363	Percutaneous Transhepatic Dilation Of Biliary Duct Stricture With Or Without Placement Of Stent, Radiological Supervision And Interpretation	No
74400	Urography (Pyelography), Intravenous, With Or Without Kub, With Or Without Tomography	No
74410	Urography, Infusion, Drip Technique And/Or Bolus Technique;	No
74415	Urography, Infusion, Drip Technique And/Or Bolus Technique; With Nephrotomography	No
74420	Urography, Retrograde, With Or Without Kub	No
74425	Urography, Antegrade, Radiological Supervision And Interpretation	No
74430	Cystography, Minimum Of 3 Views, Radiological Supervision And Interpretation	No

Procedure Code	Description	Prior Auth Required
74440	Vasography, Vesiculography, Or Epididymography, Radiological Supervision And Interpretation	No
74445	Corpora Cavernosography, Radiological Supervision And Interpretation	No
74450	Urethrocystography, Retrograde, Radiological Supervision And Interpretation	No
74455	Urethrocystography, Voiding, Radiological Supervision And Interpretation	No
74470	Radiologic Examination, Renal Cyst Study, Translumbar, Contrast Visualization, Radiological Supervision And Interpretation	No
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	No
74712	Magnetic Resonance (eg, Proton) Imaging, Fetal, Including Placental And Maternal Pelvic Imaging When Performed; Single Or First Gestation	Yes
74713	Magnetic Resonance (eg, Proton) Imaging, Fetal, Including Placental And Maternal Pelvic Imaging When Performed; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)	Yes
74740	Hysterosalpingography, Radiological Supervision And Interpretation	No
74742	Transcervical Catheterization Of Fallopian Tube, Radiological Supervision And Interpretation	Yes
74775	Perineogram (eg, Vaginogram, For Sex Determination Or Extent Of Anomalies)	No
75557	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material;	Yes
75559	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material; With Stress Imaging	Yes
75561	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences;	Yes
75563	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences; With Stress Imaging	Yes
75565	Cardiac Magnetic Resonance Imaging For Velocity Flow Mapping (List Separately In Addition To Code For Primary Procedure)	Yes
75571	Computed Tomography, Heart, Without Contrast Material, With Quantitative Evaluation Of Coronary Calcium	Yes
75572	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And Morphology (Including 3d Image Postprocessing, Assessment Of Cardiac Function, And Evaluation Of Venous Structures, If Performed)	Yes
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 [	Yes
75574	Computed Tomographic Angiography, Heart, Coronary Arteries And Bypass Grafts (When Present), With Contrast Material, Including 3D Image Postprocessing (Including Evaluation Of Cardiac Structure And Morphology, Assessment Of Cardiac Function, And Evaluatio	Yes
75577	Quantification And Characterization Of Coronary Atherosclerotic Plaque To Assess Severity Of Coronary Disease, Derived From Augmentative Software Analysis Of The Data Set From A Coronary Computed Tomographic Angiography, With Interpretation And Report	Yes
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 Profes	No
75600	Aortography, Thoracic, Without Serialography, Radiological Supervision And Interpretation	No
75605	Aortography, Thoracic, By Serialography, Radiological Supervision And Interpretation	No
75625	Aortography, Abdominal, By Serialography, Radiological Supervision And Interpretation	No
75630	Aortography, Abdominal Plus Bilateral Iliofemoral Lower Extremity, Catheter, By Serialography, Radiological Supervision And Interpretation	No
75635	Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff, With Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing	No
75705	Angiography, Spinal, Selective, Radiological Supervision And Interpretation	No
75710	Angiography, Extremity, Unilateral, Radiological Supervision And Interpretation	No
75716	Angiography, Extremity, Bilateral, Radiological Supervision And Interpretation	No
75726	Angiography, Visceral, Selective Or Supraselective (With Or Without Flush Aortogram), Radiological Supervision And Interpretation	No
75731	Angiography, Adrenal, Unilateral, Selective, Radiological Supervision And Interpretation	No
75733	Angiography, Adrenal, Bilateral, Selective, Radiological Supervision And Interpretation	No
75736	Angiography, Pelvic, Selective Or Supraselective, Radiological Supervision And Interpretation	No
75741	Angiography, Pulmonary, Unilateral, Selective, Radiological Supervision And Interpretation	No
75743	Angiography, Pulmonary, Bilateral, Selective, Radiological Supervision And Interpretation	No
75746	Angiography, Pulmonary, By Nonselective Catheter Or Venous Injection, Radiological Supervision And Interpretation	No
75756	Angiography, Internal Mammary, Radiological Supervision And Interpretation	No
75774	Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	No
75801	Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation	No
75803	Lymphangiography, Extremity Only, Bilateral, Radiological Supervision And Interpretation	No
75805	Lymphangiography, Pelvic/Abdominal, Unilateral, Radiological Supervision And Interpretation	No
75807	Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation	No
75809	Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation	No
75810	Splenoportography, Radiological Supervision And Interpretation	No

Procedure Code	Description	Prior Auth Required
75820	Venography, Extremity, Unilateral, Radiological Supervision And Interpretation	No
75822	Venography, Extremity, Bilateral, Radiological Supervision And Interpretation	No
75825	Venography, Caval, Inferior, With Serialography, Radiological Supervision And Interpretation	No
75827	Venography, Caval, Superior, With Serialography, Radiological Supervision And Interpretation	No
75831	Venography, Renal, Unilateral, Selective, Radiological Supervision And Interpretation	No
75833	Venography, Renal, Bilateral, Selective, Radiological Supervision And Interpretation	No
75840	Venography, Adrenal, Unilateral, Selective, Radiological Supervision And Interpretation	No
75860	Venography, Venous Sinus (eg, Petrosal And Inferior Sagittal) Or Jugular, Catheter, Radiological Supervision And Interpretation	No
75870	Venography, Superior Sagittal Sinus, Radiological Supervision And Interpretation	No
75872	Venography, Epidural, Radiological Supervision And Interpretation	No
75880	Venography, Orbital, Radiological Supervision And Interpretation	No
75885	Percutaneous Transhepatic Portography With Hemodynamic Evaluation, Radiological Supervision And Interpretation	No
75887	Percutaneous Transhepatic Portography Without Hemodynamic Evaluation, Radiological Supervision And Interpretation	No
75889	Hepatic Venography, Wedged Or Free, With Hemodynamic Evaluation, Radiological Supervision And Interpretation	No
75891	Hepatic Venography, Wedged Or Free, Without Hemodynamic Evaluation, Radiological Supervision And Interpretation	No
75893	Venous Sampling Through Catheter, With Or Without Angiography (eg, For Parathyroid Hormone, Renin), Radiological Supervision And Interpretation	No
75894	Transcatheter Therapy, Embolization, Any Method, Radiological Supervision And Interpretation	No
75898	Angiography Through Existing Catheter For Follow-Up Study For Transcatheter Therapy, Embolization Or Infusion, Other Than For Thrombolysis	No
75901	Mechanical Removal Of Pericatheter Obstructive Material (eg, Fibrin Sheath) From Central Venous Device Via Separate Venous Access, Radiologic Supervision And Interpretation	No
75902	Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device Through Device Lumen, Radiologic Supervision And Interpretation	No
75970	Transcatheter Biopsy, Radiological Supervision And Interpretation	No
75984	Change Of Percutaneous Tube Or Drainage Catheter With Contrast Monitoring (eg, Genitourinary System, Abscess), Radiological Supervision And Interpretation	No
75989	Radiological Guidance (Ie, Fluoroscopy, Ultrasound, Or Computed Tomography), For Percutaneous Drainage (eg, Abscess, Specimen Collection), With Placement Of Catheter, Radiological Supervision And Interpretation	No
76000	Fluoroscopy (Separate Procedure), Up To 1 Hour Physician Or Other Qualified Health Care Professional Time	No
76010	Radiologic Examination From Nose To Rectum For Foreign Body, Single View, Child	No
76014	Mr Safety Implant And/Or Foreign Body Assessment By Trained Clinical Staff, Including Identification And Verification Of Implant Components From Appropriate Sources (Eg, Surgical Reports, Imaging Reports, Medical Device Databases, Device Vendors, Review O	No
76015	Mr Safety Implant And/Or Foreign Body Assessment By Trained Clinical Staff, Including Identification And Verification Of Implant Components From Appropriate Sources (Eg, Surgical Reports, Imaging Reports, Medical Device Databases, Device Vendors, Review O	No
76016	Mr Safety Determination By A Physician Or Other Qualified Health Care Professional Responsible For The Safety Of The Mr Procedure, Including Review Of Implant Mr Conditions For Indicated Mr Examination, Analysis Of Risk Vs Clinical Benefit Of Performing M	No
76017	Mr Safety Medical Physics Examination Customization, Planning And Performance Monitoring By Medical Physicist Or Mr Safety Expert, With Review And Analysis By Physician Or Other Qualified Health Care Professional To Prioritize And Select Views And Imaging	No
76018	Mr Safety Implant Electronics Preparation Under Supervision Of Physician Or Other Qualified Health Care Professional, Including Mr-Specific Programming Of Pulse Generator And/Or Transmitter To Verify Device Integrity, Protection Of Device Internal Circuit	No
76019	Mr Safety Implant Positioning And/Or Immobilization Under Supervision Of Physician Or Other Qualified Health Care Professional, Including Application Of Physical Protections To Secure Implanted Medical Device From Mr-Induced Translational Or Vibrational F	No
76080	Radiologic Examination, Abscess, Fistula Or Sinus Tract Study, Radiological Supervision And Interpretation	No
76098	Radiological Examination, Surgical Specimen	No
76100	Radiologic Examination, Single Plane Body Section (eg, Tomography), Other Than With Urography	No
76120	Cineradiography/Videoradiography, Except Where Specifically Included	No
76125	Cineradiography/Videoradiography To Complement Routine Examination (List Separately In Addition To Code For Primary Procedure)	No
76140	Consultation On X-Ray Examination Made Elsewhere, Written Report	No
76145	Medical Physics Dose Evaluation For Radiation Exposure That Exceeds Institutional Review Threshold, Including Report	No
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 Works	Yes

Procedure Code	Description	Prior Auth Required
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 Workstati	Yes
76380	Computed Tomography, Limited Or Localized Follow-Up Study	No
76390	Magnetic Resonance Spectroscopy	Yes
76391	Magnetic Resonance (eg, Vibration) Elastography	Yes
76496	Unlisted Fluoroscopic Procedure (eg, Diagnostic, Interventional)	Yes
76497	Unlisted Computed Tomography Procedure (eg, Diagnostic, Interventional)	Yes
76498	Unlisted Magnetic Resonance Procedure (eg, Diagnostic, Interventional)	Yes
76499	Unlisted Diagnostic Radiographic Procedure	Yes
76506	Echoencephalography, Real Time With Image Documentation (Gray Scale) (For Determination Of Ventricular Size, Delineation Of Cerebral Contents, And Detection Of Fluid Masses Or Other Intracranial Abnormalities), Including A-Mode Encephalography As Secondar	No
76510	Ophthalmic Ultrasound, Diagnostic; B-Scan And Quantitative A-Scan Performed During The Same Patient Encounter	No
76511	Ophthalmic Ultrasound, Diagnostic; Quantitative A-Scan Only	No
76512	Ophthalmic Ultrasound, Diagnostic; B-Scan (With Or Without Superimposed Non-Quantitative A-Scan)	No
76513	Ophthalmic Ultrasound, Diagnostic; Anterior Segment Ultrasound, Immersion (Water Bath) B-Scan Or High Resolution Biomicroscopy, Unilateral Or Bilateral	No
76514	Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of Corneal Thickness)	No
76516	Ophthalmic Biometry By Ultrasound Echography, A-Scan;	No
76519	Ophthalmic Biometry By Ultrasound Echography, A-Scan; With Intraocular Lens Power Calculation	No
76529	Ophthalmic Ultrasonic Foreign Body Localization	No
76536	Ultrasound, Soft Tissues Of Head And Neck (eg, Thyroid, Parathyroid, Parotid), Real Time With Image Documentation	No
76604	Ultrasound, Chest (Includes Mediastinum), Real Time With Image Documentation	No
76641	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete	No
76642	Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Limited	No
76700	Ultrasound, Abdominal, Real Time With Image Documentation; Complete	No
76705	Ultrasound, Abdominal, Real Time With Image Documentation; Limited (eg, Single Organ, Quadrant, Follow-Up)	No
76706	Ultrasound, Abdominal Aorta, Real Time With Image Documentation, Screening Study For Abdominal Aortic Aneurysm (Aaa)	No
76770	Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Complete	No
76775	Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited	No
76776	Ultrasound, Transplanted Kidney, Real Time And Duplex Doppler With Image Documentation	No
76800	Ultrasound, Spinal Canal And Contents	No
76801	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, First Trimester (< 14 Weeks 0 Days), Transabdominal Approach; Single Or First Gestation	No
76802	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, First Trimester (< 14 Weeks 0 Days), Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)	No
76805	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, After First Trimester (> Or = 14 Weeks 0 Days), Transabdominal Approach; Single Or First Gestation	No
76810	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, After First Trimester (> Or = 14 Weeks 0 Days), Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)	No
76811	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination, Transabdominal Approach; Single Or First Gestation	No
76812	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination, Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)	No
76813	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, First Trimester Fetal Nuchal Translucency Measurement, Transabdominal Or Transvaginal Approach; Single Or First Gestation	No
76814	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, First Trimester Fetal Nuchal Translucency Measurement, Transabdominal Or Transvaginal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure)	No
76815	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (eg, Fetal Heart Beat, Placental Location, Fetal Position And/Or Qualitative Amniotic Fluid Volume), 1 Or More Fetuses	No

Procedure Code	Description	Prior Auth Required
76816	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Follow-Up (Eg, Re-Evaluation Of Fetal Size By Measuring Standard Growth Parameters And Amniotic Fluid Volume, Re-Evaluation Of Organ System(S) Suspected Or Confirmed To Be Abnormal On A Prev	No
76817	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Transvaginal	No
76818	Fetal Biophysical Profile; With Non-Stress Testing	No
76819	Fetal Biophysical Profile; Without Non-Stress Testing	No
76820	Doppler Velocimetry, Fetal; Umbilical Artery	No
76821	Doppler Velocimetry, Fetal; Middle Cerebral Artery	No
76825	Echocardiography, Fetal, Cardiovascular System, Real Time With Image Documentation (2d), With Or Without M-Mode Recording;	No
76826	Echocardiography, Fetal, Cardiovascular System, Real Time With Image Documentation (2d), With Or Without M-Mode Recording; Follow-Up Or Repeat Study	No
76827	Doppler Echocardiography, Fetal, Pulsed Wave And/Or Continuous Wave With Spectral Display; Complete	No
76828	Doppler Echocardiography, Fetal, Pulsed Wave And/Or Continuous Wave With Spectral Display; Follow-Up Or Repeat Study	No
76830	Ultrasound, Transvaginal	No
76831	Saline Infusion Sonohysterography (Sis), Including Color Flow Doppler, When Performed	No
76856	Ultrasound, Pelvic (Nonobstetric), Real Time With Image Documentation; Complete	No
76857	Ultrasound, Pelvic (Nonobstetric), Real Time With Image Documentation; Limited Or Follow-Up (eg, For Follicles)	No
76870	Ultrasound, Scrotum And Contents	No
76872	Ultrasound, Transrectal;	No
76873	Ultrasound, Transrectal; Prostate Volume Study For Brachytherapy Treatment Planning (Separate Procedure)	No
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	No
76882	Ultrasound, Limited, Joint Or Focal Evaluation Of Other Nonvascular Extremity Structure(S) (Eg, Joint Space, Peri-Articular Tendon[S], Muscle[S], Nerve[S], Other Soft-Tissue Structure[S], Or Soft-Tissue Mass[Es]), Real-Time With Image Documentation	No
76883	Ultrasound, Nerve(S) And Accompanying Structures Throughout Their Entire Anatomic Course In One Extremity, Comprehensive, Including Real-Time Cine Imaging With Image Documentation, Per Extremity	No
76885	Ultrasound, Infant Hips, Real Time With Imaging Documentation; Dynamic (Requiring Physician Or Other Qualified Health Care Professional Manipulation)	No
76886	Ultrasound, Infant Hips, Real Time With Imaging Documentation; Limited, Static (Not Requiring Physician Or Other Qualified Health Care Professional Manipulation)	No
76932	Ultrasonic Guidance For Endomyocardial Biopsy, Imaging Supervision And Interpretation	No
76936	Ultrasound Guided Compression Repair Of Arterial Pseudoaneurysm Or Arteriovenous Fistulae (Includes Diagnostic Ultrasound Evaluation, Compression Of Lesion And Imaging)	Yes
76937	Ultrasound Guidance For Vascular Access Requiring Ultrasound Evaluation Of Potential Access Sites, Documentation Of Selected Vessel Patency, Concurrent Realtime Ultrasound Visualization Of Vascular Needle Entry, With Permanent Recording And Reporting (Lis	No
76940	Ultrasound Guidance For, And Monitoring Of, Parenchymal Tissue Ablation	No
76941	Ultrasonic Guidance For Intrauterine Fetal Transfusion Or Cordocentesis, Imaging Supervision And Interpretation	No
76942	Ultrasonic Guidance For Needle Placement (eg, Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation	No
76945	Ultrasonic Guidance For Chorionic Villus Sampling, Imaging Supervision And Interpretation	Yes
76946	Ultrasonic Guidance For Amniocentesis, Imaging Supervision And Interpretation	No
76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging Supervision And Interpretation	Yes
76965	Ultrasonic Guidance For Interstitial Radioelement Application	No
76975	Gastrointestinal Endoscopic Ultrasound, Supervision And Interpretation	No
76977	Ultrasound Bone Density Measurement And Interpretation, Peripheral Site(s), Any Method	Yes
76978	Ultrasound, Targeted Dynamic Microbubble Sonographic Contrast Characterization (Non-Cardiac); Initial Lesion	No
76979	Ultrasound, Targeted Dynamic Microbubble Sonographic Contrast Characterization (Non-Cardiac); Each Additional Lesion With Separate Injection (List Separately In Addition To Code For Primary Procedure)	No
76981	Ultrasound, Elastography; Parenchyma (eg, Organ)	No
76982	Ultrasound, Elastography; First Target Lesion	No
76983	Ultrasound, Elastography; Each Additional Target Lesion (List Separately In Addition To Code For Primary Procedure)	No
76984	Ultrasound, Intraoperative Thoracic Aorta (Eg, Epiaortic), Diagnostic	No
76987	Intraoperative Epicardial Cardiac Ultrasound (Ie, Echocardiography) For Congenital Heart Disease, Diagnostic; Including Placement And Manipulation Of Transducer, Image Acquisition, Interpretation And Report	No
76988	Intraoperative Epicardial Cardiac Ultrasound (Ie, Echocardiography) For Congenital Heart Disease, Diagnostic; Placement, Manipulation Of Transducer, And Image Acquisition Only	No
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	No
76998	Ultrasonic Guidance, Intraoperative	No

Procedure Code	Description	Prior Auth Required
76999	Unlisted Ultrasound Procedure (eg, Diagnostic, Interventional)	No
77001	Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement (Catheter Only Or Complete), Or Removal (Includes Fluoroscopic Guidance For Vascular Access And Catheter Manipulation, Any Necessary Contrast Injections Through Access Site Or C	No
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No
77011	Computed Tomography Guidance For Stereotactic Localization	No
77012	Computed Tomography Guidance For Needle Placement (eg, Biopsy, Aspiration, Injection, Localization Device), Radiological Supervision And Interpretation	No
77013	Computed Tomography Guidance For, And Monitoring Of, Parenchymal Tissue Ablation	No
77021	Magnetic Resonance Imaging Guidance For Needle Placement (Eg, For Biopsy, Needle Aspiration, Injection, Or Placement Of Localization Device) Radiological Supervision And Interpretation	No
77022	Magnetic Resonance Imaging Guidance For, And Monitoring Of, Parenchymal Tissue Ablation	No
77046	Magnetic Resonance Imaging, Breast, Without Contrast Material; Unilateral	No
77047	Magnetic Resonance Imaging, Breast, Without Contrast Material; Bilateral	No
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	No
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	No
77053	Mammary Ductogram Or Galactogram, Single Duct, Radiological Supervision And Interpretation	No
77054	Mammary Ductogram Or Galactogram, Multiple Ducts, Radiological Supervision And Interpretation	No
77061	Diagnostic digital breast tomosynthesis; unilateral	No
77062	Diagnostic digital breast tomosynthesis; bilateral	No
77063	Screening Digital Breast Tomosynthesis, Bilateral (List Separately In Addition To Code For Primary Procedure)	No
77065	Diagnostic Mammography, Including Computer-Aided Detection (CAD) When Performed; Unilateral	No
77066	Diagnostic Mammography, Including Computer-Aided Detection (CAD) When Performed; Bilateral	No
77067	Screening Mammography, Bilateral (2-View Study Of Each Breast), Including Computer-Aided Detection (CAD) When Performed	No
77071	Manual Application Of Stress Performed By Physician Or Other Qualified Health Care Professional For Joint Radiography, Including Contralateral Joint If Indicated	No
77072	Bone Age Studies	No
77073	Bone Length Studies (Orthoroentgenogram, Scanogram)	No
77074	Radiologic Examination, Osseous Survey; Limited (eg, For Metastases)	No
77075	Radiologic Examination, Osseous Survey; Complete (Axial And Appendicular Skeleton)	No
77076	Radiologic Examination, Osseous Survey, Infant	No
77077	Joint Survey, Single View, 2 Or More Joints (Specify)	No
77078	Computed Tomography, Bone Mineral Density Study, 1 Or More Sites, Axial Skeleton (Eg, Hips, Pelvis, Spine)	Yes
77080	Dual-Energy X-Ray Absorptiometry (Dxa), Bone Density Study, 1 Or More Sites; Axial Skeleton (eg, Hips, Pelvis, Spine)	No
77081	Dual-Energy X-Ray Absorptiometry (Dxa), Bone Density Study, 1 Or More Sites; Appendicular Skeleton (Peripheral) (eg, Radius, Wrist, Heel)	No
77084	Magnetic Resonance (eg, Proton) Imaging, Bone Marrow Blood Supply	Yes
77085	Dual-Energy X-Ray Absorptiometry (Dxa), Bone Density Study, 1 Or More Sites; Axial Skeleton (eg, Hips, Pelvis, Spine), Including Vertebral Fracture Assessment	No
77086	Vertebral Fracture Assessment Via Dual-Energy X-Ray Absorptiometry (Dxa)	No
77089	Trabecular Bone Score (Tbs), Structural Condition Of The Bone Microarchitecture; Using Dual X-Ray Absorptiometry (Dxa) Or Other Imaging Data On Gray-Scale Variogram, Calculation, With Interpretation And Report On Fracture-Risk	No
77090	Trabecular Bone Score (Tbs), Structural Condition Of The Bone Microarchitecture; Technical Preparation And Transmission Of Data For Analysis To Be Performed Elsewhere	No
77091	Trabecular Bone Score (Tbs), Structural Condition Of The Bone Microarchitecture; Technical Calculation Only	No
77092	Trabecular Bone Score (Tbs), Structural Condition Of The Bone Microarchitecture; Interpretation And Report On Fracture-Risk Only By Other Qualified Health Care Professional	No
77261	Therapeutic Radiology Treatment Planning; Simple	No
77262	Therapeutic Radiology Treatment Planning; Intermediate	No
77263	Therapeutic Radiology Treatment Planning; Complex	No
77280	Therapeutic Radiology Simulation-Aided Field Setting; Simple	No
77285	Therapeutic Radiology Simulation-Aided Field Setting; Intermediate	No
77290	Therapeutic Radiology Simulation-Aided Field Setting; Complex	No

Procedure Code	Description	Prior Auth Required
77293	Respiratory Motion Management Simulation (List Separately In Addition To Code For Primary Procedure)	No
77295	3-Dimensional Radiotherapy Plan, Including Dose-Volume Histograms	No
77299	Unlisted Procedure, Therapeutic Radiology Clinical Treatment Planning	No
77300	Basic Radiation Dosimetry Calculation, Central Axis Depth Dose Calculation, Tdf, Nsd, Gap Calculation, Off Axis Factor, Tissue Inhomogeneity Factors, Calculation Of Non-Ionizing Radiation Surface And Depth Dose, As Required During Course Of Treatment, Onl	No
77301	Intensity Modulated Radiotherapy Plan, Including Dose-Volume Histograms For Target And Critical Structure Partial Tolerance Specifications	No
77306	Teletherapy Isodose Plan; Simple (1 Or 2 Unmodified Ports Directed To A Single Area Of Interest), Includes Basic Dosimetry Calculation(s)	No
77307	Teletherapy Isodose Plan; Complex (Multiple Treatment Areas, Tangential Ports, The Use Of Wedges, Blocking, Rotational Beam, Or Special Beam Considerations), Includes Basic Dosimetry Calculation(s)	No
77316	Brachytherapy Isodose Plan; Simple (Calculation[s] Made From 1 To 4 Sources, Or Remote Afterloading Brachytherapy, 1 Channel), Includes Basic Dosimetry Calculation(s)	No
77317	Brachytherapy Isodose Plan; Intermediate (Calculation[s] Made From 5 To 10 Sources, Or Remote Afterloading Brachytherapy, 2-12 Channels), Includes Basic Dosimetry Calculation(s)	No
77318	Brachytherapy Isodose Plan; Complex (Calculation[s] Made From Over 10 Sources, Or Remote Afterloading Brachytherapy, Over 12 Channels), Includes Basic Dosimetry Calculation(s)	No
77321	Special Teletherapy Port Plan, Particles, Hemibody, Total Body	No
77331	Special Dosimetry (eg, TLD, Microdosimetry) (Specify), Only When Prescribed By The Treating Physician	No
77332	Treatment Devices, Design And Construction; Simple (Simple Block, Simple Bolus)	No
77333	Treatment Devices, Design And Construction; Intermediate (Multiple Blocks, Stents, Bite Blocks, Special Bolus)	No
77334	Treatment Devices, Design And Construction; Complex (Irregular Blocks, Special Shields, Compensators, Wedges, Molds Or Casts)	No
77336	Continuing Medical Physics Consultation, Including Assessment Of Treatment Parameters, Quality Assurance Of Dose Delivery, And Review Of Patient Treatment Documentation In Support Of The Radiation Oncologist, Reported Per Week Of Therapy	No
77338	Multi-Leaf Collimator (MLC) Device(s) For Intensity Modulated Radiation Therapy (IMRT), Design And Construction Per IMRT Plan	No
77370	Special Medical Radiation Physics Consultation	No
77371	Radiation Treatment Delivery, Stereotactic Radiosurgery (SRS), Complete Course Of Treatment Of Cranial Lesion(s) Consisting Of 1 Session; Multi-Source Cobalt 60 Based	No
77372	Radiation Treatment Delivery, Stereotactic Radiosurgery (SRS), Complete Course Of Treatment Of Cranial Lesion(s) Consisting Of 1 Session; Linear Accelerator Based	No
77373	Stereotactic Body Radiation Therapy, Treatment Delivery, Per Fraction To 1 Or More Lesions, Including Image Guidance, Entire Course Not To Exceed 5 Fractions	No
77387	Guidance For Localization Of Target Volume For Delivery Of Radiation Treatment, Includes Intrafraction Tracking, When Performed	No
77399	Unlisted Procedure, Medical Radiation Physics, Dosimetry And Treatment Devices, And Special Services	No
77402	Radiation Treatment Delivery; Level 1 (Eg, Single-Electron Field, Multiple-Electron Fields, Or 2D Photons), Including Imaging Guidance, When Performed	No
77407	Radiation Treatment Delivery; Level 2, Single-Isocenter (Eg, 3D Or Imrt), Photons, Including Imaging Guidance, When Performed	No
77412	Radiation Treatment Delivery; Level 3, Multiple Isocenters With Photon Therapy (Eg, 2D, 3D, Or Imrt) Or A Single-Isocenter Photon Therapy (Eg, 3D Or Imrt) With Active Motion Management, Or Total Skin Electrons, Or Mixed-Electron/Photon Field(S), Including	No
77417	Therapeutic Radiology Port Image(s)	No
77423	High Energy Neutron Radiation Treatment Delivery, 1 Or More Isocenter(S) With Coplanar Or Non-Coplanar Geometry With Blocking And/Or Wedge, And/Or Compensator(S)	No
77424	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session	No
77425	Intraoperative Radiation Treatment Delivery, Electrons, Single Treatment Session	No
77427	Radiation Treatment Management, 5 Treatments	No
77431	Radiation Therapy Management With Complete Course Of Therapy Consisting Of 1 Or 2 Fractions Only	No
77432	Stereotactic Radiation Treatment Management Of Cranial Lesion(s) (Complete Course Of Treatment Consisting Of 1 Session)	No
77435	Stereotactic Body Radiation Therapy, Treatment Management, Per Treatment Course, To 1 Or More Lesions, Including Image Guidance, Entire Course Not To Exceed 5 Fractions	No
77436	Surface Radiation Therapy; Superficial Or Orthovoltage, Treatment Planning And Simulation-Aided Field Setting	No
77437	Surface Radiation Therapy; Superficial, Delivery, </=150 Kv, Per Fraction (Eg, Electronic Brachytherapy)	No
77438	Surface Radiation Therapy; Orthovoltage, Delivery, >150-500 Kv, Per Fraction	No
77439	Surface Radiation Therapy; Superficial Or Orthovoltage, Image Guidance, Ultrasound For Placement Of Radiation Therapy Fields For Treatment Of Cutaneous Tumors, Per Course Of Treatment (List Separately In Addition To Code For Primary Procedure)	No
77469	Intraoperative Radiation Treatment Management	No

Procedure Code	Description	Prior Auth Required
77470	Special Treatment Procedure (eg, Total Body Irradiation, Hemibody Radiation, Per Oral Or Endocavitary Irradiation)	No
77499	Unlisted Procedure, Therapeutic Radiology Treatment Management	No
77520	Proton Treatment Delivery; Simple, Without Compensation	No
77522	Proton Treatment Delivery; Simple, With Compensation	No
77523	Proton Treatment Delivery; Intermediate	No
77525	Proton Treatment Delivery; Complex	No
77600	Hyperthermia, Externally Generated; Superficial (Ie, Heating To A Depth Of 4 Cm Or Less)	Yes
77605	Hyperthermia, Externally Generated; Deep (Ie, Heating To Depths Greater Than 4 Cm)	Yes
77610	Hyperthermia Generated By Interstitial Probe(s); 5 Or Fewer Interstitial Applicators	Yes
77615	Hyperthermia Generated By Interstitial Probe(s); More Than 5 Interstitial Applicators	Yes
77620	Hyperthermia Generated By Intracavitary Probe(s)	Yes
77750	Infusion Or Instillation Of Radioelement Solution (Includes 3-Month Follow-Up Care)	No
77761	Intracavitary Radiation Source Application; Simple	No
77762	Intracavitary Radiation Source Application; Intermediate	No
77763	Intracavitary Radiation Source Application; Complex	No
77767	Remote Afterloading High Dose Rate Radionuclide Skin Surface Brachytherapy, Includes Basic Dosimetry, When Performed; Lesion Diameter Up To 2.0 Cm Or 1 Channel	No
77768	Remote Afterloading High Dose Rate Radionuclide Skin Surface Brachytherapy, Includes Basic Dosimetry, When Performed; Lesion Diameter Over 2.0 Cm And 2 Or More Channels, Or Multiple Lesions	No
77770	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy, Includes Basic Dosimetry, When Performed; 1 Channel	No
77771	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy, Includes Basic Dosimetry, When Performed; 2-12 Channels	No
77772	Remote Afterloading High Dose Rate Radionuclide Interstitial Or Intracavitary Brachytherapy, Includes Basic Dosimetry, When Performed; Over 12 Channels	No
77778	Interstitial Radiation Source Application, Complex, Includes Supervision, Handling, Loading Of Radiation Source, When Performed	No
77789	Surface Application Of Low Dose Rate Radionuclide Source	No
77790	Supervision, Handling, Loading Of Radiation Source	No
77799	Unlisted Procedure, Clinical Brachytherapy	No
78012	Thyroid Uptake, Single Or Multiple Quantitative Measurement(s) (Including Stimulation, Suppression, Or Discharge, When Performed)	Yes
78013	Thyroid Imaging (Including Vascular Flow, When Performed);	No
78014	Thyroid Imaging (Including Vascular Flow, When Performed); With Single Or Multiple Uptake(s) Quantitative Measurement(s) (Including Stimulation, Suppression, Or Discharge, When Performed)	No
78015	Thyroid Carcinoma Metastases Imaging; Limited Area (eg, Neck And Chest Only)	No
78016	Thyroid Carcinoma Metastases Imaging; With Additional Studies (eg, Urinary Recovery)	No
78018	Thyroid Carcinoma Metastases Imaging; Whole Body	No
78020	Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Code For Primary Procedure)	No
78070	Parathyroid Planar Imaging (Including Subtraction, When Performed);	No
78071	Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect)	No
78072	Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect), And Concurrently Acquired Computed Tomography (Ct) For Anatomical Localization	No
78075	Adrenal Imaging, Cortex And/Or Medulla	No
78099	Unlisted Endocrine Procedure, Diagnostic Nuclear Medicine	No
78102	Bone Marrow Imaging; Limited Area	No
78103	Bone Marrow Imaging; Multiple Areas	No
78104	Bone Marrow Imaging; Whole Body	No
78110	Plasma Volume, Radiopharmaceutical Volume-Dilution Technique (Separate Procedure); Single Sampling	No
78111	Plasma Volume, Radiopharmaceutical Volume-Dilution Technique (Separate Procedure); Multiple Samplings	No
78120	Red Cell Volume Determination (Separate Procedure); Single Sampling	No
78121	Red Cell Volume Determination (Separate Procedure); Multiple Samplings	No
78122	Whole Blood Volume Determination, Including Separate Measurement Of Plasma Volume And Red Cell Volume (Radiopharmaceutical Volume-Dilution Technique)	No
78130	Red Cell Survival Study	No
78140	Labeled Red Cell Sequestration, Differential Organ/Tissue (eg, Splenic And/Or Hepatic)	No
78185	Spleen Imaging Only, With Or Without Vascular Flow	No
78191	Platelet Survival Study	No
78195	Lymphatics And Lymph Nodes Imaging	No
78199	Unlisted Hematopoietic, Reticuloendothelial And Lymphatic Procedure, Diagnostic Nuclear Medicine	No
78201	Liver Imaging; Static Only	No
78202	Liver Imaging; With Vascular Flow	No
78215	Liver And Spleen Imaging; Static Only	No
78216	Liver And Spleen Imaging; With Vascular Flow	No
78226	Hepatobiliary System Imaging, Including Gallbladder When Present;	No

Procedure Code	Description	Prior Auth Required
78227	Hepatobiliary System Imaging, Including Gallbladder When Present; With Pharmacologic Intervention, Including Quantitative Measurement(s) When Performed	No
78230	Salivary Gland Imaging;	No
78231	Salivary Gland Imaging; With Serial Images	No
78232	Salivary Gland Function Study	No
78258	Esophageal Motility	No
78261	Gastric Mucosa Imaging	No
78262	Gastroesophageal Reflux Study	No
78264	Gastric Emptying Imaging Study (eg, Solid, Liquid, Or Both);	No
78265	Gastric Emptying Imaging Study (eg, Solid, Liquid, Or Both); With Small Bowel Transit	No
78266	Gastric Emptying Imaging Study (eg, Solid, Liquid, Or Both); With Small Bowel And Colon Transit, Multiple Days	No
78267	Urea Breath Test, C-14 (Isotopic); Acquisition For Analysis	Yes
78268	Urea Breath Test, C-14 (Isotopic); Analysis	Yes
78278	Acute Gastrointestinal Blood Loss Imaging	No
78282	Gastrointestinal Protein Loss	No
78290	Intestine Imaging (eg, Ectopic Gastric Mucosa, Meckel's Localization, Volvulus)	No
78291	Peritoneal-Venous Shunt Patency Test (eg, For Leveen, Denver Shunt)	No
78299	Unlisted Gastrointestinal Procedure, Diagnostic Nuclear Medicine	No
78300	Bone And/Or Joint Imaging; Limited Area	No
78305	Bone And/Or Joint Imaging; Multiple Areas	No
78306	Bone And/Or Joint Imaging; Whole Body	No
78315	Bone And/Or Joint Imaging; 3 Phase Study	No
78350	Bone Density (Bone Mineral Content) Study, 1 Or More Sites; Single Photon Absorptiometry	Yes
78351	Bone Density (Bone Mineral Content) Study, 1 Or More Sites; Dual Photon Absorptiometry, 1 Or More Sites	Yes
78399	Unlisted Musculoskeletal Procedure, Diagnostic Nuclear Medicine	No
78414	Determination Of Central C-V Hemodynamics (Non-Imaging) (eg, Ejection Fraction With Probe Technique) With Or Without Pharmacologic Intervention Or Exercise, Single Or Multiple Determinations	No
78428	Cardiac Shunt Detection	No
78429	Myocardial Imaging, Positron Emission Tomography (PET), Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], When Performed), Single Study; With Concurrently Acquired Computed Tomography Transmission Scan	Yes
78430	Myocardial Imaging, Positron Emission Tomography (PET), Perfusion Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic), With Concurrently Acquired Computed To	Yes
78431	Myocardial Imaging, Positron Emission Tomography (PET), Perfusion Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], When Performed); Multiple Studies At Rest And Stress (Exercise Or Pharmacologic), With Concurrently Acquired Compute	Yes
78432	Myocardial Imaging, Positron Emission Tomography (PET), Combined Perfusion With Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], When Performed), Dual Radiotracer (Eg, Myocardial Viability);	Yes
78433	Myocardial Imaging, Positron Emission Tomography (PET), Combined Perfusion With Metabolic Evaluation Study (Including Ventricular Wall Motion[S] And/Or Ejection Fraction[S], When Performed), Dual Radiotracer (Eg, Myocardial Viability); With Concurrently A	Yes
78434	Absolute Quantitation Of Myocardial Blood Flow (AQMBF), Positron Emission Tomography (PET), Rest And Pharmacologic Stress (List Separately In Addition To Code For Primary Procedure)	Yes
78445	Non-Cardiac Vascular Flow Imaging (Ie, Angiography, Venography)	No
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 (	No
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	No
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)	No
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) An	No
78456	Acute Venous Thrombosis Imaging, Peptide	No
78457	Venous Thrombosis Imaging, Venogram; Unilateral	No
78458	Venous Thrombosis Imaging, Venogram; Bilateral	No
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Yes
78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative	No
78468	Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique	No
78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect With Or Without Quantification	Yes

Procedure Code	Description	Prior Auth Required
78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study At Rest Or Stress (Exercise And/Or Pharmacologic), Wall Motion Study Plus Ejection Fraction, With Or Without Additional Quantitative Processing	No
78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Multiple Studies, Wall Motion Study Plus Ejection Fraction, At Rest And Stress (Exercise And/Or Pharmacologic), With Or Without Additional Quantification	No
78481	Cardiac Blood Pool Imaging (Planar), First Pass Technique; Single Study, At Rest Or With Stress (Exercise And/Or Pharmacologic), Wall Motion Study Plus Ejection Fraction, With Or Without Quantification	No
78483	Cardiac Blood Pool Imaging (Planar), First Pass Technique; Multiple Studies, At Rest And With Stress (Exercise And/Or Pharmacologic), Wall Motion Study Plus Ejection Fraction, With Or Without Quantification	No
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)	Yes
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Yes
78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction, With Or Without Quantitative Processing	No
78496	Cardiac Blood Pool Imaging, Gated Equilibrium, Single Study, At Rest, With Right Ventricular Ejection Fraction By First Pass Technique (List Separately In Addition To Code For Primary Procedure)	No
78499	Unlisted Cardiovascular Procedure, Diagnostic Nuclear Medicine	No
78579	Pulmonary Ventilation Imaging (eg, Aerosol Or Gas)	No
78580	Pulmonary Perfusion Imaging (eg, Particulate)	No
78582	Pulmonary Ventilation (eg, Aerosol Or Gas) And Perfusion Imaging	No
78597	Quantitative Differential Pulmonary Perfusion, Including Imaging When Performed	No
78598	Quantitative Differential Pulmonary Perfusion And Ventilation (eg, Aerosol Or Gas), Including Imaging When Performed	No
78599	Unlisted Respiratory Procedure, Diagnostic Nuclear Medicine	No
78600	Brain Imaging, Less Than 4 Static Views;	No
78601	Brain Imaging, Less Than 4 Static Views; With Vascular Flow	No
78605	Brain Imaging, Minimum 4 Static Views;	No
78606	Brain Imaging, Minimum 4 Static Views; With Vascular Flow	No
78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation	Yes
78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation	Yes
78610	Brain Imaging, Vascular Flow Only	No
78630	Cerebrospinal Fluid Flow, Imaging (Not Including Introduction Of Material); Cisternography	No
78635	Cerebrospinal Fluid Flow, Imaging (Not Including Introduction Of Material); Ventriculography	No
78645	Cerebrospinal Fluid Flow, Imaging (Not Including Introduction Of Material); Shunt Evaluation	No
78650	Cerebrospinal Fluid Leakage Detection And Localization	No
78660	Radiopharmaceutical Dacryocystography	No
78699	Unlisted Nervous System Procedure, Diagnostic Nuclear Medicine	No
78700	Kidney Imaging Morphology;	No
78701	Kidney Imaging Morphology; With Vascular Flow	No
78707	Kidney Imaging Morphology; With Vascular Flow And Function, Single Study Without Pharmacological Intervention	No
78708	Kidney Imaging Morphology; With Vascular Flow And Function, Single Study, With Pharmacological Intervention (eg, Angiotensin Converting Enzyme Inhibitor And/Or Diuretic)	No
78709	Kidney Imaging Morphology; With Vascular Flow And Function, Multiple Studies, With And Without Pharmacological Intervention (eg, Angiotensin Converting Enzyme Inhibitor And/Or Diuretic)	No
78725	Kidney Function Study, Non-Imaging Radioisotopic Study	No
78730	Urinary Bladder Residual Study (List Separately In Addition To Code For Primary Procedure)	No
78740	Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram)	No
78761	Testicular Imaging With Vascular Flow	No
78799	Unlisted Genitourinary Procedure, Diagnostic Nuclear Medicine	No
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	No
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more da	No
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	No
78803	Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed); Tomographic (Spect), Single Area (Eg, Head, Neck, Chest, Pelvis) Or Acquisitio	Yes

Procedure Code	Description	Prior Auth Required
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	No
78808	Injection Procedure For Radiopharmaceutical Localization By Non-Imaging Probe Study, Intravenous (eg, Parathyroid Adenoma)	No
78811	Positron Emission Tomography (Pet) Imaging; Limited Area (eg, Chest, Head/Neck)	Yes
78812	Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh	Yes
78813	Positron Emission Tomography (Pet) Imaging; Whole Body	Yes
78814	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Limited Area (eg, Chest, Head/Neck)	Yes
78815	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh	Yes
78816	Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Whole Body	Yes
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) Transm	Yes
78831	Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed); Tomographic (Spect), Minimum 2 Areas (Eg, Pelvis And Knees, Chest And Abdomen)	Yes
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) Transm	Yes
78835	Radiopharmaceutical Quantification Measurement(S) Single Area (List Separately In Addition To Code For Primary Procedure)	Yes
78999	Unlisted Miscellaneous Procedure, Diagnostic Nuclear Medicine	No
79005	Radiopharmaceutical Therapy, By Oral Administration	No
79101	Radiopharmaceutical Therapy, By Intravenous Administration	No
79200	Radiopharmaceutical Therapy, By Intracavitary Administration	No
79300	Radiopharmaceutical Therapy, By Interstitial Radioactive Colloid Administration	No
79403	Radiopharmaceutical Therapy, Radiolabeled Monoclonal Antibody By Intravenous Infusion	No
79440	Radiopharmaceutical Therapy, By Intra-Articular Administration	No
79445	Radiopharmaceutical Therapy, By Intra-Arterial Particulate Administration	No
79999	Radiopharmaceutical Therapy, Unlisted Procedure	No
80047	Basic Metabolic Panel (Calcium, Ionized) This Panel Must Include The Following: Calcium, Ionized (82330) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (Bun) (84520)	No
80048	Basic Metabolic Panel (Calcium, Total) This Panel Must Include The Following: Calcium, Total (82310) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (Bun) (84520)	No
80050	General Health Panel This Panel Must Include The Following: Comprehensive Metabolic Panel (80053) Blood Count, Complete (Cbc), Automated And Automated Differential Wbc Count (85025 Or 85027 And 85004) Or Blood Count, Complete (Cbc), Automated (85027) And	Yes
80051	Electrolyte Panel This Panel Must Include The Following: Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	No
80053	Comprehensive Metabolic Panel This Panel Must Include The Following: Albumin (82040) Bilirubin, Total (82247) Calcium, Total (82310) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, Alkaline (84075) Pot	No
80055	Obstetric Panel This Panel Must Include The Following: Blood Count, Complete (Cbc), Automated And Automated Differential Wbc Count (85025 Or 85027 And 85004) Or Blood Count, Complete (Cbc), Automated (85027) And Appropriate Manual Differential Wbc Count (	No
80061	Lipid Panel This Panel Must Include The Following: Cholesterol, Serum, Total (82465) Lipoprotein, Direct Measurement, High Density Cholesterol (Hdl Cholesterol) (83718) Triglycerides (84478)	No
80069	Renal Function Panel This Panel Must Include The Following: Albumin (82040) Calcium, Total (82310) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus Inorganic (Phosphate) (84100) Potassium (84132) Sodium (	No
80074	Acute Hepatitis Panel This Panel Must Include The Following: Hepatitis A Antibody (Haab), Igm Antibody (86709) Hepatitis B Core Antibody (Hbcab), Igm Antibody (86705) Hepatitis B Surface Antigen (Hbsag) (87340) Hepatitis C Antibody (86803)	No
80076	Hepatic Function Panel This Panel Must Include The Following: Albumin (82040) Bilirubin, Total (82247) Bilirubin, Direct (82248) Phosphatase, Alkaline (84075) Protein, Total (84155) Transferase, Alanine Amino (Alt) (Sgpt) (84460) Transferase, Aspartate Am	No
80081	Obstetric Panel (Includes Hiv Testing) This Panel Must Include The Following: Blood Count, Complete (Cbc), And Automated Differential Wbc Count (85025 Or 85027 And 85004) Or Blood Count, Complete (Cbc), Automated (85027) And Appropriate Manual Differentia	No
80143	Acetaminophen	No
80145	Adalimumab	No

Procedure Code	Description	Prior Auth Required
80150	Amikacin	No
80151	Amiodarone	No
80155	Caffeine	No
80156	Carbamazepine; Total	No
80157	Carbamazepine; Free	No
80158	Cyclosporine	No
80159	Clozapine	No
80161	Carbamazepine; -10,11-Epoxide	No
80162	Digoxin; Total	No
80163	Digoxin; Free	No
80164	Valproic Acid (Dipropylacetic Acid); Total	No
80165	Valproic Acid (Dipropylacetic Acid); Free	No
80167	Felbamate	No
80168	Ethosuximide	No
80169	Everolimus	No
80170	Gentamicin	No
80171	Gabapentin, Whole Blood, Serum, Or Plasma	No
80173	Haloperidol	No
80175	Lamotrigine	No
80176	Lidocaine	No
80177	Levetiracetam	No
80178	Lithium	No
80179	Salicylate	No
80180	Mycophenolate (Mycophenolic Acid)	No
80181	Flecainide	No
80183	Oxcarbazepine	No
80184	Phenobarbital	No
80185	Phenytoin; Total	No
80186	Phenytoin; Free	No
80187	Posaconazole	No
80188	Primidone	No
80189	Itraconazole	No
80190	Procainamide;	No
80192	Procainamide; With Metabolites (eg, N-Acetyl Procainamide)	No
80193	Leflunomide	No
80194	Quinidine	No
80195	Sirolimus	No
80197	Tacrolimus	No
80198	Theophylline	No
80199	Tiagabine	No
80200	Tobramycin	No
80201	Topiramate	No
80202	Vancomycin	No
80203	Zonisamide	No
80204	Methotrexate	No
80210	Rufinamide	No
80220	Hydroxychloroquine	No
80230	Infliximab	No
80235	Lacosamide	No
80280	Vedolizumab	No
80285	Voriconazole	No
80299	Quantitation Of Therapeutic Drug, Not Elsewhere Specified	No
80305	Drug Test(S), Presumptive, Any Number Of Drug Classes, Any Number Of Devices Or Procedures; Capable Of Being Read By Direct Optical Observation Only (Eg, Utilizing Immunoassay [Eg, Dipsticks, Cups, Cards, Or Cartridges]), Includes Sample Validation When P	No
80306	Drug Test(S), Presumptive, Any Number Of Drug Classes, Any Number Of Devices Or Procedures; Read By Instrument Assisted Direct Optical Observation (Eg, Utilizing Immunoassay [Eg, Dipsticks, Cups, Cards, Or Cartridges]), Includes Sample Validation When Per	No
80307	Drug Test(S), Presumptive, Any Number Of Drug Classes, Any Number Of Devices Or Procedures; By Instrument Chemistry Analyzers (Eg, Utilizing Immunoassay [Eg, Eia, Elisa, Emit, Fpia, Ia, Kims, Ria]), Chromatography (Eg, Gc, Hplc), And Mass Spectrometry Eit	No
80320	Alcohols	Yes
80321	Alcohol Biomarkers; 1 Or 2	Yes
80322	Alcohol Biomarkers; 3 Or More	Yes
80323	Alkaloids, Not Otherwise Specified	Yes
80324	Amphetamines; 1 Or 2	Yes
80325	Amphetamines; 3 Or 4	Yes
80326	Amphetamines; 5 Or More	Yes
80327	Anabolic Steroids; 1 Or 2	Yes
80328	Anabolic Steroids; 3 Or More	Yes
80329	Analgesics, Non-Opioid; 1 Or 2	Yes
80330	Analgesics, Non-Opioid; 3-5	Yes

Procedure Code	Description	Prior Auth Required
80331	Analgesics, Non-Opioid; 6 Or More	Yes
80332	Antidepressants, Serotonergic Class; 1 Or 2	Yes
80333	Antidepressants, Serotonergic Class; 3-5	Yes
80334	Antidepressants, Serotonergic Class; 6 Or More	Yes
80335	Antidepressants, Tricyclic And Other Cyclicals; 1 Or 2	Yes
80336	Antidepressants, Tricyclic And Other Cyclicals; 3-5	Yes
80337	Antidepressants, Tricyclic And Other Cyclicals; 6 Or More	Yes
80338	Antidepressants, Not Otherwise Specified	Yes
80339	Antiepileptics, Not Otherwise Specified; 1-3	Yes
80340	Antiepileptics, Not Otherwise Specified; 4-6	Yes
80341	Antiepileptics, Not Otherwise Specified; 7 Or More	Yes
80342	Antipsychotics, Not Otherwise Specified; 1-3	Yes
80343	Antipsychotics, Not Otherwise Specified; 4-6	Yes
80344	Antipsychotics, Not Otherwise Specified; 7 Or More	Yes
80345	Barbiturates	Yes
80346	Benzodiazepines; 1-12	Yes
80347	Benzodiazepines; 13 Or More	Yes
80348	Buprenorphine	Yes
80349	Cannabinoids, Natural	Yes
80350	Cannabinoids, Synthetic; 1-3	Yes
80351	Cannabinoids, Synthetic; 4-6	Yes
80352	Cannabinoids, Synthetic; 7 Or More	Yes
80353	Cocaine	Yes
80354	Fentanyl	Yes
80355	Gabapentin, Non-Blood	Yes
80356	Heroin Metabolite	Yes
80357	Ketamine And Norketamine	Yes
80358	Methadone	Yes
80359	Methylenedioxyamphetamines (Mda, Mdea, Mdma)	Yes
80360	Methylphenidate	Yes
80361	Opiates, 1 Or More	Yes
80362	Opioids And Opiate Analogs; 1 Or 2	Yes
80363	Opioids And Opiate Analogs; 3 Or 4	Yes
80364	Opioids And Opiate Analogs; 5 Or More	Yes
80365	Oxycodone	Yes
80366	Pregabalin	Yes
80367	Propoxyphene	Yes
80368	Sedative Hypnotics (Non-Benzodiazepines)	Yes
80369	Skeletal Muscle Relaxants; 1 Or 2	Yes
80370	Skeletal Muscle Relaxants; 3 Or More	Yes
80371	Stimulants, Synthetic	Yes
80372	Tapentadol	Yes
80373	Tramadol	Yes
80374	Stereoisomer (Enantiomer) Analysis, Single Drug Class	Yes
80375	Drug(s) Or Substance(s), Definitive, Qualitative Or Quantitative, Not Otherwise Specified; 1-3	Yes
80376	Drug(s) Or Substance(s), Definitive, Qualitative Or Quantitative, Not Otherwise Specified; 4-6	Yes
80377	Drug(s) Or Substance(s), Definitive, Qualitative Or Quantitative, Not Otherwise Specified; 7 Or More	Yes
80400	Acth Stimulation Panel; For Adrenal Insufficiency This Panel Must Include The Following: Cortisol (82533 X 2)	No
80402	Acth Stimulation Panel; For 21 Hydroxylase Deficiency This Panel Must Include The Following: Cortisol (82533 X 2) 17 Hydroxyprogesterone (83498 X 2)	No
80406	Acth Stimulation Panel; For 3 Beta-Hydroxydehydrogenase Deficiency This Panel Must Include The Following: Cortisol (82533 X 2) 17 Hydroxypregnenolone (84143 X 2)	No
80408	Aldosterone Suppression Evaluation Panel (eg, Saline Infusion) This Panel Must Include The Following: Aldosterone (82088 X 2) Renin (84244 X 2)	No
80410	Calcitonin Stimulation Panel (eg, Calcium, Pentagastrin) This Panel Must Include The Following: Calcitonin (82308 X 3)	No
80412	Corticotropic Releasing Hormone (Crh) Stimulation Panel This Panel Must Include The Following: Cortisol (82533 X 6) Adrenocorticotropic Hormone (Acth) (82024 X 6)	No
80414	Chorionic Gonadotropin Stimulation Panel; Testosterone Response This Panel Must Include The Following: Testosterone (84403 X 2 On 3 Pooled Blood Samples)	No
80415	Chorionic Gonadotropin Stimulation Panel; Estradiol Response This Panel Must Include The Following: Estradiol, Total (82670 X 2 On 3 Pooled Blood Samples)	No
80416	Renal Vein Renin Stimulation Panel (eg, Captopril) This Panel Must Include The Following: Renin (84244 X 6)	No
80417	Peripheral Vein Renin Stimulation Panel (eg, Captopril) This Panel Must Include The Following: Renin (84244 X 2)	No
80418	Combined Rapid Anterior Pituitary Evaluation Panel This Panel Must Include The Following: Adrenocorticotropic Hormone (Acth) (82024 X 4) Luteinizing Hormone (Lh) (83002 X 4) Follicle Stimulating Hormone (Fsh) (83001 X 4) Prolactin (84146 X 4) Human Growth	No

Procedure Code	Description	Prior Auth Required
80420	Dexamethasone Suppression Panel, 48 Hour This Panel Must Include The Following: Free Cortisol, Urine (82530 X 2) Cortisol (82533 X 2) Volume Measurement For Timed Collection (81050 X 2)	No
80422	Glucagon Tolerance Panel; For Insulinoma This Panel Must Include The Following: Glucose (82947 X 3) Insulin (83525 X 3)	No
80424	Glucagon Tolerance Panel; For Pheochromocytoma This Panel Must Include The Following: Catecholamines, Fractionated (82384 X 2)	No
80426	Gonadotropin Releasing Hormone Stimulation Panel This Panel Must Include The Following: Follicle Stimulating Hormone (Fsh) (83001 X 4) Luteinizing Hormone (Lh) (83002 X 4)	No
80428	Growth Hormone Stimulation Panel (eg, Arginine Infusion, L-Dopa Administration) This Panel Must Include The Following: Human Growth Hormone (Hgh) (83003 X 4)	No
80430	Growth Hormone Suppression Panel (Glucose Administration) This Panel Must Include The Following: Glucose (82947 X 3) Human Growth Hormone (Hgh) (83003 X 4)	No
80432	Insulin-Induced C-Peptide Suppression Panel This Panel Must Include The Following: Insulin (83525) C-Peptide (84681 X 5) Glucose (82947 X 5)	No
80434	Insulin Tolerance Panel; For Acth Insufficiency This Panel Must Include The Following: Cortisol (82533 X 5) Glucose (82947 X 5)	No
80435	Insulin Tolerance Panel; For Growth Hormone Deficiency This Panel Must Include The Following: Glucose (82947 X 5) Human Growth Hormone (Hgh) (83003 X 5)	No
80436	Metyrapone Panel This Panel Must Include The Following: Cortisol (82533 X 2) 11 Deoxycortisol (82634 X 2)	No
80438	Thyrotropin Releasing Hormone (Trh) Stimulation Panel; 1 Hour This Panel Must Include The Following: Thyroid Stimulating Hormone (Tsh) (84443 X 3)	No
80439	Thyrotropin Releasing Hormone (Trh) Stimulation Panel; 2 Hour This Panel Must Include The Following: Thyroid Stimulating Hormone (Tsh) (84443 X 4)	No
80503	Pathology Clinical Consultation; For A Clinical Problem, With Limited Review Of Patient'S History And Medical Records And Straightforward Medical Decision Making When Using Time For Code Selection, 5-20 Minutes Of Total Time Is Spent On The Date Of The Co	No
80504	Pathology Clinical Consultation; For A Moderately Complex Clinical Problem, With Review Of Patient'S History And Medical Records And Moderate Level Of Medical Decision Making When Using Time For Code Selection, 21-40 Minutes Of Total Time Is Spent On The	No
80505	Pathology Clinical Consultation; For A Highly Complex Clinical Problem, With Comprehensive Review Of Patient'S History And Medical Records And High Level Of Medical Decision Making When Using Time For Code Selection, 41-60 Minutes Of Total Time Is Spent O	No
80506	Pathology Clinical Consultation; Prolonged Service, Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	No
81000	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Non-Automated, With Microscopy	No
81001	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Automated, With Microscopy	No
81002	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Non-Automated, Without Microscopy	No
81003	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Automated, Without Microscopy	No
81005	Urinalysis; Qualitative Or Semiquantitative, Except Immunoassays	No
81007	Urinalysis; Bacteriuria Screen, Except By Culture Or Dipstick	No
81015	Urinalysis; Microscopic Only	No
81020	Urinalysis; 2 Or 3 Glass Test	Yes
81025	Urine Pregnancy Test, By Visual Color Comparison Methods	No
81050	Volume Measurement For Timed Collection, Each	No
81099	Unlisted Urinalysis Procedure	No
81105	Human Platelet Antigen 1 Genotyping (Hpa-1), Itgb3 (Integrin, Beta 3 [Platelet Glycoprotein Iiia], Antigen Cd61 [Gpiiia]) (eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene Analysis, Common Variant, Hpa-1a/B (L33p)	No
81106	Human Platelet Antigen 2 Genotyping (Hpa-2), Gp1ba (Glycoprotein Ib [Platelet], Alpha Polypeptide [Gpiba]) (eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene Analysis, Common Variant, Hpa-2a/B (T145m)	No
81107	Human Platelet Antigen 3 Genotyping (Hpa-3), Itga2B (Integrin, Alpha 2B [Platelet Glycoprotein Iib Of Iib/Iiia Complex], Antigen Cd41 [Gpiib]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene Analysis, Common Variant, Hpa-	No
81108	Human Platelet Antigen 4 Genotyping (Hpa-4), Itgb3 (Integrin, Beta 3 [Platelet Glycoprotein Iiia], Antigen Cd61 [Gpiiia]) (eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene Analysis, Common Variant, Hpa-4a/B (R143q)	No
81109	Human Platelet Antigen 5 Genotyping (Hpa-5), Itga2 (Integrin, Alpha 2 [Cd49B, Alpha 2 Subunit Of Vla-2 Receptor] [Gpia]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene Analysis, Common Variant (Eg, Hpa-5A/B [K505E])	No

Procedure Code	Description	Prior Auth Required
81110	Human Platelet Antigen 6 Genotyping (Hpa-6w), Itgb3 (Integrin, Beta 3 [Platelet Glycoprotein Iiia, Antigen Cd61] [Gpiiia]) (eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene Analysis, Common Variant, Hpa-6a/B (R489q)	No
81111	Human Platelet Antigen 9 Genotyping (Hpa-9W), Itga2B (Integrin, Alpha 2B [Platelet Glycoprotein Iib Of Iib/Iiia Complex, Antigen Cd41] [Gpiib]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene Analysis, Common Variant, Hpa	No
81112	Human Platelet Antigen 15 Genotyping (Hpa-15), Cd109 (Cd109 Molecule) (eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene Analysis, Common Variant, Hpa-15a/B (S682y)	No
81120	Idh1 (Isocitrate Dehydrogenase 1 [Nadp+], Soluble) (eg, Glioma), Common Variants (eg, R132h, R132c)	No
81121	Idh2 (Isocitrate Dehydrogenase 2 [Nadp+], Mitochondrial) (eg, Glioma), Common Variants (eg, R140w, R172m)	No
81161	Dmd (Dystrophin) (eg, Duchenne/Becker Muscular Dystrophy) Deletion Analysis, And Duplication Analysis, If Performed	No
81162	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes
81163	Brca1 (Brca1, DNA Repair Associated), Brca2 (Brca2, DNA Repair Associated) (eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	Yes
81164	Brca1 (Brca1, DNA Repair Associated), Brca2 (Brca2, DNA Repair Associated) (eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)	Yes
81165	Brca1 (Brca1, DNA Repair Associated) (eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	Yes
81166	Brca1 (Brca1, DNA Repair Associated) (eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)	Yes
81167	Brca2 (Brca2, DNA Repair Associated) (eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)	Yes
81168	CCND1/IGH (T(11;14)) (Eg, Mantle Cell Lymphoma) Translocation Analysis, Major Breakpoint, Qualitative And Quantitative, If Performed	No
81170	Abl1 (Abl Proto-Oncogene 1, Non-Receptor Tyrosine Kinase) (eg, Acquired Imatinib Tyrosine Kinase Inhibitor Resistance), Gene Analysis, Variants In The Kinase Domain	Yes
81171	Aff2 (Alf Transcription Elongation Factor 2 [Fmr2]) (Eg, Fragile X Intellectual Disability 2 [Fraxe]) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles	No
81172	Aff2 (Alf Transcription Elongation Factor 2 [Fmr2]) (Eg, Fragile X Intellectual Disability 2 [Fraxe]) Gene Analysis; Characterization Of Alleles (Eg, Expanded Size And Methylation Status)	No
81173	Ar (Androgen Receptor) (eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome Inactivation) Gene Analysis; Full Gene Sequence	Yes
81174	Ar (Androgen Receptor) (eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome Inactivation) Gene Analysis; Known Familial Variant	Yes
81175	Asxl1 (Additional Sex Combs Like 1, Transcriptional Regulator) (eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Full Gene Sequence	No
81176	Asxl1 (Additional Sex Combs Like 1, Transcriptional Regulator) (eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Targeted Sequence Analysis (eg, Exon 12)	No
81177	Atn1 (Atrophin 1) (eg, Dentatorubral-Pallidoluysian Atrophy) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81178	Atxn1 (Ataxin 1) (eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81179	Atxn2 (Ataxin 2) (eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81180	Atxn3 (Ataxin 3) (eg, Spinocerebellar Ataxia, Machado-Joseph Disease) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81181	Atxn7 (Ataxin 7) (eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81182	Atxn8os (Atxn8 Opposite Strand [Non-Protein Coding]) (eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81183	Atxn10 (Ataxin 10) (eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81184	Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (eg, Spinocerebellar Ataxia) Gene Analysis; Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81185	Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (eg, Spinocerebellar Ataxia) Gene Analysis; Full Gene Sequence	Yes
81186	Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (eg, Spinocerebellar Ataxia) Gene Analysis; Known Familial Variant	Yes
81187	Cnbp (Cchc-Type Zinc Finger Nucleic Acid Binding Protein) (eg, Myotonic Dystrophy Type 2) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81188	Cstb (Cystatin B) (eg, Unverricht-Lundborg Disease) Gene Analysis; Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81189	Cstb (Cystatin B) (eg, Unverricht-Lundborg Disease) Gene Analysis; Full Gene Sequence	Yes

Procedure Code	Description	Prior Auth Required
81190	Cstb (Cystatin B) (eg, Unverricht-Lundborg Disease) Gene Analysis; Known Familial Variant(s)	Yes
81191	NTRK1 (Neurotrophic Receptor Tyrosine Kinase 1) (Eg, Solid Tumors) Translocation Analysis	Yes
81192	NTRK2 (Neurotrophic Receptor Tyrosine Kinase 2) (Eg, Solid Tumors) Translocation Analysis	Yes
81193	NTRK3 (Neurotrophic Receptor Tyrosine Kinase 3) (Eg, Solid Tumors) Translocation Analysis	Yes
81194	Ntrk (Neurotrophic Receptor Tyrosine Kinase 1, 2, And 3) (Eg, Solid Tumors) Translocation Analysis	Yes
81195	Cytogenomic (Genome-Wide) Analysis, Hematologic Malignancy, Structural Variants And Copy Number Variants, Optical Genome Mapping (Ogm)	Yes
81200	Aspa (Aspartoacylase) (eg, Canavan Disease) Gene Analysis, Common Variants (eg, E285a, Y231x)	Yes
81201	Apc (Adenomatous Polyposis Coli) (eg, Familial Adenomatosis Polyposis [Fap], Attenuated Fap) Gene Analysis; Full Gene Sequence	No
81202	Apc (Adenomatous Polyposis Coli) (eg, Familial Adenomatosis Polyposis [Fap], Attenuated Fap) Gene Analysis; Known Familial Variants	No
81203	Apc (Adenomatous Polyposis Coli) (eg, Familial Adenomatosis Polyposis [Fap], Attenuated Fap) Gene Analysis; Duplication/Deletion Variants	No
81204	Ar (Androgen Receptor) (eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome Inactivation) Gene Analysis; Characterization Of Alleles (eg, Expanded Size Or Methylation Status)	Yes
81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (eg, R183p, G278s, E422x)	Yes
81206	Bcr/Abl1 (T(9;22)) (eg, Chronic Myelogenous Leukemia) Translocation Analysis; Major Breakpoint, Qualitative Or Quantitative	No
81207	Bcr/Abl1 (T(9;22)) (eg, Chronic Myelogenous Leukemia) Translocation Analysis; Minor Breakpoint, Qualitative Or Quantitative	No
81208	Bcr/Abl1 (T(9;22)) (eg, Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint, Qualitative Or Quantitative	No
81209	Blm (Bloom Syndrome, Recq Helicase-Like) (eg, Bloom Syndrome) Gene Analysis, 2281del6ins7 Variant	Yes
81210	Braf (B-Raf Proto-Oncogene, Serine/Threonine Kinase) (eg, Colon Cancer, Melanoma), Gene Analysis, V600 Variant(s)	No
81212	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	Yes
81215	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes
81216	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes
81217	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes
81218	Cebpa (Ccaat/Enhancer Binding Protein [C/Ebp], Alpha) (eg, Acute Myeloid Leukemia), Gene Analysis, Full Gene Sequence	No
81219	Calr (Calreticulin) (eg, Myeloproliferative Disorders), Gene Analysis, Common Variants In Exon 9	No
81220	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (eg, Cystic Fibrosis) Gene Analysis; Common Variants (eg, Acmg/Acog Guidelines)	No
81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants	Yes
81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants	Yes
81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence	Yes
81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (eg, Male Infertility)	Yes
81225	Cyp2c19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (eg, Drug Metabolism), Gene Analysis, Common Variants (eg, *2, *3, *4, *8, *17)	No
81226	Cyp2d6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (eg, Drug Metabolism), Gene Analysis, Common Variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1xn, *2xn, *4xn)	Yes
81227	Cyp2c9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (eg, Drug Metabolism), Gene Analysis, Common Variants (eg, *2, *3, *5, *6)	Yes
81228	Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Genomic Regions For Copy Number Variants, Comparative Genomic Hybridization [Cgh] Microarray Analysis	Yes
81229	Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Genomic Regions For Copy Number And Single Nucleotide Polymorphism (Snp) Variants, Comparative Genomic Hybridization (Cgh) Microarray Analysis	Yes
81230	Cyp3a4 (Cytochrome P450 Family 3 Subfamily A Member 4) (eg, Drug Metabolism), Gene Analysis, Common Variant(s) (eg, *2, *22)	Yes
81231	Cyp3a5 (Cytochrome P450 Family 3 Subfamily A Member 5) (eg, Drug Metabolism), Gene Analysis, Common Variants (eg, *2, *3, *4, *5, *6, *7)	Yes
81232	Dpyd (Dihydropyrimidine Dehydrogenase) (eg, 5-Fluorouracil/5-Fu And Capecitabine Drug Metabolism), Gene Analysis, Common Variant(s) (eg, *2a, *4, *5, *6)	Yes

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81233	Btk (Bruton's Tyrosine Kinase) (eg, Chronic Lymphocytic Leukemia) Gene Analysis, Common Variants (eg, C481s, C481r, C481f)	No
81234	Dmpk (Dm1 Protein Kinase) (eg, Myotonic Dystrophy Type 1) Gene Analysis; Evaluation To Detect Abnormal (Expanded) Alleles	Yes
81235	Egfr (Epidermal Growth Factor Receptor) (eg, Non-Small Cell Lung Cancer) Gene Analysis, Common Variants (eg, Exon 19 Lrea Deletion, L858r, T790m, G719a, G719s, L861q)	No
81236	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (eg, Myelodysplastic Syndrome, Myeloproliferative Neoplasms) Gene Analysis, Full Gene Sequence	No
81237	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (eg, Diffuse Large B-Cell Lymphoma) Gene Analysis, Common Variant(s) (eg, Codon 646)	No
81238	F9 (Coagulation Factor Ix) (eg, Hemophilia B), Full Gene Sequence	No
81239	Dmpk (Dm1 Protein Kinase) (eg, Myotonic Dystrophy Type 1) Gene Analysis; Characterization Of Alleles (eg, Expanded Size)	Yes
81240	F2 (Prothrombin, Coagulation Factor Ii) (eg, Hereditary Hypercoagulability) Gene Analysis, 20210g>A Variant	Yes
81241	F5 (Coagulation Factor V) (eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	Yes
81242	Fancc (Fanconi Anemia, Complementation Group C) (eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (eg, Ivs4+4a>T)	Yes
81243	Fmr1 (Fragile X Messenger Ribonucleoprotein 1) (Eg, Fragile X Syndrome, X-Linked Intellectual Disability [Xlid]) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles	No
81244	Fmr1 (Fragile X Messenger Ribonucleoprotein 1) (Eg, Fragile X Syndrome, X-Linked Intellectual Disability [Xlid]) Gene Analysis; Characterization Of Alleles (Eg, Expanded Size And Promoter Methylation Status)	No
81245	Flt3 (Fms-Related Tyrosine Kinase 3) (eg, Acute Myeloid Leukemia), Gene Analysis; Internal Tandem Duplication (Itd) Variants (Ie, Exons 14, 15)	No
81246	Flt3 (Fms-Related Tyrosine Kinase 3) (eg, Acute Myeloid Leukemia), Gene Analysis; Tyrosine Kinase Domain (Tkd) Variants (eg, D835, I836)	No
81247	G6pd (Glucose-6-Phosphate Dehydrogenase) (eg, Hemolytic Anemia, Jaundice), Gene Analysis; Common Variant(s) (eg, A, A-)	Yes
81248	G6pd (Glucose-6-Phosphate Dehydrogenase) (eg, Hemolytic Anemia, Jaundice), Gene Analysis; Known Familial Variant(s)	Yes
81249	G6pd (Glucose-6-Phosphate Dehydrogenase) (eg, Hemolytic Anemia, Jaundice), Gene Analysis; Full Gene Sequence	Yes
81250	G6pc (Glucose-6-Phosphatase, Catalytic Subunit) (eg, Glycogen Storage Disease, Type 1a, Von Gierke Disease) Gene Analysis, Common Variants (eg, R83c, Q347x)	Yes
81251	Gba (Glucosidase, Beta, Acid) (eg, Gaucher Disease) Gene Analysis, Common Variants (eg, N370s, 84gg, L444p, Ivs2+1g>A)	Yes
81252	Gjb2 (Gap Junction Protein, Beta 2, 26kda, Connexin 26) (eg, Nonsyndromic Hearing Loss) Gene Analysis; Full Gene Sequence	Yes
81253	Gjb2 (Gap Junction Protein, Beta 2, 26kda, Connexin 26) (eg, Nonsyndromic Hearing Loss) Gene Analysis; Known Familial Variants	Yes
81254	Gjb6 (Gap Junction Protein, Beta 6, 30kda, Connexin 30) (eg, Nonsyndromic Hearing Loss) Gene Analysis, Common Variants (eg, 309kb [Del(Gjb6-D13s1830)] And 232kb [Del(Gjb6-D13s1854)])	Yes
81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (eg, Tay-Sachs Disease) Gene Analysis, Common Variants (eg, 1278instatc, 1421+1g>C, G269s)	Yes
81256	Hfe (Hemochromatosis) (eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (eg, C282y, H63d)	No
81257	Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (Eg, Alpha Thalassemia, Hb Bart Hydrops Fetalis Syndrome, Hbh Disease), Gene Analysis; Common Deletions Or Variant (Eg, Southeast Asian, Thai, Filipino, Mediterranean, Alpha3.7, Alpha4.2, Alpha20.5, Constant S	No
81258	Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (eg, Alpha Thalassemia, Hb Bart Hydrops Fetalis Syndrome, Hbh Disease), Gene Analysis; Known Familial Variant	No
81259	Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (eg, Alpha Thalassemia, Hb Bart Hydrops Fetalis Syndrome, Hbh Disease), Gene Analysis; Full Gene Sequence	No
81260	Ikbkap (Inhibitor Of Kappa Light Polypeptide Gene Enhancer In B-Cells, Kinase Complex-Associated Protein) (eg, Familial Dysautonomia) Gene Analysis, Common Variants (eg, 2507+6t>C, R696p)	Yes
81261	Igh@ (Immunoglobulin Heavy Chain Locus) (eg, Leukemias And Lymphomas, B-Cell), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(s); Amplified Methodology (eg, Polymerase Chain Reaction)	Yes
81262	Igh@ (Immunoglobulin Heavy Chain Locus) (eg, Leukemias And Lymphomas, B-Cell), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(s); Direct Probe Methodology (eg, Southern Blot)	Yes
81263	Igh@ (Immunoglobulin Heavy Chain Locus) (eg, Leukemia And Lymphoma, B-Cell), Variable Region Somatic Mutation Analysis	Yes
81264	Igk@ (Immunoglobulin Kappa Light Chain Locus) (eg, Leukemia And Lymphoma, B-Cell), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(s)	Yes
81265	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Patient And Comparative Specimen (Eg, Pre-Transplant Recipient And Donor Germline Testing, Post-Transplant Non-Hematopoietic Recipient Germline [Eg, Buccal Swab Or Other Germline Tissue Sample]	No

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81266	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Each Additional Specimen (Eg, Additional Cord Blood Donor, Additional Fetal Samples From Different Cultures, Or Additional Zygosity In Multiple Birth Pregnancies) (List Separately In Addition T	No
81267	Chimerism (Engraftment) Analysis, Post Transplantation Specimen (eg, Hematopoietic Stem Cell), Includes Comparison To Previously Performed Baseline Analyses; Without Cell Selection	No
81268	Chimerism (Engraftment) Analysis, Post Transplantation Specimen (eg, Hematopoietic Stem Cell), Includes Comparison To Previously Performed Baseline Analyses; With Cell Selection (eg, Cd3, Cd33), Each Cell Type	No
81269	Hba1/Hba2 (Alpha Globin 1 And Alpha Globin 2) (eg, Alpha Thalassemia, Hb Bart Hydrops Fetalis Syndrome, Hbh Disease), Gene Analysis; Duplication/Deletion Variants	No
81270	Jak2 (Janus Kinase 2) (eg, Myeloproliferative Disorder) Gene Analysis, P.Val617phe (V617f) Variant	No
81271	Htt (Huntingtin) (eg, Huntington Disease) Gene Analysis; Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81272	Kit (V-Kit Hardy-Zuckerman 4 Feline Sarcoma Viral Oncogene Homolog) (eg, Gastrointestinal Stromal Tumor [Gist], Acute Myeloid Leukemia, Melanoma), Gene Analysis, Targeted Sequence Analysis (eg, Exons 8, 11, 13, 17, 18)	No
81273	Kit (V-Kit Hardy-Zuckerman 4 Feline Sarcoma Viral Oncogene Homolog) (eg, Mastocytosis), Gene Analysis, D816 Variant(s)	No
81274	Htt (Huntingtin) (eg, Huntington Disease) Gene Analysis; Characterization Of Alleles (eg, Expanded Size)	Yes
81275	Kras (Kirsten Rat Sarcoma Viral Oncogene Homolog) (eg, Carcinoma) Gene Analysis; Variants In Exon 2 (eg, Codons 12 And 13)	No
81276	Kras (Kirsten Rat Sarcoma Viral Oncogene Homolog) (eg, Carcinoma) Gene Analysis; Additional Variant(s) (eg, Codon 61, Codon 146)	No
81277	Cytogenomic Neoplasia (Genome-Wide) Microarray Analysis, Interrogation Of Genomic Regions For Copy Number And Loss-Of-Heterozygosity Variants For Chromosomal Abnormalities	No
81278	IGH@/BCL2 (T(14;18)) (Eg, Follicular Lymphoma) Translocation Analysis, Major Breakpoint Region (MBR) And Minor Cluster Region (Mcr) Breakpoints, Qualitative Or Quantitative	Yes
81279	JAK2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Targeted Sequence Analysis (Eg, Exons 12 And 13)	No
81283	Ifnl3 (Interferon, Lambda 3) (eg, Drug Response), Gene Analysis, Rs12979860 Variant	No
81284	Fxn (Frataxin) (eg, Friedreich Ataxia) Gene Analysis; Evaluation To Detect Abnormal (Expanded) Alleles	Yes
81285	Fxn (Frataxin) (eg, Friedreich Ataxia) Gene Analysis; Characterization Of Alleles (eg, Expanded Size)	Yes
81286	Fxn (Frataxin) (eg, Friedreich Ataxia) Gene Analysis; Full Gene Sequence	Yes
81287	Mgmt (o-6-methylguanine-dna methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	Yes
81288	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Promoter Methylation Analysis	Yes
81289	Fxn (Frataxin) (eg, Friedreich Ataxia) Gene Analysis; Known Familial Variant(s)	Yes
81290	Mcoln1 (Mucolipin 1) (eg, Mucolipidosis, Type Iv) Gene Analysis, Common Variants (eg, Ivs3-2a>G, Del6.4kb)	Yes
81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (eg, 677t, 1298c)	Yes
81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	No
81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes
81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	No
81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	No
81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes
81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	No
81298	Msh6 (Muts Homolog 6 [E. Coli]) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	No
81299	Msh6 (Muts Homolog 6 [E. Coli]) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes
81300	Msh6 (Muts Homolog 6 [E. Coli]) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	No
81301	Microsatellite Instability Analysis (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Of Markers For Mismatch Repair Deficiency (eg, Bat25, Bat26), Includes Comparison Of Neoplastic And Normal Tissue, If Performed	No
81302	Mecp2 (Methyl Cpg Binding Protein 2) (eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis	Yes
81303	Mecp2 (Methyl Cpg Binding Protein 2) (eg, Rett Syndrome) Gene Analysis; Known Familial Variant	Yes

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81304	Mecp2 (Methyl Cpg Binding Protein 2) (eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants	Yes
81305	Myd88 (Myeloid Differentiation Primary Response 88) (eg, Waldenstrom's Macroglobulinemia, Lymphoplasmacytic Leukemia) Gene Analysis, P.Leu265pro (L265p) Variant	No
81306	Nudt15 (Nudix Hydrolase 15) (eg, Drug Metabolism) Gene Analysis, Common Variant(s) (eg, *2, *3, *4, *5, *6)	Yes
81307	PALB2 (Partner And Localizer Of BRCA2) (Eg, Breast And Pancreatic Cancer) Gene Analysis; Full Gene Sequence	Yes
81308	PALB2 (Partner And Localizer Of BRCA2) (Eg, Breast And Pancreatic Cancer) Gene Analysis; Known Familial Variant	Yes
81309	PIK3CA (Phosphatidylinositol-4, 5-Biphosphate 3-Kinase, Catalytic Subunit Alpha) (Eg, Colorectal And Breast Cancer) Gene Analysis, Targeted Sequence Analysis (Eg, Exons 7, 9, 20)	Yes
81310	Npm1 (Nucleophosmin) (eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 Variants	No
81311	Nras (Neuroblastoma Ras Viral [V-Ras] Oncogene Homolog) (eg, Colorectal Carcinoma), Gene Analysis, Variants In Exon 2 (eg, Codons 12 And 13) And Exon 3 (eg, Codon 61)	No
81312	Pabpn1 (Poly[A] Binding Protein Nuclear 1) (eg, Oculopharyngeal Muscular Dystrophy) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81313	Pca3/Klk3 (Prostate Cancer Antigen 3 [Non-Protein Coding]/Kallikrein-Related Peptidase 3 [Prostate Specific Antigen]) Ratio (eg, Prostate Cancer)	Yes
81314	Pdgfra (Platelet-Derived Growth Factor Receptor, Alpha Polypeptide) (eg, Gastrointestinal Stromal Tumor [Gist]), Gene Analysis, Targeted Sequence Analysis (eg, Exons 12, 18)	No
81315	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (eg, Promyelocytic Leukemia) Translocation Analysis; Common Breakpoints (eg, Intron 3 And Intron 6), Qualitative Or Quantitative	No
81316	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (eg, Promyelocytic Leukemia) Translocation Analysis; Single Breakpoint (eg, Intron 3, Intron 6 Or Exon 6), Qualitative Or Quantitative	No
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	No
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Yes
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	No
81320	Plcg2 (Phospholipase C Gamma 2) (eg, Chronic Lymphocytic Leukemia) Gene Analysis, Common Variants (eg, R665w, S707f, L845f)	No
81321	Pten (Phosphatase And Tensin Homolog) (eg, Cowden Syndrome, Pten Hamartoma Tumor Syndrome) Gene Analysis; Full Sequence Analysis	Yes
81322	Pten (Phosphatase And Tensin Homolog) (eg, Cowden Syndrome, Pten Hamartoma Tumor Syndrome) Gene Analysis; Known Familial Variant	Yes
81323	Pten (Phosphatase And Tensin Homolog) (eg, Cowden Syndrome, Pten Hamartoma Tumor Syndrome) Gene Analysis; Duplication/Deletion Variant	Yes
81324	Pmp22 (Peripheral Myelin Protein 22) (eg, Charcot-Marie-Tooth, Hereditary Neuropathy With Liability To Pressure Palsies) Gene Analysis; Duplication/Deletion Analysis	Yes
81325	Pmp22 (Peripheral Myelin Protein 22) (eg, Charcot-Marie-Tooth, Hereditary Neuropathy With Liability To Pressure Palsies) Gene Analysis; Full Sequence Analysis	Yes
81326	Pmp22 (Peripheral Myelin Protein 22) (eg, Charcot-Marie-Tooth, Hereditary Neuropathy With Liability To Pressure Palsies) Gene Analysis; Known Familial Variant	Yes
81327	Sept9 (Septin9) (Eg, Colorectal Cancer) Promoter Methylation Analysis	Yes
81328	Slco1b1 (Solute Carrier Organic Anion Transporter Family, Member 1b1) (eg, Adverse Drug Reaction), Gene Analysis, Common Variant(s) (eg, *5)	Yes
81329	Smn1 (Survival Of Motor Neuron 1, Telomeric) (eg, Spinal Muscular Atrophy) Gene Analysis; Dosage/Deletion Analysis (eg, Carrier Testing), Includes Smn2 (Survival Of Motor Neuron 2, Centromeric) Analysis, If Performed	No
81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (eg, R496l, L302p, Fsp330)	Yes
81331	Snrpn/Ube3a (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3a) (eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis	Yes
81332	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1) (eg, Alpha-1-Antitrypsin Deficiency), Gene Analysis, Common Variants (eg, *s And *Z)	Yes
81333	Tgfbi (Transforming Growth Factor Beta-Induced) (eg, Corneal Dystrophy) Gene Analysis, Common Variants (eg, R124h, R124c, R124l, R555w, R555q)	Yes
81334	Runx1 (Runt Related Transcription Factor 1) (Eg, Acute Myeloid Leukemia, Familial Platelet Disorder With Associated Myeloid Malignancy) Gene Analysis, Targeted Sequence Analysis (Eg, Exons 3-8)	No
81335	Tpmt (Thiopurine S-Methyltransferase) (eg, Drug Metabolism), Gene Analysis, Common Variants (eg, *2, *3)	Yes
81336	Smn1 (Survival Of Motor Neuron 1, Telomeric) (eg, Spinal Muscular Atrophy) Gene Analysis; Full Gene Sequence	Yes
81337	Smn1 (Survival Of Motor Neuron 1, Telomeric) (eg, Spinal Muscular Atrophy) Gene Analysis; Known Familial Sequence Variant(s)	Yes
81338	MPL (MPL Proto-Oncogene, Thrombopoietin Receptor) (Eg, Myeloproliferative Disorder) Gene Analysis; Common Variants (Eg, W515A, W515K, W515L, W515R)	Yes

Procedure Code	Description	Prior Auth Required
81339	MPL (MPL Proto-Oncogene, Thrombopoietin Receptor) (Eg, Myeloproliferative Disorder) Gene Analysis; Sequence Analysis, Exon 10	Yes
81340	Trb@ (T Cell Antigen Receptor, Beta) (eg, Leukemia And Lymphoma), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(s); Using Amplification Methodology (eg, Polymerase Chain Reaction)	Yes
81341	Trb@ (T Cell Antigen Receptor, Beta) (eg, Leukemia And Lymphoma), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(s); Using Direct Probe Methodology (eg, Southern Blot)	Yes
81342	Trg@ (T Cell Antigen Receptor, Gamma) (eg, Leukemia And Lymphoma), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(s)	Yes
81343	Ppp2r2b (Protein Phosphatase 2 Regulatory Subunit Bbeta) (eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81344	Tbp (Tata Box Binding Protein) (eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes
81345	Tert (Telomerase Reverse Transcriptase) (eg, Thyroid Carcinoma, Glioblastoma Multiforme) Gene Analysis, Targeted Sequence Analysis (eg, Promoter Region)	Yes
81346	Tyms (Thymidylate Synthetase) (eg, 5-Fluorouracil/5-Fu Drug Metabolism), Gene Analysis, Common Variant(s) (eg, Tandem Repeat Variant)	Yes
81347	SF3B1 (Splicing Factor [3B] Subunit B1) (Eg, Myelodysplastic Syndrome/Acute Myeloid Leukemia) Gene Analysis, Common Variants (Eg, A672T, E622D, L833F, R625C, R625L)	No
81348	SRSF2 (Serine And Arginine-Rich Splicing Factor 2) (Eg, Myelodysplastic Syndrome, Acute Myeloid Leukemia) Gene Analysis, Common Variants (Eg, P95H, P95L)	No
81349	Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Genomic Regions For Copy Number And Loss-Of-Heterozygosity Variants, Low-Pass Sequencing Analysis	No
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Yes
81351	TP53 (Tumor Protein 53) (Eg, Li-Fraumeni Syndrome) Gene Analysis; Full Gene Sequence	Yes
81352	TP53 (Tumor Protein 53) (Eg, Li-Fraumeni Syndrome) Gene Analysis; Targeted Sequence Analysis (Eg, 4 Oncology)	Yes
81353	TP53 (Tumor Protein 53) (Eg, Li-Fraumeni Syndrome) Gene Analysis; Known Familial Variant	Yes
81354	Cytogenomic (Genome-Wide) Analysis For Constitutional Chromosomal Abnormalities; Interrogation Of Structural And Copy Number Variants, Optical Genome Mapping (Ogm)	Yes
81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (eg, Warfarin Metabolism), Gene Analysis, Common Variant(s) (eg, -1639g>A, C.173+1000c>T)	Yes
81357	U2AF1 (U2 Small Nuclear RNA Auxiliary Factor 1) (Eg, Myelodysplastic Syndrome, Acute Myeloid Leukemia) Gene Analysis, Common Variants (Eg, S34F, S34Y, Q157R, Q157P)	No
81360	ZRSR2 (Zinc Finger CCCH-Type, RNA Binding Motif And Serine/Arginine-Rich 2) (Eg, Myelodysplastic Syndrome, Acute Myeloid Leukemia) Gene Analysis, Common Variant(S) (Eg, E65fs, E122fs, R448fs)	No
81361	Hbb (Hemoglobin, Subunit Beta) (eg, Sickle Cell Anemia, Beta Thalassemia, Hemoglobinopathy); Common Variant(s) (eg, Hbs, Hbc, Hbe)	No
81362	Hbb (Hemoglobin, Subunit Beta) (eg, Sickle Cell Anemia, Beta Thalassemia, Hemoglobinopathy); Known Familial Variant(s)	No
81363	Hbb (Hemoglobin, Subunit Beta) (eg, Sickle Cell Anemia, Beta Thalassemia, Hemoglobinopathy); Duplication/Deletion Variant(s)	No
81364	Hbb (Hemoglobin, Subunit Beta) (eg, Sickle Cell Anemia, Beta Thalassemia, Hemoglobinopathy); Full Gene Sequence	No
81370	Hla Class I And Ii Typing, Low Resolution (eg, Antigen Equivalents); Hla-A, -B, -C, -Drb1/3/4/5, And -Dqb1	No
81371	Hla Class I And Ii Typing, Low Resolution (eg, Antigen Equivalents); Hla-A, -B, And -Drb1 (eg, Verification Typing)	No
81372	Hla Class I Typing, Low Resolution (eg, Antigen Equivalents); Complete (Ie, Hla-A, -B, And -C)	No
81373	Hla Class I Typing, Low Resolution (eg, Antigen Equivalents); One Locus (eg, Hla-A, -B, Or -C), Each	No
81374	Hla Class I Typing, Low Resolution (eg, Antigen Equivalents); One Antigen Equivalent (eg, B*27), Each	No
81375	Hla Class Ii Typing, Low Resolution (eg, Antigen Equivalents); Hla-Drb1/3/4/5 And -Dqb1	No
81376	Hla Class Ii Typing, Low Resolution (eg, Antigen Equivalents); One Locus (eg, Hla-Drb1, -Drb3/4/5, -Dqb1, -Dqa1, -Dpb1, Or -Dpa1), Each	No
81377	Hla Class Ii Typing, Low Resolution (eg, Antigen Equivalents); One Antigen Equivalent, Each	No
81378	Hla Class I And Ii Typing, High Resolution (Ie, Alleles Or Allele Groups), Hla-A, -B, -C, And -Drb1	No
81379	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); Complete (Ie, Hla-A, -B, And -C)	No
81380	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (eg, Hla-A, -B, Or -C), Each	No
81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (eg, B*57:01p), Each	No
81382	Hla Class Ii Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (eg, Hla-Drb1, -Drb3/4/5, -Dqb1, -Dqa1, -Dpb1, Or -Dpa1), Each	No

Procedure Code	Description	Prior Auth Required
81383	Hla Class Ii Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (eg, Hla-Dqb1*06:02p), Each	No
81400	Molecular Pathology Procedure, Level 1 (Eg, Identification Of Single Germline Variant [Eg, Snp] By Techniques Such As Restriction Enzyme Digestion Or Melt Curve Analysis) Acadm (Acyl-Coa Dehydrogenase, C-4 To C-12 Straight Chain, Mcad) (Eg, Medium Chain A	Yes
81401	Molecular Pathology Procedure, Level 2 (Eg, 2-10 Snps, 1 Methylated Variant, Or 1 Somatic Variant [Typically Using Nonsequencing Target Variant Analysis], Or Detection Of A Dynamic Mutation Disorder/Triplet Repeat) Abcc8 (Atp-Binding Cassette, Sub-Family	Yes
81402	Molecular Pathology Procedure, Level 3 (Eg, >10 Snps, 2-10 Methylated Variants, Or 2-10 Somatic Variants [Typically Using Non-Sequencing Target Variant Analysis], Immunoglobulin And T-Cell Receptor Gene Rearrangements, Duplication/Deletion Variants Of 1 E	Yes
81403	Molecular Pathology Procedure, Level 4 (Eg, Analysis Of Single Exon By Dna Sequence Analysis, Analysis Of >10 Amplicons Using Multiplex Pcr In 2 Or More Independent Reactions, Mutation Scanning Or Duplication/Deletion Variants Of 2-5 Exons) Ang (Angiogeni	Yes
81404	Molecular Pathology Procedure, Level 5 (Eg, Analysis Of 2-5 Exons By Dna Sequence Analysis, Mutation Scanning Or Duplication/Deletion Variants Of 6-10 Exons, Or Characterization Of A Dynamic Mutation Disorder/Triplet Repeat By Southern Blot Analysis) Acad	Yes
81405	Molecular Pathology Procedure, Level 6 (Eg, Analysis Of 6-10 Exons By Dna Sequence Analysis, Mutation Scanning Or Duplication/Deletion Variants Of 11-25 Exons, Regionally Targeted Cytogenomic Array Analysis) Abcd1 (Atp-Binding Cassette, Sub-Family D [Ald]	Yes
81406	Molecular Pathology Procedure, Level 7 (Eg, Analysis Of 11-25 Exons By Dna Sequence Analysis, Mutation Scanning Or Duplication/Deletion Variants Of 26-50 Exons) Acadvl (Acyl-Coa Dehydrogenase, Very Long Chain) (Eg, Very Long Chain Acyl-Coenzyme A Dehydrog	Yes
81407	Molecular Pathology Procedure, Level 8 (Eg, Analysis Of 26-50 Exons By Dna Sequence Analysis, Mutation Scanning Or Duplication/Deletion Variants Of >50 Exons, Sequence Analysis Of Multiple Genes On One Platform) Abcc8 (Atp-Binding Cassette, Sub-Family C [	Yes
81408	Molecular Pathology Procedure, Level 9 (Eg, Analysis Of >50 Exons In A Single Gene By Dna Sequence Analysis) Abca4 (Atp-Binding Cassette, Sub-Family A [Abc1], Member 4) (Eg, Stargardt Disease, Age-Related Macular Degeneration), Full Gene Sequence Atm (Ata	Yes
81410	Aortic Dysfunction Or Dilation (Eg, Marfan Syndrome, Loeys Dietz Syndrome, Ehler Danlos Syndrome Type Iv, Arterial Tortuosity Syndrome); Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 9 Genes, Including Fbn1, Tgfbr1, Tgfbr2, Col3A1,	Yes
81411	Aortic Dysfunction Or Dilation (eg, Marfan Syndrome, Loeys Dietz Syndrome, Ehler Danlos Syndrome Type Iv, Arterial Tortuosity Syndrome); Duplication/Deletion Analysis Panel, Must Include Analyses For Tgfbr1, Tgfbr2, Myh11, And Col3a1	Yes
81412	Ashkenazi Jewish Associated Disorders (Eg, Bloom Syndrome, Canavan Disease, Cystic Fibrosis, Familial Dysautonomia, Fanconi Anemia Group C, Gaucher Disease, Tay-Sachs Disease), Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 9 Genes,	Yes
81413	Cardiac Ion Channelopathies (Eg, Brugada Syndrome, Long Qt Syndrome, Short Qt Syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia); Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 10 Genes, Including Ank2, Casq2, Cav3, Kcn	Yes
81414	Cardiac Ion Channelopathies (Eg, Brugada Syndrome, Long Qt Syndrome, Short Qt Syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia); Duplication/Deletion Gene Analysis Panel, Must Include Analysis Of At Least 2 Genes, Including Kcnh2 And Kcnq1	Yes
81415	Exome (eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis	Yes
81416	Exome (eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis, Each Comparator Exome (eg, Parents, Siblings) (List Separately In Addition To Code For Primary Procedure)	Yes
81417	Exome (eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Re-Evaluation Of Previously Obtained Exome Sequence (eg, Updated Knowledge Or Unrelated Condition/Syndrome)	Yes
81418	Drug Metabolism (Eg, Pharmacogenomics) Genomic Sequence Analysis Panel, Must Include Testing Of At Least 6 Genes, Including Cyp2C19, Cyp2D6, And Cyp2D6 Duplication/Deletion Analysis	Yes
81419	Epilepsy Genomic Sequence Analysis Panel, Must Include Analyses For ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, And ZEB2	Yes
81420	Fetal Chromosomal Aneuploidy (eg, Trisomy 21, Monosomy X) Genomic Sequence Analysis Panel, Circulating Cell-Free Fetal DNA In Maternal Blood, Must Include Analysis Of Chromosomes 13, 18, And 21	No
81422	Fetal Chromosomal Microdeletion(s) Genomic Sequence Analysis (eg, Digeorge Syndrome, Cri-Du-Chat Syndrome), Circulating Cell-Free Fetal DNA In Maternal Blood	Yes
81425	Genome (eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis	Yes
81426	Genome (eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis, Each Comparator Genome (eg, Parents, Siblings) (List Separately In Addition To Code For Primary Procedure)	Yes
81427	Genome (eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Re-Evaluation Of Previously Obtained Genome Sequence (eg, Updated Knowledge Or Unrelated Condition/Syndrome)	Yes

Procedure Code	Description	Prior Auth Required
81430	Hearing Loss (Eg, Nonsyndromic Hearing Loss, Usher Syndrome, Pendred Syndrome); Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 60 Genes, Including Cdh23, Clrn1, Gjb2, Gpr98, Mtrnr1, Myo7A, Myo15A, Pcdh15, Otof, Slc26A4, Tmc1, Tmprss3	Yes
81431	Hearing Loss (eg, Nonsyndromic Hearing Loss, Usher Syndrome, Pendred Syndrome); Duplication/Deletion Analysis Panel, Must Include Copy Number Analyses For Strc And Dfnb1 Deletions In Gjb2 And Gjb6 Genes	Yes
81432	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer, Hereditary Pancreatic Cancer, Hereditary Prostate Cancer), Genomic Sequence Analysis Panel, 5 Or More Genes, Interrogation	Yes
81434	Hereditary Retinal Disorders (Eg, Retinitis Pigmentosa, Leber Congenital Amaurosis, Cone-Rod Dystrophy), Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 15 Genes, Including Abca4, Cnga1, Crb1, Eys, Pde6A, Pde6B, Prpf31, Prph2, Rdh12,	Yes
81435	Hereditary Colon Cancer-Related Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden Syndrome, Familial Adenomatosis Polyposis), Genomic Sequence Analysis Panel, 5 Or More Genes, Interrogation For Sequence Variants And Copy Number Variants	No
81437	Hereditary Neuroendocrine Tumor-Related Disorders (Eg, Medullary Thyroid Carcinoma, Parathyroid Carcinoma, Malignant Pheochromocytoma Or Paraganglioma), Genomic Sequence Analysis Panel, 5 Or More Genes, Interrogation For Sequence Variants And Copy Number	Yes
81439	Hereditary Cardiomyopathy (Eg, Hypertrophic Cardiomyopathy, Dilated Cardiomyopathy, Arrhythmogenic Right Ventricular Cardiomyopathy), Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 5 Cardiomyopathy-Related Genes (Eg, Dsg2, Mybpc3, My	No
81440	Nuclear Encoded Mitochondrial Genes (Eg, Neurologic Or Myopathic Phenotypes), Genomic Sequence Panel, Must Include Analysis Of At Least 100 Genes, Including Bcs1L, C10Orf2, Coq2, Cox10, Dguok, Mpv17, Opa1, Pdss2, Polg, Polg2, Rrm2B, Sco1, Sco2, Slc25A4, S	Yes
81441	Inherited Bone Marrow Failure Syndromes (Ibmfs) (Eg, Fanconi Anemia, Dyskeratosis Congenita, Diamond-Blackfan Anemia, Shwachman-Diamond Syndrome, Gata2 Deficiency Syndrome, Congenital Amegakaryocytic Thrombocytopenia) Sequence Analysis Panel, Must Include	Yes
81442	Noonan Spectrum Disorders (Eg, Noonan Syndrome, Cardio-Facio-Cutaneous Syndrome, Costello Syndrome, Leopard Syndrome, Noonan-Like Syndrome), Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 12 Genes, Including Braf, Cbl, Hras, Kras, Ma	Yes
81443	Genetic Testing For Severe Inherited Conditions (Eg, Cystic Fibrosis, Ashkenazi Jewish-Associated Disorders [Eg, Bloom Syndrome, Canavan Disease, Fanconi Anemia Type C, Mucolipidosis Type Vi, Gaucher Disease, Tay-Sachs Disease], Beta Hemoglobinopathies, P	Yes
81445	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, 5-50 Genes, Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements, If Performed; Dna Analysis Or Combined Dna And Rna Analysis	No
81448	Hereditary Peripheral Neuropathies (eg, Charcot-Marie-Tooth, Spastic Paraplegia), Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 5 Peripheral Neuropathy-Related Genes (eg, Bscl2, Gjb1, Mfn2, Mpz, Reep1, Spast, Spg11, Sptlc1)	No
81449	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, 5-50 Genes, Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements, If Performed; Rna Analysis	Yes
81450	Hematolymphoid Neoplasm Or Disorder, Genomic Sequence Analysis Panel, 5-50 Genes, Interrogation For Sequence Variants, And Copy Number Variants Or Rearrangements, Or Isoform Expression Or Mrna Expression Levels, If Performed; Dna Analysis Or Combined Dna	No
81451	Hematolymphoid Neoplasm Or Disorder, Genomic Sequence Analysis Panel, 5-50 Genes, Interrogation For Sequence Variants, And Copy Number Variants Or Rearrangements, Or Isoform Expression Or Mrna Expression Levels, If Performed; Rna Analysis	Yes
81455	Solid Organ Or Hematolymphoid Neoplasm Or Disorder, 51 Or Greater Genes, Genomic Sequence Analysis Panel, Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements, Or Isoform Expression Or Mrna Expression Levels, If Performed; Dna An	Yes
81456	Solid Organ Or Hematolymphoid Neoplasm Or Disorder, 51 Or Greater Genes, Genomic Sequence Analysis Panel, Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements, Or Isoform Expression Or Mrna Expression Levels, If Performed; Rna An	Yes
81457	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Interrogation For Sequence Variants; Dna Analysis, Microsatellite Instability	Yes
81458	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Interrogation For Sequence Variants; Dna Analysis, Copy Number Variants And Microsatellite Instability	Yes
81459	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis, Copy Number Variants, Microsatellite Instability, Tumor Mutation Burden, And Rearrangements	Yes
81460	Whole Mitochondrial Genome (Eg, Leigh Syndrome, Mitochondrial Encephalomyopathy, Lactic Acidosis, And Stroke-Like Episodes [Melas], Myoclonic Epilepsy With Ragged-Red Fibers [Merff], Neuropathy, Ataxia, And Retinitis Pigmentosa [Narp], Leber Hereditary Op	Yes
81462	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Cell-Free Nucleic Acid (Eg, Plasma), Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis, Copy Number Variants And Rearrangements	Yes
81463	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Cell-Free Nucleic Acid (Eg, Plasma), Interrogation For Sequence Variants; Dna Analysis, Copy Number Variants, And Microsatellite Instability	Yes

Procedure Code	Description	Prior Auth Required
81464	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Cell-Free Nucleic Acid (Eg, Plasma), Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis, Copy Number Variants, Microsatellite Instability, Tumor Mutation Burden, And Re	Yes
81465	Whole Mitochondrial Genome Large Deletion Analysis Panel (eg, Kearns-Sayre Syndrome, Chronic Progressive External Ophthalmoplegia), Including Heteroplasmy Detection, If Performed	Yes
81470	X-Linked Intellectual Disability (Xlid) (Eg, Syndromic And Non-Syndromic Xlid); Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 60 Genes, Including Arx, Atrx, Cdkl5, Fgd1, Fmr1, Huwe1, Il1Rapl, Kdm5C, L1Cam, Mecp2, Med12, Mid1, Ocrl,	Yes
81471	X-Linked Intellectual Disability (Xlid) (Eg, Syndromic And Non-Syndromic Xlid); Duplication/Deletion Gene Analysis, Must Include Analysis Of At Least 60 Genes, Including Arx, Atrx, Cdkl5, Fgd1, Fmr1, Huwe1, Il1Rapl, Kdm5C, L1Cam, Mecp2, Med12, Mid1, Ocrl,	Yes
81479	Unlisted Molecular Pathology Procedure	No
81490	Autoimmune (Rheumatoid Arthritis), Analysis Of 12 Biomarkers Using Immunoassays, Utilizing Serum, Prognostic Algorithm Reported As A Disease Activity Score	Yes
81493	Coronary Artery Disease, MRNA, Gene Expression Profiling By Real-Time Rt-PCR Of 23 Genes, Utilizing Whole Peripheral Blood, Algorithm Reported As A Risk Score	Yes
81500	Oncology (Ovarian), Biochemical Assays Of Two Proteins (Ca-125 And He4), Utilizing Serum, With Menopausal Status, Algorithm Reported As A Risk Score	No
81503	Oncology (Ovarian), Biochemical Assays Of Five Proteins (Ca-125, Apolipoprotein A1, Beta-2 Microglobulin, Transferrin, And Pre-Albumin), Utilizing Serum, Algorithm Reported As A Risk Score	No
81504	Oncology (Tissue Of Origin), Microarray Gene Expression Profiling Of >2,000 Genes, Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Tissue Similarity Scores	Yes
81506	Endocrinology (Type 2 Diabetes), Biochemical Assays Of Seven Analytes (Glucose, Hba1c, Insulin, Hs-Crp, Adiponectin, Ferritin, Interleukin 2-Receptor Alpha), Utilizing Serum Or Plasma, Algorithm Reporting A Risk Score	No
81507	Fetal Aneuploidy (Trisomy 21, 18, And 13) DNA Sequence Analysis Of Selected Regions Using Maternal Plasma, Algorithm Reported As A Risk Score For Each Trisomy	Yes
81508	Fetal Congenital Abnormalities, Biochemical Assays Of Two Proteins (Papp-A, Hcg [Any Form]), Utilizing Maternal Serum, Algorithm Reported As A Risk Score	Yes
81509	Fetal Congenital Abnormalities, Biochemical Assays Of Three Proteins (Papp-A, Hcg [Any Form], Dia), Utilizing Maternal Serum, Algorithm Reported As A Risk Score	No
81510	Fetal Congenital Abnormalities, Biochemical Assays Of Three Analytes (Afp, Ue3, Hcg [Any Form]), Utilizing Maternal Serum, Algorithm Reported As A Risk Score	No
81511	Fetal Congenital Abnormalities, Biochemical Assays Of Four Analytes (Afp, Ue3, Hcg [Any Form], Dia) Utilizing Maternal Serum, Algorithm Reported As A Risk Score (May Include Additional Results From Previous Biochemical Testing)	Yes
81512	Fetal Congenital Abnormalities, Biochemical Assays Of Five Analytes (Afp, Ue3, Total Hcg, Hyperglycosylated Hcg, Dia) Utilizing Maternal Serum, Algorithm Reported As A Risk Score	No
81513	Infectious Disease, Bacterial Vaginosis, Quantitative Real-Time Amplification Of RNA Markers For Atopobium Vaginae, Gardnerella Vaginalis, And Lactobacillus Species, Utilizing Vaginal-Fluid Specimens, Algorithm Reported As A Positive Or Negative Result Fo	No
81514	Infectious Disease, Bacterial Vaginosis And Vaginitis, Quantitative Real-Time Amplification Of DNA Markers For Gardnerella Vaginalis, Atopobium Vaginae, Megasphaera Type 1, Bacterial Vaginosis Associated Bacteria 2 (BVAB-2), And Lactobacillus Species (L.	No
81515	Infectious Disease, Bacterial Vaginosis And Vaginitis, Real-Time Pcr Amplification Of Dna Markers For Atopobium Vaginae, Atopobium Species, Megasphaera Type 1, And Bacterial Vaginosis Associated Bacteria-2 (Bvab-2), Utilizing Vaginal-Fluid Specimens, Algo	No
81517	Liver Disease, Analysis Of 3 Biomarkers (Hyaluronic Acid [Ha], Procollagen Iii Amino Terminal Peptide [Piiinp], Tissue Inhibitor Of Metalloproteinase 1 [Timp-1]), Using Immunoassays, Utilizing Serum, Prognostic Algorithm Reported As A Risk Score And Risk	Yes
81518	Oncology (Breast), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 11 Genes (7 Content And 4 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithms Reported As Percentage Risk For Metastatic Recurrence And Likelihood Of Benefi	Yes
81519	Oncology (Breast), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 21 Genes, Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Recurrence Score	Yes
81520	Oncology (Breast), MRNA Gene Expression Profiling By Hybrid Capture Of 58 Genes (50 Content And 8 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Recurrence Risk Score	No
81521	Oncology (Breast), MRNA, Microarray Gene Expression Profiling Of 70 Content Genes And 465 Housekeeping Genes, Utilizing Fresh Frozen Or Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Index Related To Risk Of Distant Metastasis	Yes
81522	Oncology (Breast), Mrna, Gene Expression Profiling By RT-PCR Of 12 Genes (8 Content And 4 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Recurrence Risk Score	Yes
81523	Oncology (Breast), Mrna, Next-Generation Sequencing Gene Expression Profiling Of 70 Content Genes And 31 Housekeeping Genes, Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Index Related To Risk To Distant Metastasis	Yes
81524	Oncology (Central Nervous System Tumor), Dna Methylation Analysis Of At Least 10,000 Methylation Sites, Utilizing Dna Extracted From Formalin-Fixed Tumor Tissue, Algorithm(S) Reported As Probability Of Matching A Reference Tumor Family And Class, And	Yes

Procedure Code	Description	Prior Auth Required
81525	Oncology (Colon), MRNA, Gene Expression Profiling By Real-Time Rt-PCR Of 12 Genes (7 Content And 5 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Recurrence Score	Yes
81528	Oncology (Colorectal) Screening, Quantitative Real-Time Target And Signal Amplification Of 10 Dna Markers (Kras Mutations, Promoter Methylation Of Ndrg4 And Bmp3) And Fecal Hemoglobin, Utilizing Stool, Algorithm Reported As A Positive Or Negative Result	No
81529	Oncology (Cutaneous Melanoma), Mrna, Gene Expression Profiling By Real-Time RT-PCR Of 31 Genes (28 Content And 3 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Recurrence Risk, Including Likelihood Of Sentinel Lymp	Yes
81535	Oncology (Gynecologic), Live Tumor Cell Culture And Chemotherapeutic Response By Dapi Stain And Morphology, Predictive Algorithm Reported As A Drug Response Score; First Single Drug Or Drug Combination	Yes
81536	Oncology (Gynecologic), Live Tumor Cell Culture And Chemotherapeutic Response By Dapi Stain And Morphology, Predictive Algorithm Reported As A Drug Response Score; Each Additional Single Drug Or Drug Combination (List Separately In Addition To Code For Pr	Yes
81538	Oncology (Lung), Mass Spectrometric 8-Protein Signature, Including Amyloid A, Utilizing Serum, Prognostic And Predictive Algorithm Reported As Good Versus Poor Overall Survival	Yes
81539	Oncology (High-Grade Prostate Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa, And Human Kallikrein-2 [Hk2]), Utilizing Plasma Or Serum, Prognostic Algorithm Reported As A Probability Score	Yes
81540	Oncology (Tumor Of Unknown Origin), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported	Yes
81541	Oncology (Prostate), MRNA Gene Expression Profiling By Real-Time Rt-PCR Of 46 Genes (31 Content And 15 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Disease-Specific Mortality Risk Score	Yes
81542	Oncology (Prostate), Mrna, Microarray Gene Expression Profiling Of 22 Content Genes, Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Metastasis Risk Score	Yes
81546	Oncology (Thyroid), Mrna, Gene Expression Analysis Of 10,196 Genes, Utilizing Fine Needle Aspirate, Algorithm Reported As A Categorical Result (Eg, Benign Or Suspicious)	Yes
81551	Oncology (Prostate), Promoter Methylation Profiling By Real-Time PCR Of 3 Genes (Gstp1, Apc, Rassf1), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Likelihood Of Prostate Cancer Detection On Repeat Biopsy	Yes
81552	Oncology (Uveal Melanoma), Mrna, Gene Expression Profiling By Real-Time RT-PCR Of 15 Genes (12 Content And 3 Housekeeping), Utilizing Fine Needle Aspirate Or Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Risk Of Metastasis	No
81554	Pulmonary Disease (Idiopathic Pulmonary Fibrosis [IPF]), Mrna, Gene Expression Analysis Of 190 Genes, Utilizing Transbronchial Biopsies, Diagnostic Algorithm Reported As Categorical Result (Eg, Positive Or Negative For High Probability Of Usual Interstiti	Yes
81558	Transplantation Medicine (Allograft Rejection, Kidney), Mrna, Gene Expression Profiling By Quantitative Polymerase Chain Reaction (Qpcr) Of 139 Genes, Utilizing Whole Blood, Algorithm Reported As A Binary Categorization As Transplant Excellence, Which Ind	Yes
81560	Transplantation Medicine (Allograft Rejection, Pediatric Liver And Small Bowel), Measurement Of Donor And Third-Party-Induced Cd154+T-Cytotoxic Memory Cells, Utilizing Whole Peripheral Blood, Algorithm Reported As A Rejection Risk Score	No
81595	Cardiology (Heart Transplant), MRNA, Gene Expression Profiling By Real-Time Quantitative PCR Of 20 Genes (11 Content And 9 Housekeeping), Utilizing Subfraction Of Peripheral Blood, Algorithm Reported As A Rejection Risk Score	No
81596	Infectious Disease, Chronic Hepatitis C Virus (Hcv) Infection, Six Biochemical Assays (Alt, A2-Macroglobulin, Apolipoprotein A-1, Total Bilirubin, Ggt, And Haptoglobin) Utilizing Serum, Prognostic Algorithm Reported As Scores For Fibrosis And Necroinflamm	No
81599	Unlisted Multianalyte Assay With Algorithmic Analysis	Yes
82009	Ketone Body(s) (eg, Acetone, Acetoacetic Acid, Beta-Hydroxybutyrate); Qualitative	No
82010	Ketone Body(s) (eg, Acetone, Acetoacetic Acid, Beta-Hydroxybutyrate); Quantitative	No
82013	Acetylcholinesterase	No
82016	Acylcarnitines; Qualitative, Each Specimen	No
82017	Acylcarnitines; Quantitative, Each Specimen	No
82024	Adrenocorticotropic Hormone (Acth)	No
82030	Adenosine, 5-Monophosphate, Cyclic (Cyclic Amp)	No
82040	Albumin; Serum, Plasma Or Whole Blood	No
82042	Albumin; Other Source, Quantitative, Each Specimen	No
82043	Albumin; Urine (Eg, Microalbumin), Quantitative	No
82044	Albumin; Urine (Eg, Microalbumin), Semiquantitative (Eg, Reagent Strip Assay)	No
82045	Albumin; Ischemia Modified	No
82075	Alcohol (Ethanol); Breath	Yes
82077	Alcohol (Ethanol); Any Specimen Except Urine And Breath, Immunoassay (Eg, IA, EIA, ELISA, RIA, EMIT, FPIA) And Enzymatic Methods (Eg, Alcohol Dehydrogenase)	No
82085	Aldolase	No
82088	Aldosterone	No
82103	Alpha-1-Antitrypsin; Total	No
82104	Alpha-1-Antitrypsin; Phenotype	No
82105	Alpha-Fetoprotein (Afp); Serum	Yes

Procedure Code	Description	Prior Auth Required
82106	Alpha-Fetoprotein (Afp); Amniotic Fluid	Yes
82107	Alpha-Fetoprotein (Afp); Afp-L3 Fraction Isoform And Total Afp (Including Ratio)	Yes
82108	Aluminum	No
82120	Amines, Vaginal Fluid, Qualitative	No
82127	Amino Acids; Single, Qualitative, Each Specimen	No
82128	Amino Acids; Multiple, Qualitative, Each Specimen	No
82131	Amino Acids; Single, Quantitative, Each Specimen	No
82135	Aminolevulinic Acid, Delta (Ala)	No
82136	Amino Acids, 2 To 5 Amino Acids, Quantitative, Each Specimen	No
82139	Amino Acids, 6 Or More Amino Acids, Quantitative, Each Specimen	No
82140	Ammonia	No
82143	Amniotic Fluid Scan (Spectrophotometric)	No
82150	Amylase	No
82154	Androstanediol Glucuronide	No
82157	Androstenedione	No
82160	Androsterone	No
82163	Angiotensin Ii	No
82164	Angiotensin I - Converting Enzyme (Ace)	No
82166	Anti-Mullerian Hormone (Amh)	No
82172	Apolipoprotein, Each	No
82175	Arsenic	No
82180	Ascorbic Acid (Vitamin C), Blood	No
82190	Atomic Absorption Spectroscopy, Each Analyte	Yes
82232	Beta-2 Microglobulin	No
82233	Beta-Amyloid; 1-40 (Abeta 40)	Yes
82234	Beta-Amyloid; 1-42 (Abeta 42)	Yes
82239	Bile Acids; Total	No
82240	Bile Acids; Cholylglycine	No
82247	Bilirubin; Total	No
82248	Bilirubin; Direct	No
82252	Bilirubin; Feces, Qualitative	No
82261	Biotinidase, Each Specimen	No
82270	Blood, Occult, By Peroxidase Activity (eg, Guaiac), Qualitative; Feces, Consecutive Collected Specimens With Single Determination, For Colorectal Neoplasm Screening (Ie, Patient Was Provided 3 Cards Or Single Triple Card For Consecutive Collection)	No
82271	Blood, Occult, By Peroxidase Activity (eg, Guaiac), Qualitative; Other Sources	No
82272	Blood, Occult, By Peroxidase Activity (eg, Guaiac), Qualitative, Feces, 1-3 Simultaneous Determinations, Performed For Other Than Colorectal Neoplasm Screening	No
82274	Blood, Occult, By Fecal Hemoglobin Determination By Immunoassay, Qualitative, Feces, 1-3 Simultaneous Determinations	No
82286	Bradykinin	No
82300	Cadmium	No
82306	Vitamin D; 25 Hydroxy, Includes Fraction(s), If Performed	No
82308	Calcitonin	No
82310	Calcium; Total	No
82330	Calcium; Ionized	No
82331	Calcium; After Calcium Infusion Test	No
82340	Calcium; Urine Quantitative, Timed Specimen	No
82355	Calculus; Qualitative Analysis	No
82360	Calculus; Quantitative Analysis, Chemical	No
82365	Calculus; Infrared Spectroscopy	No
82370	Calculus; X-Ray Diffraction	No
82373	Carbohydrate Deficient Transferrin	No
82374	Carbon Dioxide (Bicarbonate)	No
82375	Carboxyhemoglobin; Quantitative	No
82376	Carboxyhemoglobin; Qualitative	No
82378	Carcinoembryonic Antigen (Cea)	No
82379	Carnitine (Total And Free), Quantitative, Each Specimen	No
82380	Carotene	No
82382	Catecholamines; Total Urine	No
82383	Catecholamines; Blood	No
82384	Catecholamines; Fractionated	No
82387	Cathepsin-D	No
82390	Ceruloplasmin	No
82397	Chemiluminescent Assay	No
82415	Chloramphenicol	No
82435	Chloride; Blood	No
82436	Chloride; Urine	No
82438	Chloride; Other Source	No
82441	Chlorinated Hydrocarbons, Screen	No
82465	Cholesterol, Serum Or Whole Blood, Total	No
82480	Cholinesterase; Serum	No

Procedure Code	Description	Prior Auth Required
82482	Cholinesterase; Rbc	No
82485	Chondroitin B Sulfate, Quantitative	No
82495	Chromium	No
82507	Citrate	No
82523	Collagen Cross Links, Any Method	No
82525	Copper	No
82528	Corticosterone	No
82530	Cortisol; Free	No
82533	Cortisol; Total	No
82540	Creatine	No
82542	Column Chromatography, Includes Mass Spectrometry, If Performed (eg, Hplc, Lc, Lc/Ms, Lc/Ms-Ms, Gc, Gc/Ms-Ms, Gc/Ms, Hplc/Ms), Non-Drug Analyte(s) Not Elsewhere Specified, Qualitative Or Quantitative, Each Specimen	No
82550	Creatine Kinase (Ck), (Cpk); Total	No
82552	Creatine Kinase (Ck), (Cpk); Isoenzymes	No
82553	Creatine Kinase (Ck), (Cpk); Mb Fraction Only	No
82554	Creatine Kinase (Ck), (Cpk); Isoforms	No
82565	Creatinine; Blood	No
82570	Creatinine; Other Source	No
82575	Creatinine; Clearance	No
82585	Cryofibrinogen	No
82595	Cryoglobulin, Qualitative Or Semi-Quantitative (eg, Cryocrit)	No
82600	Cyanide	No
82607	Cyanocobalamin (Vitamin B-12);	No
82608	Cyanocobalamin (Vitamin B-12); Unsaturated Binding Capacity	No
82610	Cystatin C	No
82615	Cystine And Homocystine, Urine, Qualitative	No
82626	Dehydroepiandrosterone (Dhea)	No
82627	Dehydroepiandrosterone-Sulfate (Dhea-S)	No
82633	Desoxycorticosterone, 11-	No
82634	Deoxycortisol, 11-	No
82638	Dibucaine Number	No
82642	Dihydrotestosterone (Dht)	No
82652	Vitamin D; 1, 25 Dihydroxy, Includes Fraction(s), If Performed	No
82653	Elastase, Pancreatic (El-1), Fecal; Quantitative	No
82656	Elastase, Pancreatic (El-1), Fecal; Qualitative Or Semi-Quantitative	No
82657	Enzyme Activity In Blood Cells, Cultured Cells, Or Tissue, Not Elsewhere Specified; Nonradioactive Substrate, Each Specimen	No
82658	Enzyme Activity In Blood Cells, Cultured Cells, Or Tissue, Not Elsewhere Specified; Radioactive Substrate, Each Specimen	No
82664	Electrophoretic Technique, Not Elsewhere Specified	No
82668	Erythropoietin	No
82670	Estradiol; Total	No
82671	Estrogens; Fractionated	No
82672	Estrogens; Total	No
82677	Estriol	No
82679	Estrone	No
82681	Estradiol; Free, Direct Measurement (Eg, Equilibrium Dialysis)	No
82693	Ethylene Glycol	No
82696	Etiocholanolone	No
82705	Fat Or Lipids, Feces; Qualitative	No
82710	Fat Or Lipids, Feces; Quantitative	No
82715	Fat Differential, Feces, Quantitative	No
82725	Fatty Acids, Nonesterified	No
82726	Very Long Chain Fatty Acids	No
82728	Ferritin	No
82731	Fetal Fibronectin, Cervicovaginal Secretions, Semi-Quantitative	No
82735	Fluoride	No
82746	Folic Acid; Serum	No
82747	Folic Acid; Rbc	No
82757	Fructose, Semen	Yes
82759	Galactokinase, Rbc	No
82760	Galactose	No
82775	Galactose-1-Phosphate Uridyl Transferase; Quantitative	No
82776	Galactose-1-Phosphate Uridyl Transferase; Screen	No
82777	Galectin-3	Yes
82784	Gammaglobulin (Immunoglobulin); Iga, Igd, Igg, Igm, Each	No
82785	Gammaglobulin (Immunoglobulin); Ige	No
82787	Gammaglobulin (Immunoglobulin); Immunoglobulin Subclasses (eg, Igg1, 2, 3, Or 4), Each	No
82800	Gases, Blood, Ph Only	No
82803	Gases, Blood, Any Combination Of Ph, Pco2, Po2, Co2, Hco3 (Including Calculated O2 Saturation);	No

Procedure Code	Description	Prior Auth Required
82805	Gases, Blood, Any Combination Of Ph, Pco2, Po2, Co2, Hco3 (Including Calculated O2 Saturation); With O2 Saturation, By Direct Measurement, Except Pulse Oximetry	No
82810	Gases, Blood, O2 Saturation Only, By Direct Measurement, Except Pulse Oximetry	No
82820	Hemoglobin-Oxygen Affinity (Po2 For 50% Hemoglobin Saturation With Oxygen)	No
82930	Gastric Acid Analysis, Includes Ph If Performed, Each Specimen	No
82938	Gastrin After Secretin Stimulation	No
82941	Gastrin	No
82943	Glucagon	No
82945	Glucose, Body Fluid, Other Than Blood	No
82946	Glucagon Tolerance Test	No
82947	Glucose; Quantitative, Blood (Except Reagent Strip)	No
82948	Glucose; Blood, Reagent Strip	No
82950	Glucose; Post Glucose Dose (Includes Glucose)	No
82951	Glucose; Tolerance Test (Gtt), 3 Specimens (Includes Glucose)	No
82952	Glucose; Tolerance Test, Each Additional Beyond 3 Specimens (List Separately In Addition To Code For Primary Procedure)	No
82955	Glucose-6-Phosphate Dehydrogenase (G6pd); Quantitative	No
82960	Glucose-6-Phosphate Dehydrogenase (G6pd); Screen	No
82962	Glucose, Blood By Glucose Monitoring Device(s) Cleared By The Fda Specifically For Home Use	No
82963	Glucosidase, Beta	No
82965	Glutamate Dehydrogenase	No
82977	Glutamyltransferase, Gamma (GGT)	No
82978	Glutathione	No
82979	Glutathione Reductase, Rbc	No
82985	Glycated Protein	No
83001	Gonadotropin; Follicle Stimulating Hormone (Fsh)	No
83002	Gonadotropin; Luteinizing Hormone (Lh)	No
83003	Growth Hormone, Human (Hgh) (Somatotropin)	No
83006	Growth Stimulation Expressed Gene 2 (St2, Interleukin 1 Receptor Like-1)	Yes
83009	Helicobacter Pylori, Blood Test Analysis For Urease Activity, Non-Radioactive Isotope (eg, C-13)	No
83010	Haptoglobin; Quantitative	No
83012	Haptoglobin; Phenotypes	No
83013	Helicobacter Pylori; Breath Test Analysis For Urease Activity, Non-Radioactive Isotope (eg, C-13)	No
83014	Helicobacter Pylori; Drug Administration	No
83015	Heavy Metal (Eg, Antimony, Arsenic, Barium, Beryllium, Bismuth, Gadolinium, Mercury); Qualitative, Any Number Of Analytes	No
83018	Heavy Metal (Eg, Antimony, Arsenic, Barium, Beryllium, Bismuth, Gadolinium, Mercury); Quantitative, Each, Not Elsewhere Specified	No
83020	Hemoglobin Fractionation And Quantitation; Electrophoresis (eg, A2, S, C, And/Or F)	No
83021	Hemoglobin Fractionation And Quantitation; Chromatography (eg, A2, S, C, And/Or F)	No
83026	Hemoglobin; By Copper Sulfate Method, Non-Automated	No
83030	Hemoglobin; F (Fetal), Chemical	No
83033	Hemoglobin; F (Fetal), Qualitative	No
83036	Hemoglobin; Glycosylated (A1c)	No
83037	Hemoglobin; Glycosylated (A1c) By Device Cleared By Fda For Home Use	Yes
83045	Hemoglobin; Methemoglobin, Qualitative	No
83050	Hemoglobin; Methemoglobin, Quantitative	No
83051	Hemoglobin; Plasma	No
83060	Hemoglobin; Sulfhemoglobin, Quantitative	No
83065	Hemoglobin; Thermolabile	No
83068	Hemoglobin; Unstable, Screen	No
83069	Hemoglobin; Urine	No
83070	Hemosiderin, Qualitative	No
83080	B-Hexosaminidase, Each Assay	No
83088	Histamine	No
83090	Homocysteine	No
83150	Homovanillic Acid (Hva)	No
83491	Hydroxycorticosteroids, 17- (17-Ohcs)	No
83497	Hydroxyindolacetic Acid, 5-(Hiaa)	No
83498	Hydroxyprogesterone, 17-D	No
83500	Hydroxyproline; Free	No
83505	Hydroxyproline; Total	No
83516	Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious Agent Antigen; Qualitative Or Semiquantitative, Multiple Step Method	No
83518	Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious Agent Antigen; Qualitative Or Semiquantitative, Single Step Method (eg, Reagent Strip)	No
83519	Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious Agent Antigen; Quantitative, By Radioimmunoassay (eg, Ria)	No
83520	Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious Agent Antigen; Quantitative, Not Otherwise Specified	No
83521	Immunoglobulin Light Chains (Ie, Kappa, Lambda), Free, Each	No
83525	Insulin; Total	No

Procedure Code	Description	Prior Auth Required
83527	Insulin; Free	No
83528	Intrinsic Factor	No
83529	Interleukin-6 (Il-6)	No
83540	Iron	No
83550	Iron Binding Capacity	No
83570	Isocitric Dehydrogenase (Idh)	No
83582	Ketogenic Steroids, Fractionation	No
83586	Ketosteroids, 17- (17-Ks); Total	No
83593	Ketosteroids, 17- (17-Ks); Fractionation	No
83605	Lactate (Lactic Acid)	No
83615	Lactate Dehydrogenase (Ld), (Ldh);	No
83625	Lactate Dehydrogenase (Ld), (Ldh); Isoenzymes, Separation And Quantitation	No
83630	Lactoferrin, Fecal; Qualitative	No
83631	Lactoferrin, Fecal; Quantitative	No
83632	Lactogen, Human Placental (Hpl) Human Chorionic Somatomammotropin	No
83633	Lactose, Urine, Qualitative	No
83655	Lead	No
83661	Fetal Lung Maturity Assessment; Lecithin Sphingomyelin (L/S) Ratio	No
83662	Fetal Lung Maturity Assessment; Foam Stability Test	No
83663	Fetal Lung Maturity Assessment; Fluorescence Polarization	No
83664	Fetal Lung Maturity Assessment; Lamellar Body Density	No
83670	Leucine Aminopeptidase (Lap)	No
83690	Lipase	No
83695	Lipoprotein (A)	No
83698	Lipoprotein-Associated Phospholipase A2 (Lp-Pla2)	No
83700	Lipoprotein, Blood; Electrophoretic Separation And Quantitation	No
83701	Lipoprotein, Blood; High Resolution Fractionation And Quantitation Of Lipoproteins Including Lipoprotein Subclasses When Performed (eg, Electrophoresis, Ultracentrifugation)	No
83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S) (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY), INCLUDES LIPOPROTEIN PARTICLE SUBCLASS(ES), WHEN PERFORMED	No
83718	Lipoprotein, Direct Measurement; High Density Cholesterol (Hdl Cholesterol)	No
83719	Lipoprotein, Direct Measurement; Vldl Cholesterol	No
83721	Lipoprotein, Direct Measurement; Ldl Cholesterol	No
83722	Lipoprotein, Direct Measurement; Small Dense Ldl Cholesterol	No
83727	Luteinizing Releasing Factor (Lrh)	No
83735	Magnesium	No
83775	Malate Dehydrogenase	No
83785	Manganese	No
83789	Mass Spectrometry And Tandem Mass Spectrometry (eg, Ms, Ms/Ms, Maldi, Ms-Tof, Qtof), Non-Drug Analyte(s) Not Elsewhere Specified, Qualitative Or Quantitative, Each Specimen	No
83825	Mercury, Quantitative	No
83835	Metanephrines	No
83857	Methemalbumin	No
83861	Microfluidic Analysis Utilizing An Integrated Collection And Analysis Device, Tear Osmolarity	No
83864	Mucopolysaccharides, Acid, Quantitative	No
83872	Mucin, Synovial Fluid (Ropes Test)	No
83873	Myelin Basic Protein, Cerebrospinal Fluid	No
83874	Myoglobin	No
83876	Myeloperoxidase (Mpo)	No
83880	Natriuretic Peptide	No
83883	Nephelometry, Each Analyte Not Elsewhere Specified	No
83884	Neurofilament Light Chain (Nfl)	Yes
83885	Nickel	No
83915	Nucleotidase 5'-	No
83916	Oligoclonal Immune (Oligoclonal Bands)	No
83918	Organic Acids; Total, Quantitative, Each Specimen	No
83919	Organic Acids; Qualitative, Each Specimen	No
83921	Organic Acid, Single, Quantitative	No
83930	Osmolality; Blood	No
83935	Osmolality; Urine	No
83937	Osteocalcin (Bone G1a Protein)	Yes
83945	Oxalate	No
83950	Oncoprotein; Her-2/Neu	Yes
83951	Oncoprotein; Des-Gamma-Carboxy-Prothrombin (Dcp)	No
83970	Parathormone (Parathyroid Hormone)	No
83986	Ph; Body Fluid, Not Otherwise Specified	No
83987	Ph; Exhaled Breath Condensate	No
83992	Phencyclidine (Pcp)	Yes
83993	Calprotectin, Fecal	No
84030	Phenylalanine (Pku), Blood	No
84035	Phenylketones, Qualitative	No

Procedure Code	Description	Prior Auth Required
84060	Phosphatase, Acid; Total	No
84066	Phosphatase, Acid; Prostatic	No
84075	Phosphatase, Alkaline;	No
84078	Phosphatase, Alkaline; Heat Stable (Total Not Included)	No
84080	Phosphatase, Alkaline; Isoenzymes	No
84081	Phosphatidylglycerol	No
84085	Phosphogluconate, 6-, Dehydrogenase, Rbc	No
84087	Phosphohexose Isomerase	No
84100	Phosphorus Inorganic (Phosphate);	No
84105	Phosphorus Inorganic (Phosphate); Urine	No
84106	Porphobilinogen, Urine; Qualitative	No
84110	Porphobilinogen, Urine; Quantitative	No
84112	Evaluation Of Cervicovaginal Fluid For Specific Amniotic Fluid Protein(s) (eg, Placental Alpha Microglobulin-1 [Pamg-1], Placental Protein 12 [Pp12], Alpha-Fetoprotein), Qualitative, Each Specimen	Yes
84119	Porphyrins, Urine; Qualitative	No
84120	Porphyrins, Urine; Quantitation And Fractionation	No
84126	Porphyrins, Feces, Quantitative	No
84132	Potassium; Serum, Plasma Or Whole Blood	No
84133	Potassium; Urine	No
84134	Prealbumin	No
84135	Pregnanediol	No
84138	Pregnanetriol	No
84140	Pregnenolone	No
84143	17-Hydroxypregnenolone	No
84144	Progesterone	No
84145	Procalcitonin (Pct)	No
84146	Prolactin	No
84150	Prostaglandin, Each	No
84152	Prostate Specific Antigen (Psa); Complexed (Direct Measurement)	No
84153	Prostate Specific Antigen (Psa); Total	No
84154	Prostate Specific Antigen (Psa); Free	No
84155	Protein, Total, Except By Refractometry; Serum, Plasma Or Whole Blood	No
84156	Protein, Total, Except By Refractometry; Urine	No
84157	Protein, Total, Except By Refractometry; Other Source (eg, Synovial Fluid, Cerebrospinal Fluid)	No
84160	Protein, Total, By Refractometry, Any Source	No
84163	Pregnancy-Associated Plasma Protein-A (Papp-A)	No
84165	Protein; Electrophoretic Fractionation And Quantitation, Serum	No
84166	Protein; Electrophoretic Fractionation And Quantitation, Other Fluids With Concentration (eg, Urine, Csf)	No
84181	Protein; Western Blot, With Interpretation And Report, Blood Or Other Body Fluid	No
84182	Protein; Western Blot, With Interpretation And Report, Blood Or Other Body Fluid, Immunological Probe For Band Identification, Each	No
84202	Protoporphyrin, Rbc; Quantitative	No
84203	Protoporphyrin, Rbc; Screen	No
84206	Proinsulin	No
84207	Pyridoxal Phosphate (Vitamin B-6)	No
84210	Pyruvate	No
84220	Pyruvate Kinase	No
84228	Quinine	No
84233	Receptor Assay; Estrogen	No
84234	Receptor Assay; Progesterone	No
84235	Receptor Assay; Endocrine, Other Than Estrogen Or Progesterone (Specify Hormone)	No
84238	Receptor Assay; Non-Endocrine (Specify Receptor)	No
84244	Renin	No
84252	Riboflavin (Vitamin B-2)	No
84255	Selenium	No
84260	Serotonin	No
84270	Sex Hormone Binding Globulin (Shbg)	No
84275	Sialic Acid	No
84285	Silica	No
84295	Sodium; Serum, Plasma Or Whole Blood	No
84300	Sodium; Urine	No
84302	Sodium; Other Source	No
84305	Somatomedin	No
84307	Somatostatin	No
84311	Spectrophotometry, Analyte Not Elsewhere Specified	No
84315	Specific Gravity (Except Urine)	No
84375	Sugars, Chromatographic, Tlc Or Paper Chromatography	No
84376	Sugars (Mono-, Di-, And Oligosaccharides); Single Qualitative, Each Specimen	No
84377	Sugars (Mono-, Di-, And Oligosaccharides); Multiple Qualitative, Each Specimen	No
84378	Sugars (Mono-, Di-, And Oligosaccharides); Single Quantitative, Each Specimen	No

Procedure Code	Description	Prior Auth Required
84379	Sugars (Mono-, Di-, And Oligosaccharides); Multiple Quantitative, Each Specimen	No
84392	Sulfate, Urine	No
84393	Tau, Phosphorylated (Eg, Ptau 181, Ptau 217), Each	Yes
84394	Tau, Total (Ttau)	Yes
84402	Testosterone; Free	No
84403	Testosterone; Total	No
84410	Testosterone; Bioavailable, Direct Measurement (Eg, Differential Precipitation)	No
84425	Thiamine (Vitamin B-1)	No
84430	Thiocyanate	No
84431	Thromboxane Metabolite(s), Including Thromboxane If Performed, Urine	Yes
84432	Thyroglobulin	No
84433	Thiopurine S-Methyltransferase (Tpmt)	Yes
84436	Thyroxine; Total	No
84437	Thyroxine; Requiring Elution (eg, Neonatal)	No
84439	Thyroxine; Free	No
84442	Thyroxine Binding Globulin (Tbg)	No
84443	Thyroid Stimulating Hormone (Tsh)	No
84445	Thyroid Stimulating Immune Globulins (Tsi)	No
84446	Tocopherol Alpha (Vitamin E)	No
84449	Transcortin (Cortisol Binding Globulin)	Yes
84450	Transferase; Aspartate Amino (Ast) (Sgot)	No
84460	Transferase; Alanine Amino (Alt) (Sgpt)	No
84466	Transferrin	No
84478	Triglycerides	No
84479	Thyroid Hormone (T3 Or T4) Uptake Or Thyroid Hormone Binding Ratio (Thbr)	No
84480	Triiodothyronine T3; Total (Tt-3)	No
84481	Triiodothyronine T3; Free	No
84482	Triiodothyronine T3; Reverse	No
84484	Troponin, Quantitative	No
84485	Trypsin; Duodenal Fluid	No
84488	Trypsin; Feces, Qualitative	No
84490	Trypsin; Feces, Quantitative, 24-Hour Collection	No
84510	Tyrosine	No
84512	Troponin, Qualitative	No
84520	Urea Nitrogen; Quantitative	No
84525	Urea Nitrogen; Semiquantitative (eg, Reagent Strip Test)	No
84540	Urea Nitrogen, Urine	No
84545	Urea Nitrogen, Clearance	No
84550	Uric Acid; Blood	No
84560	Uric Acid; Other Source	No
84577	Urobilinogen, Feces, Quantitative	No
84578	Urobilinogen, Urine; Qualitative	No
84580	Urobilinogen, Urine; Quantitative, Timed Specimen	No
84583	Urobilinogen, Urine; Semiquantitative	No
84585	Vanillylmandelic Acid (Vma), Urine	No
84586	Vasoactive Intestinal Peptide (Vip)	Yes
84588	Vasopressin (Antidiuretic Hormone, Adh)	No
84590	Vitamin A	No
84591	Vitamin, Not Otherwise Specified	No
84597	Vitamin K	No
84600	Volatiles (eg, Acetic Anhydride, Diethylether)	No
84620	Xylose Absorption Test, Blood And/Or Urine	No
84630	Zinc	No
84681	C-Peptide	No
84702	Gonadotropin, Chorionic (Hcg); Quantitative	No
84703	Gonadotropin, Chorionic (Hcg); Qualitative	No
84704	Gonadotropin, Chorionic (Hcg); Free Beta Chain	No
84830	Ovulation Tests, By Visual Color Comparison Methods For Human Luteinizing Hormone	No
84999	Unlisted Chemistry Procedure	No
85002	Bleeding Time	No
85004	Blood Count; Automated Differential Wbc Count	No
85007	Blood Count; Blood Smear, Microscopic Examination With Manual Differential Wbc Count	No
85008	Blood Count; Blood Smear, Microscopic Examination Without Manual Differential Wbc Count	No
85009	Blood Count; Manual Differential Wbc Count, Buffy Coat	No
85013	Blood Count; Spun Microhematocrit	No
85014	Blood Count; Hematocrit (Hct)	No
85018	Blood Count; Hemoglobin (Hgb)	No
85025	Blood Count; Complete (Cbc), Automated (Hgb, Hct, Rbc, Wbc And Platelet Count) And Automated Differential Wbc Count	No
85027	Blood Count; Complete (Cbc), Automated (Hgb, Hct, Rbc, Wbc And Platelet Count)	No
85032	Blood Count; Manual Cell Count (Erythrocyte, Leukocyte, Or Platelet) Each	No
85041	Blood Count; Red Blood Cell (Rbc), Automated	No

Procedure Code	Description	Prior Auth Required
85044	Blood Count; Reticulocyte, Manual	No
85045	Blood Count; Reticulocyte, Automated	No
85046	Blood Count; Reticulocytes, Automated, Including 1 Or More Cellular Parameters (eg, Reticulocyte Hemoglobin Content [Chr], Immature Reticulocyte Fraction [Irf], Reticulocyte Volume [Mrv], RNa Content), Direct Measurement	No
85048	Blood Count; Leukocyte (Wbc), Automated	No
85049	Blood Count; Platelet, Automated	No
85055	Reticulated Platelet Assay	No
85060	Blood Smear, Peripheral, Interpretation By Physician With Written Report	No
85097	Bone Marrow, Smear Interpretation	No
85130	Chromogenic Substrate Assay	No
85170	Clot Retraction	No
85175	Clot Lysis Time, Whole Blood Dilution	No
85210	Clotting; Factor Ii, Prothrombin, Specific	No
85220	Clotting; Factor V (Acg Or Proaccelerin), Labile Factor	No
85230	Clotting; Factor Vii (Proconvertin, Stable Factor)	No
85240	Clotting; Factor Viii (Ahg), 1-Stage	No
85244	Clotting; Factor Viii Related Antigen	No
85245	Clotting; Factor Viii, Vw Factor, Ristocetin Cofactor	No
85246	Clotting; Factor Viii, Vw Factor Antigen	No
85247	Clotting; Factor Viii, Von Willebrand Factor, Multimetric Analysis	No
85250	Clotting; Factor Ix (Ptc Or Christmas)	No
85260	Clotting; Factor X (Stuart-Prower)	No
85270	Clotting; Factor Xi (Pta)	No
85280	Clotting; Factor Xii (Hageman)	No
85290	Clotting; Factor Xiii (Fibrin Stabilizing)	No
85291	Clotting; Factor Xiii (Fibrin Stabilizing), Screen Solubility	No
85292	Clotting; Prekallikrein Assay (Fletcher Factor Assay)	No
85293	Clotting; High Molecular Weight Kininogen Assay (Fitzgerald Factor Assay)	No
85300	Clotting Inhibitors Or Anticoagulants; Antithrombin Iii, Activity	No
85301	Clotting Inhibitors Or Anticoagulants; Antithrombin Iii, Antigen Assay	No
85302	Clotting Inhibitors Or Anticoagulants; Protein C, Antigen	No
85303	Clotting Inhibitors Or Anticoagulants; Protein C, Activity	No
85305	Clotting Inhibitors Or Anticoagulants; Protein S, Total	No
85306	Clotting Inhibitors Or Anticoagulants; Protein S, Free	No
85307	Activated Protein C (Apc) Resistance Assay	No
85335	Factor Inhibitor Test	No
85337	Thrombomodulin	No
85345	Coagulation Time; Lee And White	No
85347	Coagulation Time; Activated	No
85348	Coagulation Time; Other Methods	No
85360	Euglobulin Lysis	No
85362	Fibrin(Ogen) Degradation (Split) Products (Fdp) (Fsp); Agglutination Slide, Semiquantitative	No
85366	Fibrin(Ogen) Degradation (Split) Products (Fdp) (Fsp); Paracoagulation	No
85370	Fibrin(Ogen) Degradation (Split) Products (Fdp) (Fsp); Quantitative	No
85378	Fibrin Degradation Products, D-Dimer; Qualitative Or Semiquantitative	No
85379	Fibrin Degradation Products, D-Dimer; Quantitative	No
85380	Fibrin Degradation Products, D-Dimer; Ultrasensitive (eg, For Evaluation For Venous Thromboembolism), Qualitative Or Semiquantitative	No
85384	Fibrinogen; Activity	No
85385	Fibrinogen; Antigen	No
85390	Fibrinolysins Or Coagulopathy Screen, Interpretation And Report	No
85396	Coagulation/Fibrinolysis Assay, Whole Blood (eg, Viscoelastic Clot Assessment), Including Use Of Any Pharmacologic Additive(s), As Indicated, Including Interpretation And Written Report, Per Day	No
85397	Coagulation And Fibrinolysis, Functional Activity, Not Otherwise Specified (eg, Adamts-13), Each Analyte	No
85400	Fibrinolytic Factors And Inhibitors; Plasmin	No
85410	Fibrinolytic Factors And Inhibitors; Alpha-2 Antiplasmin	No
85415	Fibrinolytic Factors And Inhibitors; Plasminogen Activator	No
85420	Fibrinolytic Factors And Inhibitors; Plasminogen, Except Antigenic Assay	No
85421	Fibrinolytic Factors And Inhibitors; Plasminogen, Antigenic Assay	No
85441	Heinz Bodies; Direct	No
85445	Heinz Bodies; Induced, Acetyl Phenylhydrazine	No
85460	Hemoglobin Or Rbcs, Fetal, For Fetomaternal Hemorrhage; Differential Lysis (Kleihauer-Betke)	No
85461	Hemoglobin Or Rbcs, Fetal, For Fetomaternal Hemorrhage; Rosette	No
85475	Hemolysin, Acid	No
85520	Heparin Assay	No
85525	Heparin Neutralization	No
85530	Heparin-Protamine Tolerance Test	No
85536	Iron Stain, Peripheral Blood	No
85540	Leukocyte Alkaline Phosphatase With Count	No

Procedure Code	Description	Prior Auth Required
85547	Mechanical Fragility, Rbc	No
85549	Muramidase	No
85555	Osmotic Fragility, Rbc; Unincubated	No
85557	Osmotic Fragility, Rbc; Incubated	No
85576	Platelet, Aggregation (In Vitro), Each Agent	No
85597	Phospholipid Neutralization; Platelet	No
85598	Phospholipid Neutralization; Hexagonal Phospholipid	No
85610	Prothrombin Time;	No
85611	Prothrombin Time; Substitution, Plasma Fractions, Each	No
85612	Russell Viper Venom Time (Includes Venom); Undiluted	No
85613	Russell Viper Venom Time (Includes Venom); Diluted	No
85635	Reptilase Test	No
85651	Sedimentation Rate, Erythrocyte; Non-Automated	No
85652	Sedimentation Rate, Erythrocyte; Automated	No
85660	Sickling Of Rbc, Reduction	No
85670	Thrombin Time; Plasma	No
85675	Thrombin Time; Titer	No
85705	Thromboplastin Inhibition, Tissue	No
85730	Thromboplastin Time, Partial (Ptt); Plasma Or Whole Blood	No
85732	Thromboplastin Time, Partial (Ptt); Substitution, Plasma Fractions, Each	No
85810	Viscosity	No
85999	Unlisted Hematology And Coagulation Procedure	No
86000	Agglutinins, Febrile (eg, Brucella, Francisella, Murine Typhus, Q Fever, Rocky Mountain Spotted Fever, Scrub Typhus), Each Antigen	No
86001	Allergen Specific Igg Quantitative Or Semiquantitative, Each Allergen	No
86003	Allergen Specific Ige; Quantitative Or Semiquantitative, Crude Allergen Extract, Each	No
86005	Allergen Specific Ige; Qualitative, Multiallergen Screen (Eg, Disk, Sponge, Card)	Yes
86008	Allergen Specific Ige; Quantitative Or Semiquantitative, Recombinant Or Purified Component, Each	No
86015	Actin (Smooth Muscle) Antibody (Asma), Each	No
86021	Antibody Identification; Leukocyte Antibodies	No
86022	Antibody Identification; Platelet Antibodies	No
86023	Antibody Identification; Platelet Associated Immunoglobulin Assay	No
86036	Antineutrophil Cytoplasmic Antibody (Anca); Screen, Each Antibody	No
86037	Antineutrophil Cytoplasmic Antibody (Anca); Titer, Each Antibody	No
86038	Antinuclear Antibodies (Ana);	No
86039	Antinuclear Antibodies (Ana); Titer	No
86041	Acetylcholine Receptor (Achr); Binding Antibody	Yes
86042	Acetylcholine Receptor (Achr); Blocking Antibody	Yes
86043	Acetylcholine Receptor (Achr); Modulating Antibody	Yes
86051	Aquaporin-4 (Neuromyelitis Optica [Nmo]) Antibody; Enzyme-Linked Immunosorbent Immunoassay (Elisa)	No
86052	Aquaporin-4 (Neuromyelitis Optica [Nmo]) Antibody; Cell-Based Immunofluorescence Assay (Cba), Each	No
86053	Aquaporin-4 (Neuromyelitis Optica [Nmo]) Antibody; Flow Cytometry (Ie, Fluorescence-Activated Cell Sorting [Facs]), Each	No
86060	Antistreptolysin 0; Titer	No
86063	Antistreptolysin 0; Screen	No
86077	Blood Bank Physician Services; Difficult Cross Match And/Or Evaluation Of Irregular Antibody(s), Interpretation And Written Report	No
86078	Blood Bank Physician Services; Investigation Of Transfusion Reaction Including Suspicion Of Transmissible Disease, Interpretation And Written Report	No
86079	Blood Bank Physician Services; Authorization For Deviation From Standard Blood Banking Procedures (eg, Use Of Outdated Blood, Transfusion Of Rh Incompatible Units), With Written Report	No
86140	C-Reactive Protein;	No
86141	C-Reactive Protein; High Sensitivity (Hscrp)	No
86146	Beta 2 Glycoprotein I Antibody, Each	No
86147	Cardiolipin (Phospholipid) Antibody, Each Ig Class	No
86148	Anti-Phosphatidylserine (Phospholipid) Antibody	No
86152	Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen (eg, Circulating Tumor Cells In Blood);	Yes
86153	Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen (eg, Circulating Tumor Cells In Blood); Physician Interpretation And Report, When Required	Yes
86155	Chemotaxis Assay, Specify Method	No
86156	Cold Agglutinin; Screen	No
86157	Cold Agglutinin; Titer	No
86160	Complement; Antigen, Each Component	No
86161	Complement; Functional Activity, Each Component	No
86162	Complement; Total Hemolytic (Ch50)	No
86171	Complement Fixation Tests, Each Antigen	No
86200	Cyclic Citrullinated Peptide (Ccp), Antibody	No

Procedure Code	Description	Prior Auth Required
86215	Deoxyribonuclease, Antibody	No
86225	Deoxyribonucleic Acid (DNA) Antibody; Native Or Double Stranded	No
86226	Deoxyribonucleic Acid (DNA) Antibody; Single Stranded	No
86231	Endomysial Antibody (Ema), Each Immunoglobulin (Ig) Class	No
86235	Extractable Nuclear Antigen, Antibody To, Any Method (eg, Nrnp, Ss-A, Ss-B, Sm, RNp, Sc170, J01), Each Antibody	No
86255	Fluorescent Noninfectious Agent Antibody; Screen, Each Antibody	No
86256	Fluorescent Noninfectious Agent Antibody; Titer, Each Antibody	No
86258	Gliadin (Deamidated) (Dgp) Antibody, Each Immunoglobulin (Ig) Class	No
86277	Growth Hormone, Human (Hgh), Antibody	No
86280	Hemagglutination Inhibition Test (Hai)	No
86294	Immunoassay For Tumor Antigen, Qualitative Or Semiquantitative (eg, Bladder Tumor Antigen)	No
86300	Immunoassay For Tumor Antigen, Quantitative; Ca 15-3 (27.29)	No
86301	Immunoassay For Tumor Antigen, Quantitative; Ca 19-9	No
86304	Immunoassay For Tumor Antigen, Quantitative; Ca 125	No
86305	Human Epididymis Protein 4 (He4)	No
86308	Heterophile Antibodies; Screening	No
86309	Heterophile Antibodies; Titer	No
86310	Heterophile Antibodies; Titers After Absorption With Beef Cells And Guinea Pig Kidney	No
86316	Immunoassay For Tumor Antigen, Other Antigen, Quantitative (eg, Ca 50, 72-4, 549), Each	No
86317	Immunoassay For Infectious Agent Antibody, Quantitative, Not Otherwise Specified	No
86318	Immunoassay For Infectious Agent Antibody(Ies), Qualitative Or Semiquantitative, Single-Step Method (Eg, Reagent Strip);	No
86320	Immunoelectrophoresis; Serum	No
86325	Immunoelectrophoresis; Other Fluids (eg, Urine, Cerebrospinal Fluid) With Concentration	No
86328	Immunoassay For Infectious Agent Antibody(Ies), Qualitative Or Semiquantitative, Single-Step Method (Eg, Reagent Strip); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])	No
86329	Immunodiffusion; Not Elsewhere Specified	No
86331	Immunodiffusion; Gel Diffusion, Qualitative (Ouchterlony), Each Antigen Or Antibody	No
86332	Immune Complex Assay	No
86334	Immunofixation Electrophoresis; Serum	No
86335	Immunofixation Electrophoresis; Other Fluids With Concentration (eg, Urine, Csf)	No
86336	Inhibin A	No
86337	Insulin Antibodies	No
86340	Intrinsic Factor Antibodies	No
86341	Islet Cell Antibody	No
86343	Leukocyte Histamine Release Test (Lhr)	No
86344	Leukocyte Phagocytosis	No
86352	Cellular Function Assay Involving Stimulation (eg, Mitogen Or Antigen) And Detection Of Biomarker (eg, Atp)	Yes
86353	Lymphocyte Transformation, Mitogen (Phytomitogen) Or Antigen Induced Blastogenesis	No
86355	B Cells, Total Count	No
86356	Mononuclear Cell Antigen, Quantitative (eg, Flow Cytometry), Not Otherwise Specified, Each Antigen	No
86357	Natural Killer (Nk) Cells, Total Count	No
86359	T Cells; Total Count	No
86360	T Cells; Absolute Cd4 And Cd8 Count, Including Ratio	No
86361	T Cells; Absolute Cd4 Count	No
86362	Myelin Oligodendrocyte Glycoprotein (Mog-Igg1) Antibody; Cell-Based Immunofluorescence Assay (Cba), Each	No
86363	Myelin Oligodendrocyte Glycoprotein (Mog-Igg1) Antibody; Flow Cytometry (Ie, Fluorescence-Activated Cell Sorting [Facs]), Each	No
86364	Tissue Transglutaminase, Each Immunoglobulin (Ig) Class	No
86366	Muscle-Specific Kinase (Musk) Antibody	Yes
86367	Stem Cells (Ie, Cd34), Total Count	No
86376	Microsomal Antibodies (eg, Thyroid Or Liver-Kidney), Each	No
86381	Mitochondrial Antibody (Eg, M2), Each	No
86382	Neutralization Test, Viral	No
86384	Nitroblue Tetrazolium Dye Test (Ntd)	No
86386	Nuclear Matrix Protein 22 (Nmp22), Qualitative	Yes
86403	Particle Agglutination; Screen, Each Antibody	No
86406	Particle Agglutination; Titer, Each Antibody	No
86408	Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]); Screen	No
86409	Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]); Titer	No
86413	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Antibody, Quantitative	No
86430	Rheumatoid Factor; Qualitative	No
86431	Rheumatoid Factor; Quantitative	No
86480	Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Gamma Interferon	No

Procedure Code	Description	Prior Auth Required
86481	Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma Interferon-Producing T-Cells In Cell Suspension	No
86485	Skin Test; Candida	No
86486	Skin Test; Unlisted Antigen, Each	No
86510	Skin Test; Histoplasmosis	No
86580	Skin Test; Tuberculosis, Intradermal	No
86581	Streptococcus Pneumoniae Antibody (Igg), Serotypes, Multiplex Immunoassay, Quantitative	Yes
86590	Streptokinase, Antibody	No
86592	Syphilis Test, Non-Treponemal Antibody; Qualitative (eg, Vdrl, Rpr, Art)	No
86593	Syphilis Test, Non-Treponemal Antibody; Quantitative	No
86596	Voltage-Gated Calcium Channel Antibody, Each	No
86602	Antibody; Actinomyces	No
86603	Antibody; Adenovirus	No
86606	Antibody; Aspergillus	No
86609	Antibody; Bacterium, Not Elsewhere Specified	No
86611	Antibody; Bartonella	No
86612	Antibody; Blastomyces	No
86615	Antibody; Bordetella	No
86617	Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot)	No
86618	Antibody; Borrelia Burgdorferi (Lyme Disease)	No
86619	Antibody; Borrelia (Relapsing Fever)	No
86622	Antibody; Brucella	No
86625	Antibody; Campylobacter	No
86628	Antibody; Candida	No
86631	Antibody; Chlamydia	No
86632	Antibody; Chlamydia, Igm	No
86635	Antibody; Coccidioides	No
86638	Antibody; Coxiella Burnetii (Q Fever)	No
86641	Antibody; Cryptococcus	No
86644	Antibody; Cytomegalovirus (Cmv)	No
86645	Antibody; Cytomegalovirus (Cmv), Igm	No
86648	Antibody; Diphtheria	No
86651	Antibody; Encephalitis, California (La Crosse)	No
86652	Antibody; Encephalitis, Eastern Equine	No
86653	Antibody; Encephalitis, St. Louis	No
86654	Antibody; Encephalitis, Western Equine	No
86658	Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)	No
86663	Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)	No
86664	Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)	No
86665	Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)	No
86666	Antibody; Ehrlichia	No
86668	Antibody; Francisella Tularensis	No
86671	Antibody; Fungus, Not Elsewhere Specified	No
86674	Antibody; Giardia Lamblia	No
86677	Antibody; Helicobacter Pylori	No
86682	Antibody; Helminth, Not Elsewhere Specified	No
86684	Antibody; Haemophilus Influenza	No
86687	Antibody; Htlv-I	No
86688	Antibody; Htlv-Ii	No
86689	Antibody; Htlv Or Hiv Antibody, Confirmatory Test (eg, Western Blot)	No
86692	Antibody; Hepatitis, Delta Agent	No
86694	Antibody; Herpes Simplex, Non-Specific Type Test	No
86695	Antibody; Herpes Simplex, Type 1	No
86696	Antibody; Herpes Simplex, Type 2	No
86698	Antibody; Histoplasma	No
86701	Antibody; Hiv-1	No
86702	Antibody; Hiv-2	No
86703	Antibody; Hiv-1 And Hiv-2, Single Result	No
86704	Hepatitis B Core Antibody (Hbcab); Total	No
86705	Hepatitis B Core Antibody (Hbcab); Igm Antibody	No
86706	Hepatitis B Surface Antibody (Hbsab)	No
86707	Hepatitis Be Antibody (Hbeab)	No
86708	Hepatitis A Antibody (Haab)	No
86709	Hepatitis A Antibody (Haab), Igm Antibody	No
86710	Antibody; Influenza Virus	No
86711	Antibody; Jc (John Cunningham) Virus	No
86713	Antibody; Legionella	No
86717	Antibody; Leishmania	No
86720	Antibody; Leptospira	No
86723	Antibody; Listeria Monocytogenes	No
86727	Antibody; Lymphocytic Choriomeningitis	No

Procedure Code	Description	Prior Auth Required
86732	Antibody; Mucormycosis	No
86735	Antibody; Mumps	No
86738	Antibody; Mycoplasma	No
86741	Antibody; Neisseria Meningitidis	No
86744	Antibody; Nocardia	No
86747	Antibody; Parvovirus	No
86750	Antibody; Plasmodium (Malaria)	No
86753	Antibody; Protozoa, Not Elsewhere Specified	No
86756	Antibody; Respiratory Syncytial Virus	No
86757	Antibody; Rickettsia	No
86759	Antibody; Rotavirus	No
86762	Antibody; Rubella	No
86765	Antibody; Rubeola	No
86768	Antibody; Salmonella	No
86769	Antibody; Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])	No
86771	Antibody; Shigella	No
86774	Antibody; Tetanus	No
86777	Antibody; Toxoplasma	No
86778	Antibody; Toxoplasma, Igm	No
86780	Antibody; Treponema Pallidum	No
86784	Antibody; Trichinella	No
86787	Antibody; Varicella-Zoster	No
86788	Antibody; West Nile Virus, Igm	No
86789	Antibody; West Nile Virus	No
86790	Antibody; Virus, Not Elsewhere Specified	No
86793	Antibody; Yersinia	No
86794	Antibody; Zika Virus, Igm	No
86800	Thyroglobulin Antibody	No
86803	Hepatitis C Antibody;	No
86804	Hepatitis C Antibody; Confirmatory Test (eg, Immunoblot)	No
86805	Lymphocytotoxicity Assay, Visual Crossmatch; With Titration	No
86806	Lymphocytotoxicity Assay, Visual Crossmatch; Without Titration	No
86807	Serum Screening For Cytotoxic Percent Reactive Antibody (Pra); Standard Method	No
86808	Serum Screening For Cytotoxic Percent Reactive Antibody (Pra); Quick Method	No
86812	Hla Typing; A, B, Or C (eg, A10, B7, B27), Single Antigen	No
86813	Hla Typing; A, B, Or C, Multiple Antigens	No
86816	Hla Typing; Dr/Dq, Single Antigen	No
86817	Hla Typing; Dr/Dq, Multiple Antigens	No
86821	Hla Typing; Lymphocyte Culture, Mixed (MLC)	No
86825	Human Leukocyte Antigen (Hla) Crossmatch, Non-Cytotoxic (eg, Using Flow Cytometry); First Serum Sample Or Dilution	No
86826	Human Leukocyte Antigen (Hla) Crossmatch, Non-Cytotoxic (eg, Using Flow Cytometry); Each Additional Serum Sample Or Sample Dilution (List Separately In Addition To Primary Procedure)	No
86828	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (eg, Microspheres Or Beads, Elisa, Flow Cytometry); Qualitative Assessment Of The Presence Or Absence Of Antibody(Ies) To Hla Class I And Class Ii Hla Antigens	No
86829	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (eg, Microspheres Or Beads, Elisa, Flow Cytometry); Qualitative Assessment Of The Presence Or Absence Of Antibody(Ies) To Hla Class I Or Class Ii Hla Antigens	No
86830	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (eg, Microspheres Or Beads, Elisa, Flow Cytometry); Antibody Identification By Qualitative Panel Using Complete Hla Phenotypes, Hla Class I	No
86831	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (eg, Microspheres Or Beads, Elisa, Flow Cytometry); Antibody Identification By Qualitative Panel Using Complete Hla Phenotypes, Hla Class Ii	No
86832	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (Eg, Microspheres Or Beads, Elisa, Flow Cytometry); High Definition Qualitative Panel For Identification Of Antibody Specificities (Eg, Individual Antigen Per Bead Methodology), Hla Class I	No
86833	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (Eg, Microspheres Or Beads, Elisa, Flow Cytometry); High Definition Qualitative Panel For Identification Of Antibody Specificities (Eg, Individual Antigen Per Bead Methodology), Hla Class Ii	No
86834	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (eg, Microspheres Or Beads, Elisa, Flow Cytometry); Semi-Quantitative Panel (eg, Titer), Hla Class I	No
86835	Antibody To Human Leukocyte Antigens (Hla), Solid Phase Assays (eg, Microspheres Or Beads, Elisa, Flow Cytometry); Semi-Quantitative Panel (eg, Titer), Hla Class Ii	No
86849	Unlisted Immunology Procedure	No
86850	Antibody Screen, Rbc, Each Serum Technique	No
86860	Antibody Elution (Rbc), Each Elution	No
86870	Antibody Identification, Rbc Antibodies, Each Panel For Each Serum Technique	No
86880	Antihuman Globulin Test (Coombs Test); Direct, Each Antiserum	No
86885	Antihuman Globulin Test (Coombs Test); Indirect, Qualitative, Each Reagent Red Cell	No

Procedure Code	Description	Prior Auth Required
86886	Antihuman Globulin Test (Coombs Test); Indirect, Each Antibody Titer	No
86890	Autologous Blood Or Component, Collection Processing And Storage; Predeposited	Yes
86891	Autologous Blood Or Component, Collection Processing And Storage; Intra- Or Postoperative Salvage	Yes
86900	Blood Typing, Serologic; Abo	No
86901	Blood Typing, Serologic; Rh (D)	No
86902	Blood Typing, Serologic; Antigen Testing Of Donor Blood Using Reagent Serum, Each Antigen Test	No
86904	Blood Typing, Serologic; Antigen Screening For Compatible Unit Using Patient Serum, Per Unit Screened	No
86905	Blood Typing, Serologic; Rbc Antigens, Other Than Abo Or Rh (D), Each	No
86906	Blood Typing, Serologic; Rh Phenotyping, Complete	No
86910	Blood Typing, For Paternity Testing, Per Individual; Abo, Rh And Mn	Yes
86911	Blood Typing, For Paternity Testing, Per Individual; Each Additional Antigen System	Yes
86920	Compatibility Test Each Unit; Immediate Spin Technique	No
86921	Compatibility Test Each Unit; Incubation Technique	No
86922	Compatibility Test Each Unit; Antiglobulin Technique	No
86923	Compatibility Test Each Unit; Electronic	No
86927	Fresh Frozen Plasma, Thawing, Each Unit	No
86930	Frozen Blood, Each Unit; Freezing (Includes Preparation)	No
86931	Frozen Blood, Each Unit; Thawing	No
86932	Frozen Blood, Each Unit; Freezing (Includes Preparation) And Thawing	No
86940	Hemolysins And Agglutinins; Auto, Screen, Each	No
86941	Hemolysins And Agglutinins; Incubated	No
86945	Irradiation Of Blood Product, Each Unit	No
86950	Leukocyte Transfusion	Yes
86960	Volume Reduction Of Blood Or Blood Product (eg, Red Blood Cells Or Platelets), Each Unit	No
86965	Pooling Of Platelets Or Other Blood Products	Yes
86970	Pretreatment Of Rbcs For Use In Rbc Antibody Detection, Identification, And/Or Compatibility Testing; Incubation With Chemical Agents Or Drugs, Each	No
86971	Pretreatment Of Rbcs For Use In Rbc Antibody Detection, Identification, And/Or Compatibility Testing; Incubation With Enzymes, Each	No
86972	Pretreatment Of Rbcs For Use In Rbc Antibody Detection, Identification, And/Or Compatibility Testing; By Density Gradient Separation	No
86975	Pretreatment Of Serum For Use In Rbc Antibody Identification; Incubation With Drugs, Each	No
86976	Pretreatment Of Serum For Use In Rbc Antibody Identification; By Dilution	No
86977	Pretreatment Of Serum For Use In Rbc Antibody Identification; Incubation With Inhibitors, Each	No
86978	Pretreatment Of Serum For Use In Rbc Antibody Identification; By Differential Red Cell Absorption Using Patient Rbcs Or Rbcs Of Known Phenotype, Each Absorption	No
86985	Splitting Of Blood Or Blood Products, Each Unit	Yes
86999	Unlisted Transfusion Medicine Procedure	No
87003	Animal Inoculation, Small Animal, With Observation And Dissection	No
87015	Concentration (Any Type), For Infectious Agents	No
87040	Culture, Bacterial; Blood, Aerobic, With Isolation And Presumptive Identification Of Isolates (Includes Anaerobic Culture, If Appropriate)	No
87045	Culture, Bacterial; Stool, Aerobic, With Isolation And Preliminary Examination (eg, Kia, Lia), Salmonella And Shigella Species	No
87046	Culture, Bacterial; Stool, Aerobic, Additional Pathogens, Isolation And Presumptive Identification Of Isolates, Each Plate	No
87070	Culture, Bacterial; Any Other Source Except Urine, Blood Or Stool, Aerobic, With Isolation And Presumptive Identification Of Isolates	No
87071	Culture, Bacterial; Quantitative, Aerobic With Isolation And Presumptive Identification Of Isolates, Any Source Except Urine, Blood Or Stool	No
87073	Culture, Bacterial; Quantitative, Anaerobic With Isolation And Presumptive Identification Of Isolates, Any Source Except Urine, Blood Or Stool	No
87075	Culture, Bacterial; Any Source, Except Blood, Anaerobic With Isolation And Presumptive Identification Of Isolates	No
87076	Culture, Bacterial; Anaerobic Isolate, Additional Methods Required For Definitive Identification, Each Isolate	No
87077	Culture, Bacterial; Aerobic Isolate, Additional Methods Required For Definitive Identification, Each Isolate	No
87081	Culture, Presumptive, Pathogenic Organisms, Screening Only;	No
87084	Culture, Presumptive, Pathogenic Organisms, Screening Only; With Colony Estimation From Density Chart	No
87086	Culture, Bacterial; Quantitative Colony Count, Urine	No
87088	Culture, Bacterial; With Isolation And Presumptive Identification Of Each Isolate, Urine	No
87101	Culture, Fungi (Mold Or Yeast) Isolation, With Presumptive Identification Of Isolates; Skin, Hair, Or Nail	No
87102	Culture, Fungi (Mold Or Yeast) Isolation, With Presumptive Identification Of Isolates; Other Source (Except Blood)	No
87103	Culture, Fungi (Mold Or Yeast) Isolation, With Presumptive Identification Of Isolates; Blood	No
87106	Culture, Fungi, Definitive Identification, Each Organism; Yeast	No

Procedure Code	Description	Prior Auth Required
87107	Culture, Fungi, Definitive Identification, Each Organism; Mold	No
87109	Culture, Mycoplasma, Any Source	No
87110	Culture, Chlamydia, Any Source	No
87116	Culture, Tubercle Or Other Acid-Fast Bacilli (eg, Tb, Afb, Mycobacteria) Any Source, With Isolation And Presumptive Identification Of Isolates	No
87118	Culture, Mycobacterial, Definitive Identification, Each Isolate	No
87140	Culture, Typing; Immunofluorescent Method, Each Antiserum	No
87143	Culture, Typing; Gas Liquid Chromatography (Glc) Or High Pressure Liquid Chromatography (Hplc) Method	No
87147	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG, AGGLUTINATION GROUPING), PER ANTISERUM	No
87149	Culture, Typing; Identification By Nucleic Acid (DNA Or RNa) Probe, Direct Probe Technique, Per Culture Or Isolate, Each Organism Probed	No
87150	Culture, Typing; Identification By Nucleic Acid (DNA Or RNa) Probe, Amplified Probe Technique, Per Culture Or Isolate, Each Organism Probed	No
87152	Culture, Typing; Identification By Pulse Field Gel Typing	No
87153	Culture, Typing; Identification By Nucleic Acid Sequencing Method, Each Isolate (eg, Sequencing Of The 16s Rrna Gene)	No
87154	Culture, Typing; Identification Of Blood Pathogen And Resistance Typing, When Performed, By Nucleic Acid (Dna Or Rna) Probe, Multiplexed Amplified Probe Technique Including Multiplex Reverse Transcription, When Performed, Per Culture Or Isolate, 6 Or More	No
87158	Culture, Typing; Other Methods	No
87164	Dark Field Examination, Any Source (eg, Penile, Vaginal, Oral, Skin); Includes Specimen Collection	No
87166	Dark Field Examination, Any Source (eg, Penile, Vaginal, Oral, Skin); Without Collection	No
87168	Macroscopic Examination; Arthropod	No
87169	Macroscopic Examination; Parasite	No
87172	Pinworm Exam (eg, Cellophane Tape Prep)	No
87176	Homogenization, Tissue, For Culture	No
87177	Ova And Parasites, Direct Smears, Concentration And Identification	No
87181	Susceptibility Studies, Antimicrobial Agent; Agar Dilution Method, Per Agent (eg, Antibiotic Gradient Strip)	No
87182	Susceptibility Studies, Antimicrobial Agent; Carbapenemase Enzyme Detection (Eg, Klebsiella Pneumoniae Carbapenemase [Kpc], New Delhi Metallo-Beta-Lactamase [Ndm], Verona Integron-Encoded Metallo-Beta-Lactamase [Vim]), Multiplex Immunoassay,	No
87183	Susceptibility Studies, Antimicrobial Agent; Carbapenem Resistance Genes (Eg, Blakpc, Blandm, Blavim, Blaoxa-48, Blaimp), Amplified Probe Technique, Per Isolate	No
87184	Susceptibility Studies, Antimicrobial Agent; Disk Method, Per Plate (12 Or Fewer Agents)	No
87185	Susceptibility Studies, Antimicrobial Agent; Enzyme Detection (eg, Beta Lactamase), Per Enzyme	No
87186	Susceptibility Studies, Antimicrobial Agent; Microdilution Or Agar Dilution (Minimum Inhibitory Concentration [Mic] Or Breakpoint), Each Multi-Antimicrobial, Per Plate	No
87187	Susceptibility Studies, Antimicrobial Agent; Microdilution Or Agar Dilution, Minimum Lethal Concentration (MLC), Each Plate (List Separately In Addition To Code For Primary Procedure)	No
87188	Susceptibility Studies, Antimicrobial Agent; Macrobroth Dilution Method, Each Agent	No
87190	Susceptibility Studies, Antimicrobial Agent; Mycobacteria, Proportion Method, Each Agent	No
87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	No
87205	Smear, Primary Source With Interpretation; Gram Or Giemsa Stain For Bacteria, Fungi, Or Cell Types	No
87206	Smear, Primary Source With Interpretation; Fluorescent And/Or Acid Fast Stain For Bacteria, Fungi, Parasites, Viruses Or Cell Types	No
87207	Smear, Primary Source With Interpretation; Special Stain For Inclusion Bodies Or Parasites (eg, Malaria, Coccidia, Microsporidia, Trypanosomes, Herpes Viruses)	No
87209	Smear, Primary Source With Interpretation; Complex Special Stain (eg, Trichrome, Iron Hemotoxylin) For Ova And Parasites	No
87210	Smear, Primary Source With Interpretation; Wet Mount For Infectious Agents (eg, Saline, India Ink, Koh Preps)	No
87220	Tissue Examination By Koh Slide Of Samples From Skin, Hair, Or Nails For Fungi Or Ectoparasite Ova Or Mites (eg, Scabies)	No
87230	Toxin Or Antitoxin Assay, Tissue Culture (eg, Clostridium Difficile Toxin)	No
87250	Virus Isolation; Inoculation Of Embryonated Eggs, Or Small Animal, Includes Observation And Dissection	No
87252	Virus Isolation; Tissue Culture Inoculation, Observation, And Presumptive Identification By Cytopathic Effect	No
87253	VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE IDENTIFICATION (EG, HEMABSORPTION, NEUTRALIZATION, IMMUNOFLUORESCENCE STAIN), EACH ISOLATE	No
87254	Virus Isolation; Centrifuge Enhanced (Shell Vial) Technique, Includes Identification With Immunofluorescence Stain, Each Virus	No
87255	Virus Isolation; Including Identification By Non-Immunologic Method, Other Than By Cytopathic Effect (eg, Virus Specific Enzymatic Activity)	No
87260	Infectious Agent Antigen Detection By Immunofluorescent Technique; Adenovirus	No

Procedure Code	Description	Prior Auth Required
87265	Infectious Agent Antigen Detection By Immunofluorescent Technique; Bordetella Pertussis/Parapertussis	No
87267	Infectious Agent Antigen Detection By Immunofluorescent Technique; Enterovirus, Direct Fluorescent Antibody (Dfa)	No
87269	Infectious Agent Antigen Detection By Immunofluorescent Technique; Giardia	No
87270	Infectious Agent Antigen Detection By Immunofluorescent Technique; Chlamydia Trachomatis	No
87271	Infectious Agent Antigen Detection By Immunofluorescent Technique; Cytomegalovirus, Direct Fluorescent Antibody (Dfa)	No
87272	Infectious Agent Antigen Detection By Immunofluorescent Technique; Cryptosporidium	No
87273	Infectious Agent Antigen Detection By Immunofluorescent Technique; Herpes Simplex Virus Type 2	No
87274	Infectious Agent Antigen Detection By Immunofluorescent Technique; Herpes Simplex Virus Type 1	No
87275	Infectious Agent Antigen Detection By Immunofluorescent Technique; Influenza B Virus	No
87276	Infectious Agent Antigen Detection By Immunofluorescent Technique; Influenza A Virus	No
87278	Infectious Agent Antigen Detection By Immunofluorescent Technique; Legionella Pneumophila	No
87279	Infectious Agent Antigen Detection By Immunofluorescent Technique; Parainfluenza Virus, Each Type	No
87280	Infectious Agent Antigen Detection By Immunofluorescent Technique; Respiratory Syncytial Virus	No
87281	Infectious Agent Antigen Detection By Immunofluorescent Technique; Pneumocystis Carinii	No
87283	Infectious Agent Antigen Detection By Immunofluorescent Technique; Rubeola	No
87285	Infectious Agent Antigen Detection By Immunofluorescent Technique; Treponema Pallidum	No
87290	Infectious Agent Antigen Detection By Immunofluorescent Technique; Varicella Zoster Virus	No
87299	Infectious Agent Antigen Detection By Immunofluorescent Technique; Not Otherwise Specified, Each Organism	No
87300	Infectious Agent Antigen Detection By Immunofluorescent Technique, Polyvalent For Multiple Organisms, Each Polyvalent Antiserum	No
87301	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Adenovirus Enteri	No
87305	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Aspergillus	No
87320	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Chlamydia Trachom	No
87324	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Clostridium Diffi	No
87327	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Cryptococcus Neof	No
87328	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Cryptosporidium	No
87329	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Giardia	No
87332	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Cytomegalovirus	No
87335	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Escherichia Coli	No
87336	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Entamoeba Histoly	No
87337	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Entamoeba Histoly	No
87338	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Helicobacter Pylo	No
87339	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Helicobacter Pylo	No
87340	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Hepatitis B Surfa	No

Procedure Code	Description	Prior Auth Required
87341	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Hepatitis B Surfa	No
87350	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Hepatitis Be Anti	No
87380	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Hepatitis, Delta	No
87385	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Histoplasma Capsu	No
87389	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Hiv-1 Antigen(S),	No
87390	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Hiv-1	No
87391	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Hiv-2	No
87400	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Influenza, A Or B	No
87420	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Respiratory Syncy	No
87425	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Rotavirus	No
87426	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Severe Acute Resp	No
87427	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Shiga-Like Toxin	No
87428	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Severe Acute Resp	No
87430	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Streptococcus, Gr	No
87449	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Not Otherwise Spe	No
87451	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Polyvalent For Mu	No
87467	Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Hepatitis B Surfa	No
87468	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Anaplasma Phagocytophilum, Amplified Probe Technique	Yes
87469	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Babesia Microti, Amplified Probe Technique	Yes
87471	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Bartonella Henselae And Bartonella Quintana, Amplified Probe Technique	No
87472	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Bartonella Henselae And Bartonella Quintana, Quantification	No
87475	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Borrelia Burgdorferi, Direct Probe Technique	No
87476	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Borrelia Burgdorferi, Amplified Probe Technique	No
87478	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Borrelia Miyamotoi, Amplified Probe Technique	Yes
87480	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Candida Species, Direct Probe Technique	No
87481	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Candida Species, Amplified Probe Technique	No
87482	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Candida Species, Quantification	No

Procedure Code	Description	Prior Auth Required
87483	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Central Nervous System Pathogen (Eg, Neisseria Meningitidis, Streptococcus Pneumoniae, Listeria, Haemophilus Influenzae, E. Coli, Streptococcus Agalactiae, Enterovirus, Human Parechovirus, Herpes Si	No
87484	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Ehrlichia Chaffeensis, Amplified Probe Technique	Yes
87485	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Pneumoniae, Direct Probe Technique	No
87486	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Pneumoniae, Amplified Probe Technique	No
87487	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Pneumoniae, Quantification	No
87490	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Trachomatis, Direct Probe Technique	No
87491	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Trachomatis, Amplified Probe Technique	No
87492	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Trachomatis, Quantification	No
87493	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Clostridium Difficile, Toxin Gene(s), Amplified Probe Technique	No
87494	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Chlamydia Trachomatis And Neisseria Gonorrhoeae, Multiplex Amplified Probe Technique	No
87495	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Cytomegalovirus, Direct Probe Technique	No
87496	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Cytomegalovirus, Amplified Probe Technique	No
87497	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Cytomegalovirus, Quantification	No
87498	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Enterovirus, Amplified Probe Technique, Includes Reverse Transcription When Performed	No
87500	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Vancomycin Resistance (eg, Enterococcus Species Van A, Van B), Amplified Probe Technique	No
87501	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Influenza Virus, Includes Reverse Transcription, When Performed, And Amplified Probe Technique, Each Type Or Subtype	No
87502	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Influenza Virus, For Multiple Types Or Sub-Types, Includes Multiplex Reverse Transcription, When Performed, And Multiplex Amplified Probe Technique, First 2 Types Or Sub-Types	No
87503	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Influenza Virus, For Multiple Types Or Sub-Types, Includes Multiplex Reverse Transcription, When Performed, And Multiplex Amplified Probe Technique, Each Additional Influenza Virus Type Or Sub-Type	No
87505	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg, Clostridium Difficile, E. Coli, Salmonella, Shigella, Norovirus, Giardia), Includes Multiplex Reverse Transcription, When Performed, And Multiplex Amplified Probe Tech	No
87506	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg, Clostridium Difficile, E. Coli, Salmonella, Shigella, Norovirus, Giardia), Includes Multiplex Reverse Transcription, When Performed, And Multiplex Amplified Probe Tech	No
87507	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg, Clostridium Difficile, E. Coli, Salmonella, Shigella, Norovirus, Giardia), Includes Multiplex Reverse Transcription, When Performed, And Multiplex Amplified Probe Tech	No
87510	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Gardnerella Vaginalis, Direct Probe Technique	No
87511	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Gardnerella Vaginalis, Amplified Probe Technique	No
87512	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Gardnerella Vaginalis, Quantification	No
87513	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Helicobacter Pylori (H. Pylori), Clarithromycin Resistance, Amplified Probe Technique	Yes
87516	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis B Virus, Amplified Probe Technique	No
87517	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis B Virus, Quantification	No
87520	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis C, Direct Probe Technique	No
87521	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis C, Amplified Probe Technique, Includes Reverse Transcription When Performed	No
87522	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis C, Quantification, Includes Reverse Transcription When Performed	No
87523	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Hepatitis D (Delta), Quantification, Including Reverse Transcription, When Performed	Yes
87525	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis G, Direct Probe Technique	No
87526	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis G, Amplified Probe Technique	No
87527	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis G, Quantification	No
87528	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Herpes Simplex Virus, Direct Probe Technique	No
87529	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Herpes Simplex Virus, Amplified Probe Technique	No

Procedure Code	Description	Prior Auth Required
87530	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Herpes Simplex Virus, Quantification	No
87531	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Herpes Virus-6, Direct Probe Technique	No
87532	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Herpes Virus-6, Amplified Probe Technique	No
87533	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Herpes Virus-6, Quantification	No
87534	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hiv-1, Direct Probe Technique	No
87535	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hiv-1, Amplified Probe Technique, Includes Reverse Transcription When Performed	No
87536	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hiv-1, Quantification, Includes Reverse Transcription When Performed	No
87537	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hiv-2, Direct Probe Technique	No
87538	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hiv-2, Amplified Probe Technique, Includes Reverse Transcription When Performed	No
87539	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hiv-2, Quantification, Includes Reverse Transcription When Performed	No
87540	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Legionella Pneumophila, Direct Probe Technique	No
87541	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Legionella Pneumophila, Amplified Probe Technique	No
87542	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Legionella Pneumophila, Quantification	No
87550	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycobacteria Species, Direct Probe Technique	No
87551	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycobacteria Species, Amplified Probe Technique	No
87552	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycobacteria Species, Quantification	No
87555	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycobacteria Tuberculosis, Direct Probe Technique	No
87556	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycobacteria Tuberculosis, Amplified Probe Technique	No
87557	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycobacteria Tuberculosis, Quantification	No
87560	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycobacteria Avium-Intracellulare, Direct Probe Technique	No
87561	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycobacteria Avium-Intracellulare, Amplified Probe Technique	No
87562	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycobacteria Avium-Intracellulare, Quantification	No
87563	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Mycoplasma Genitalium, Amplified Probe Technique	No
87564	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Mycobacterium Tuberculosis, Rifampin Resistance, Amplified Probe Technique	No
87580	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycoplasma Pneumoniae, Direct Probe Technique	No
87581	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycoplasma Pneumoniae, Amplified Probe Technique	No
87582	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Mycoplasma Pneumoniae, Quantification	No
87590	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Neisseria Gonorrhoeae, Direct Probe Technique	No
87591	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Neisseria Gonorrhoeae, Amplified Probe Technique	No
87592	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Neisseria Gonorrhoeae, Quantification	No
87593	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Orthopoxvirus (Eg, Monkeypox Virus, Cowpox Virus, Vaccinia Virus), Amplified Probe Technique, Each	No
87594	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Pneumocystis Jirovecii, Amplified Probe Technique	No
87623	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Human Papillomavirus (HPV), Low-Risk Types (eg, 6, 11, 42, 43, 44)	Yes
87624	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Human Papillomavirus (Hpv), High-Risk Types (Eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), Pooled Result	No
87625	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Human Papillomavirus (HPV), Types 16 And 18 Only, Includes Type 45, If Performed	No
87626	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Human Papillomavirus (Hpv), Separately Reported High-Risk Types (Eg, 16, 18, 31, 45, 51, 52) And High-Risk Pooled Result(S)	No
87627	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Joint Space Pathogens And Drug Resistance Genes, Multiplex Amplified Probe Technique, 26 Or More Targets	Yes
87631	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Respiratory Virus (Eg, Adenovirus, Influenza Virus, Coronavirus, Metapneumovirus, Parainfluenza Virus, Respiratory Syncytial Virus, Rhinovirus), Includes Multiplex Reverse Transcription, When Perfor	No

Procedure Code	Description	Prior Auth Required
87632	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Respiratory Virus (Eg, Adenovirus, Influenza Virus, Coronavirus, Metapneumovirus, Parainfluenza Virus, Respiratory Syncytial Virus, Rhinovirus), Includes Multiplex Reverse Transcription, When Perfor	No
87633	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Respiratory Virus (Eg, Adenovirus, Influenza Virus, Coronavirus, Metapneumovirus, Parainfluenza Virus, Respiratory Syncytial Virus, Rhinovirus), Includes Multiplex Reverse Transcription, When Perfor	No
87634	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Respiratory Syncytial Virus, Amplified Probe Technique	No
87635	Infectious Agent Detection By Nucleic Acid (DNA Or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2) (Coronavirus Disease [COVID-19]), Amplified Probe Technique	No
87636	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) And Influenza Virus Types A And B, Multiplex Amplified Probe Technique	No
87637	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Influenza Virus Types A And B, And Respiratory Syncytial Virus, Multiplex Amplified Probe Technique	No
87640	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Staphylococcus Aureus, Amplified Probe Technique	No
87641	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Staphylococcus Aureus, Methicillin Resistant, Amplified Probe Technique	No
87650	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Streptococcus, Group A, Direct Probe Technique	No
87651	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Streptococcus, Group A, Amplified Probe Technique	No
87652	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Streptococcus, Group A, Quantification	No
87653	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Streptococcus, Group B, Amplified Probe Technique	No
87660	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Trichomonas Vaginalis, Direct Probe Technique	No
87661	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Trichomonas Vaginalis, Amplified Probe Technique	No
87662	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Zika Virus, Amplified Probe Technique	No
87797	Infectious Agent Detection By Nucleic Acid (DNA Or RNa), Not Otherwise Specified; Direct Probe Technique, Each Organism	No
87798	Infectious Agent Detection By Nucleic Acid (DNA Or RNa), Not Otherwise Specified; Amplified Probe Technique, Each Organism	No
87799	Infectious Agent Detection By Nucleic Acid (DNA Or RNa), Not Otherwise Specified; Quantification, Each Organism	No
87800	Infectious Agent Detection By Nucleic Acid (DNA Or RNa), Multiple Organisms; Direct Probe(s) Technique	No
87801	Infectious Agent Detection By Nucleic Acid (DNA Or RNa), Multiple Organisms; Amplified Probe(s) Technique	No
87802	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Streptococcus, Group B	No
87803	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Clostridium Difficile Toxin A	No
87804	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation;Influenza	No
87806	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Hiv-1 Antigen(S), With Hiv-1 And Hiv-2 Antibodies	No
87807	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation;Respiratory Syncytial Virus	No
87808	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation;Trichomonas Vaginalis	No
87809	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation;Adenovirus	No
87810	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Chlamydia Trachomatis	No
87811	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])	No
87812	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) And Influenza Virus Types A And B	No
87850	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation;Neisseria Gonorrhoeae	No
87880	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; Streptococcus, Group A	No
87899	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation;Not Otherwise Specified	No

Procedure Code	Description	Prior Auth Required
87900	Infectious Agent Drug Susceptibility Phenotype Prediction Using Regularly Updated Genotypic Bioinformatics	No
87901	Infectious Agent Genotype Analysis By Nucleic Acid (Dna Or Rna); Hiv-1, Reverse Transcriptase And Protease Regions	No
87902	Infectious Agent Genotype Analysis By Nucleic Acid (DNA Or RNa); Hepatitis C Virus	No
87903	Infectious Agent Phenotype Analysis By Nucleic Acid (DNA Or RNa) With Drug Resistance Tissue Culture Analysis, Hiv 1; First Through 10 Drugs Tested	No
87904	Infectious Agent Phenotype Analysis By Nucleic Acid (DNA Or RNa) With Drug Resistance Tissue Culture Analysis, Hiv 1; Each Additional Drug Tested (List Separately In Addition To Code For Primary Procedure)	No
87905	Infectious Agent Enzymatic Activity Other Than Virus (eg, Sialidase Activity In Vaginal Fluid)	No
87906	Infectious Agent Genotype Analysis By Nucleic Acid (DNA Or RNa); Hiv-1, Other Region (eg, Integrase, Fusion)	No
87910	Infectious Agent Genotype Analysis By Nucleic Acid (DNA Or RNa); Cytomegalovirus	No
87912	Infectious Agent Genotype Analysis By Nucleic Acid (DNA Or RNa); Hepatitis B Virus	No
87913	Infectious Agent Genotype Analysis By Nucleic Acid (DNA Or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov-2) (Coronavirus Disease [COVID-19]), Mutation Identification In Targeted Region(S)	No
87999	Unlisted Microbiology Procedure	No
88000	Necropsy (Autopsy), Gross Examination Only; Without Cns	Yes
88005	Necropsy (Autopsy), Gross Examination Only; With Brain	Yes
88007	Necropsy (Autopsy), Gross Examination Only; With Brain And Spinal Cord	Yes
88012	Necropsy (Autopsy), Gross Examination Only; Infant With Brain	Yes
88014	Necropsy (Autopsy), Gross Examination Only; Stillborn Or Newborn With Brain	Yes
88016	Necropsy (Autopsy), Gross Examination Only; Macerated Stillborn	Yes
88020	Necropsy (Autopsy), Gross And Microscopic; Without Cns	Yes
88025	Necropsy (Autopsy), Gross And Microscopic; With Brain	Yes
88027	Necropsy (Autopsy), Gross And Microscopic; With Brain And Spinal Cord	Yes
88028	Necropsy (Autopsy), Gross And Microscopic; Infant With Brain	Yes
88029	Necropsy (Autopsy), Gross And Microscopic; Stillborn Or Newborn With Brain	Yes
88036	Necropsy (Autopsy), Limited, Gross And/Or Microscopic; Regional	Yes
88037	Necropsy (Autopsy), Limited, Gross And/Or Microscopic; Single Organ	Yes
88040	Necropsy (Autopsy); Forensic Examination	Yes
88045	Necropsy (Autopsy); Coroner's Call	Yes
88099	Unlisted Necropsy (Autopsy) Procedure	Yes
88104	Cytopathology, Fluids, Washings Or Brushings, Except Cervical Or Vaginal; Smears With Interpretation	No
88106	Cytopathology, Fluids, Washings Or Brushings, Except Cervical Or Vaginal; Simple Filter Method With Interpretation	No
88108	Cytopathology, Concentration Technique, Smears And Interpretation (eg, Saccomanno Technique)	No
88112	Cytopathology, Selective Cellular Enhancement Technique With Interpretation (eg, Liquid Based Slide Preparation Method), Except Cervical Or Vaginal	No
88120	Cytopathology, In Situ Hybridization (eg, Fish), Urinary Tract Specimen With Morphometric Analysis, 3-5 Molecular Probes, Each Specimen; Manual	No
88121	Cytopathology, In Situ Hybridization (eg, Fish), Urinary Tract Specimen With Morphometric Analysis, 3-5 Molecular Probes, Each Specimen; Using Computer-Assisted Technology	No
88125	Cytopathology, Forensic (eg, Sperm)	Yes
88130	Sex Chromatin Identification; Barr Bodies	No
88140	Sex Chromatin Identification; Peripheral Blood Smear, Polymorphonuclear Drumsticks	No
88141	Cytopathology, Cervical Or Vaginal (Any Reporting System), Requiring Interpretation By Physician	No
88142	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation; Manual Screening Under Physician Supervision	No
88143	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation; With Manual Screening And Rescreening Under Physician Supervision	No
88147	Cytopathology Smears, Cervical Or Vaginal; Screening By Automated System Under Physician Supervision	No
88148	Cytopathology Smears, Cervical Or Vaginal; Screening By Automated System With Manual Rescreening Under Physician Supervision	No
88150	Cytopathology, Slides, Cervical Or Vaginal; Manual Screening Under Physician Supervision	No
88152	Cytopathology, Slides, Cervical Or Vaginal; With Manual Screening And Computer-Assisted Rescreening Under Physician Supervision	No
88153	Cytopathology, Slides, Cervical Or Vaginal; With Manual Screening And Rescreening Under Physician Supervision	No
88155	Cytopathology, Slides, Cervical Or Vaginal, Definitive Hormonal Evaluation (eg, Maturation Index, Karyopyknotic Index, Estrogenic Index) (List Separately In Addition To Code[s] For Other Technical And Interpretation Services)	No
88160	Cytopathology, Smears, Any Other Source; Screening And Interpretation	No
88161	Cytopathology, Smears, Any Other Source; Preparation, Screening And Interpretation	No

Procedure Code	Description	Prior Auth Required
88162	Cytopathology, Smears, Any Other Source; Extended Study Involving Over 5 Slides And/Or Multiple Stains	No
88164	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); Manual Screening Under Physician Supervision	No
88165	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manual Screening And Rescreening Under Physician Supervision	No
88166	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manual Screening And Computer-Assisted Rescreening Under Physician Supervision	No
88167	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manual Screening And Computer-Assisted Rescreening Using Cell Selection And Review Under Physician Supervision	No
88172	Cytopathology, Evaluation Of Fine Needle Aspirate; Immediate Cytohistologic Study To Determine Adequacy For Diagnosis, First Evaluation Episode, Each Site	No
88173	Cytopathology, Evaluation Of Fine Needle Aspirate; Interpretation And Report	No
88174	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation; Screening By Automated System, Under Physician Supervision	No
88175	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation; With Screening By Automated System And Manual Rescreening Or Review, Under Physician Supervision	No
88177	Cytopathology, Evaluation Of Fine Needle Aspirate; Immediate Cytohistologic Study To Determine Adequacy For Diagnosis, Each Separate Additional Evaluation Episode, Same Site (List Separately In Addition To Code For Primary Procedure)	No
88182	Flow Cytometry, Cell Cycle Or DNA Analysis	No
88184	Flow Cytometry, Cell Surface, Cytoplasmic, Or Nuclear Marker, Technical Component Only; First Marker	No
88185	Flow Cytometry, Cell Surface, Cytoplasmic, Or Nuclear Marker, Technical Component Only; Each Additional Marker (List Separately In Addition To Code For First Marker)	No
88187	Flow Cytometry, Interpretation; 2 To 8 Markers	No
88188	Flow Cytometry, Interpretation; 9 To 15 Markers	No
88189	Flow Cytometry, Interpretation; 16 Or More Markers	No
88199	Unlisted Cytopathology Procedure	No
88230	Tissue Culture For Non-Neoplastic Disorders; Lymphocyte	No
88233	Tissue Culture For Non-Neoplastic Disorders; Skin Or Other Solid Tissue Biopsy	No
88235	Tissue Culture For Non-Neoplastic Disorders; Amniotic Fluid Or Chorionic Villus Cells	No
88237	Tissue Culture For Neoplastic Disorders; Bone Marrow, Blood Cells	No
88239	Tissue Culture For Neoplastic Disorders; Solid Tumor	No
88240	Cryopreservation, Freezing And Storage Of Cells, Each Cell Line	No
88241	Thawing And Expansion Of Frozen Cells, Each Aliquot	No
88245	Chromosome Analysis For Breakage Syndromes; Baseline Sister Chromatid Exchange (Sce), 20-25 Cells	No
88248	Chromosome Analysis For Breakage Syndromes; Baseline Breakage, Score 50-100 Cells, Count 20 Cells, 2 Karyotypes (eg, For Ataxia Telangiectasia, Fanconi Anemia, Fragile X)	No
88249	Chromosome Analysis For Breakage Syndromes; Score 100 Cells, Clastogen Stress (eg, Diepoxybutane, Mitomycin C, Ionizing Radiation, Uv Radiation)	No
88261	Chromosome Analysis; Count 5 Cells, 1 Karyotype, With Banding	No
88262	Chromosome Analysis; Count 15-20 Cells, 2 Karyotypes, With Banding	No
88263	Chromosome Analysis; Count 45 Cells For Mosaicism, 2 Karyotypes, With Banding	No
88264	Chromosome Analysis; Analyze 20-25 Cells	No
88267	Chromosome Analysis, Amniotic Fluid Or Chorionic Villus, Count 15 Cells, 1 Karyotype, With Banding	No
88269	Chromosome Analysis, In Situ For Amniotic Fluid Cells, Count Cells From 6-12 Colonies, 1 Karyotype, With Banding	No
88271	Molecular Cytogenetics; DNA Probe, Each (eg, Fish)	No
88272	Molecular Cytogenetics; Chromosomal In Situ Hybridization, Analyze 3-5 Cells (eg, For Derivatives And Markers)	No
88273	Molecular Cytogenetics; Chromosomal In Situ Hybridization, Analyze 10-30 Cells (eg, For Microdeletions)	No
88274	Molecular Cytogenetics; Interphase In Situ Hybridization, Analyze 25-99 Cells	No
88275	Molecular Cytogenetics; Interphase In Situ Hybridization, Analyze 100-300 Cells	No
88280	Chromosome Analysis; Additional Karyotypes, Each Study	No
88283	Chromosome Analysis; Additional Specialized Banding Technique (eg, Nor, C-Banding)	No
88285	Chromosome Analysis; Additional Cells Counted, Each Study	No
88289	Chromosome Analysis; Additional High Resolution Study	No
88291	Cytogenetics And Molecular Cytogenetics, Interpretation And Report	No
88299	Unlisted Cytogenetic Study	No
88300	Level I - Surgical Pathology, Gross Examination Only	No
88302	Level Ii - Surgical Pathology, Gross And Microscopic Examination Appendix, Incidental Fallopian Tube, Sterilization Fingers/Toes, Amputation, Traumatic Foreskin, Newborn Hernia Sac, Any Location Hydrocele Sac Nerve Skin, Plastic Repair Sympathetic Ganglio	No
88304	Level Iii - Surgical Pathology, Gross And Microscopic Examination Abortion, Induced Abscess Aneurysm - Arterial/Ventricular Anus, Tag Appendix, Other Than Incidental Artery, Atheromatous Plaque Bartholin'S Gland Cyst Bone Fragment(S), Other Than Pathologi	No

Procedure Code	Description	Prior Auth Required
88305	Level Iv - Surgical Pathology, Gross And Microscopic Examination Abortion - Spontaneous/Missed Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other Than For Tumor Resection Breast, Biopsy, Not Requiring Microscopic Evaluation Of Surgica	No
88307	Level V - Surgical Pathology, Gross And Microscopic Examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(S), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Excision Of Lesion, Requiring Microscopic Evaluation Of	No
88309	Level Vi - Surgical Pathology, Gross And Microscopic Examination Bone Resection Breast, Mastectomy - With Regional Lymph Nodes Colon, Segmental Resection For Tumor Colon, Total Resection Esophagus, Partial/Total Resection Extremity, Disarticulation Fetus,	No
88311	Decalcification Procedure (List Separately In Addition To Code For Surgical Pathology Examination)	No
88312	Special Stain Including Interpretation And Report; Group I For Microorganisms (eg, Acid Fast, Methenamine Silver)	No
88313	Special Stain Including Interpretation And Report; Group Ii, All Other (eg, Iron, Trichrome), Except Stain For Microorganisms, Stains For Enzyme Constituents, Or Immunocytochemistry And Immunohistochemistry	No
88314	Special Stain Including Interpretation And Report; Histochemical Stain On Frozen Tissue Block (List Separately In Addition To Code For Primary Procedure)	No
88319	Special Stain Including Interpretation And Report; Group Iii, For Enzyme Constituents	No
88321	Consultation And Report On Referred Slides Prepared Elsewhere	No
88323	Consultation And Report On Referred Material Requiring Preparation Of Slides	No
88325	Consultation, Comprehensive, With Review Of Records And Specimens, With Report On Referred Material	No
88329	Pathology Consultation During Surgery;	No
88331	Pathology Consultation During Surgery; First Tissue Block, With Frozen Section(s), Single Specimen	No
88332	Pathology Consultation During Surgery; Each Additional Tissue Block With Frozen Section(s) (List Separately In Addition To Code For Primary Procedure)	No
88333	Pathology Consultation During Surgery; Cytologic Examination (eg, Touch Prep, Squash Prep), Initial Site	No
88334	Pathology Consultation During Surgery; Cytologic Examination (Eg, Touch Prep, Squash Prep), Each Additional Site (List Separately In Addition To Code For Primary Procedure)	No
88341	Immunohistochemistry Or Immunocytochemistry, Per Specimen; Each Additional Single Antibody Stain Procedure (List Separately In Addition To Code For Primary Procedure)	No
88342	Immunohistochemistry Or Immunocytochemistry, Per Specimen; Initial Single Antibody Stain Procedure	No
88344	Immunohistochemistry Or Immunocytochemistry, Per Specimen; Each Multiplex Antibody Stain Procedure	No
88346	Immunofluorescence, Per Specimen; Initial Single Antibody Stain Procedure	No
88348	Electron Microscopy, Diagnostic	No
88350	Immunofluorescence, Per Specimen; Each Additional Single Antibody Stain Procedure (List Separately In Addition To Code For Primary Procedure)	No
88355	Morphometric Analysis; Skeletal Muscle	No
88356	Morphometric Analysis; Nerve	No
88358	Morphometric Analysis; Tumor (eg, DNA Ploidy)	No
88360	Morphometric Analysis, Tumor Immunohistochemistry (eg, Her-2/Neu, Estrogen Receptor/Progesterone Receptor), Quantitative Or Semiquantitative, Per Specimen, Each Single Antibody Stain Procedure; Manual	No
88361	Morphometric Analysis, Tumor Immunohistochemistry (eg, Her-2/Neu, Estrogen Receptor/Progesterone Receptor), Quantitative Or Semiquantitative, Per Specimen, Each Single Antibody Stain Procedure; Using Computer-Assisted Technology	No
88362	Nerve Teasing Preparations	No
88363	Examination And Selection Of Retrieved Archival (Ie, Previously Diagnosed) Tissue(s) For Molecular Analysis (eg, Kras Mutational Analysis)	No
88364	In Situ Hybridization (eg, Fish), Per Specimen; Each Additional Single Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	No
88365	In Situ Hybridization (eg, Fish), Per Specimen; Initial Single Probe Stain Procedure	No
88366	In Situ Hybridization (eg, Fish), Per Specimen; Each Multiplex Probe Stain Procedure	No
88367	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Using Computer-Assisted Technology, Per Specimen; Initial Single Probe Stain Procedure	No
88368	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Manual, Per Specimen; Initial Single Probe Stain Procedure	No
88369	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Manual, Per Specimen; Each Additional Single Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	No
88371	Protein Analysis Of Tissue By Western Blot, With Interpretation And Report;	No
88372	Protein Analysis Of Tissue By Western Blot, With Interpretation And Report; Immunological Probe For Band Identification, Each	No
88373	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Using Computer-Assisted Technology, Per Specimen; Each Additional Single Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	No

Procedure Code	Description	Prior Auth Required
88374	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Using Computer-Assisted Technology, Per Specimen; Each Multiplex Probe Stain Procedure	No
88375	Optical Endomicroscopic Image(s), Interpretation And Report, Real-Time Or Referred, Each Endoscopic Session	No
88377	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Manual, Per Specimen; Each Multiplex Probe Stain Procedure	No
88380	Microdissection (Ie, Sample Preparation Of Microscopically Identified Target); Laser Capture	No
88381	Microdissection (Ie, Sample Preparation Of Microscopically Identified Target); Manual	No
88387	Macroscopic Examination, Dissection, And Preparation Of Tissue For Non-Microscopic Analytical Studies (Eg, Nucleic Acid-Based Molecular Studies), Each Tissue Preparation (Eg, A Single Lymph Node)	No
88399	Unlisted Surgical Pathology Procedure	No
88720	Bilirubin, Total, Transcutaneous	No
88738	Hemoglobin (Hgb), Quantitative, Transcutaneous	Yes
88740	Hemoglobin, Quantitative, Transcutaneous, Per Day; Carboxyhemoglobin	Yes
88741	Hemoglobin, Quantitative, Transcutaneous, Per Day; Methemoglobin	Yes
88749	Unlisted In Vivo (eg, Transcutaneous) Laboratory Service	Yes
89049	Caffeine Halothane Contracture Test (Chct) For Malignant Hyperthermia Susceptibility, Including Interpretation And Report	No
89050	Cell Count, Miscellaneous Body Fluids (eg, Cerebrospinal Fluid, Joint Fluid), Except Blood;	No
89051	Cell Count, Miscellaneous Body Fluids (eg, Cerebrospinal Fluid, Joint Fluid), Except Blood; With Differential Count	No
89055	Leukocyte Assessment, Fecal, Qualitative Or Semiquantitative	No
89060	Crystal Identification By Light Microscopy With Or Without Polarizing Lens Analysis, Tissue Or Any Body Fluid (Except Urine)	No
89125	Fat Stain, Feces, Urine, Or Respiratory Secretions	No
89160	Meat Fibers, Feces	No
89190	Nasal Smear For Eosinophils	No
89220	Sputum, Obtaining Specimen, Aerosol Induced Technique (Separate Procedure)	No
89230	Sweat Collection By Iontophoresis	No
89240	Unlisted Miscellaneous Pathology Test	No
89250	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days;	Yes
89251	Culture Of Oocyte(s)/Embryo(s), Less Than 4 Days; With Co-Culture Of Oocyte(s)/Embryos	Yes
89253	Assisted Embryo Hatching, Microtechniques (Any Method)	Yes
89254	Oocyte Identification From Follicular Fluid	Yes
89255	Preparation Of Embryo For Transfer (Any Method)	Yes
89257	Sperm Identification From Aspiration (Other Than Seminal Fluid)	Yes
89258	Cryopreservation; Embryo(s)	Yes
89259	Cryopreservation; Sperm	Yes
89260	Sperm Isolation; Simple Prep (eg, Sperm Wash And Swim-Up) For Insemination Or Diagnosis With Semen Analysis	Yes
89261	Sperm Isolation; Complex Prep (eg, Percoll Gradient, Albumin Gradient) For Insemination Or Diagnosis With Semen Analysis	Yes
89264	Sperm Identification From Testis Tissue, Fresh Or Cryopreserved	Yes
89268	Insemination Of Oocytes	Yes
89272	Extended Culture Of Oocyte(s)/Embryo(s), 4-7 Days	Yes
89280	Assisted Oocyte Fertilization, Microtechnique; Less Than Or Equal To 10 Oocytes	Yes
89281	Assisted Oocyte Fertilization, Microtechnique; Greater Than 10 Oocytes	Yes
89290	Biopsy, Oocyte Polar Body Or Embryo Blastomere, Microtechnique (For Pre-Implantation Genetic Diagnosis); Less Than Or Equal To 5 Embryos	Yes
89291	Biopsy, Oocyte Polar Body Or Embryo Blastomere, Microtechnique (For Pre-Implantation Genetic Diagnosis); Greater Than 5 Embryos	Yes
89300	Semen Analysis; Presence And/Or Motility Of Sperm Including Huhner Test (Post Coital)	Yes
89310	Semen Analysis; Motility And Count (Not Including Huhner Test)	Yes
89320	Semen Analysis; Volume, Count, Motility, And Differential	Yes
89321	Semen Analysis; Sperm Presence And Motility Of Sperm, If Performed	Yes
89322	Semen Analysis; Volume, Count, Motility, And Differential Using Strict Morphologic Criteria (eg, Kruger)	Yes
89325	Sperm Antibodies	Yes
89329	Sperm Evaluation; Hamster Penetration Test	Yes
89330	Sperm Evaluation; Cervical Mucus Penetration Test, With Or Without Spinnbarkeit Test	Yes
89331	Sperm Evaluation, For Retrograde Ejaculation, Urine (Sperm Concentration, Motility, And Morphology, As Indicated)	Yes
89335	Cryopreservation, Reproductive Tissue, Testicular	Yes
89337	Cryopreservation, Mature Oocyte(s)	Yes
89342	Storage (Per Year); Embryo(s)	Yes
89343	Storage (Per Year); Sperm/Semen	Yes
89344	Storage (Per Year); Reproductive Tissue, Testicular/Ovarian	Yes
89346	Storage (Per Year); Oocyte(s)	Yes
89352	Thawing Of Cryopreserved; Embryo(s)	Yes
89353	Thawing Of Cryopreserved; Sperm/Semen, Each Aliquot	Yes
89354	Thawing Of Cryopreserved; Reproductive Tissue, Testicular/Ovarian	Yes

Procedure Code	Description	Prior Auth Required
89356	Thawing Of Cryopreserved; Oocytes, Each Aliquot	Yes
89398	Unlisted Reproductive Medicine Laboratory Procedure	Yes
9001F	Aortic Aneurysm Less Than 5.0 Cm Maximum Diameter On Centerline Formatted CT Or Minor Diameter On Axial Formatted CT (Nma-No Measure Associated)	Yes
9002F	Aortic Aneurysm 5.0 - 5.4 Cm Maximum Diameter On Centerline Formatted CT Or Minor Diameter On Axial Formatted CT (Nma-No Measure Associated)	Yes
9003F	Aortic Aneurysm 5.5 - 5.9 Cm Maximum Diameter On Centerline Formatted CT Or Minor Diameter On Axial Formatted CT (Nma-No Measure Associated)	Yes
9004F	Aortic Aneurysm 6.0 Cm Or Greater Maximum Diameter On Centerline Formatted CT Or Minor Diameter On Axial Formatted CT (Nma-No Measure Associated)	Yes
9005F	Asymptomatic Carotid Stenosis: No History Of Any Transient Ischemic Attack Or Stroke In Any Carotid Or Vertebrobasilar Territory (Nma-No Measure Associated)	Yes
9006F	Symptomatic Carotid Stenosis: Ipsilateral Carotid Territory Tia Or Stroke Less Than 120 Days Prior To Procedure (Nma-No Measure Associated)	Yes
9007F	Other Carotid Stenosis: Ipsilateral Tia Or Stroke 120 Days Or Greater Prior To Procedure Or Any Prior Contralateral Carotid Territory Or Vertebrobasilar Tia Or Stroke (Nma-No Measure Associated)	Yes
90281	Immune Globulin (Ig), Human, For Intramuscular Use	Yes
90283	Immune Globulin (Igiv), Human, For Intravenous Use	Yes
90284	Immune Globulin (Scig), Human, For Use In Subcutaneous Infusions, 100 Mg, Each	No
90287	Botulinum Antitoxin, Equine, Any Route	Yes
90288	Botulism Immune Globulin, Human, For Intravenous Use	Yes
90291	Cytomegalovirus Immune Globulin (Cmv-Igiv), Human, For Intravenous Use	Yes
90296	Diphtheria Antitoxin, Equine, Any Route	Yes
90371	Hepatitis B Immune Globulin (Hbig), Human, For Intramuscular Use	No
90375	Rabies Immune Globulin (Rig), Human, For Intramuscular And/Or Subcutaneous Use	No
90376	Rabies Immune Globulin, Heat-Treated (Rig-Ht), Human, For Intramuscular And/Or Subcutaneous Use	No
90377	Rabies Immune Globulin, Heat- And Solvent/Detergent-Treated (Rig-HT S/D), Human, For Intramuscular And/Or Subcutaneous Use	No
90378	Respiratory Syncytial Virus, Monoclonal Antibody, Recombinant, For Intramuscular Use, 50 Mg, Each	Yes
90380	Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose; 0.5 Ml Dosage, For Intramuscular Use	No
90381	Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose; 1 Ml Dosage, For Intramuscular Use	No
90382	Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose, 0.7 Ml, For Intramuscular Use	No
90384	Rho(D) Immune Globulin (Rhig), Human, Full-Dose, For Intramuscular Use	Yes
90385	Rho(D) Immune Globulin (Rhig), Human, Mini-Dose, For Intramuscular Use	Yes
90386	Rho(D) Immune Globulin (Rhigiv), Human, For Intravenous Use	Yes
90389	Tetanus Immune Globulin (Tig), Human, For Intramuscular Use	Yes
90393	Vaccinia Immune Globulin, Human, For Intramuscular Use	Yes
90396	Varicella-Zoster Immune Globulin, Human, For Intramuscular Use	No
90399	Unlisted Immune Globulin	Yes
90460	Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; First Or Only Component Of Each Vaccine Or Toxoid Administered	Yes
90461	Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; Each Additional Vaccine Or Toxoid Component Administered (List Separately In Addition To Code Fo	Yes
90471	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Or Intramuscular Injections); 1 Vaccine (Single Or Combination Vaccine/Toxoid)	No
90472	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Or Intramuscular Injections); Each Additional Vaccine (Single Or Combination Vaccine/Toxoid) (List Separately In Addition To Code For Primary Procedure)	No
90473	Immunization Administration By Intranasal Or Oral Route; 1 Vaccine (Single Or Combination Vaccine/Toxoid)	Yes
90474	Immunization Administration By Intranasal Or Oral Route; Each Additional Vaccine (Single Or Combination Vaccine/Toxoid) (List Separately In Addition To Code For Primary Procedure)	Yes
90476	Adenovirus Vaccine, Type 4, Live, For Oral Use	Yes
90477	Adenovirus Vaccine, Type 7, Live, For Oral Use	Yes
90480	Immunization Administration By Intramuscular Injection, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine; First Or Only Component Of Each Vaccine Administered	Yes
90481	Immunization Administration By Intramuscular Injection, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine; Each Additional Component Administered (List Separately In Addition To Code For Primary Procedur	Yes
90482	Immunization Counseling By Physician Or Other Qualified Health Care Professional When Immunization(S) Is Not Administered By Provider On The Same Date Of Service; 3 Minutes Up To 10 Minutes	No

Procedure Code	Description	Prior Auth Required
90483	Immunization Counseling By Physician Or Other Qualified Health Care Professional When Immunization(S) Is Not Administered By Provider On The Same Date Of Service; Greater Than 10 Minutes Up To 20 Minutes	No
90484	Immunization Counseling By Physician Or Other Qualified Health Care Professional When Immunization(S) Is Not Administered By Provider On The Same Date Of Service; Greater Than 20 Minutes	No
90581	Anthrax Vaccine, For Subcutaneous Or Intramuscular Use	Yes
90584	Dengue Vaccine, Quadrivalent, Live, 2 Dose Schedule, For Subcutaneous Use	Yes
90585	Bacillus Calmette-Guerin Vaccine (Bcg) For Tuberculosis, Live, For Percutaneous Use	No
90586	Bacillus Calmette-Guerin Vaccine (Bcg) For Bladder Cancer, Live, For Intravesical Use	Yes
90587	Dengue Vaccine, Quadrivalent, Live, 3 Dose Schedule, For Subcutaneous Use	No
90589	Chikungunya Virus Vaccine, Live Attenuated, For Intramuscular Use	No
90593	Chikungunya Virus Vaccine, Recombinant, For Intramuscular Use	No
90611	Smallpox And Monkeypox Vaccine, Attenuated Vaccinia Virus, Live, Non-Replicating, Preservative Free, 0.5 Ml Dosage, Suspension, For Subcutaneous Use	No
90612	Influenza Virus Vaccine, Trivalent, And Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Mrna-Lnp, 31.7 Mcg/0.32 Ml Dosage, For Intramuscular Use	Yes
90613	Influenza Virus Vaccine, Quadrivalent, And Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Mrna-Lnp, 40 Mcg/0.4 Ml Dosage, For Intramuscular Use	Yes
90619	Meningococcal Conjugate Vaccine, Serogroups A, C, W, Y, Quadrivalent, Tetanus Toxoid Carrier (Menacwy-Tt), For Intramuscular Use	No
90620	Meningococcal Recombinant Protein And Outer Membrane Vesicle Vaccine, Serogroup B (Menb-4C), For Intramuscular Use	No
90621	Meningococcal Recombinant Lipoprotein Vaccine, Serogroup B (Menb-Fhbp), 2 Or 3 Dose Schedule, For Intramuscular Use	No
90622	Vaccinia (Smallpox) Virus Vaccine, Live, Lyophilized, 0.3 Ml Dosage, For Percutaneous Use	Yes
90623	Meningococcal Pentavalent Vaccine, Conjugated Men A, C, W, Y- Tetanus Toxoid Carrier, And Men B-Fhbp, For Intramuscular Use	No
90624	Meningococcal Pentavalent Vaccine, Men B-4C Recombinant Proteins And Outer Membrane Vesicle And Conjugated Men A, C, W, Y-Diphtheria Toxoid Carrier, For Intramuscular Use	Yes
90625	Cholera Vaccine, Live, Adult Dosage, 1 Dose Schedule, For Oral Use	No
90626	Tick-Borne Encephalitis Virus Vaccine, Inactivated; 0.25 Ml Dosage, For Intramuscular Use	No
90627	Tick-Borne Encephalitis Virus Vaccine, Inactivated; 0.5 Ml Dosage, For Intramuscular Use	No
90632	Hepatitis A Vaccine (Hepa), Adult Dosage, For Intramuscular Use	No
90633	Hepatitis A Vaccine (Hepa), Pediatric/Adolescent Dosage-2 Dose Schedule, For Intramuscular Use	No
90634	Hepatitis A Vaccine (Hepa), Pediatric/Adolescent Dosage-3 Dose Schedule, For Intramuscular Use	Yes
90635	Influenza Virus Vaccine, H5N1, Derived From Cell Cultures, Adjuvanted, For Intramuscular Use	Yes
90636	Hepatitis A And Hepatitis B Vaccine (Hepa-Hepb), Adult Dosage, For Intramuscular Use	No
90637	Influenza Virus Vaccine, Quadrivalent (Qirv), Mrna; 30 Mcg/0.5 Ml Dosage, For Intramuscular Use	Yes
90638	Influenza Virus Vaccine, Quadrivalent (Qirv), Mrna; 60 Mcg/0.5 Ml Dosage, For Intramuscular Use	Yes
90644	Meningococcal Conjugate Vaccine, Serogroups C & Y And Haemophilus Influenzae Type B Vaccine (Hib-Mency), 4 Dose Schedule, When Administered To Children 6 Weeks-18 Months Of Age, For Intramuscular Use	No
90647	Haemophilus Influenzae Type B Vaccine (Hib), Prp-Omp Conjugate, 3 Dose Schedule, For Intramuscular Use	No
90648	Haemophilus Influenzae Type B Vaccine (Hib), Prp-T Conjugate, 4 Dose Schedule, For Intramuscular Use	No
90649	Human Papillomavirus Vaccine, Types 6, 11, 16, 18, Quadrivalent (4Vhpv), 3 Dose Schedule, For Intramuscular Use	No
90650	Human Papillomavirus Vaccine, Types 16, 18, Bivalent (2vhpv), 3 Dose Schedule, For Intramuscular Use	No
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALENT (9VHPV), 2 OR 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	No
90653	Influenza Vaccine, Inactivated (Iiv), Subunit, Adjuvanted, For Intramuscular Use	No
90655	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	No
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	No
90657	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	No
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	No
90660	Influenza Virus Vaccine, Trivalent, Live (Laiv3), For Intranasal Use	No
90661	Influenza Virus Vaccine, Trivalent (Cciiv3), Derived From Cell Cultures, Subunit, Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use	No
90662	Influenza Virus Vaccine (Iiv), Split Virus, Preservative Free, Enhanced Immunogenicity Via Increased Antigen Content, For Intramuscular Use	No
90664	Influenza Virus Vaccine, Live (Laiv), Pandemic Formulation, For Intranasal Use	Yes

Procedure Code	Description	Prior Auth Required
90666	Influenza Virus Vaccine (Iiv), Pandemic Formulation, Split Virus, Preservative Free, For Intramuscular Use	Yes
90667	Influenza Virus Vaccine (Iiv), Pandemic Formulation, Split Virus, Adjuvanted, For Intramuscular Use	Yes
90668	Influenza Virus Vaccine (Iiv), Pandemic Formulation, Split Virus, For Intramuscular Use	Yes
90670	Pneumococcal Conjugate Vaccine, 13 Valent (Pcv13), For Intramuscular Use	No
90671	Pneumococcal Conjugate Vaccine, 15 Valent (Pcv15), For Intramuscular Use	No
90672	Influenza Virus Vaccine, Quadrivalent, Live (Laiv4), For Intranasal Use	No
90673	Influenza Virus Vaccine, Trivalent (Riv3), Derived From Recombinant DNA, Hemagglutinin (Ha) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use	No
90674	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use	No
90675	Rabies Vaccine, For Intramuscular Use	No
90676	Rabies Vaccine, For Intradermal Use	Yes
90677	Pneumococcal Conjugate Vaccine, 20 Valent (Pcv20), For Intramuscular Use	No
90678	Respiratory Syncytial Virus Vaccine, Pref, Subunit, Bivalent, For Intramuscular Use	No
90679	Respiratory Syncytial Virus Vaccine, PreF, Recombinant, Subunit, Adjuvanted, For Intramuscular Use	No
90680	Rotavirus Vaccine, Pentavalent (Rv5), 3 Dose Schedule, Live, For Oral Use	No
90681	Rotavirus Vaccine, Human, Attenuated (Rv1), 2 Dose Schedule, Live, For Oral Use	No
90682	Influenza Virus Vaccine, Quadrivalent (Riv4), Derived From Recombinant DNA, Hemagglutinin (Ha) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use	No
90683	Respiratory Syncytial Virus Vaccine, Mrna Lipid Nanoparticles, For Intramuscular Use	No
90684	Pneumococcal Conjugate Vaccine, 21 Valent (Pcv21), For Intramuscular Use	No
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	No
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	No
90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	No
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	No
90689	Influenza Virus Vaccine, Quadrivalent (Iiv4), Inactivated, Adjuvanted, Preservative Free, 0.25 Ml Dosage, For Intramuscular Use	No
90690	Typhoid Vaccine, Live, Oral	No
90691	Typhoid Vaccine, Vi Capsular Polysaccharide (Vicps), For Intramuscular Use	No
90694	Influenza Virus Vaccine, Quadrivalent (Aiiv4), Inactivated, Adjuvanted, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use	No
90696	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine And Inactivated Poliovirus Vaccine (Dtap-Ipv), When Administered To Children 4 Through 6 Years Of Age, For Intramuscular Use	No
90697	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Inactivated Poliovirus Vaccine, Haemophilus Influenzae Type B Prp-Omp Conjugate Vaccine, And Hepatitis B Vaccine (Dtap-Ipv-Hib-Hepb), For Intramuscular Use	No
90698	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Haemophilus Influenzae Type B, And Inactivated Poliovirus Vaccine, (Dtap-Ipv/Hib), For Intramuscular Use	No
90700	Diphtheria, Tetanus Toxoids, And Acellular Pertussis Vaccine (Dtap), When Administered To Individuals Younger Than 7 Years, For Intramuscular Use	No
90702	Diphtheria And Tetanus Toxoids Adsorbed (Dt) When Administered To Individuals Younger Than 7 Years, For Intramuscular Use	No
90707	Measles, Mumps And Rubella Virus Vaccine (Mmr), Live, For Subcutaneous Use	No
90710	Measles, Mumps, Rubella, And Varicella Vaccine (Mmrv), Live, For Subcutaneous Use	No
90713	Poliovirus Vaccine, Inactivated (Ipv), For Subcutaneous Or Intramuscular Use	No
90714	Tetanus And Diphtheria Toxoids Adsorbed (Td), Preservative Free, When Administered To Individuals 7 Years Or Older, For Intramuscular Use	No
90715	Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap), When Administered To Individuals 7 Years Or Older, For Intramuscular Use	No
90716	Varicella Virus Vaccine (Var), Live, For Subcutaneous Use	No
90717	Yellow Fever Vaccine, Live, For Subcutaneous Use	No
90723	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B, And Inactivated Poliovirus Vaccine (Dtap-Hepb-Ipv), For Intramuscular Use	No
90732	Pneumococcal Polysaccharide Vaccine, 23-Valent (Ppsv23), Adult Or Immunosuppressed Patient Dosage, When Administered To Individuals 2 Years Or Older, For Subcutaneous Or Intramuscular Use	No
90733	Meningococcal Polysaccharide Vaccine, Serogroups A, C, Y, W-135, Quadrivalent (Mpsv4), For Subcutaneous Use	No
90734	Meningococcal conjugate vaccine, serogroups a, c, w, y, quadrivalent, diphtheria toxoid carrier (menacwy-d) or crm197 carrier (menacwy-crm), for intramuscular use	No
90736	Zoster (Shingles) Vaccine (Hzv), Live, For Subcutaneous Injection	No
90738	Japanese Encephalitis Virus Vaccine, Inactivated, For Intramuscular Use	Yes
90739	Hepatitis B Vaccine (Hepb), Cpg-Adjuvanted, Adult Dosage, 2 Dose Or 4 Dose Schedule, For Intramuscular Use	No

Procedure Code	Description	Prior Auth Required
90740	Hepatitis B Vaccine (Hepb), Dialysis Or Immunosuppressed Patient Dosage, 3 Dose Schedule, For Intramuscular Use	No
90743	Hepatitis B Vaccine (Hepb), Adolescent, 2 Dose Schedule, For Intramuscular Use	No
90744	Hepatitis B Vaccine (Hepb), Pediatric/Adolescent Dosage, 3 Dose Schedule, For Intramuscular Use	No
90746	Hepatitis B Vaccine (Hepb), Adult Dosage, 3 Dose Schedule, For Intramuscular Use	No
90747	Hepatitis B Vaccine (Hepb), Dialysis Or Immunosuppressed Patient Dosage, 4 Dose Schedule, For Intramuscular Use	No
90748	Hepatitis B And Haemophilus Influenzae Type B Vaccine (Hib-Hepb), For Intramuscular Use	No
90749	Unlisted Vaccine/Toxoid	Yes
90750	Zoster (Shingles) Vaccine (Hzv), Recombinant, Subunit, Adjuvanted, For Intramuscular Use	No
90756	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use	No
90758	Zaire Ebolavirus Vaccine, Live, For Intramuscular Use	No
90759	Hepatitis B Vaccine (Hepb), 3-Antigen (S, Pre-S1, Pre-S2), 10 Mcg Dosage, 3 Dose Schedule, For Intramuscular Use	No
90785	Interactive Complexity (List Separately In Addition To The Code For Primary Procedure)	No
90791	Psychiatric Diagnostic Evaluation	No
90792	Psychiatric Diagnostic Evaluation With Medical Services	No
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	No
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	No
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	No
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	No
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	No
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	No
90839	Psychotherapy For Crisis; First 60 Minutes	No
90840	Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)	No
90845	Psychoanalysis	Yes
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	No
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 MINUTES	No
90849	Multiple-Family Group Psychotherapy	No
90853	Group Psychotherapy (Other Than Of A Multiple-Family Group)	No
90863	Pharmacologic Management, Including Prescription And Review Of Medication, When Performed With Psychotherapy Services (List Separately In Addition To The Code For Primary Procedure)	No
90865	Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (eg, Sodium Amobarbital (Amytal) Interview)	Yes
90867	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Delivery And Management	No
90868	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Delivery And Management, Per Session	No
90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management	No
90870	Electroconvulsive Therapy (Includes Necessary Monitoring)	Yes
90875	Individual Psychophysiological Therapy Incorporating Biofeedback Training By Any Modality (Face-To-Face With The Patient), With Psychotherapy (eg, Insight Oriented, Behavior Modifying Or Supportive Psychotherapy); 30 Minutes	Yes
90876	Individual Psychophysiological Therapy Incorporating Biofeedback Training By Any Modality (Face-To-Face With The Patient), With Psychotherapy (eg, Insight Oriented, Behavior Modifying Or Supportive Psychotherapy); 45 Minutes	Yes
90880	Hypnotherapy	No
90882	Environmental Intervention For Medical Management Purposes On A Psychiatric Patient's Behalf With Agencies, Employers, Or Institutions	Yes
90885	Psychiatric Evaluation Of Hospital Records, Other Psychiatric Reports, Psychometric And/Or Projective Tests, And Other Accumulated Data For Medical Diagnostic Purposes	Yes
90887	Interpretation Or Explanation Of Results Of Psychiatric, Other Medical Examinations And Procedures, Or Other Accumulated Data To Family Or Other Responsible Persons, Or Advising Them How To Assist Patient	Yes
90889	Preparation Of Report Of Patient's Psychiatric Status, History, Treatment, Or Progress (Other Than For Legal Or Consultative Purposes) For Other Individuals, Agencies, Or Insurance Carriers	Yes
90899	Unlisted Psychiatric Service Or Procedure	Yes
90901	Biofeedback Training By Any Modality	Yes
90912	Biofeedback Training, Perineal Muscles, Anorectal Or Urethral Sphincter, Including EMG And/Or Manometry, When Performed; Initial 15 Minutes Of One-On-One Physician Or Other Qualified Health Care Professional Contact With The Patient	Yes
90913	Biofeedback Training, Perineal Muscles, Anorectal Or Urethral Sphincter, Including EMG And/Or Manometry, When Performed; Each Additional 15 Minutes Of One-On-One Physician Or Other Qualified Health Care Professional Contact With The Patient (List Separate	Yes

Procedure Code	Description	Prior Auth Required
90935	Hemodialysis Procedure With Single Evaluation By A Physician Or Other Qualified Health Care Professional	No
90937	Hemodialysis Procedure Requiring Repeated Evaluation(s) With Or Without Substantial Revision Of Dialysis Prescription	No
90940	Hemodialysis Access Flow Study To Determine Blood Flow In Grafts And Arteriovenous Fistulae By An Indicator Method	No
90945	Dialysis Procedure Other Than Hemodialysis (eg, Peritoneal Dialysis, Hemofiltration, Or Other Continuous Renal Replacement Therapies), With Single Evaluation By A Physician Or Other Qualified Health Care Professional	No
90947	Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis, Hemofiltration, Or Other Continuous Renal Replacement Therapies) Requiring Repeated Evaluations By A Physician Or Other Qualified Health Care Professional, With Or Without Substantial Re	No
90951	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients Younger Than 2 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 4 Or More Face-To-Face Visits By A	No
90952	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients Younger Than 2 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 2-3 Face-To-Face Visits By A Physi	No
90953	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients Younger Than 2 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 1 Face-To-Face Visit By A Physicia	No
90954	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 2-11 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 4 Or More Face-To-Face Visits By A Physician	No
90955	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 2-11 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 2-3 Face-To-Face Visits By A Physician Or Ot	No
90956	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 2-11 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 1 Face-To-Face Visit By A Physician Or Other	No
90957	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 12-19 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 4 Or More Face-To-Face Visits By A Physicia	No
90958	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 12-19 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 2-3 Face-To-Face Visits By A Physician Or O	No
90959	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 12-19 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents; With 1 Face-To-Face Visit By A Physician Or Othe	No
90960	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 20 Years Of Age And Older; With 4 Or More Face-To-Face Visits By A Physician Or Other Qualified Health Care Professional Per Month	No
90961	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 20 Years Of Age And Older; With 2-3 Face-To-Face Visits By A Physician Or Other Qualified Health Care Professional Per Month	No
90962	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 20 Years Of Age And Older; With 1 Face-To-Face Visit By A Physician Or Other Qualified Health Care Professional Per Month	No
90963	End-Stage Renal Disease (Esrd) Related Services For Home Dialysis Per Full Month, For Patients Younger Than 2 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents	No
90964	End-Stage Renal Disease (Esrd) Related Services For Home Dialysis Per Full Month, For Patients 2-11 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents	No
90965	End-Stage Renal Disease (Esrd) Related Services For Home Dialysis Per Full Month, For Patients 12-19 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling Of Parents	No
90966	End-Stage Renal Disease (Esrd) Related Services For Home Dialysis Per Full Month, For Patients 20 Years Of Age And Older	No
90967	End-Stage Renal Disease (Esrd) Related Services For Dialysis Less Than A Full Month Of Service, Per Day; For Patients Younger Than 2 Years Of Age	No
90968	End-Stage Renal Disease (Esrd) Related Services For Dialysis Less Than A Full Month Of Service, Per Day; For Patients 2-11 Years Of Age	No
90969	End-Stage Renal Disease (Esrd) Related Services For Dialysis Less Than A Full Month Of Service, Per Day; For Patients 12-19 Years Of Age	No
90970	End-Stage Renal Disease (Esrd) Related Services For Dialysis Less Than A Full Month Of Service, Per Day; For Patients 20 Years Of Age And Older	No
90989	Dialysis Training, Patient, Including Helper Where Applicable, Any Mode, Completed Course	No
90993	Dialysis Training, Patient, Including Helper Where Applicable, Any Mode, Course Not Completed, Per Training Session	No
90997	Hemoperfusion (eg, With Activated Charcoal Or Resin)	No
90999	Unlisted Dialysis Procedure, Inpatient Or Outpatient	No

Procedure Code	Description	Prior Auth Required
91010	Esophageal Motility (Manometric Study Of The Esophagus And/Or Gastroesophageal Junction) Study With Interpretation And Report;	No
91013	Esophageal Motility (Manometric Study Of The Esophagus And/Or Gastroesophageal Junction) Study With Interpretation And Report; With Stimulation Or Perfusion (Eg, Stimulant, Acid Or Alkali Perfusion) (List Separately In Addition To Code For Primary Procedu	Yes
91020	Gastric Motility (Manometric) Studies	No
91022	Duodenal Motility (Manometric) Study	No
91030	Esophagus, Acid Perfusion (Bernstein) Test For Esophagitis	No
91034	Esophagus, Gastroesophageal Reflux Test; With Nasal Catheter Ph Electrode(s) Placement, Recording, Analysis And Interpretation	No
91035	Esophagus, Gastroesophageal Reflux Test; With Mucosal Attached Telemetry Ph Electrode Placement, Recording, Analysis And Interpretation	No
91037	Esophageal Function Test, Gastroesophageal Reflux Test With Nasal Catheter Intraluminal Impedance Electrode(s) Placement, Recording, Analysis And Interpretation;	No
91038	Esophageal Function Test, Gastroesophageal Reflux Test With Nasal Catheter Intraluminal Impedance Electrode(s) Placement, Recording, Analysis And Interpretation; Prolonged (Greater Than 1 Hour, Up To 24 Hours)	No
91040	Esophageal Balloon Distension Study, Diagnostic, With Provocation When Performed	No
91065	Breath Hydrogen Or Methane Test (eg, For Detection Of Lactase Deficiency, Fructose Intolerance, Bacterial Overgrowth, Or Oro-Cecal Gastrointestinal Transit)	No
91110	Gastrointestinal Tract Imaging, Intraluminal (eg, Capsule Endoscopy), Esophagus Through Ileum, With Interpretation And Report	Yes
91111	Gastrointestinal Tract Imaging, Intraluminal (eg, Capsule Endoscopy), Esophagus With Interpretation And Report	Yes
91112	Gastrointestinal Transit And Pressure Measurement, Stomach Through Colon, Wireless Capsule, With Interpretation And Report	No
91113	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Colon, With Interpretation And Report	Yes
91117	Colon Motility (Manometric) Study, Minimum 6 Hours Continuous Recording (Including Provocation Tests, eg, Meal, Intracolonic Balloon Distension, Pharmacologic Agents, If Performed), With Interpretation And Report	Yes
91124	Rectal Sensation, Tone, And Compliance Study (Eg, Barostat)	No
91125	Anorectal Manometry, With Rectal Sensation And Rectal Balloon Expulsion Test, When Performed	No
91132	Electrogastrography, Diagnostic, Transcutaneous;	No
91133	Electrogastrography, Diagnostic, Transcutaneous; With Provocative Testing	No
91200	Liver Elastography, Mechanically Induced Shear Wave (eg, Vibration), Without Imaging, With Interpretation And Report	No
91299	Unlisted Diagnostic Gastroenterology Procedure	No
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage, for intramuscular use	Yes
91304	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, 5 Mcg/0.5 Ml Dosage, For Intramuscular Use	Yes
91318	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Mrna-Lnp, Spike Protein, 3 Mcg/0.3 Ml Dosage, Tris-Sucrose Formulation, For Intramuscular Use	Yes
91319	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Mrna-Lnp, Spike Protein, 10 Mcg/0.3 Ml Dosage, Tris-Sucrose Formulation, For Intramuscular Use	Yes
91320	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Mrna-Lnp, Spike Protein, 30 Mcg/0.3 Ml Dosage, Tris-Sucrose Formulation, For Intramuscular Use	Yes
91321	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Mrna-Lnp, 25 Mcg/0.25 Ml Dosage, For Intramuscular Use	Yes
91322	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Mrna-Lnp, 50 Mcg/0.5 Ml Dosage, For Intramuscular Use	Yes
91323	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)(Coronavirus Disease [Covid-19]) Vaccine, Mrna-Lnp, 10Mcg/0.2 Ml Dosage, For Intramuscular Use	Yes
92002	Ophthalmological Services: Medical Examination And Evaluation With Initiation Of Diagnostic And Treatment Program; Intermediate, New Patient	No
92004	Ophthalmological Services: Medical Examination And Evaluation With Initiation Of Diagnostic And Treatment Program; Comprehensive, New Patient, 1 Or More Visits	No
92012	Ophthalmological Services: Medical Examination And Evaluation, With Initiation Or Continuation Of Diagnostic And Treatment Program; Intermediate, Established Patient	No
92014	Ophthalmological Services: Medical Examination And Evaluation, With Initiation Or Continuation Of Diagnostic And Treatment Program; Comprehensive, Established Patient, 1 Or More Visits	No
92015	Determination Of Refractive State	No

Procedure Code	Description	Prior Auth Required
92018	Ophthalmological Examination And Evaluation, Under General Anesthesia, With Or Without Manipulation Of Globe For Passive Range Of Motion Or Other Manipulation To Facilitate Diagnostic Examination; Complete	No
92019	Ophthalmological Examination And Evaluation, Under General Anesthesia, With Or Without Manipulation Of Globe For Passive Range Of Motion Or Other Manipulation To Facilitate Diagnostic Examination; Limited	No
92020	Gonioscopy (Separate Procedure)	No
92025	Computerized Corneal Topography, Unilateral Or Bilateral, With Interpretation And Report	No
92060	Sensorimotor Examination With Multiple Measurements Of Ocular Deviation (eg, Restrictive Or Paretic Muscle With Diplopia) With Interpretation And Report (Separate Procedure)	No
92065	Orthoptic Training; Performed By A Physician Or Other Qualified Health Care Professional	Yes
92066	Orthoptic Training; Under Supervision Of A Physician Or Other Qualified Health Care Professional	Yes
92071	Fitting Of Contact Lens For Treatment Of Ocular Surface Disease	Yes
92072	Fitting Of Contact Lens For Management Of Keratoconus, Initial Fitting	Yes
92081	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Limited Examination (eg, Tangent Screen, Autoplot, Arc Perimeter, Or Single Stimulus Level Automated Test, Such As Octopus 3 Or 7 Equivalent)	No
92082	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Intermediate Examination (Eg, At Least 2 Isopters On Goldmann Perimeter, Or Semiquantitative, Automated Suprathreshold Screening Program, Humphrey Suprathreshold Automatic	No
92083	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Extended Examination (Eg, Goldmann Visual Fields With At Least 3 Isopters Plotted And Static Determination Within The Central 30 Deg, Or Quantitative, Automated Threshold P	No
92100	Serial Tonometry (Separate Procedure) With Multiple Measurements Of Intraocular Pressure Over An Extended Time Period With Interpretation And Report, Same Day (eg, Diurnal Curve Or Medical Treatment Of Acute Elevation Of Intraocular Pressure)	No
92132	Computerized Ophthalmic Diagnostic Imaging (Eg, Optical Coherence Tomography [Oct]), Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral	No
92133	Computerized Ophthalmic Diagnostic Imaging (Eg, Optical Coherence Tomography [Oct]), Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve	No
92134	Computerized Ophthalmic Diagnostic Imaging (Eg, Optical Coherence Tomography [Oct]), Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina	No
92136	Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation	No
92137	Computerized Ophthalmic Diagnostic Imaging (Eg, Optical Coherence Tomography [Oct]), Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina, Including Oct Angiography	No
92145	Corneal Hysteresis Determination, By Air Impulse Stimulation, Unilateral Or Bilateral, With Interpretation And Report	Yes
92201	Ophthalmoscopy, Extended; With Retinal Drawing And Scleral Depression Of Peripheral Retinal Disease (Eg, For Retinal Tear, Retinal Detachment, Retinal Tumor) With Interpretation And Report, Unilateral Or Bilateral	No
92202	Ophthalmoscopy, Extended; With Drawing Of Optic Nerve Or Macula (Eg, For Glaucoma, Macular Pathology, Tumor) With Interpretation And Report, Unilateral Or Bilateral	No
92227	Imaging Of Retina For Detection Or Monitoring Of Disease; With Remote Clinical Staff Review And Report, Unilateral Or Bilateral	No
92228	Imaging Of Retina For Detection Or Monitoring Of Disease; With Remote Physician Or Other Qualified Health Care Professional Interpretation And Report, Unilateral Or Bilateral	No
92229	Imaging Of Retina For Detection Or Monitoring Of Disease; Point-Of-Care Autonomous Analysis And Report, Unilateral Or Bilateral	No
92230	Fluorescein Angioscopy With Interpretation And Report	No
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	No
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	No
92242	Fluorescein Angiography And Indocyanine-Green Angiography (Includes Multiframe Imaging) Performed At The Same Patient Encounter With Interpretation And Report, Unilateral Or Bilateral	No
92250	Fundus Photography With Interpretation And Report	No
92260	Ophthalmodynamometry	No
92265	Needle Oculoelectromyography, 1 Or More Extraocular Muscles, 1 Or Both Eyes, With Interpretation And Report	No
92270	Electro-Oculography With Interpretation And Report	No
92273	Electroretinography (Erg), With Interpretation And Report; Full Field (Ie, Fferg, Flash Erg, Ganzfeld Erg)	No
92274	Electroretinography (Erg), With Interpretation And Report; Multifocal (Mferg)	No
92283	Color Vision Examination, Extended, eg, Anomaloscope Or Equivalent	No
92284	Diagnostic Dark Adaptation Examination (Eg, Rod And Cone Sensitivities, Rod-Cone Breakpoint), With Interpretation And Report	Yes

Procedure Code	Description	Prior Auth Required
92285	External Ocular Photography With Interpretation And Report For Documentation Of Medical Progress (eg, Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography)	Yes
92286	Anterior Segment Imaging With Interpretation And Report; With Specular Microscopy And Endothelial Cell Analysis	Yes
92287	Anterior Segment Imaging With Interpretation And Report; With Fluorescein Angiography	Yes
92288	Screening Dark Adaptation Measurement (Eg, Rod Recovery Intercept Time), With Interpretation And Report	No
92310	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical Supervision Of Adaptation; Corneal Lens, Both Eyes, Except For Aphakia	No
92311	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical Supervision Of Adaptation; Corneal Lens For Aphakia, 1 Eye	No
92312	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical Supervision Of Adaptation; Corneal Lens For Aphakia, Both Eyes	No
92313	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical Supervision Of Adaptation; Corneoscleral Lens	No
92314	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician; Corneal Lens, Both Eyes Except For Aphakia	No
92315	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician; Corneal Lens For Aphakia, 1 Eye	No
92316	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician; Corneal Lens For Aphakia, Both Eyes	No
92317	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician; Corneoscleral Lens	No
92325	Modification Of Contact Lens (Separate Procedure), With Medical Supervision Of Adaptation	No
92326	Replacement Of Contact Lens	Yes
92340	Fitting Of Spectacles, Except For Aphakia; Monofocal	No
92341	Fitting Of Spectacles, Except For Aphakia; Bifocal	No
92342	Fitting Of Spectacles, Except For Aphakia; Multifocal, Other Than Bifocal	No
92352	Fitting Of Spectacle Prosthesis For Aphakia; Monofocal	No
92353	Fitting Of Spectacle Prosthesis For Aphakia; Multifocal	No
92354	Fitting Of Spectacle Mounted Low Vision Aid; Single Element System	Yes
92355	Fitting Of Spectacle Mounted Low Vision Aid; Telescopic Or Other Compound Lens System	Yes
92358	Prosthesis Service For Aphakia, Temporary (Disposable Or Loan, Including Materials)	Yes
92370	Repair And Refitting Spectacles; Except For Aphakia	No
92371	Repair And Refitting Spectacles; Spectacle Prosthesis For Aphakia	No
92499	Unlisted Ophthalmological Service Or Procedure	No
92502	Otolaryngologic Examination Under General Anesthesia	No
92504	Binocular Microscopy (Separate Diagnostic Procedure)	No
92507	Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Individual	No
92508	Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Group, 2 Or More Individuals	No
92511	Nasopharyngoscopy With Endoscope (Separate Procedure)	No
92512	Nasal Function Studies (eg, Rhinomanometry)	No
92516	Facial Nerve Function Studies (eg, Electroneuronography)	No
92517	Vestibular Evoked Myogenic Potential (VEMP) Testing, With Interpretation And Report; Cervical (Cvemp)	Yes
92518	Vestibular Evoked Myogenic Potential (VEMP) Testing, With Interpretation And Report; Ocular (Ovemp)	Yes
92519	Vestibular Evoked Myogenic Potential (VEMP) Testing, With Interpretation And Report; Cervical (Cvemp) And Ocular (Ovemp)	Yes
92520	Laryngeal Function Studies (Ie, Aerodynamic Testing And Acoustic Testing)	No
92521	Evaluation Of Speech Fluency (eg, Stuttering, Cluttering)	No
92522	Evaluation Of Speech Sound Production (eg, Articulation, Phonological Process, Apraxia, Dysarthria);	No
92523	Evaluation Of Speech Sound Production (eg, Articulation, Phonological Process, Apraxia, Dysarthria); With Evaluation Of Language Comprehension And Expression (eg, Receptive And Expressive Language)	No
92524	Behavioral And Qualitative Analysis Of Voice And Resonance	No
92526	Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding	No
92531	Spontaneous Nystagmus, Including Gaze	No
92532	Positional Nystagmus Test	No
92533	Caloric Vestibular Test, Each Irrigation (Binaural, Bithermal Stimulation Constitutes 4 Tests)	No
92534	Optokinetic Nystagmus Test	No
92537	Caloric Vestibular Test With Recording, Bilateral; Bithermal (Ie, One Warm And One Cool Irrigation In Each Ear For A Total Of Four Irrigations)	No
92538	Caloric Vestibular Test With Recording, Bilateral; Monothermal (Ie, One Irrigation In Each Ear For A Total Of Two Irrigations)	No

Procedure Code	Description	Prior Auth Required
92540	Basic Vestibular Evaluation, Includes Spontaneous Nystagmus Test With Eccentric Gaze Fixation Nystagmus, With Recording, Positional Nystagmus Test, Minimum Of 4 Positions, With Recording, Optokinetic Nystagmus Test, Bidirectional Foveal And Peripheral Sti	No
92541	Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording	No
92542	Positional Nystagmus Test, Minimum Of 4 Positions, With Recording	No
92544	Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording	No
92545	Oscillating Tracking Test, With Recording	No
92546	Sinusoidal Vertical Axis Rotational Testing	No
92547	Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure)	No
92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;	Yes
92549	Computerized Dynamic Posturography Sensory Organization Test (CDP-SOT), 6 Conditions (Ie, Eyes Open, Eyes Closed, Visual Sway, Platform Sway, Eyes Closed Platform Sway, Platform And Visual Sway), Including Interpretation And Report; With Motor Control Tes	Yes
92550	Tympanometry And Reflex Threshold Measurements	No
92551	Screening Test, Pure Tone, Air Only	No
92552	Pure Tone Audiometry (Threshold); Air Only	No
92553	Pure Tone Audiometry (Threshold); Air And Bone	No
92555	Speech Audiometry Threshold;	No
92556	Speech Audiometry Threshold; With Speech Recognition	No
92557	Comprehensive Audiometry Threshold Evaluation And Speech Recognition (92553 And 92556 Combined)	No
92558	Evoked Otoacoustic Emissions, Screening (Qualitative Measurement Of Distortion Product Or Transient Evoked Otoacoustic Emissions), Automated Analysis	No
92562	Loudness Balance Test, Alternate Binaural Or Monaural	No
92563	Tone Decay Test	No
92565	Stenger Test, Pure Tone	No
92567	Tympanometry (Impedance Testing)	No
92568	Acoustic Reflex Testing, Threshold	No
92570	Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing	No
92571	Filtered Speech Test	No
92572	Staggered Spondaic Word Test	No
92575	Sensorineural Acuity Level Test	No
92576	Synthetic Sentence Identification Test	No
92577	Stenger Test, Speech	No
92579	Visual Reinforcement Audiometry (Vra)	No
92582	Conditioning Play Audiometry	No
92583	Select Picture Audiometry	Yes
92584	Electrocochleography	Yes
92587	Distortion Product Evoked Otoacoustic Emissions; Limited Evaluation (To Confirm The Presence Or Absence Of Hearing Disorder, 3-6 Frequencies) Or Transient Evoked Otoacoustic Emissions, With Interpretation And Report	No
92588	Distortion Product Evoked Otoacoustic Emissions; Comprehensive Diagnostic Evaluation (Quantitative Analysis Of Outer Hair Cell Function By Cochlear Mapping, Minimum Of 12 Frequencies), With Interpretation And Report	No
92596	Ear Protector Attenuation Measurements	Yes
92597	Evaluation For Use And/Or Fitting Of Voice Prosthetic Device To Supplement Oral Speech	No
92601	Diagnostic Analysis Of Cochlear Implant, Patient Younger Than 7 Years Of Age; With Programming	No
92602	Diagnostic Analysis Of Cochlear Implant, Patient Younger Than 7 Years Of Age; Subsequent Reprogramming	No
92603	Diagnostic Analysis Of Cochlear Implant, Age 7 Years Or Older; With Programming	No
92604	Diagnostic Analysis Of Cochlear Implant, Age 7 Years Or Older; Subsequent Reprogramming	No
92605	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour	No
92606	Therapeutic Service(s) For The Use Of Non-Speech-Generating Device, Including Programming And Modification	No
92607	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour	No
92608	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	No
92609	Therapeutic Services For The Use Of Speech-Generating Device, Including Programming And Modification	No
92610	Evaluation Of Oral And Pharyngeal Swallowing Function	No
92611	Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording	No
92612	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING;	No
92613	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING; INTERPRETATION AND REPORT ONLY	No

Procedure Code	Description	Prior Auth Required
92614	FLEXIBLE ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;	No
92615	FLEXIBLE ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING; INTERPRETATION AND REPORT ONLY	No
92616	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;	No
92617	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING; INTERPRETATION AND REPORT ONLY	No
92618	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	No
92620	Evaluation Of Central Auditory Function, With Report; Initial 60 Minutes	Yes
92621	Evaluation Of Central Auditory Function, With Report; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Procedure)	Yes
92622	Diagnostic Analysis, Programming, And Verification Of An Auditory Osseointegrated Sound Processor, Any Type; First 60 Minutes	No
92623	Diagnostic Analysis, Programming, And Verification Of An Auditory Osseointegrated Sound Processor, Any Type; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Procedure)	No
92625	Assessment Of Tinnitus (Includes Pitch, Loudness Matching, And Masking)	No
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	No
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	No
92628	Evaluation For Hearing Aid Candidacy, Unilateral Or Bilateral, Including Review And Integration Of Audiologic Function Tests, Assessment, And Interpretation Of Hearing Needs (Eg, Speech-In-Noise, Suprathreshold Hearing Measures),	Yes
92629	Evaluation For Hearing Aid Candidacy, Unilateral Or Bilateral, Including Review And Integration Of Audiologic Function Tests, Assessment, And Interpretation Of Hearing Needs (Eg, Speech-In-Noise, Suprathreshold Hearing Measures),	Yes
92630	Auditory Rehabilitation; Prelingual Hearing Loss	Yes
92631	Hearing Aid Selection Services, Unilateral Or Bilateral, Including Review Of Audiologic Function Tests And Hearing Aid Candidacy Evaluation, Assessment Of Visual And Dexterity Limitations, And Psychosocial Factors, Establishment Of Device Type, Output	Yes
92632	Hearing Aid Selection Services, Unilateral Or Bilateral, Including Review Of Audiologic Function Tests And Hearing Aid Candidacy Evaluation, Assessment Of Visual And Dexterity Limitations, And Psychosocial Factors, Establishment Of Device Type,	Yes
92633	Auditory Rehabilitation; Postlingual Hearing Loss	Yes
92634	Hearing Aid Fitting Services, Unilateral Or Bilateral, Including Device Analysis, Programming, Verification, Counseling, Orientation, And Training, And, When Performed, Hearing Assistive Device, Supplemental Technology Fitting Services; First 60 Minutes	Yes
92635	Hearing Aid Fitting Services, Unilateral Or Bilateral, Including Device Analysis, Programming, Verification, Counseling, Orientation, And Training, And, When Performed, Hearing Assistive Device, Supplemental Technology Fitting Services; Each Additional	Yes
92636	Hearing Aid Post-Fitting Follow-Up Services, Unilateral Or Bilateral, Including Confirmation Of Physical Fit, Validation Of Patient Benefit And Performance, Sound Quality Of Device, Adjustment(S) (Eg, Verification, Programming Adjustment[S],	Yes
92637	Hearing Aid Post-Fitting Follow-Up Services, Unilateral Or Bilateral, Including Confirmation Of Physical Fit, Validation Of Patient Benefit And Performance, Sound Quality Of Device, Adjustment(S) (Eg, Verification, Programming Adjustment[S],	Yes
92638	Behavioral Verification Of Amplification Including Aided Thresholds, Functional Gain, Speech-In-Noise, When Performed (List Separately In Addition To Code For Primary Procedure)	Yes
92639	Hearing-Aid Measurement, Verification With Probe-Microphone (List Separately In Addition To Code For Primary Procedure)	Yes
92640	Diagnostic Analysis With Programming Of Auditory Brainstem Implant, Per Hour	Yes
92641	Hearing Device Verification, Electroacoustic Analysis	Yes
92642	Hearing Assistive Device, Supplemental Technology Fitting Services (Eg, Personal Frequency Modulation [Fm]/Digital Modulation [Dm] System, Remote Microphone, Alerting Devices)	Yes
92650	Auditory Evoked Potentials; Screening Of Auditory Potential With Broadband Stimuli, Automated Analysis	No
92651	Auditory Evoked Potentials; For Hearing Status Determination, Broadband Stimuli, With Interpretation And Report	No
92652	Auditory Evoked Potentials; For Threshold Estimation At Multiple Frequencies, With Interpretation And Report	No
92653	Auditory Evoked Potentials; Neurodiagnostic, With Interpretation And Report	No
92700	Unlisted Otorhinolaryngological Service Or Procedure	Yes
92920	Percutaneous Transluminal Coronary Angioplasty; Single Major Coronary Artery Or Branch	Yes
92924	Percutaneous Transluminal Coronary Atherectomy, With Coronary Angioplasty When Performed; Single Major Coronary Artery Or Branch	Yes
92928	Percutaneous Transcatheter Placement Of Intracoronary Stent(s), With Coronary Angioplasty When Performed; Single Major Coronary Artery Or Branch	Yes

Procedure Code	Description	Prior Auth Required
92930	Percutaneous Transcatheter Placement Of Intracoronary Stent(S), With Coronary Angioplasty When Performed, Single Major Coronary Artery And/Or Its Branch(Es); 2 Or More Distinct Coronary Lesions With 2 Or More Coronary Stents Deployed In 2 Or More	Yes
92933	Percutaneous Transluminal Coronary Atherectomy, With Intracoronary Stent, With Coronary Angioplasty When Performed; Single Major Coronary Artery Or Branch	Yes
92937	Percutaneous Transluminal Revascularization Of Or Through Coronary Artery Bypass Graft (Internal Mammary, Free Arterial, Venous), Any Combination Of Intracoronary Stent, Atherectomy And Angioplasty, Including Distal Protection When Performed; Single Vesse	Yes
92941	Percutaneous Transluminal Revascularization Of Acute Total/Subtotal Occlusion During Acute Myocardial Infarction, Coronary Artery Or Coronary Artery Bypass Graft, Any Combination Of Intracoronary Stent, Atherectomy And Angioplasty, Including Aspiration Th	Yes
92943	Percutaneous Transluminal Revascularization Of Chronic Total Occlusion, Coronary Artery, Coronary Artery Branch, Or Coronary Artery Bypass Graft, Any Combination Of Intracoronary Stent, Atherectomy And Angioplasty; Single Vessel	Yes
92945	Percutaneous Transluminal Revascularization Of Chronic Total Occlusion, Single Coronary Artery, Coronary Artery Branch, Or Coronary Artery Bypass Graft, And/Or Subtended Major Coronary Artery Branches Of The Bypass Graft, Any Combination Of	Yes
92950	Cardiopulmonary Resuscitation (eg, In Cardiac Arrest)	No
92953	Temporary Transcutaneous Pacing	No
92960	Cardioversion, Elective, Electrical Conversion Of Arrhythmia; External	No
92961	Cardioversion, Elective, Electrical Conversion Of Arrhythmia; Internal (Separate Procedure)	No
92970	Cardioassist-Method Of Circulatory Assist; Internal	No
92971	Cardioassist-Method Of Circulatory Assist; External	No
92972	Percutaneous Transluminal Coronary Lithotripsy (List Separately In Addition To Code For Primary Procedure)	Yes
92973	Percutaneous Transluminal Coronary Thrombectomy Mechanical (List Separately In Addition To Code For Primary Procedure)	Yes
92974	Transcatheter Placement Of Radiation Delivery Device For Subsequent Coronary Intravascular Brachytherapy (List Separately In Addition To Code For Primary Procedure)	Yes
92978	Endoluminal Imaging Of Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report; Initial Vess	No
92979	Endoluminal Imaging Of Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report; Each Additio	No
92986	Percutaneous Balloon Valvuloplasty; Aortic Valve	No
92987	Percutaneous Balloon Valvuloplasty; Mitral Valve	No
92990	Percutaneous Balloon Valvuloplasty; Pulmonary Valve	No
92997	Percutaneous Transluminal Pulmonary Artery Balloon Angioplasty; Single Vessel	Yes
92998	Percutaneous Transluminal Pulmonary Artery Balloon Angioplasty; Each Additional Vessel (List Separately In Addition To Code For Primary Procedure)	Yes
93000	Electrocardiogram, Routine Ecg With At Least 12 Leads; With Interpretation And Report	No
93005	Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report	No
93010	Electrocardiogram, Routine Ecg With At Least 12 Leads; Interpretation And Report Only	No
93015	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or Pharmacological Stress; With Supervision, Interpretation And Report	No
93016	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or Pharmacological Stress; Supervision Only, Without Interpretation And Report	No
93017	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or Pharmacological Stress; Tracing Only, Without Interpretation And Report	No
93018	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or Pharmacological Stress; Interpretation And Report Only	No
93024	Ergonovine Provocation Test	No
93025	Microvolt T-Wave Alternans For Assessment Of Ventricular Arrhythmias	No
93040	Rhythm Ecg, 1-3 Leads; With Interpretation And Report	No
93041	Rhythm Ecg, 1-3 Leads; Tracing Only Without Interpretation And Report	No
93042	Rhythm Ecg, 1-3 Leads; Interpretation And Report Only	No
93050	Arterial Pressure Waveform Analysis For Assessment Of Central Arterial Pressures, Includes Obtaining Waveform(S), Digitization And Application Of Nonlinear Mathematical Transformations To Determine Central Arterial Pressures And Augmentation Index, With I	No
93145	Interrogation Device Evaluation (In Person), Carotid Sinus Baroreflex Activation Therapy (Bat) Modulation System Including Telemetric Iterative Communication With The Implantable Device To Monitor Device Diagnostics And Programmed Therapy Values,	Yes
93146	Interrogation Device Evaluation (In Person), Carotid Sinus Baroreflex Activation Therapy (Bat) Modulation System Including Telemetric Iterative Communication With The Implantable Device To Monitor Device Diagnostics And Programmed Therapy Values,	Yes

Procedure Code	Description	Prior Auth Required
93150	Therapy Activation Of Implanted Phrenic Nerve Stimulator System, Including All Interrogation And Programming	No
93151	Interrogation And Programming (Minimum One Parameter) Of Implanted Phrenic Nerve Stimulator System	No
93152	Interrogation And Programming Of Implanted Phrenic Nerve Stimulator System During Polysomnography	No
93153	Interrogation Without Programming Of Implanted Phrenic Nerve Stimulator System	No
93224	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And Storage; Includes Recording, Scanning Analysis With Report, Review And Interpretation By A Physician Or Other Qualified Health Care Professional	No
93225	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And Storage; Recording (Includes Connection, Recording, And Disconnection)	No
93226	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And Storage; Scanning Analysis With Report	No
93227	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And Storage; Review And Interpretation By A Physician Or Other Qualified Health Care Professional	No
93228	External Mobile Cardiovascular Telemetry With Electrocardiographic Recording, Concurrent Computerized Real Time Data Analysis And Greater Than 24 Hours Of Accessible Ecg Data Storage (Retrievable With Query) With Ecg Triggered And Patient Selected Events	No
93229	External Mobile Cardiovascular Telemetry With Electrocardiographic Recording, Concurrent Computerized Real Time Data Analysis And Greater Than 24 Hours Of Accessible Ecg Data Storage (Retrievable With Query) With Ecg Triggered And Patient Selected Events	No
93241	External Electrocardiographic Recording For More Than 48 Hours Up To 7 Days By Continuous Rhythm Recording And Storage; Includes Recording, Scanning Analysis With Report, Review And Interpretation	No
93242	External Electrocardiographic Recording For More Than 48 Hours Up To 7 Days By Continuous Rhythm Recording And Storage; Recording (Includes Connection And Initial Recording)	No
93243	External Electrocardiographic Recording For More Than 48 Hours Up To 7 Days By Continuous Rhythm Recording And Storage; Scanning Analysis With Report	No
93244	External Electrocardiographic Recording For More Than 48 Hours Up To 7 Days By Continuous Rhythm Recording And Storage; Review And Interpretation	No
93245	External Electrocardiographic Recording For More Than 7 Days Up To 15 Days By Continuous Rhythm Recording And Storage; Includes Recording, Scanning Analysis With Report, Review And Interpretation	No
93246	External Electrocardiographic Recording For More Than 7 Days Up To 15 Days By Continuous Rhythm Recording And Storage; Recording (Includes Connection And Initial Recording)	No
93247	External Electrocardiographic Recording For More Than 7 Days Up To 15 Days By Continuous Rhythm Recording And Storage; Scanning Analysis With Report	No
93248	External Electrocardiographic Recording For More Than 7 Days Up To 15 Days By Continuous Rhythm Recording And Storage; Review And Interpretation	No
93260	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	No
93261	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient Encounter; Implantable Subcutaneous Lead Defibrillator Sy	No
93264	Remote Monitoring Of A Wireless Pulmonary Artery Pressure Sensor For Up To 30 Days, Including At Least Weekly Downloads Of Pulmonary Artery Pressure Recordings, Interpretation(S), Trend Analysis, And Report(S) By A Physician Or Other Qualified Health Care	No
93268	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Includes Transmission, Review And Interpr	No
93270	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Recording (Includes Connection, Recording	No
93271	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Transmission And Analysis	No
93272	External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Review And Interpretation By A Physician	No
93278	Signal-Averaged Electrocardiography (Saecg), With Or Without Ecg	No
93279	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	No
93280	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	No
93281	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	No

Procedure Code	Description	Prior Auth Required
93282	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	No
93283	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	No
93284	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	No
93285	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Review And Report By A Physician Or Other Qualified Health Care	No
93286	Peri-Procedural Device Evaluation (In Person) And Programming Of Device System Parameters Before Or After A Surgery, Procedure, Or Test With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional; Single, Dual, Or Multiple	No
93287	Peri-Procedural Device Evaluation (In Person) And Programming Of Device System Parameters Before Or After A Surgery, Procedure, Or Test With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional; Single, Dual, Or Multiple	No
93288	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient Encounter; Single, Dual, Or Multiple Lead Pacemaker Syste	No
93289	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient Encounter; Single, Dual, Or Multiple Lead Transvenous Imp	No
93290	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient Encounter; Implantable Cardiovascular Physiologic Monitor	No
93291	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient Encounter; Subcutaneous Cardiac Rhythm Monitor System, In	No
93292	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient Encounter; Wearable Defibrillator System	No
93293	Transtelephonic Rhythm Strip Pacemaker Evaluation(S) Single, Dual, Or Multiple Lead Pacemaker System, Includes Recording With And Without Magnet Application With Analysis, Review And Report(S) By A Physician Or Other Qualified Health Care Professional, Up	No
93294	Interrogation Device Evaluation(S) (Remote), Up To 90 Days; Single, Dual, Or Multiple Lead Pacemaker System, Or Leadless Pacemaker System With Interim Analysis, Review(S) And Report(S) By A Physician Or Other Qualified Health Care Professional	No
93295	Interrogation Device Evaluation(s) (Remote), Up To 90 Days; Single, Dual, Or Multiple Lead Implantable Defibrillator System With Interim Analysis, Review(s) And Report(s) By A Physician Or Other Qualified Health Care Professional	No
93296	Interrogation Device Evaluation(S) (Remote), Up To 90 Days; Single, Dual, Or Multiple Lead Pacemaker System, Leadless Pacemaker System, Or Implantable Defibrillator System, Remote Data Acquisition(S), Receipt Of Transmissions And Technician Review, Techni	No
93297	Interrogation Device Evaluation(S), (Remote) Up To 30 Days; Implantable Cardiovascular Physiologic Monitor System, Including Analysis Of 1 Or More Recorded Physiologic Cardiovascular Data Elements From All Internal And External Sensors, Analysis, Review(S	No
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	No
93303	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Complete	No
93304	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Follow-Up Or Limited Study	No
93306	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler Echocardiography	No
93307	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, Complete, Without Spectral Or Color Doppler Echocardiography	No
93308	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode Recording, When Performed, Follow-Up Or Limited Study	No
93312	Echocardiography, Transesophageal, Real-Time With Image Documentation (2d) (With Or Without M-Mode Recording); Including Probe Placement, Image Acquisition, Interpretation And Report	No
93313	Echocardiography, Transesophageal, Real-Time With Image Documentation (2d) (With Or Without M-Mode Recording); Placement Of Transesophageal Probe Only	Yes
93314	Echocardiography, Transesophageal, Real-Time With Image Documentation (2d) (With Or Without M-Mode Recording); Image Acquisition, Interpretation And Report Only	Yes
93315	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Including Probe Placement, Image Acquisition, Interpretation And Report	No
93316	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Placement Of Transesophageal Probe Only	Yes

Procedure Code	Description	Prior Auth Required
93317	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Image Acquisition, Interpretation And Report Only	Yes
93318	Echocardiography, Transesophageal (Tee) For Monitoring Purposes, Including Probe Placement, Real Time 2-Dimensional Image Acquisition And Interpretation Leading To Ongoing (Continuous) Assessment Of (Dynamically Changing) Cardiac Pumping Function And To T	No
93319	3D Echocardiographic Imaging And Postprocessing During Transesophageal Echocardiography, Or During Transthoracic Echocardiography For Congenital Cardiac Anomalies, For The Assessment Of Cardiac Structure(S) (Eg, Cardiac Chambers And Valves, Left Atrial Ap	No
93320	Doppler Echocardiography, Pulsed Wave And/Or Continuous Wave With Spectral Display (List Separately In Addition To Codes For Echocardiographic Imaging); Complete	No
93321	Doppler Echocardiography, Pulsed Wave And/Or Continuous Wave With Spectral Display (List Separately In Addition To Codes For Echocardiographic Imaging); Follow-Up Or Limited Study (List Separately In Addition To Codes For Echocardiographic Imaging)	No
93325	Doppler Echocardiography Color Flow Velocity Mapping (List Separately In Addition To Codes For Echocardiography)	No
93350	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise And/Or Pharmacologically Induced Stress, With Interpretation	No
93351	Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise And/Or Pharmacologically Induced Stress, With Interpretation	No
93352	Use Of Echocardiographic Contrast Agent During Stress Echocardiography (List Separately In Addition To Code For Primary Procedure)	No
93355	Echocardiography, Transesophageal (Tee) For Guidance Of A Transcatheter Intracardiac Or Great Vessel(S) Structural Intervention(S) (Eg,Tavr, Transcatheter Pulmonary Valve Replacement, Mitral Valve Repair, Paravalvular Regurgitation Repair, Left Atrial App	No
93356	Myocardial Strain Imaging Using Speckle Tracking-Derived Assessment Of Myocardial Mechanics (List Separately In Addition To Codes For Echocardiography Imaging)	No
93451	Right Heart Catheterization Including Measurement(s) Of Oxygen Saturation And Cardiac Output, When Performed	Yes
93452	Left Heart Catheterization Including Intraprocedural Injection(s) For Left Ventriculography, Imaging Supervision And Interpretation, When Performed	Yes
93453	Combined Right And Left Heart Catheterization Including Intraprocedural Injection(s) For Left Ventriculography, Imaging Supervision And Interpretation, When Performed	Yes
93454	Catheter Placement In Coronary Artery(s) For Coronary Angiography, Including Intraprocedural Injection(s) For Coronary Angiography, Imaging Supervision And Interpretation;	Yes
93455	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Ven	Yes
93456	Catheter Placement In Coronary Artery(s) For Coronary Angiography, Including Intraprocedural Injection(s) For Coronary Angiography, Imaging Supervision And Interpretation; With Right Heart Catheterization	Yes
93457	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Ven	Yes
93458	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ven	No
93459	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ven	No
93460	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Right And Left Heart Catheterization Including Intraprocedural Injection(S) Fo	Yes
93461	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Right And Left Heart Catheterization Including Intraprocedural Injection(S) Fo	No
93462	Left Heart Catheterization By Transseptal Puncture Through Intact Septum Or By Transapical Puncture (List Separately In Addition To Code For Primary Procedure)	Yes
93463	Pharmacologic Agent Administration (Eg, Inhaled Nitric Oxide, Intravenous Infusion Of Nitroprusside, Dobutamine, Milrinone, Or Other Agent) Including Assessing Hemodynamic Measurements Before, During, After And Repeat Pharmacologic Agent Administration, W	No
93464	Physiologic Exercise Study (eg, Bicycle Or Arm Ergometry) Including Assessing Hemodynamic Measurements Before And After (List Separately In Addition To Code For Primary Procedure)	No
93503	Insertion And Placement Of Flow Directed Catheter (eg, Swan-Ganz) For Monitoring Purposes	No
93505	Endomyocardial Biopsy	No
93563	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Coronary Angiography During Congenital Heart Catheterization (List Separately In Addition To Code For Primary Procedure)	Yes
93564	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Opacification Of Aortocoronary Venous Or Arterial Bypass Graft(S) (Eg, Aortocoronary Saphenous Vein, Free Radial Artery, Or Free Ma	Yes

Procedure Code	Description	Prior Auth Required
93565	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Left Ventricular Or Left Atrial Angiography (List Separately In Addition To Code For Primary Procedure)	Yes
93566	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Right Ventricular Or Right Atrial Angiography (List Separately In Addition To Code For Primary Procedure)	Yes
93567	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Supravalvular Aortography (List Separately In Addition To Code For Primary Procedure)	No
93568	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Nonselective Pulmonary Arterial Angiography (List Separately In Addition To Code For Primary Procedure)	Yes
93569	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Pulmonary Arterial Angiography, Unilateral (List Separately In Addition To Code For Primary Procedure)	Yes
93571	Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress, When Performed; Initial Vessel (List Separately In Addition To Code	No
93572	Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress, When Performed; Each Additional Vessel (List Separately In Addition	No
93573	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Pulmonary Arterial Angiography, Bilateral (List Separately In Addition To Code For Primary Procedure)	Yes
93574	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Pulmonary Venous Angiography Of Each Distinct Pulmonary Vein During Cardiac Catheterization (List Separately In Addition To Code Fo	Yes
93575	Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Pulmonary Angiography Of Major Aortopulmonary Collateral Arteries (Mapcas) Arising Off The Aorta Or Its Systemic Branches, During C	Yes
93580	Percutaneous Transcatheter Closure Of Congenital Interatrial Communication (Ie, Fontan Fenestration, Atrial Septal Defect) With Implant	Yes
93581	Percutaneous Transcatheter Closure Of A Congenital Ventricular Septal Defect With Implant	Yes
93582	Percutaneous Transcatheter Closure Of Patent Ductus Arteriosus	Yes
93583	Percutaneous Transcatheter Septal Reduction Therapy (eg, Alcohol Septal Ablation) Including Temporary Pacemaker Insertion When Performed	Yes
93584	Venography For Congenital Heart Defect(S), Including Catheter Placement, And Radiological Supervision And Interpretation; Anomalous Or Persistent Superior Vena Cava When It Exists As A Second Contralateral Superior Vena Cava, With Native Drainage To Heart	Yes
93585	Venography For Congenital Heart Defect(S), Including Catheter Placement, And Radiological Supervision And Interpretation; Azygos/Hemiazygos Venous System (List Separately In Addition To Code For Primary Procedure)	Yes
93586	Venography For Congenital Heart Defect(S), Including Catheter Placement, And Radiological Supervision And Interpretation; Coronary Sinus (List Separately In Addition To Code For Primary Procedure)	Yes
93587	Venography For Congenital Heart Defect(S), Including Catheter Placement, And Radiological Supervision And Interpretation; Venovenous Collaterals Originating At Or Above The Heart (Eg, From Innominate Vein) (List Separately In Addition To Code For Primary	Yes
93588	Venography For Congenital Heart Defect(S), Including Catheter Placement, And Radiological Supervision And Interpretation; Venovenous Collaterals Originating Below The Heart (Eg, From The Inferior Vena Cava) (List Separately In Addition To Code For Primary	Yes
93590	Percutaneous Transcatheter Closure Of Paravalvular Leak; Initial Occlusion Device, Mitral Valve	No
93591	Percutaneous Transcatheter Closure Of Paravalvular Leak; Initial Occlusion Device, Aortic Valve	No
93592	Percutaneous Transcatheter Closure Of Paravalvular Leak; Each Additional Occlusion Device (List Separately In Addition To Code For Primary Procedure)	No
93593	Right Heart Catheterization For Congenital Heart Defect(S) Including Imaging Guidance By The Proceduralist To Advance The Catheter To The Target Zone; Normal Native Connections	Yes
93594	Right Heart Catheterization For Congenital Heart Defect(S) Including Imaging Guidance By The Proceduralist To Advance The Catheter To The Target Zone; Abnormal Native Connections	Yes
93595	Left Heart Catheterization For Congenital Heart Defect(S) Including Imaging Guidance By The Proceduralist To Advance The Catheter To The Target Zone, Normal Or Abnormal Native Connections	Yes
93596	Right And Left Heart Catheterization For Congenital Heart Defect(S) Including Imaging Guidance By The Proceduralist To Advance The Catheter To The Target Zone(S); Normal Native Connections	Yes
93597	Right And Left Heart Catheterization For Congenital Heart Defect(S) Including Imaging Guidance By The Proceduralist To Advance The Catheter To The Target Zone(S); Abnormal Native Connections	Yes
93598	Cardiac Output Measurement(S), Thermodilution Or Other Indicator Dilution Method, Performed During Cardiac Catheterization For The Evaluation Of Congenital Heart Defects (List Separately In Addition To Code For Primary Procedure)	Yes
93600	Bundle Of His Recording	Yes

Procedure Code	Description	Prior Auth Required
93602	Intra-Atrial Recording	Yes
93603	Right Ventricular Recording	Yes
93609	Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(s) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure)	No
93610	Intra-Atrial Pacing	Yes
93612	Intraventricular Pacing	Yes
93613	Intracardiac Electrophysiologic 3-Dimensional Mapping (List Separately In Addition To Code For Primary Procedure)	Yes
93615	Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(s);	No
93616	Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(s); With Pacing	No
93618	Induction Of Arrhythmia By Electrical Pacing	Yes
93619	Comprehensive Electrophysiologic Evaluation With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bundle Recording, Including Insertion And Repositioning Of Multiple Electrode Catheters, Without Induction Or Attempted Inducti	Yes
93620	Comprehensive Electrophysiologic Evaluation Including Insertion And Repositioning Of Multiple Electrode Catheters With Induction Or Attempted Induction Of Arrhythmia; With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bund	Yes
93621	Comprehensive Electrophysiologic Evaluation Including Insertion And Repositioning Of Multiple Electrode Catheters With Induction Or Attempted Induction Of Arrhythmia; With Left Atrial Pacing And Recording From Coronary Sinus Or Left Atrium (List Separatel	Yes
93622	Comprehensive Electrophysiologic Evaluation Including Insertion And Repositioning Of Multiple Electrode Catheters With Induction Or Attempted Induction Of Arrhythmia; With Left Ventricular Pacing And Recording (List Separately In Addition To Code For Prim	Yes
93623	Programmed Stimulation And Pacing After Intravenous Drug Infusion (List Separately In Addition To Code For Primary Procedure)	No
93624	Electrophysiologic Follow-Up Study With Pacing And Recording To Test Effectiveness Of Therapy, Including Induction Or Attempted Induction Of Arrhythmia	No
93631	Intra-Operative Epicardial And Endocardial Pacing And Mapping To Localize The Site Of Tachycardia Or Zone Of Slow Conduction For Surgical Correction	No
93640	Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads Including Defibrillation Threshold Evaluation (Induction Of Arrhythmia, Evaluation Of Sensing And Pacing For Arrhythmia Termination) At Time Of Initial Implant	No
93641	Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads Including Defibrillation Threshold Evaluation (Induction Of Arrhythmia, Evaluation Of Sensing And Pacing For Arrhythmia Termination) At Time Of Initial Implant	No
93642	Electrophysiologic Evaluation Of Single Or Dual Chamber Transvenous Pacing Cardioverter-Defibrillator (Includes Defibrillation Threshold Evaluation, Induction Of Arrhythmia, Evaluation Of Sensing And Pacing For Arrhythmia Termination, And Programming Or R	No
93644	Electrophysiologic Evaluation Of Subcutaneous Implantable Defibrillator (Includes Defibrillation Threshold Evaluation, Induction Of Arrhythmia, Evaluation Of Sensing For Arrhythmia Termination, And Programming Or Reprogramming Of Sensing Or Therapeutic Pa	No
93650	Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For Creation Of Complete Heart Block, With Or Without Temporary Pacemaker Placement	No
93653	Comprehensive Electrophysiologic Evaluation With Insertion And Repositioning Of Multiple Electrode Catheters, Induction Or Attempted Induction Of An Arrhythmia With Right Atrial Pacing And Recording And Catheter Ablation Of Arrhythmogenic Focus, Including	Yes
93654	Comprehensive Electrophysiologic Evaluation With Insertion And Repositioning Of Multiple Electrode Catheters, Induction Or Attempted Induction Of An Arrhythmia With Right Atrial Pacing And Recording And Catheter Ablation Of Arrhythmogenic Focus, Including	Yes
93655	Intracardiac Catheter Ablation Of A Discrete Mechanism Of Arrhythmia Which Is Distinct From The Primary Ablated Mechanism, Including Repeat Diagnostic Maneuvers, To Treat A Spontaneous Or Induced Arrhythmia (List Separately In Addition To Code For Primary	No
93656	Comprehensive Electrophysiologic Evaluation With Transseptal Catheterizations, Insertion And Repositioning Of Multiple Electrode Catheters, Induction Or Attempted Induction Of An Arrhythmia Including Left Or Right Atrial Pacing/Recording, And Intracardiac	Yes
93657	Additional Linear Or Focal Intracardiac Catheter Ablation Of The Left Or Right Atrium For Treatment Of Atrial Fibrillation Remaining After Completion Of Pulmonary Vein Isolation (List Separately In Addition To Code For Primary Procedure)	No
93660	Evaluation Of Cardiovascular Function With Tilt Table Evaluation, With Continuous Ecg Monitoring And Intermittent Blood Pressure Monitoring, With Or Without Pharmacological Intervention	No
93662	Intracardiac Echocardiography During Therapeutic/Diagnostic Intervention, Including Imaging Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	No
93668	Peripheral Arterial Disease (Pad) Rehabilitation, Per Session	Yes
93701	Bioimpedance-Derived Physiologic Cardiovascular Analysis	Yes
93702	Bioimpedance Spectroscopy (Bis), Extracellular Fluid Analysis For Lymphedema Assessment(s)	No
93724	Electronic Analysis Of Antitachycardia Pacemaker System (Includes Electrocardiographic Recording, Programming Of Device, Induction And Termination Of Tachycardia Via Implanted Pacemaker, And Interpretation Of Recordings)	No
93740	Temperature Gradient Studies	Yes

Procedure Code	Description	Prior Auth Required
93745	Initial Set-Up And Programming By A Physician Or Other Qualified Health Care Professional Of Wearable Cardioverter-Defibrillator Includes Initial Programming Of System, Establishing Baseline Electronic Ecg, Transmission Of Data To Data Repository, Patient	No
93750	Interrogation Of Ventricular Assist Device (Vad), In Person, With Physician Or Other Qualified Health Care Professional Analysis Of Device Parameters (Eg, Drivelines, Alarms, Power Surges), Review Of Device Function (Eg, Flow And Volume Status, Septum Sta	No
93770	Determination Of Venous Pressure	Yes
93784	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	No
93786	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only	No
93788	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report	No
93790	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report	No
93792	Patient/Caregiver Training For Initiation Of Home International Normalized Ratio (Inr) Monitoring Under The Direction Of A Physician Or Other Qualified Health Care Professional, Face-To-Face, Including Use And Care Of The Inr Monitor, Obtaining Blood Samp	Yes
93793	Anticoagulant Management For A Patient Taking Warfarin, Must Include Review And Interpretation Of A New Home, Office, Or Lab International Normalized Ratio (Inr) Test Result, Patient Instructions, Dosage Adjustment (As Needed), And Scheduling Of Additiona	No
93797	Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; Without Continuous Ecg Monitoring (Per Session)	No
93798	Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; With Continuous Ecg Monitoring (Per Session)	No
93799	Unlisted Cardiovascular Service Or Procedure	No
93880	Duplex Scan Of Extracranial Arteries; Complete Bilateral Study	No
93882	Duplex Scan Of Extracranial Arteries; Unilateral Or Limited Study	No
93886	Transcranial Doppler Study Of The Intracranial Arteries; Complete Study	No
93888	Transcranial Doppler Study Of The Intracranial Arteries; Limited Study	No
93892	Transcranial Doppler Study Of The Intracranial Arteries; Emboli Detection Without Intravenous Microbubble Injection	No
93893	Transcranial Doppler Study Of The Intracranial Arteries; Venous-Arterial Shunt Detection With Intravenous Microbubble Injection	No
93895	Quantitative Carotid Intima Media Thickness And Carotid Atheroma Evaluation, Bilateral	Yes
93896	Vasoreactivity Study Performed With Transcranial Doppler Study Of Intracranial Arteries, Complete (List Separately In Addition To Code For Primary Procedure)	No
93897	Emboli Detection Without Intravenous Microbubble Injection Performed With Transcranial Doppler Study Of Intracranial Arteries, Complete (List Separately In Addition To Code For Primary Procedure)	No
93898	Venous-Arterial Shunt Detection With Intravenous Microbubble Injection Performed With Transcranial Doppler Study Of Intracranial Arteries, Complete (List Separately In Addition To Code For Primary Procedure)	No
93922	Limited Bilateral Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries, (Eg, For Lower Extremity: Ankle/Brachial Indices At Distal Posterior Tibial And Anterior Tibial/Dorsalis Pedis Arteries Plus Bidirectional, Doppler Waveform Recording	No
93923	Complete Bilateral Noninvasive Physiologic Studies Of Upper Or Lower Extremity Arteries, 3 Or More Levels (Eg, For Lower Extremity: Ankle/Brachial Indices At Distal Posterior Tibial And Anterior Tibial/Dorsalis Pedis Arteries Plus Segmental Blood Pressure	No
93924	Noninvasive Physiologic Studies Of Lower Extremity Arteries, At Rest And Following Treadmill Stress Testing, (Ie, Bidirectional Doppler Waveform Or Volume Plethysmography Recording And Analysis At Rest With Ankle/Brachial Indices Immediately After And At	No
93925	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	No
93926	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study	No
93930	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	No
93931	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study	No
93970	Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study	No
93971	Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study	No
93975	Duplex Scan Of Arterial Inflow And Venous Outflow Of Abdominal, Pelvic, Scrotal Contents And/Or Retroperitoneal Organs; Complete Study	No
93976	Duplex Scan Of Arterial Inflow And Venous Outflow Of Abdominal, Pelvic, Scrotal Contents And/Or Retroperitoneal Organs; Limited Study	No
93978	Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study	No
93979	Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Unilateral Or Limited Study	No
93980	Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study	Yes
93981	Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study	Yes

Procedure Code	Description	Prior Auth Required
93985	Duplex Scan Of Arterial Inflow And Venous Outflow For Preoperative Vessel Assessment Prior To Creation Of Hemodialysis Access; Complete Bilateral Study	No
93986	Duplex Scan Of Arterial Inflow And Venous Outflow For Preoperative Vessel Assessment Prior To Creation Of Hemodialysis Access; Complete Unilateral Study	No
93990	Duplex Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow)	No
93998	Unlisted Noninvasive Vascular Diagnostic Study	Yes
94002	Ventilation Assist And Management, Initiation Of Pressure Or Volume Preset Ventilators For Assisted Or Controlled Breathing; Hospital Inpatient/Observation, Initial Day	No
94003	Ventilation Assist And Management, Initiation Of Pressure Or Volume Preset Ventilators For Assisted Or Controlled Breathing; Hospital Inpatient/Observation, Each Subsequent Day	No
94004	Ventilation Assist And Management, Initiation Of Pressure Or Volume Preset Ventilators For Assisted Or Controlled Breathing; Nursing Facility, Per Day	Yes
94005	Home Ventilator Management Care Plan Oversight Of A Patient (Patient Not Present) In Home, Domiciliary Or Rest Home (Eg, Assisted Living) Requiring Review Of Status, Review Of Laboratories And Other Studies And Revision Of Orders And Respiratory Care Plan	Yes
94010	Spirometry, Including Graphic Record, Total And Timed Vital Capacity, Expiratory Flow Rate Measurement(s), With Or Without Maximal Voluntary Ventilation	No
94011	Measurement Of Spirometric Forced Expiratory Flows In An Infant Or Child Through 2 Years Of Age	No
94012	Measurement Of Spirometric Forced Expiratory Flows, Before And After Bronchodilator, In An Infant Or Child Through 2 Years Of Age	No
94013	Measurement Of Lung Volumes (Ie, Functional Residual Capacity [Frc], Forced Vital Capacity [Fvc], And Expiratory Reserve Volume [Erv]) In An Infant Or Child Through 2 Years Of Age	No
94014	Patient-Initiated Spirometric Recording Per 30-Day Period Of Time; Includes Reinforced Education, Transmission Of Spirometric Tracing, Data Capture, Analysis Of Transmitted Data, Periodic Recalibration And Review And Interpretation By A Physician Or Other	No
94015	Patient-Initiated Spirometric Recording Per 30-Day Period Of Time; Recording (Includes Hook-Up, Reinforced Education, Data Transmission, Data Capture, Trend Analysis, And Periodic Recalibration)	No
94016	Patient-Initiated Spirometric Recording Per 30-Day Period Of Time; Review And Interpretation Only By A Physician Or Other Qualified Health Care Professional	No
94060	Bronchodilation Responsiveness, Spirometry As In 94010, Pre- And Post-Bronchodilator Administration	No
94070	Bronchospasm Provocation Evaluation, Multiple Spirometric Determinations As In 94010, With Administered Agents (eg, Antigen[s], Cold Air, Methacholine)	Yes
94150	Vital Capacity, Total (Separate Procedure)	No
94200	Maximum Breathing Capacity, Maximal Voluntary Ventilation	No
94375	Respiratory Flow Volume Loop	No
94450	Breathing Response To Hypoxia (Hypoxia Response Curve)	No
94452	High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional;	Yes
94453	High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional; With Supplemental Oxygen Titration	Yes
94610	Intrapulmonary Surfactant Administration By A Physician Or Other Qualified Health Care Professional Through Endotracheal Tube	Yes
94617	Exercise Test For Bronchospasm, Including Pre- And Post-Spirometry And Pulse Oximetry; With Electrocardiographic Recording(S)	No
94618	Pulmonary Stress Testing (eg, 6-Minute Walk Test), Including Measurement Of Heart Rate, Oximetry, And Oxygen Titration, When Performed	No
94619	Exercise Test For Bronchospasm, Including Pre- And Post-Spirometry And Pulse Oximetry; Without Electrocardiographic Recording(S)	No
94621	Cardiopulmonary Exercise Testing, Including Measurements Of Minute Ventilation, Co2 Production, O2 Uptake, And Electrocardiographic Recordings	No
94625	Physician Or Other Qualified Health Care Professional Services For Outpatient Pulmonary Rehabilitation; Without Continuous Oximetry Monitoring (Per Session)	No
94626	Physician Or Other Qualified Health Care Professional Services For Outpatient Pulmonary Rehabilitation; With Continuous Oximetry Monitoring (Per Session)	No
94640	Pressurized Or Nonpressurized Inhalation Treatment For Acute Airway Obstruction For Therapeutic Purposes And/Or For Diagnostic Purposes Such As Sputum Induction With An Aerosol Generator, Nebulizer, Metered Dose Inhaler Or Intermittent Positive Pressure B	No
94642	Aerosol Inhalation Of Pentamidine For Pneumocystis Carinii Pneumonia Treatment Or Prophylaxis	No
94644	Continuous Inhalation Treatment With Aerosol Medication For Acute Airway Obstruction; First Hour	No
94645	Continuous Inhalation Treatment With Aerosol Medication For Acute Airway Obstruction; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	No
94660	Continuous Positive Airway Pressure Ventilation (Cpap), Initiation And Management	No
94664	Demonstration And/Or Evaluation Of Patient Utilization Of An Aerosol Generator, Nebulizer, Metered Dose Inhaler Or IPPB Device	No
94667	Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function; Initial Demonstration And/Or Evaluation	No

Procedure Code	Description	Prior Auth Required
94668	Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function; Subsequent	No
94669	Mechanical Chest Wall Oscillation To Facilitate Lung Function, Per Session	No
94680	Oxygen Uptake, Expired Gas Analysis; Rest And Exercise, Direct, Simple	No
94681	Oxygen Uptake, Expired Gas Analysis; Including Co2 Output, Percentage Oxygen Extracted	No
94690	Oxygen Uptake, Expired Gas Analysis; Rest, Indirect (Separate Procedure)	No
94726	Plethysmography For Determination Of Lung Volumes And, When Performed, Airway Resistance	No
94727	Gas Dilution Or Washout For Determination Of Lung Volumes And, When Performed, Distribution Of Ventilation And Closing Volumes	No
94728	Airway resistance by oscillometry	Yes
94729	Diffusing Capacity (eg, Carbon Monoxide, Membrane) (List Separately In Addition To Code For Primary Procedure)	No
94760	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation; Single Determination	No
94761	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation; Multiple Determinations (eg, During Exercise)	Yes
94762	Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation; By Continuous Overnight Monitoring (Separate Procedure)	Yes
94772	Circadian Respiratory Pattern Recording (Pediatric Pneumogram), 12-24 Hour Continuous Recording, Infant	No
94774	Pediatric Home Apnea Monitoring Event Recording Including Respiratory Rate, Pattern And Heart Rate Per 30-Day Period Of Time; Includes Monitor Attachment, Download Of Data, Review, Interpretation, And Preparation Of A Report By A Physician Or Other Qualif	Yes
94775	Pediatric Home Apnea Monitoring Event Recording Including Respiratory Rate, Pattern And Heart Rate Per 30-Day Period Of Time; Monitor Attachment Only (Includes Hook-Up, Initiation Of Recording And Disconnection)	Yes
94776	Pediatric Home Apnea Monitoring Event Recording Including Respiratory Rate, Pattern And Heart Rate Per 30-Day Period Of Time; Monitoring, Download Of Information, Receipt Of Transmission(s) And Analyses By Computer Only	Yes
94777	Pediatric Home Apnea Monitoring Event Recording Including Respiratory Rate, Pattern And Heart Rate Per 30-Day Period Of Time; Review, Interpretation And Preparation Of Report Only By A Physician Or Other Qualified Health Care Professional	Yes
94780	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	Yes
94781	Car Seat/Bed Testing For Airway Integrity, For Infants Through 12 Months Of Age, With Continual Clinical Staff Observation And Continuous Recording Of Pulse Oximetry, Heart Rate And Respiratory Rate, With Interpretation And Report; Each Additional Full 30	Yes
94799	Unlisted Pulmonary Service Or Procedure	No
95004	Percutaneous Tests (Scratch, Puncture, Prick) With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	No
95012	Nitric Oxide Expired Gas Determination	Yes
95017	Allergy Testing, Any Combination Of Percutaneous (Scratch, Puncture, Prick) And Intracutaneous (Intradermal), Sequential And Incremental, With Venoms, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	No
95018	Allergy Testing, Any Combination Of Percutaneous (Scratch, Puncture, Prick) And Intracutaneous (Intradermal), Sequential And Incremental, With Drugs Or Biologicals, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	No
95024	Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	No
95027	Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	No
95028	Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests	No
95044	Patch Or Application Test(s) (Specify Number Of Tests)	No
95052	Photo Patch Test(s) (Specify Number Of Tests)	No
95056	Photo Tests	No
95060	Ophthalmic Mucous Membrane Tests	No
95065	Direct Nasal Mucous Membrane Test	No
95070	Inhalation Bronchial Challenge Testing (Not Including Necessary Pulmonary Function Tests), With Histamine, Methacholine, Or Similar Compounds	No
95076	Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, eg, Food, Drug Or Other Substance); Initial 120 Minutes Of Testing	No
95079	Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, eg, Food, Drug Or Other Substance); Each Additional 60 Minutes Of Testing (List Separately In Addition To Code For Primary Procedure)	No
95115	Professional Services For Allergen Immunotherapy Not Including Provision Of Allergenic Extracts; Single Injection	No
95117	Professional Services For Allergen Immunotherapy Not Including Provision Of Allergenic Extracts; 2 Or More Injections	No

Procedure Code	Description	Prior Auth Required
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
95144	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy, Single Dose Vial(s) (Specify Number Of Vials)	No
95145	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Single Stinging Insect Venom	Yes
95146	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); 2 Single Stinging Insect Venoms	Yes
95147	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); 3 Single Stinging Insect Venoms	Yes
95148	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); 4 Single Stinging Insect Venoms	Yes
95149	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); 5 Single Stinging Insect Venoms	Yes
95165	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy; Single Or Multiple Antigens (Specify Number Of Doses)	Yes
95170	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy; Whole Body Extract Of Biting Insect Or Other Arthropod (Specify Number Of Doses)	No
95180	Rapid Desensitization Procedure, Each Hour (eg, Insulin, Penicillin, Equine Serum)	No
95199	Unlisted Allergy/Clinical Immunologic Service Or Procedure	No
95249	Ambulatory Continuous Glucose Monitoring Of Interstitial Tissue Fluid Via A Subcutaneous Sensor For A Minimum Of 72 Hours; Patient-Provided Equipment, Sensor Placement, Hook-Up, Calibration Of Monitor, Patient Training, And Printout Of Recording	Yes
95250	Ambulatory Continuous Glucose Monitoring Of Interstitial Tissue Fluid Via A Subcutaneous Sensor For A Minimum Of 72 Hours; Physician Or Other Qualified Health Care Professional (Office) Provided Equipment, Sensor Placement, Hook-Up, Calibration Of Monitor	No
95251	Ambulatory Continuous Glucose Monitoring Of Interstitial Tissue Fluid Via A Subcutaneous Sensor For A Minimum Of 72 Hours; Analysis, Interpretation And Report	No
95700	Electroencephalogram (EEG) Continuous Recording, With Video When Performed, Setup, Patient Education, And Takedown When Performed, Administered In Person By EEG Technologist, Minimum Of 8 Channels	No
95705	Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG Technologist, 2-12 Hours; Unmonitored	No
95706	Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG Technologist, 2-12 Hours; With Intermittent Monitoring And Maintenance	No
95707	Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG Technologist, 2-12 Hours; With Continuous, Real-Time Monitoring And Maintenance	No
95708	Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG Technologist, Each Increment Of 12-26 Hours; Unmonitored	No
95709	Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG Technologist, Each Increment Of 12-26 Hours; With Intermittent Monitoring And Maintenance	No
95710	Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG Technologist, Each Increment Of 12-26 Hours; With Continuous, Real-Time Monitoring And Maintenance	No
95711	Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, 2-12 Hours; Unmonitored	No
95712	Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, 2-12 Hours; With Intermittent Monitoring And Maintenance	No
95713	Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, 2-12 Hours; With Continuous, Real-Time Monitoring And Maintenance	No
95714	Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, Each Increment Of 12-26 Hours; Unmonitored	No

Procedure Code	Description	Prior Auth Required
95715	Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, Each Increment Of 12-26 Hours; With Intermittent Monitoring And Maintenance	No
95716	Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, Each Increment Of 12-26 Hours; With Continuous, Real-Time Monitoring And Maintenance	No
95717	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation And Report, 2-12 Hours Of EEG Recording; Without Video	No
95718	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation And Report, 2-12 Hours Of EEG Recording; With Video (VEEG)	No
95719	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Each Increment Of Greater Than 12 Hours, Up To 26 Hours Of EEG Recording, Interpret	No
95720	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Each Increment Of Greater Than 12 Hours, Up To 26 Hours Of EEG Recording, Interpret	No
95721	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And Summary Report, Complete Study; Greater Than 36 Hours, Up To 60	No
95722	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And Summary Report, Complete Study; Greater Than 36 Hours, Up To 60	No
95723	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And Summary Report, Complete Study; Greater Than 60 Hours, Up To 84	No
95724	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And Summary Report, Complete Study; Greater Than 60 Hours, Up To 84	No
95725	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And Summary Report, Complete Study; Greater Than 84 Hours Of EEG Re	No
95726	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And Summary Report, Complete Study; Greater Than 84 Hours Of EEG Re	No
95782	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	No
95783	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation, Attended By A Technologist	Yes
95800	Sleep Study, Unattended, Simultaneous Recording; Heart Rate, Oxygen Saturation, Respiratory Analysis (eg, By Airflow Or Peripheral Arterial Tone), And Sleep Time	No
95801	Sleep Study, Unattended, Simultaneous Recording; Minimum Of Heart Rate, Oxygen Saturation, And Respiratory Analysis (eg, By Airflow Or Peripheral Arterial Tone)	No
95803	Actigraphy Testing, Recording, Analysis, Interpretation, And Report (Minimum Of 72 Hours To 14 Consecutive Days Of Recording)	Yes
95805	Multiple Sleep Latency Or Maintenance Of Wakefulness Testing, Recording, Analysis And Interpretation Of Physiological Measurements Of Sleep During Multiple Trials To Assess Sleepiness	Yes
95806	Sleep Study, Unattended, Simultaneous Recording Of, Heart Rate, Oxygen Saturation, Respiratory Airflow, And Respiratory Effort (eg, Thoracoabdominal Movement)	Yes
95807	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, Ecg Or Heart Rate, And Oxygen Saturation, Attended By A Technologist	Yes
95808	Polysomnography; Any Age, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist	Yes
95810	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist	No
95811	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist	No
95812	Electroencephalogram (Eeg) Extended Monitoring; 41-60 Minutes	No
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	No
95816	Electroencephalogram (Eeg); Including Recording Awake And Drowsy	No
95819	Electroencephalogram (Eeg); Including Recording Awake And Asleep	No
95822	Electroencephalogram (Eeg); Recording In Coma Or Sleep Only	No
95824	Electroencephalogram (Eeg); Cerebral Death Evaluation Only	No
95829	Electrocorticogram At Surgery (Separate Procedure)	No
95830	Insertion By Physician Or Other Qualified Health Care Professional Of Sphenoidal Electrodes For Electroencephalographic (Eeg) Recording	No
95836	Electrocorticogram From An Implanted Brain Neurostimulator Pulse Generator/Transmitter, Including Recording, With Interpretation And Written Report, Up To 30 Days	No

Procedure Code	Description	Prior Auth Required
95851	Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine)	No
95852	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side	No
95857	Cholinesterase Inhibitor Challenge Test For Myasthenia Gravis	No
95860	Needle Electromyography; 1 Extremity With Or Without Related Paraspinal Areas	No
95861	Needle Electromyography; 2 Extremities With Or Without Related Paraspinal Areas	Yes
95863	Needle Electromyography; 3 Extremities With Or Without Related Paraspinal Areas	Yes
95864	Needle Electromyography; 4 Extremities With Or Without Related Paraspinal Areas	Yes
95865	Needle Electromyography; Larynx	Yes
95866	Needle Electromyography; Hemidiaphragm	Yes
95867	Needle Electromyography; Cranial Nerve Supplied Muscle(s), Unilateral	No
95868	Needle Electromyography; Cranial Nerve Supplied Muscles, Bilateral	Yes
95869	Needle Electromyography; Thoracic Paraspinal Muscles (Excluding T1 Or T12)	Yes
95870	Needle Electromyography; Limited Study Of Muscles In 1 Extremity Or Non-Limb (Axial) Muscles (Unilateral Or Bilateral), Other Than Thoracic Paraspinal, Cranial Nerve Supplied Muscles, Or Sphincters	Yes
95872	Needle Electromyography Using Single Fiber Electrode, With Quantitative Measurement Of Jitter, Blocking And/Or Fiber Density, Any/All Sites Of Each Muscle Studied	No
95873	Electrical Stimulation For Guidance In Conjunction With Chemodenervation (List Separately In Addition To Code For Primary Procedure)	Yes
95874	Needle Electromyography For Guidance In Conjunction With Chemodenervation (List Separately In Addition To Code For Primary Procedure)	Yes
95875	Ischemic Limb Exercise Test With Serial Specimen(s) Acquisition For Muscle(s) Metabolite(s)	Yes
95885	Needle Electromyography, Each Extremity, With Related Paraspinal Areas, When Performed, Done With Nerve Conduction, Amplitude And Latency/Velocity Study; Limited (List Separately In Addition To Code For Primary Procedure)	No
95886	Needle Electromyography, Each Extremity, With Related Paraspinal Areas, When Performed, Done With Nerve Conduction, Amplitude And Latency/Velocity Study; Complete, Five Or More Muscles Studied, Innervated By Three Or More Nerves Or Four Or More Spinal Lev	No
95887	Needle Electromyography, Non-Extremity (Cranial Nerve Supplied Or Axial) Muscle(s) Done With Nerve Conduction, Amplitude And Latency/Velocity Study (List Separately In Addition To Code For Primary Procedure)	No
95905	Motor And/Or Sensory Nerve Conduction, Using Preconfigured Electrode Array(s), Amplitude And Latency/Velocity Study, Each Limb, Includes F-Wave Study When Performed, With Interpretation And Report	Yes
95907	Nerve Conduction Studies; 1-2 Studies	No
95908	Nerve Conduction Studies; 3-4 Studies	No
95909	Nerve Conduction Studies; 5-6 Studies	No
95910	Nerve Conduction Studies; 7-8 Studies	No
95911	Nerve Conduction Studies; 9-10 Studies	No
95912	Nerve Conduction Studies; 11-12 Studies	No
95913	Nerve Conduction Studies; 13 Or More Studies	No
95919	Quantitative Pupillometry With Physician Or Other Qualified Health Care Professional Interpretation And Report, Unilateral Or Bilateral	Yes
95921	Testing Of Autonomic Nervous System Function; Cardiovagal Innervation (Parasympathetic Function), Including 2 Or More Of The Following: Heart Rate Response To Deep Breathing With Recorded R-R Interval, Valsalva Ratio, And 30:15 Ratio	Yes
95922	Testing Of Autonomic Nervous System Function; Vasomotor Adrenergic Innervation (Sympathetic Adrenergic Function), Including Beat-To-Beat Blood Pressure And R-R Interval Changes During Valsalva Maneuver And At Least 5 Minutes Of Passive Tilt	Yes
95923	Testing Of Autonomic Nervous System Function; Sudomotor, Including 1 Or More Of The Following: Quantitative Sudomotor Axon Reflex Test (Qsart), Silastic Sweat Imprint, Thermoregulatory Sweat Test, And Changes In Sympathetic Skin Potential	Yes
95924	Testing Of Autonomic Nervous System Function; Combined Parasympathetic And Sympathetic Adrenergic Function Testing With At Least 5 Minutes Of Passive Tilt	Yes
95925	Short-Latency Somatosensory Evoked Potential Study, Stimulation Of Any/All Peripheral Nerves Or Skin Sites, Recording From The Central Nervous System; In Upper Limbs	No
95926	Short-Latency Somatosensory Evoked Potential Study, Stimulation Of Any/All Peripheral Nerves Or Skin Sites, Recording From The Central Nervous System; In Lower Limbs	No
95927	Short-Latency Somatosensory Evoked Potential Study, Stimulation Of Any/All Peripheral Nerves Or Skin Sites, Recording From The Central Nervous System; In The Trunk Or Head	No
95928	Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Upper Limbs	No
95929	Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Lower Limbs	No
95930	Visual Evoked Potential (Vep) Checkerboard Or Flash Testing, Central Nervous System Except Glaucoma, With Interpretation And Report	No
95933	Orbicularis Oculi (Blink) Reflex, By Electrodiagnostic Testing	Yes
95937	Neuromuscular Junction Testing (Repetitive Stimulation, Paired Stimuli), Each Nerve, Any 1 Method	No
95938	Short-Latency Somatosensory Evoked Potential Study, Stimulation Of Any/All Peripheral Nerves Or Skin Sites, Recording From The Central Nervous System; In Upper And Lower Limbs	No

Procedure Code	Description	Prior Auth Required
95939	Central Motor Evoked Potential Study (Transcranial Motor Stimulation); In Upper And Lower Limbs	No
95940	Continuous Intraoperative Neurophysiology Monitoring In The Operating Room, One On One Monitoring Requiring Personal Attendance, Each 15 Minutes (List Separately In Addition To Code For Primary Procedure)	Yes
95941	Continuous Intraoperative Neurophysiology Monitoring, From Outside The Operating Room (Remote Or Nearby) Or For Monitoring Of More Than One Case While In The Operating Room, Per Hour (List Separately In Addition To Code For Primary Procedure)	Yes
95954	Pharmacological Or Physical Activation Requiring Physician Or Other Qualified Health Care Professional Attendance During Eeg Recording Of Activation Phase (eg, Thiopental Activation Test)	Yes
95955	Electroencephalogram (Eeg) During Nonintracranial Surgery (eg, Carotid Surgery)	No
95957	Digital Analysis Of Electroencephalogram (Eeg) (eg, For Epileptic Spike Analysis)	No
95958	Wada Activation Test For Hemispheric Function, Including Electroencephalographic (Eeg) Monitoring	No
95961	Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface, Or Of Depth Electrodes, To Provoke Seizures Or Identify Vital Brain Structures; Initial Hour Of Attendance By A Physician Or Other Qualified Health	Yes
95962	Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface, Or Of Depth Electrodes, To Provoke Seizures Or Identify Vital Brain Structures; Each Additional Hour Of Attendance By A Physician Or Other Qualifie	Yes
95965	Magnetoencephalography (Meg), Recording And Analysis; For Spontaneous Brain Magnetic Activity (eg, Epileptic Cerebral Cortex Localization)	Yes
95966	Magnetoencephalography (Meg), Recording And Analysis; For Evoked Magnetic Fields, Single Modality (eg, Sensory, Motor, Language, Or Visual Cortex Localization)	Yes
95967	Magnetoencephalography (Meg), Recording And Analysis; For Evoked Magnetic Fields, Each Additional Modality (eg, Sensory, Motor, Language, Or Visual Cortex Localization) (List Separately In Addition To Code For Primary Procedure)	Yes
95970	Electronic Analysis Of Implanted Neurostimulator Pulse Generator/Transmitter (Eg, Contact Group[S], Interleaving, Amplitude, Pulse Width, Frequency [Hz], On/Off Cycling, Burst, Magnet Mode, Dose Lockout, Patient Selectable Parameters, Responsive Neurostim	No
95971	Electronic Analysis Of Implanted Neurostimulator Pulse Generator/Transmitter (Eg, Contact Group[S], Interleaving, Amplitude, Pulse Width, Frequency [Hz], On/Off Cycling, Burst, Magnet Mode, Dose Lockout, Patient Selectable Parameters, Responsive Neurostim	No
95972	Electronic Analysis Of Implanted Neurostimulator Pulse Generator/Transmitter (Eg, Contact Group[S], Interleaving, Amplitude, Pulse Width, Frequency [Hz], On/Off Cycling, Burst, Magnet Mode, Dose Lockout, Patient Selectable Parameters, Responsive Neurostim	No
95976	Electronic Analysis Of Implanted Neurostimulator Pulse Generator/Transmitter (Eg, Contact Group[S], Interleaving, Amplitude, Pulse Width, Frequency [Hz], On/Off Cycling, Burst, Magnet Mode, Dose Lockout, Patient Selectable Parameters, Responsive Neurostim	No
95977	Electronic Analysis Of Implanted Neurostimulator Pulse Generator/Transmitter (Eg, Contact Group[S], Interleaving, Amplitude, Pulse Width, Frequency [Hz], On/Off Cycling, Burst, Magnet Mode, Dose Lockout, Patient Selectable Parameters, Responsive Neurostim	No
95980	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric N	Yes
95981	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric N	Yes
95982	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric N	Yes
95983	Electronic Analysis Of Implanted Neurostimulator Pulse Generator/Transmitter (Eg, Contact Group[S], Interleaving, Amplitude, Pulse Width, Frequency [Hz], On/Off Cycling, Burst, Magnet Mode, Dose Lockout, Patient Selectable Parameters, Responsive Neurostim	No
95984	Electronic Analysis Of Implanted Neurostimulator Pulse Generator/Transmitter (Eg, Contact Group[S], Interleaving, Amplitude, Pulse Width, Frequency [Hz], On/Off Cycling, Burst, Magnet Mode, Dose Lockout, Patient Selectable Parameters, Responsive Neurostim	No
95990	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular), Includes Electronic Analysis Of Pump, When Performed;	No
95991	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular), Includes Electronic Analysis Of Pump, When Performed; Requiring Skill Of A Physician Or Other Qualified Health Care P	No
95992	Canalith Repositioning Procedure(s) (eg, Epley Maneuver, Semont Maneuver), Per Day	No
95999	Unlisted Neurological Or Neuromuscular Diagnostic Procedure	No
96000	Comprehensive Computer-Based Motion Analysis By Video-Taping And 3d Kinematics;	Yes
96001	Comprehensive Computer-Based Motion Analysis By Video-Taping And 3d Kinematics; With Dynamic Plantar Pressure Measurements During Walking	Yes
96002	Dynamic Surface Electromyography, During Walking Or Other Functional Activities, 1-12 Muscles	Yes

Procedure Code	Description	Prior Auth Required
96004	Review And Interpretation By Physician Or Other Qualified Health Care Professional Of Comprehensive Computer-Based Motion Analysis, Dynamic Plantar Pressure Measurements, Dynamic Surface Electromyography During Walking Or Other Functional Activities, And	Yes
96020	Neurofunctional Testing Selection And Administration During Noninvasive Imaging Functional Brain Mapping, With Test Administered Entirely By A Physician Or Other Qualified Health Care Professional (Ie, Psychologist), With Review Of Test Results And Report	No
96041	Medical Genetics And Genetic Counseling Services, Each 30 Minutes Of Total Time Provided By The Genetic Counselor On The Date Of The Encounter	Yes
96105	Assessment Of Aphasia (Includes Assessment Of Expressive And Receptive Speech And Language Function, Language Comprehension, Speech Production Ability, Reading, Spelling, Writing, Eg, By Boston Diagnostic Aphasia Examination) With Interpretation And Repor	No
96110	Developmental Screening (eg, Developmental Milestone Survey, Speech And Language Delay Screen), With Scoring And Documentation, Per Standardized Instrument	No
96112	Developmental Test Administration (Including Assessment Of Fine And/Or Gross Motor, Language, Cognitive Level, Social, Memory And/Or Executive Functions By Standardized Developmental Instruments When Performed), By Physician Or Other Qualified Health Care	No
96113	Developmental Test Administration (Including Assessment Of Fine And/Or Gross Motor, Language, Cognitive Level, Social, Memory And/Or Executive Functions By Standardized Developmental Instruments When Performed), By Physician Or Other Qualified Health Care	No
96116	Neurobehavioral Status Exam (Clinical Assessment Of Thinking, Reasoning And Judgment, [Eg, Acquired Knowledge, Attention, Language, Memory, Planning And Problem Solving, And Visual Spatial Abilities]), By Physician Or Other Qualified Health Care Professio	No
96121	Neurobehavioral Status Exam (Clinical Assessment Of Thinking, Reasoning And Judgment, [Eg, Acquired Knowledge, Attention, Language, Memory, Planning And Problem Solving, And Visual Spatial Abilities]), By Physician Or Other Qualified Health Care Professio	No
96125	Standardized Cognitive Performance Testing (Eg, Ross Information Processing Assessment) Per Hour Of A Qualified Health Care Professional'S Time, Both Face-To-Face Time Administering Tests To The Patient And Time Interpreting These Test Results And Prepari	No
96127	Brief Emotional/Behavioral Assessment (eg, Depression Inventory, Attention-Deficit/Hyperactivity Disorder [Adhd] Scale), With Scoring And Documentation, Per Standardized Instrument	No
96130	Psychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And Repo	No
96131	Psychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And Repo	No
96132	Neuropsychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And	No
96133	Neuropsychological Testing Evaluation Services By Physician Or Other Qualified Health Care Professional, Including Integration Of Patient Data, Interpretation Of Standardized Test Results And Clinical Data, Clinical Decision Making, Treatment Planning And	No
96136	Psychological Or Neuropsychological Test Administration And Scoring By Physician Or Other Qualified Health Care Professional, Two Or More Tests, Any Method; First 30 Minutes	No
96137	Psychological Or Neuropsychological Test Administration And Scoring By Physician Or Other Qualified Health Care Professional, Two Or More Tests, Any Method; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	No
96138	Psychological Or Neuropsychological Test Administration And Scoring By Technician, Two Or More Tests, Any Method; First 30 Minutes	No
96139	Psychological Or Neuropsychological Test Administration And Scoring By Technician, Two Or More Tests, Any Method; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	No
96146	Psychological Or Neuropsychological Test Administration, With Single Automated, Standardized Instrument Via Electronic Platform, With Automated Result Only	No
96156	Health Behavior Assessment, Or Re-Assessment (Ie, Health-Focused Clinical Interview, Behavioral Observations, Clinical Decision Making)	No
96158	Health Behavior Intervention, Individual, Face-To-Face; Initial 30 Minutes	No
96159	Health Behavior Intervention, Individual, Face-To-Face; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Service)	No
96160	Administration Of Patient-Focused Health Risk Assessment Instrument (eg, Health Hazard Appraisal) With Scoring And Documentation, Per Standardized Instrument	Yes
96161	Administration Of Caregiver-Focused Health Risk Assessment Instrument (eg, Depression Inventory) For The Benefit Of The Patient, With Scoring And Documentation, Per Standardized Instrument	Yes
96164	Health Behavior Intervention, Group (2 Or More Patients), Face-To-Face; Initial 30 Minutes	No
96165	Health Behavior Intervention, Group (2 Or More Patients), Face-To-Face; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Service)	No
96167	Health Behavior Intervention, Family (With The Patient Present), Face-To-Face; Initial 30 Minutes	No
96168	Health Behavior Intervention, Family (With The Patient Present), Face-To-Face; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Service)	No

Procedure Code	Description	Prior Auth Required
96170	Health Behavior Intervention, Family (Without The Patient Present), Face-To-Face; Initial 30 Minutes	No
96171	Health Behavior Intervention, Family (Without The Patient Present), Face-To-Face; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Service)	No
96202	Multiple-Family Group Behavior Management/Modification Training For Parent(S)/Guardian(S)/Caregiver(S) Of Patients With A Mental Or Physical Health Diagnosis, Administered By Physician Or Other Qualified Health Care Professional (Without The Patient Prese	No
96203	Multiple-Family Group Behavior Management/Modification Training For Parent(S)/Guardian(S)/Caregiver(S) Of Patients With A Mental Or Physical Health Diagnosis, Administered By Physician Or Other Qualified Health Care Professional (Without The Patient Prese	No
96360	Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour	No
96361	Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	No
96365	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis (Specify Substance Or Drug); Initial, Up To 1 Hour	No
96366	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis (Specify Substance Or Drug); Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	No
96367	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis (Specify Substance Or Drug); Additional Sequential Infusion Of A New Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure)	No
96368	Intravenous Infusion, For Therapy, Prophylaxis, Or Diagnosis (Specify Substance Or Drug); Concurrent Infusion (List Separately In Addition To Code For Primary Procedure)	No
96369	Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(s)	No
96370	Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	No
96371	Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Additional Pump Set-Up With Establishment Of New Subcutaneous Infusion Site(s) (List Separately In Addition To Code For Primary Procedure)	No
96372	Therapeutic, Prophylactic, Or Diagnostic Injection (Specify Substance Or Drug); Subcutaneous Or Intramuscular	No
96373	Therapeutic, Prophylactic, Or Diagnostic Injection (Specify Substance Or Drug); Intra-Arterial	No
96374	Therapeutic, Prophylactic, Or Diagnostic Injection (Specify Substance Or Drug); Intravenous Push, Single Or Initial Substance/Drug	No
96375	Therapeutic, Prophylactic, Or Diagnostic Injection (Specify Substance Or Drug); Each Additional Sequential Intravenous Push Of A New Substance/Drug (List Separately In Addition To Code For Primary Procedure)	No
96376	Therapeutic, Prophylactic, Or Diagnostic Injection (Specify Substance Or Drug); Each Additional Sequential Intravenous Push Of The Same Substance/Drug Provided In A Facility (List Separately In Addition To Code For Primary Procedure)	Yes
96377	Application Of On-Body Injector (Includes Cannula Insertion) For Timed Subcutaneous Injection	No
96379	Unlisted Therapeutic, Prophylactic, Or Diagnostic Intravenous Or Intra-Arterial Injection Or Infusion	No
96380	Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection, With Counseling By Physician Or Other Qualified Health Care Professional	Yes
96381	Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular Injection	Yes
96401	Chemotherapy Administration, Subcutaneous Or Intramuscular; Non-Hormonal Anti-Neoplastic	No
96402	Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic	No
96405	Chemotherapy Administration; Intralesional, Up To And Including 7 Lesions	No
96406	Chemotherapy Administration; Intralesional, More Than 7 Lesions	No
96409	Chemotherapy Administration; Intravenous, Push Technique, Single Or Initial Substance/Drug	No
96411	Chemotherapy Administration; Intravenous, Push Technique, Each Additional Substance/Drug (List Separately In Addition To Code For Primary Procedure)	No
96413	Chemotherapy Administration, Intravenous Infusion Technique; Up To 1 Hour, Single Or Initial Substance/Drug	No
96415	Chemotherapy Administration, Intravenous Infusion Technique; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	No
96416	Chemotherapy Administration, Intravenous Infusion Technique; Initiation Of Prolonged Chemotherapy Infusion (More Than 8 Hours), Requiring Use Of A Portable Or Implantable Pump	No
96417	Chemotherapy Administration, Intravenous Infusion Technique; Each Additional Sequential Infusion (Different Substance/Drug), Up To 1 Hour (List Separately In Addition To Code For Primary Procedure)	No
96420	Chemotherapy Administration, Intra-Arterial; Push Technique	No
96422	Chemotherapy Administration, Intra-Arterial; Infusion Technique, Up To 1 Hour	No
96423	Chemotherapy Administration, Intra-Arterial; Infusion Technique, Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	No
96425	Chemotherapy Administration, Intra-Arterial; Infusion Technique, Initiation Of Prolonged Infusion (More Than 8 Hours), Requiring The Use Of A Portable Or Implantable Pump	No

Procedure Code	Description	Prior Auth Required
96440	Chemotherapy Administration Into Pleural Cavity, Requiring And Including Thoracentesis	No
96446	Chemotherapy Administration Into The Peritoneal Cavity Via Implanted Port Or Catheter	No
96450	Chemotherapy Administration, Into Cns (eg, Intrathecal), Requiring And Including Spinal Puncture	No
96521	Refilling And Maintenance Of Portable Pump	No
96522	Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial)	No
96523	Irrigation Of Implanted Venous Access Device For Drug Delivery Systems	No
96542	Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents	No
96547	Intraoperative Hyperthermic Intraperitoneal Chemotherapy (Hipec) Procedure, Including Separate Incision(S) And Closure, When Performed; First 60 Minutes (List Separately In Addition To Code For Primary Procedure)	No
96548	Intraoperative Hyperthermic Intraperitoneal Chemotherapy (Hipec) Procedure, Including Separate Incision(S) And Closure, When Performed; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure)	No
96549	Unlisted Chemotherapy Procedure	No
96567	Photodynamic Therapy By External Application Of Light To Destroy Premalignant Lesions Of The Skin And Adjacent Mucosa With Application And Illumination/Activation Of Photosensitive Drug(S), Per Day	No
96570	Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); First 30 Minutes (List Separately In Addition To Code For Endoscopy Or Bronchoscopy Procedures Of Lung And Gastrointestinal Tract)	Yes
96571	Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); Each Additional 15 Minutes (List Separately In Addition To Code For Endoscopy Or Bronchoscopy Procedures Of Lung And Gastrointestin	Yes
96573	Photodynamic Therapy By External Application Of Light To Destroy Premalignant Lesions Of The Skin And Adjacent Mucosa With Application And Illumination/Activation Of Photosensitizing Drug(S) Provided By A Physician Or Other Qualified Health Care Professio	No
96574	Debridement Of Premalignant Hyperkeratotic Lesion(S) (Ie, Targeted Curettage, Abrasion) Followed With Photodynamic Therapy By External Application Of Light To Destroy Premalignant Lesions Of The Skin And Adjacent Mucosa With Application And Illumination/A	No
96900	Actinotherapy (Ultraviolet Light)	No
96902	Microscopic Examination Of Hairs Plucked Or Clipped By The Examiner (Excluding Hair Collected By The Patient) To Determine Telogen And Anagen Counts, Or Structural Hair Shaft Abnormality	Yes
96904	Whole Body Integumentary Photography, For Monitoring Of High Risk Patients With Dysplastic Nevus Syndrome Or A History Of Dysplastic Nevi, Or Patients With A Personal Or Familial History Of Melanoma	Yes
96910	Photochemotherapy; Tar And Ultraviolet B (Goeckerman Treatment) Or Petrolatum And Ultraviolet B	No
96912	Photochemotherapy; Psoralens And Ultraviolet A (Puva)	No
96913	Photochemotherapy (Goeckerman And/Or Puva) For Severe Photoresponsive Dermatoses Requiring At Least 4-8 Hours Of Care Under Direct Supervision Of The Physician (Includes Application Of Medication And Dressings)	No
96920	Excimer Laser Treatment For Psoriasis; Total Area Less Than 250 Sq Cm	No
96921	Excimer Laser Treatment For Psoriasis; 250 Sq Cm To 500 Sq Cm	No
96922	Excimer Laser Treatment For Psoriasis; Over 500 Sq Cm	No
96931	Reflectance Confocal Microscopy (Rcm) For Cellular And Sub-Cellular Imaging Of Skin; Image Acquisition And Interpretation And Report, First Lesion	Yes
96932	Reflectance Confocal Microscopy (Rcm) For Cellular And Sub-Cellular Imaging Of Skin; Image Acquisition Only, First Lesion	Yes
96933	Reflectance Confocal Microscopy (Rcm) For Cellular And Sub-Cellular Imaging Of Skin; Interpretation And Report Only, First Lesion	Yes
96934	Reflectance Confocal Microscopy (Rcm) For Cellular And Sub-Cellular Imaging Of Skin; Image Acquisition And Interpretation And Report, Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	Yes
96935	Reflectance Confocal Microscopy (Rcm) For Cellular And Sub-Cellular Imaging Of Skin; Image Acquisition Only, Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	Yes
96936	Reflectance Confocal Microscopy (Rcm) For Cellular And Sub-Cellular Imaging Of Skin; Interpretation And Report Only, Each Additional Lesion (List Separately In Addition To Code For Primary Procedure)	Yes
96999	Unlisted Special Dermatological Service Or Procedure	Yes
97007	Mechanical Scalp Cooling, Including Individual Cap Supply With Head Measurement, Fitting, And Patient Education	Yes
97008	Mechanical Scalp Cooling; Including Hair Preparation, Individual Cap Placement, Therapy Initiation, And Precooling Period	Yes
97009	Mechanical Scalp Cooling; Provided After Discontinuation Of Chemotherapy, Each 30 Minutes (List Separately In Addition To Code For Primary Procedure)	Yes
97010	Application Of A Modality To 1 Or More Areas; Hot Or Cold Packs	No
97012	Application Of A Modality To 1 Or More Areas; Traction, Mechanical	Yes
97014	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Unattended)	No

Procedure Code	Description	Prior Auth Required
97016	Application Of A Modality To 1 Or More Areas; Vasopneumatic Devices	No
97018	Application Of A Modality To 1 Or More Areas; Paraffin Bath	No
97022	Application Of A Modality To 1 Or More Areas; Whirlpool	No
97024	Application Of A Modality To 1 Or More Areas; Diathermy (eg, Microwave)	Yes
97026	Application Of A Modality To 1 Or More Areas; Infrared	No
97028	Application Of A Modality To 1 Or More Areas; Ultraviolet	Yes
97032	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes	No
97033	Application Of A Modality To 1 Or More Areas; Iontophoresis, Each 15 Minutes	No
97034	Application Of A Modality To 1 Or More Areas; Contrast Baths, Each 15 Minutes	Yes
97035	Application Of A Modality To 1 Or More Areas; Ultrasound, Each 15 Minutes	No
97036	Application Of A Modality To 1 Or More Areas; Hubbard Tank, Each 15 Minutes	Yes
97037	Application Of A Modality To 1 Or More Areas; Low-Level Laser Therapy (Ie, Nonthermal And Non-Ablative) For Post-Operative Pain Reduction	Yes
97039	Unlisted Modality (Specify Type And Time If Constant Attendance)	Yes
97110	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility	No
97112	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Neuromuscular Reeducation Of Movement, Balance, Coordination, Kinesthetic Sense, Posture, And/Or Proprioception For Sitting And/Or Standing Activities	No
97113	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises	No
97116	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing)	No
97124	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Massage, Including Effleurage, Petrissage And/Or Tapotement (Stroking, Compression, Percussion)	No
97129	Therapeutic Interventions That Focus On Cognitive Function (Eg, Attention, Memory, Reasoning, Executive Function, Problem Solving, And/Or Pragmatic Functioning) And Compensatory Strategies To Manage The Performance Of An Activity (Eg, Managing Time Or Sch	No
97130	Therapeutic Interventions That Focus On Cognitive Function (Eg, Attention, Memory, Reasoning, Executive Function, Problem Solving, And/Or Pragmatic Functioning) And Compensatory Strategies To Manage The Performance Of An Activity (Eg, Managing Time Or Sch	No
97139	Unlisted Therapeutic Procedure (Specify)	Yes
97140	Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes	No
97150	Therapeutic Procedure(s), Group (2 Or More Individuals)	Yes
97151	Behavior Identification Assessment, Administered By A Physician Or Other Qualified Health Care Professional, Each 15 Minutes Of The Physician'S Or Other Qualified Health Care Professional'S Time Face-To-Face With Patient And/Or Guardian(S)/Caregiver(S) Ad	Yes
97152	Behavior Identification-Supporting Assessment, Administered By One Technician Under The Direction Of A Physician Or Other Qualified Health Care Professional, Face-To-Face With The Patient, Each 15 Minutes	Yes
97153	Adaptive Behavior Treatment By Protocol, Administered By Technician Under The Direction Of A Physician Or Other Qualified Health Care Professional, Face-To-Face With One Patient, Each 15 Minutes	Yes
97154	Group Adaptive Behavior Treatment By Protocol, Administered By Technician Under The Direction Of A Physician Or Other Qualified Health Care Professional, Face-To-Face With Two Or More Patients, Each 15 Minutes	Yes
97155	Adaptive Behavior Treatment With Protocol Modification, Administered By Physician Or Other Qualified Health Care Professional, Which May Include Simultaneous Direction Of Technician, Face-To-Face With One Patient, Each 15 Minutes	Yes
97156	Family Adaptive Behavior Treatment Guidance, Administered By Physician Or Other Qualified Health Care Professional (With Or Without The Patient Present), Face-To-Face With Guardian(s)/Caregiver(s), Each 15 Minutes	Yes
97157	Multiple-Family Group Adaptive Behavior Treatment Guidance, Administered By Physician Or Other Qualified Health Care Professional (Without The Patient Present), Face-To-Face With Multiple Sets Of Guardians/Caregivers, Each 15 Minutes	Yes
97158	Group Adaptive Behavior Treatment With Protocol Modification, Administered By Physician Or Other Qualified Health Care Professional, Face-To-Face With Multiple Patients, Each 15 Minutes	Yes
97161	Physical Therapy Evaluation: Low Complexity, Requiring These Components: A History With No Personal Factors And/Or Comorbidities That Impact The Plan Of Care; An Examination Of Body System(S) Using Standardized Tests And Measures Addressing 1-2 Elements F	Yes
97162	Physical Therapy Evaluation: Moderate Complexity, Requiring These Components: A History Of Present Problem With 1-2 Personal Factors And/Or Comorbidities That Impact The Plan Of Care; An Examination Of Body Systems Using Standardized Tests And Measures In	Yes
97163	Physical Therapy Evaluation: High Complexity, Requiring These Components: A History Of Present Problem With 3 Or More Personal Factors And/Or Comorbidities That Impact The Plan Of Care; An Examination Of Body Systems Using Standardized Tests And Measures	Yes
97164	Re-Evaluation Of Physical Therapy Established Plan Of Care, Requiring These Components: An Examination Including A Review Of History And Use Of Standardized Tests And Measures Is Required; And Revised Plan Of Care Using A Standardized Patient Assessment I	Yes

Procedure Code	Description	Prior Auth Required
97165	Occupational Therapy Evaluation, Low Complexity, Requiring These Components: An Occupational Profile And Medical And Therapy History, Which Includes A Brief History Including Review Of Medical And/Or Therapy Records Relating To The Presenting Problem; An	Yes
97166	Occupational Therapy Evaluation, Moderate Complexity, Requiring These Components: An Occupational Profile And Medical And Therapy History, Which Includes An Expanded Review Of Medical And/Or Therapy Records And Additional Review Of Physical, Cognitive, Or	Yes
97167	Occupational Therapy Evaluation, High Complexity, Requiring These Components: An Occupational Profile And Medical And Therapy History, Which Includes Review Of Medical And/Or Therapy Records And Extensive Additional Review Of Physical, Cognitive, Or Psych	Yes
97168	Re-Evaluation Of Occupational Therapy Established Plan Of Care, Requiring These Components: An Assessment Of Changes In Patient Functional Or Medical Status With Revised Plan Of Care; An Update To The Initial Occupational Profile To Reflect Changes In Con	Yes
97169	Athletic Training Evaluation, Low Complexity, Requiring These Components: A History And Physical Activity Profile With No Comorbidities That Affect Physical Activity; An Examination Of Affected Body Area And Other Symptomatic Or Related Systems Addressing	Yes
97170	Athletic Training Evaluation, Moderate Complexity, Requiring These Components: A Medical History And Physical Activity Profile With 1-2 Comorbidities That Affect Physical Activity; An Examination Of Affected Body Area And Other Symptomatic Or Related Syst	Yes
97171	Athletic Training Evaluation, High Complexity, Requiring These Components: A Medical History And Physical Activity Profile, With 3 Or More Comorbidities That Affect Physical Activity; A Comprehensive Examination Of Body Systems Using Standardized Tests An	Yes
97172	Re-Evaluation Of Athletic Training Established Plan Of Care Requiring These Components: An Assessment Of Patient'S Current Functional Status When There Is A Documented Change; And A Revised Plan Of Care Using A Standardized Patient Assessment Instrument A	Yes
97530	Therapeutic Activities, Direct (One-On-One) Patient Contact (Use Of Dynamic Activities To Improve Functional Performance), Each 15 Minutes	No
97533	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands, Direct (One-On-One) Patient Contact, Each 15 Minutes	Yes
97535	Self-Care/Home Management Training (Eg, Activities Of Daily Living (Adl) And Compensatory Training, Meal Preparation, Safety Procedures, And Instructions In Use Of Assistive Technology Devices/Adaptive Equipment) Direct One-On-One Contact, Each 15 Minutes	No
97537	Community/Work Reintegration Training (Eg, Shopping, Transportation, Money Management, Avocational Activities And/Or Work Environment/Modification Analysis, Work Task Analysis, Use Of Assistive Technology Device/Adaptive Equipment), Direct One-On-One Cont	Yes
97542	Wheelchair Management (eg, Assessment, Fitting, Training), Each 15 Minutes	Yes
97545	Work Hardening/Conditioning; Initial 2 Hours	Yes
97546	Work Hardening/Conditioning; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	Yes
97550	Caregiver Training In Strategies And Techniques To Facilitate The Patient'S Functional Performance In The Home Or Community (Eg, Activities Of Daily Living [Adls], Instrumental Adls [Iadls], Transfers, Mobility, Communication, Swallowing, Feeding, Problem	Yes
97551	Caregiver Training In Strategies And Techniques To Facilitate The Patient'S Functional Performance In The Home Or Community (Eg, Activities Of Daily Living [Adls], Instrumental Adls [Iadls], Transfers, Mobility, Communication, Swallowing, Feeding, Problem	Yes
97552	Group Caregiver Training In Strategies And Techniques To Facilitate The Patient'S Functional Performance In The Home Or Community (Eg, Activities Of Daily Living [Adls], Instrumental Adls [Iadls], Transfers, Mobility, Communication, Swallowing, Feeding, P	Yes
97597	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound	No
97598	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound	No
97602	Removal Of Devitalized Tissue From Wound(S), Non-Selective Debridement, Without Anesthesia (Eg, Wet-To-Moist Dressings, Enzymatic, Abrasion, Larval Therapy), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Sess	Yes
97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (Dme), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Less Th	No
97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (Dme), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Greater	No
97607	Negative Pressure Wound Therapy, (Eg, Vacuum Assisted Drainage Collection), Utilizing Disposable, Non-Durable Medical Equipment Including Provision Of Exudate Management Collection System, Topical Application(S), Wound Assessment, And Instructions For Ong	Yes
97608	Negative Pressure Wound Therapy, (Eg, Vacuum Assisted Drainage Collection), Utilizing Disposable, Non-Durable Medical Equipment Including Provision Of Exudate Management Collection System, Topical Application(S), Wound Assessment, And Instructions For Ong	Yes
97610	Low Frequency, Non-Contact, Non-Thermal Ultrasound, Including Topical Application(s), When Performed, Wound Assessment, And Instruction(s) For Ongoing Care, Per Day	Yes
97750	Physical Performance Test Or Measurement (eg, Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes	Yes

Procedure Code	Description	Prior Auth Required
97755	Assistive Technology Assessment (eg, To Restore, Augment Or Compensate For Existing Function, Optimize Functional Tasks And/Or Maximize Environmental Accessibility), Direct One-On-One Contact, With Written Report, Each 15 Minutes	Yes
97760	Orthotic(S) Management And Training (Including Assessment And Fitting When Not Otherwise Reported), Upper Extremity(Ies), Lower Extremity(Ies) And/Or Trunk, Initial Orthotic(S) Encounter, Each 15 Minutes	Yes
97761	Prosthetic(S) Training, Upper And/Or Lower Extremity(Ies), Initial Prosthetic(S) Encounter, Each 15 Minutes	Yes
97763	Orthotic(s)/Prosthetic(s) Management And/Or Training, Upper Extremity(Ies), Lower Extremity(Ies), And/Or Trunk, Subsequent Orthotic(s)/Prosthetic(s) Encounter, Each 15 Minutes	Yes
97799	Unlisted Physical Medicine/Rehabilitation Service Or Procedure	No
97802	Medical Nutrition Therapy; Initial Assessment And Intervention, Individual, Face-To-Face With The Patient, Each 15 Minutes	Yes
97803	Medical Nutrition Therapy; Re-Assessment And Intervention, Individual, Face-To-Face With The Patient, Each 15 Minutes	Yes
97804	Medical Nutrition Therapy; Group (2 Or More Individual(s)), Each 30 Minutes	Yes
97810	Acupuncture, 1 Or More Needles; Without Electrical Stimulation, Initial 15 Minutes Of Personal One-On-One Contact With The Patient	No
97811	Acupuncture, 1 Or More Needles; Without Electrical Stimulation, Each Additional 15 Minutes Of Personal One-On-One Contact With The Patient, With Insertion Of Needle(S) (List Separately In Addition To Code For Primary Procedure)	No
97813	Acupuncture, 1 Or More Needles; With Electrical Stimulation, Initial 15 Minutes Of Personal One-On-One Contact With The Patient	No
97814	Acupuncture, 1 Or More Needles; With Electrical Stimulation, Each Additional 15 Minutes Of Personal One-On-One Contact With The Patient, With Insertion Of Needle(S) (List Separately In Addition To Code For Primary Procedure)	No
98000	Synchronous Audio-Video Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Se	Yes
98001	Synchronous Audio-Video Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection, 30	Yes
98002	Synchronous Audio-Video Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection	Yes
98003	Synchronous Audio-Video Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And High Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection, 60	Yes
98004	Synchronous Audio-Video Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Total Time On The Date Of The Encounter Fo	Yes
98005	Synchronous Audio-Video Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selec	Yes
98006	Synchronous Audio-Video Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code	Yes
98007	Synchronous Audio-Video Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And High Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Sele	Yes
98008	Synchronous Audio-Only Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination, Straightforward Medical Decision Making, And More Than 10 Minutes Of Medical Discussion. When Using Total T	Yes
98009	Synchronous Audio-Only Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination, Low Medical Decision Making, And More Than 10 Minutes Of Medical Discussion. When Using Total Time On The D	Yes
98010	Synchronous Audio-Only Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination, Moderate Medical Decision Making, And More Than 10 Minutes Of Medical Discussion. When Using Total Time On	Yes
98011	Synchronous Audio-Only Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination, High Medical Decision Making, And More Than 10 Minutes Of Medical Discussion. When Using Total Time On The	Yes
98012	Synchronous Audio-Only Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination, Straightforward Medical Decision Making, And More Than 10 Minutes Of Medical Discussion. When Usin	Yes
98013	Synchronous Audio-Only Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination, Low Medical Decision Making, And More Than 10 Minutes Of Medical Discussion. When Using Total Time	Yes
98014	Synchronous Audio-Only Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination, Moderate Medical Decision Making, And More Than 10 Minutes Of Medical Discussion. When Using Total	Yes

Procedure Code	Description	Prior Auth Required
98015	Synchronous Audio-Only Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination, High Medical Decision Making, And More Than 10 Minutes Of Medical Discussion. When Using Total Tim	Yes
98016	Brief Communication Technology-Based Service (Eg, Virtual Check-In) By A Physician Or Other Qualified Health Care Professional Who Can Report Evaluation And Management Services, Provided To An Established Patient, Not Originating From A Related Evaluation	No
98925	Osteopathic Manipulative Treatment (Omt); 1-2 Body Regions Involved	No
98926	Osteopathic Manipulative Treatment (Omt); 3-4 Body Regions Involved	No
98927	Osteopathic Manipulative Treatment (Omt); 5-6 Body Regions Involved	Yes
98928	Osteopathic Manipulative Treatment (Omt); 7-8 Body Regions Involved	Yes
98929	Osteopathic Manipulative Treatment (Omt); 9-10 Body Regions Involved	Yes
98940	Chiropractic Manipulative Treatment (Cmt); Spinal, 1-2 Regions	No
98941	Chiropractic Manipulative Treatment (Cmt); Spinal, 3-4 Regions	No
98942	Chiropractic Manipulative Treatment (Cmt); Spinal, 5 Regions	No
98943	Chiropractic Manipulative Treatment (Cmt); Extraspinal, 1 Or More Regions	Yes
98960	Education And Training For Patient Self-Management By A Nonphysician Qualified Health Care Professional Using A Standardized Curriculum, Face-To-Face With The Patient (Could Include Caregiver/Family) Each 30 Minutes; Individual Patient	No
98961	Education And Training For Patient Self-Management By A Nonphysician Qualified Health Care Professional Using A Standardized Curriculum, Face-To-Face With The Patient (Could Include Caregiver/Family) Each 30 Minutes; 2-4 Patients	No
98962	Education And Training For Patient Self-Management By A Nonphysician Qualified Health Care Professional Using A Standardized Curriculum, Face-To-Face With The Patient (Could Include Caregiver/Family) Each 30 Minutes; 5-8 Patients	No
98966	Telephone Assessment And Management Service Provided By A Nonphysician Qualified Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days N	Yes
98967	Telephone Assessment And Management Service Provided By A Nonphysician Qualified Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days N	Yes
98968	Telephone Assessment And Management Service Provided By A Nonphysician Qualified Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days N	Yes
98970	Nonphysician Qualified Health Care Professional Online Digital Assessment And Management, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 5-10 Minutes	Yes
98971	Nonphysician Qualified Health Care Professional Online Digital Assessment And Management, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 11-20 Minutes	Yes
98972	Nonphysician Qualified Health Care Professional Online Digital Assessment And Management, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 21 Or More Minutes	Yes
98975	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response, Digital Therapeutic Intervention); Initial Set-Up And Patient Education On Use Of Equipment	Yes
98976	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response, Digital Therapeutic Intervention); Device(S) Supply For Data Access Or Data Transmissions To Support Monitoring Of Respiratory System, 16-30 Days In A 30-Day Period	Yes
98977	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response, Digital Therapeutic Intervention); Device(S) Supply For Data Access Or Data Transmissions To Support Monitoring Of Musculoskeletal System, 16-30 Days In A 30-Day Period	Yes
98978	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response, Digital Therapeutic Intervention); Device(S) Supply For Data Access Or Data Transmissions To Support Monitoring Of Cognitive Behavioral Therapy, 16-30 Days In A 30-Day Period	No
98979	Remote Therapeutic Monitoring Treatment Management Services, Physician Or Other Qualified Health Care Professional Time In A Calendar Month Requiring At Least 1 Real-Time Interactive Communication With The Patient Or Caregiver During The Calendar Month;	Yes
98980	Remote Therapeutic Monitoring Treatment Management Services, Physician Or Other Qualified Health Care Professional Time In A Calendar Month Requiring At Least 1 Real-Time Interactive Communication With The Patient Or Caregiver During The Calendar Month; F	Yes
98981	Remote Therapeutic Monitoring Treatment Management Services, Physician Or Other Qualified Health Care Professional Time In A Calendar Month Requiring At Least 1 Real-Time Interactive Communication With The Patient Or Caregiver During The Calendar Month; E	Yes
98984	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response, Digital Therapeutic Intervention); Device(S) Supply For Data Access Or Data Transmissions To Support Monitoring Of Respiratory System, 2-15 Days In A 30-Day Period	Yes
98985	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response, Digital Therapeutic Intervention); Device(S) Supply For Data Access Or Data Transmissions To Support Monitoring Of Musculoskeletal System, 2-15 Days In A 30-Day Period	Yes
98986	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response, Digital Therapeutic Intervention); Device(S) Supply For Data Access Or Data Transmissions To Support Monitoring Of Cognitive Behavioral Therapy, 2-15 Days In A 30-Day Period	Yes
99000	Handling And/Or Conveyance Of Specimen For Transfer From The Office To A Laboratory	No
99001	Handling And/Or Conveyance Of Specimen For Transfer From The Patient In Other Than An Office To A Laboratory (Distance May Be Indicated)	Yes

Procedure Code	Description	Prior Auth Required
99002	Handling, Conveyance, And/Or Any Other Service In Connection With The Implementation Of An Order Involving Devices (Eg, Designing, Fitting, Packaging, Handling, Delivery Or Mailing) When Devices Such As Orthotics, Protectives, Prosthetics Are Fabricated B	Yes
99024	Postoperative Follow-Up Visit, Normally Included In The Surgical Package, To Indicate That An Evaluation And Management Service Was Performed During A Postoperative Period For A Reason(s) Related To The Original Procedure	Yes
99026	Hospital Mandated On Call Service; In-Hospital, Each Hour	Yes
99027	Hospital Mandated On Call Service; Out-Of-Hospital, Each Hour	Yes
99050	Services Provided In The Office At Times Other Than Regularly Scheduled Office Hours, Or Days When The Office Is Normally Closed (eg, Holidays, Saturday Or Sunday), In Addition To Basic Service	Yes
99051	Service(s) Provided In The Office During Regularly Scheduled Evening, Weekend, Or Holiday Office Hours, In Addition To Basic Service	Yes
99053	Service(s) Provided Between 10:00 Pm And 8:00 Am At 24-Hour Facility, In Addition To Basic Service	Yes
99056	Service(s) Typically Provided In The Office, Provided Out Of The Office At Request Of Patient, In Addition To Basic Service	Yes
99058	Service(s) Provided On An Emergency Basis In The Office, Which Disrupts Other Scheduled Office Services, In Addition To Basic Service	Yes
99060	Service(s) Provided On An Emergency Basis, Out Of The Office, Which Disrupts Other Scheduled Office Services, In Addition To Basic Service	Yes
99070	Supplies And Materials (Except Spectacles), Provided By The Physician Or Other Qualified Health Care Professional Over And Above Those Usually Included With The Office Visit Or Other Services Rendered (List Drugs, Trays, Supplies, Or Materials Provided)	No
99071	Educational Supplies, Such As Books, Tapes, And Pamphlets, For The Patient's Education At Cost To Physician Or Other Qualified Health Care Professional	Yes
99072	Additional Supplies, Materials, And Clinical Staff Time Over And Above Those Usually Included In An Office Visit Or Other Non-Facility Service(S), When Performed During A Public Health Emergency, As Defined By Law, Due To Respiratory-Transmitted Infectiou	Yes
99075	Medical Testimony	Yes
99078	Physician Or Other Qualified Health Care Professional Qualified By Education, Training, Licensure/Regulation (When Applicable) Educational Services Rendered To Patients In A Group Setting (eg, Prenatal, Obesity, Or Diabetic Instructions)	Yes
99080	Special Reports Such As Insurance Forms, More Than The Information Conveyed In The Usual Medical Communications Or Standard Reporting Form	Yes
99082	Unusual Travel (eg, Transportation And Escort Of Patient)	Yes
99091	Collection And Interpretation Of Physiologic Data (Eg, Ecg, Blood Pressure, Glucose Monitoring) Digitally Stored And/Or Transmitted By The Patient And/Or Caregiver To The Physician Or Other Qualified Health Care Professional, Qualified By Education, Train	No
99100	Anesthesia For Patient Of Extreme Age, Younger Than 1 Year And Older Than 70 (List Separately In Addition To Code For Primary Anesthesia Procedure)	Yes
99116	Anesthesia Complicated By Utilization Of Total Body Hypothermia (List Separately In Addition To Code For Primary Anesthesia Procedure)	Yes
99135	Anesthesia Complicated By Utilization Of Controlled Hypotension (List Separately In Addition To Code For Primary Anesthesia Procedure)	Yes
99140	Anesthesia Complicated By Emergency Conditions (Specify) (List Separately In Addition To Code For Primary Anesthesia Procedure)	Yes
99151	Moderate Sedation Services Provided By The Same Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Sedation Supports, Requiring The Presence Of An Independent Trained Observer To Assist In The M	No
99152	Moderate Sedation Services Provided By The Same Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Sedation Supports, Requiring The Presence Of An Independent Trained Observer To Assist In The M	No
99153	Moderate Sedation Services Provided By The Same Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Sedation Supports, Requiring The Presence Of An Independent Trained Observer To Assist In The M	No
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 min	No
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 min	No
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additiona	No
99170	Anogenital Examination, Magnified, In Childhood For Suspected Trauma, Including Image Recording When Performed	No
99172	Visual Function Screening, Automated Or Semi-Automated Bilateral Quantitative Determination Of Visual Acuity, Ocular Alignment, Color Vision By Pseudoisochromatic Plates, And Field Of Vision (May Include All Or Some Screening Of The Determination[S] For C	Yes
99173	Screening Test Of Visual Acuity, Quantitative, Bilateral	Yes

Procedure Code	Description	Prior Auth Required
99174	Instrument-Based Ocular Screening (eg, Photoscreening, Automated-Refraction), Bilateral; With Remote Analysis And Report	Yes
99175	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison	Yes
99177	Instrument-Based Ocular Screening (eg, Photoscreening, Automated-Refraction), Bilateral; With On-Site Analysis	Yes
99183	Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session	Yes
99184	Initiation Of Selective Head Or Total Body Hypothermia In The Critically Ill Neonate, Includes Appropriate Patient Selection By Review Of Clinical, Imaging And Laboratory Data, Confirmation Of Esophageal Temperature Probe Location, Evaluation Of Amplitude	No
99188	Application Of Topical Fluoride Varnish By A Physician Or Other Qualified Health Care Professional	No
99190	Assembly And Operation Of Pump With Oxygenator Or Heat Exchanger (With Or Without Ecg And/Or Pressure Monitoring); Each Hour	Yes
99191	Assembly And Operation Of Pump With Oxygenator Or Heat Exchanger (With Or Without Ecg And/Or Pressure Monitoring); 45 Minutes	Yes
99192	Assembly And Operation Of Pump With Oxygenator Or Heat Exchanger (With Or Without Ecg And/Or Pressure Monitoring); 30 Minutes	Yes
99195	Phlebotomy, Therapeutic (Separate Procedure)	No
99199	Unlisted Special Service, Procedure Or Report	No
99202	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code	No
99203	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Se	No
99204	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Co	No
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code S	No
99211	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient That May Not Require The Presence Of A Physician Or Other Qualified Health Care Professional	No
99212	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Total Time On The Date Of The Encounter	No
99213	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter Fo	No
99214	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date Of The Encount	No
99215	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter F	No
99221	Initial Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Or Low Level Medical Decision Making. When Using Total Time On T	No
99222	Initial Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date Of	No
99223	Initial Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of The	No
99231	Subsequent Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Or Low Level Of Medical Decision Making. When Using Total Tim	No
99232	Subsequent Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date	No
99233	Subsequent Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of T	No
99234	Hospital Inpatient Or Observation Care, For The Evaluation And Management Of A Patient Including Admission And Discharge On The Same Date, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Or Low Level Of Medical Decisi	No

Procedure Code	Description	Prior Auth Required
99235	Hospital Inpatient Or Observation Care, For The Evaluation And Management Of A Patient Including Admission And Discharge On The Same Date, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. Whe	No
99236	Hospital Inpatient Or Observation Care, For The Evaluation And Management Of A Patient Including Admission And Discharge On The Same Date, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Us	No
99238	Hospital Inpatient Or Observation Discharge Day Management; 30 Minutes Or Less On The Date Of The Encounter	No
99239	Hospital Inpatient Or Observation Discharge Day Management; More Than 30 Minutes On The Date Of The Encounter	No
99242	Office Or Other Outpatient Consultation For A New Or Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection,	No
99243	Office Or Other Outpatient Consultation For A New Or Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection, 30	No
99244	Office Or Other Outpatient Consultation For A New Or Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selectio	No
99245	Office Or Other Outpatient Consultation For A New Or Established Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection, 5	No
99252	Inpatient Or Observation Consultation For A New Or Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection, 3	No
99253	Inpatient Or Observation Consultation For A New Or Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection, 45 M	No
99254	Inpatient Or Observation Consultation For A New Or Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection,	No
99255	Inpatient Or Observation Consultation For A New Or Established Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection, 80	No
99281	Emergency Department Visit For The Evaluation And Management Of A Patient That May Not Require The Presence Of A Physician Or Other Qualified Health Care Professional	No
99282	Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making	No
99283	Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making	No
99284	Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making	No
99285	Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making	No
99288	Physician Or Other Qualified Health Care Professional Direction Of Emergency Medical Systems (Ems) Emergency Care, Advanced Life Support	Yes
99291	Critical Care, Evaluation And Management Of The Critically Ill Or Critically Injured Patient; First 30-74 Minutes	No
99292	Critical Care, Evaluation And Management Of The Critically Ill Or Critically Injured Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)	No
99304	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Or Low Level Of Medical Decision Making. When Using Total Time On The Date Of The	No
99305	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For	No
99306	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Cod	No
99307	Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Total Time On The Date Of The Encounter Fo	No
99308	Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For C	No
99309	Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter	No

Procedure Code	Description	Prior Auth Required
99310	Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For	No
99315	Nursing Facility Discharge Management; 30 Minutes Or Less Total Time On The Date Of The Encounter	No
99316	Nursing Facility Discharge Management; More Than 30 Minutes Total Time On The Date Of The Encounter	No
99341	Home Or Residence Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selectio	No
99342	Home Or Residence Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection,	No
99344	Home Or Residence Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Select	No
99345	Home Or Residence Visit For The Evaluation And Management Of A New Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Selection,	No
99347	Home Or Residence Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code	No
99348	Home Or Residence Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code Se	No
99349	Home Or Residence Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Co	No
99350	Home Or Residence Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using Total Time On The Date Of The Encounter For Code S	No
99358	Prolonged Evaluation And Management Service Before And/Or After Direct Patient Care; First Hour	No
99359	Prolonged Evaluation And Management Service Before And/Or After Direct Patient Care; Each Additional 30 Minutes (List Separately In Addition To Code For Prolonged Service)	No
99360	Standby Service, Requiring Prolonged Attendance, Each 30 Minutes (eg, Operative Standby, Standby For Frozen Section, For Cesarean/High Risk Delivery, For Monitoring Eeg)	No
99366	Medical Team Conference With Interdisciplinary Team Of Health Care Professionals, Face-To-Face With Patient And/Or Family, 30 Minutes Or More, Participation By Nonphysician Qualified Health Care Professional	No
99367	Medical Team Conference With Interdisciplinary Team Of Health Care Professionals, Patient And/Or Family Not Present, 30 Minutes Or More; Participation By Physician	Yes
99368	Medical Team Conference With Interdisciplinary Team Of Health Care Professionals, Patient And/Or Family Not Present, 30 Minutes Or More; Participation By Nonphysician Qualified Health Care Professional	No
99374	Supervision Of A Patient Under Care Of Home Health Agency (Patient Not Present) In Home, Domiciliary Or Equivalent Environment (Eg, Alzheimer'S Facility) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Development And/Or Revision	Yes
99375	Supervision Of A Patient Under Care Of Home Health Agency (Patient Not Present) In Home, Domiciliary Or Equivalent Environment (Eg, Alzheimer'S Facility) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Development And/Or Revision	Yes
99377	Supervision Of A Hospice Patient (Patient Not Present) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Development And/Or Revision Of Care Plans By That Individual, Review Of Subsequent Reports Of Patient Status, Review Of Relate	Yes
99378	Supervision Of A Hospice Patient (Patient Not Present) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Development And/Or Revision Of Care Plans By That Individual, Review Of Subsequent Reports Of Patient Status, Review Of Relate	Yes
99379	Supervision Of A Nursing Facility Patient (Patient Not Present) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Development And/Or Revision Of Care Plans By That Individual, Review Of Subsequent Reports Of Patient Status, Review	Yes
99380	Supervision Of A Nursing Facility Patient (Patient Not Present) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Development And/Or Revision Of Care Plans By That Individual, Review Of Subsequent Reports Of Patient Status, Review	Yes
99381	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diagnos	No
99382	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diagnos	No
99383	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diagnos	No

Procedure Code	Description	Prior Auth Required
99384	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diagnos	No
99385	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diagnos	No
99386	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diagnos	No
99387	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diagnos	No
99391	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diag	No
99392	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diag	No
99393	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diag	No
99394	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diag	No
99395	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diag	No
99396	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diag	No
99397	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diag	No
99401	Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(s) Provided To An Individual (Separate Procedure); Approximately 15 Minutes	Yes
99402	Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(s) Provided To An Individual (Separate Procedure); Approximately 30 Minutes	Yes
99403	Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(s) Provided To An Individual (Separate Procedure); Approximately 45 Minutes	Yes
99404	Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(s) Provided To An Individual (Separate Procedure); Approximately 60 Minutes	Yes
99406	Smoking And Tobacco Use Cessation Counseling Visit; Intermediate, Greater Than 3 Minutes Up To 10 Minutes	No
99407	Smoking And Tobacco Use Cessation Counseling Visit; Intensive, Greater Than 10 Minutes	No
99408	Alcohol And/Or Substance (Other Than Tobacco) Abuse Structured Screening (eg, Audit, Dast), And Brief Intervention (Sbi) Services; 15 To 30 Minutes	Yes
99409	Alcohol And/Or Substance (Other Than Tobacco) Abuse Structured Screening (eg, Audit, Dast), And Brief Intervention (Sbi) Services; Greater Than 30 Minutes	Yes
99411	Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(s) Provided To Individuals In A Group Setting (Separate Procedure); Approximately 30 Minutes	Yes
99412	Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(s) Provided To Individuals In A Group Setting (Separate Procedure); Approximately 60 Minutes	Yes
99415	Prolonged Clinical Staff Service (The Service Beyond The Highest Time In The Range Of Total Time Of The Service) During An Evaluation And Management Service In The Office Or Outpatient Setting, Direct Patient Contact With Physician Supervision; First Hour	No
99416	Prolonged Clinical Staff Service (The Service Beyond The Highest Time In The Range Of Total Time Of The Service) During An Evaluation And Management Service In The Office Or Outpatient Setting, Direct Patient Contact With Physician Supervision; Each Addit	No
99417	Prolonged Outpatient Evaluation And Management Service(S) Time With Or Without Direct Patient Contact Beyond The Required Time Of The Primary Service When The Primary Service Level Has Been Selected Using Total Time, Each 15 Minutes Of Total Time (List Se	No
99418	Prolonged Inpatient Or Observation Evaluation And Management Service(S) Time With Or Without Direct Patient Contact Beyond The Required Time Of The Primary Service When The Primary Service Level Has Been Selected Using Total Time, Each 15 Minutes Of Total	No
99421	Online Digital Evaluation And Management Service, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 5-10 Minutes	Yes
99422	Online Digital Evaluation And Management Service, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 11-20 Minutes	Yes
99423	Online Digital Evaluation And Management Service, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 21 Or More Minutes	Yes

Procedure Code	Description	Prior Auth Required
99424	Principal Care Management Services, For A Single High-Risk Disease, With The Following Required Elements: One Complex Chronic Condition Expected To Last At Least 3 Months, And That Places The Patient At Significant Risk Of Hospitalization, Acute Exacerbat	No
99425	Principal Care Management Services, For A Single High-Risk Disease, With The Following Required Elements: One Complex Chronic Condition Expected To Last At Least 3 Months, And That Places The Patient At Significant Risk Of Hospitalization, Acute Exacerbat	No
99426	Principal Care Management Services, For A Single High-Risk Disease, With The Following Required Elements: One Complex Chronic Condition Expected To Last At Least 3 Months, And That Places The Patient At Significant Risk Of Hospitalization, Acute Exacerbat	No
99427	Principal Care Management Services, For A Single High-Risk Disease, With The Following Required Elements: One Complex Chronic Condition Expected To Last At Least 3 Months, And That Places The Patient At Significant Risk Of Hospitalization, Acute	No
99429	Unlisted Preventive Medicine Service	Yes
99437	Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Expected To Last At Least 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Risk Of Death	No
99439	Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Expected To Last At Least 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Risk Of Death	No
99445	Remote Monitoring Of Physiologic Parameter(S) (Eg, Weight, Blood Pressure, Pulse Oximetry, Respiratory Flow Rate); Device(S) Supply With Daily Recording(S) Or Programmed Alert(S) Transmission, 2-15 Days In A 30-Day Period	No
99446	Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Verbal And Written Report To The Patient'S Treating/Requesting Ph	Yes
99447	Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Verbal And Written Report To The Patient'S Treating/Requesting Ph	Yes
99448	Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Verbal And Written Report To The Patient'S Treating/Requesting Ph	Yes
99449	Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Verbal And Written Report To The Patient'S Treating/Requesting Ph	Yes
99450	Basic Life And/Or Disability Examination That Includes: Measurement Of Height, Weight, And Blood Pressure; Completion Of A Medical History Following A Life Insurance Pro Forma; Collection Of Blood Sample And/Or Urinalysis Complying With ''Chain Of Custody	Yes
99451	Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Written Report To The Patient'S Treating/Requesting Physician Or	No
99452	Interprofessional Telephone/Internet/Electronic Health Record Referral Service(s) Provided By A Treating/Requesting Physician Or Other Qualified Health Care Professional, 30 Minutes	No
99453	Remote Monitoring Of Physiologic Parameter(S) (Eg, Weight, Blood Pressure, Pulse Oximetry, Respiratory Flow Rate); Initial Set-Up And Patient Education On Use Of Equipment	No
99454	Remote Monitoring Of Physiologic Parameter(S) (Eg, Weight, Blood Pressure, Pulse Oximetry, Respiratory Flow Rate); Device(S) Supply With Daily Recording(S) Or Programmed Alert(S) Transmission, 16-30 Days In A 30-Day Period	No
99455	Work Related Or Medical Disability Examination By The Treating Physician That Includes: Completion Of A Medical History Commensurate With The Patient'S Condition; Performance Of An Examination Commensurate With The Patient'S Condition; Formulation Of A Di	Yes
99456	Work Related Or Medical Disability Examination By Other Than The Treating Physician That Includes: Completion Of A Medical History Commensurate With The Patient'S Condition; Performance Of An Examination Commensurate With The Patient'S Condition; Formulat	Yes
99457	Remote Physiologic Monitoring Treatment Management Services, Clinical Staff/Physician/Other Qualified Health Care Professional Time In A Calendar Month Requiring 1 Real-Time Interactive Communication With The Patient/Caregiver During The Calendar Month; F	No
99458	Remote Physiologic Monitoring Treatment Management Services, Clinical Staff/Physician/Other Qualified Health Care Professional Time In A Calendar Month Requiring 1 Real-Time Interactive Communication With The Patient/Caregiver During The Calendar Month; E	No
99459	Pelvic Examination (List Separately In Addition To Code For Primary Procedure)	Yes
99460	Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant	No
99461	Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center	No
99462	Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn	No
99463	Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date	No
99464	Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn	No
99465	Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output	No

Procedure Code	Description	Prior Auth Required
99466	Critical Care Face-To-Face Services, During An Interfacility Transport Of Critically Ill Or Critically Injured Pediatric Patient, 24 Months Of Age Or Younger; First 30-74 Minutes Of Hands-On Care During Transport	No
99467	Critical Care Face-To-Face Services, During An Interfacility Transport Of Critically Ill Or Critically Injured Pediatric Patient, 24 Months Of Age Or Younger; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)	No
99468	Initial Inpatient Neonatal Critical Care, Per Day, For The Evaluation And Management Of A Critically Ill Neonate, 28 Days Of Age Or Younger	No
99469	Subsequent Inpatient Neonatal Critical Care, Per Day, For The Evaluation And Management Of A Critically Ill Neonate, 28 Days Of Age Or Younger	No
99470	Remote Physiologic Monitoring Treatment Management Services, Clinical Staff/Physician/Other Qualified Health Care Professional Time In A Calendar Month Requiring 1 Real-Time Interactive Communication With The Patient/Caregiver During The Calendar Month	No
99471	Initial Inpatient Pediatric Critical Care, Per Day, For The Evaluation And Management Of A Critically Ill Infant Or Young Child, 29 Days Through 24 Months Of Age	No
99472	Subsequent Inpatient Pediatric Critical Care, Per Day, For The Evaluation And Management Of A Critically Ill Infant Or Young Child, 29 Days Through 24 Months Of Age	No
99473	Self-Measured Blood Pressure Using A Device Validated For Clinical Accuracy; Patient Education/Training And Device Calibration	Yes
99474	Self-Measured Blood Pressure Using A Device Validated For Clinical Accuracy; Separate Self-Measurements Of Two Readings One Minute Apart, Twice Daily Over A 30-Day Period (Minimum Of 12 Readings), Collection Of Data Reported By The Patient And/Or Caregive	Yes
99475	Initial Inpatient Pediatric Critical Care, Per Day, For The Evaluation And Management Of A Critically Ill Infant Or Young Child, 2 Through 5 Years Of Age	No
99476	Subsequent Inpatient Pediatric Critical Care, Per Day, For The Evaluation And Management Of A Critically Ill Infant Or Young Child, 2 Through 5 Years Of Age	No
99477	Initial Hospital Care, Per Day, For The Evaluation And Management Of The Neonate, 28 Days Of Age Or Younger, Who Requires Intensive Observation, Frequent Interventions, And Other Intensive Care Services	No
99478	Subsequent Intensive Care, Per Day, For The Evaluation And Management Of The Recovering Very Low Birth Weight Infant (Present Body Weight Less Than 1,500 Grams)	No
99479	Subsequent Intensive Care, Per Day, For The Evaluation And Management Of The Recovering Low Birth Weight Infant (Present Body Weight Of 1,500-2,500 Grams)	No
99480	Subsequent Intensive Care, Per Day, For The Evaluation And Management Of The Recovering Infant (Present Body Weight Of 2,501-5,000 Grams)	No
99483	Assessment Of And Care Planning For A Patient With Cognitive Impairment, Requiring An Independent Historian, In The Office Or Other Outpatient, Home Or Domiciliary Or Rest Home, With All Of The Following Required Elements: Cognition-Focused Evaluation Inc	No
99484	Care Management Services For Behavioral Health Conditions, At Least 20 Minutes Of Clinical Staff Time, Directed By A Physician Or Other Qualified Health Care Professional, Per Calendar Month, With The Following Required Elements: Initial Assessment Or Fol	Yes
99485	Supervision By A Control Physician Of Interfacility Transport Care Of The Critically Ill Or Critically Injured Pediatric Patient, 24 Months Of Age Or Younger, Includes Two-Way Communication With Transport Team Before Transport, At The Referring Facility A	No
99486	Supervision By A Control Physician Of Interfacility Transport Care Of The Critically Ill Or Critically Injured Pediatric Patient, 24 Months Of Age Or Younger, Includes Two-Way Communication With Transport Team Before Transport, At The Referring Facility A	No
99487	Complex Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Expected To Last At Least 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Risk	Yes
99489	Complex Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Expected To Last At Least 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Risk	Yes
99490	Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Expected To Last At Least 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Risk Of Death	No
99491	Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Expected To Last At Least 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Risk Of Death	No
99492	Initial Psychiatric Collaborative Care Management, First 70 Minutes In The First Calendar Month Of Behavioral Health Care Manager Activities, In Consultation With A Psychiatric Consultant, And Directed By The Treating Physician Or Other Qualified Health C	No
99493	Subsequent Psychiatric Collaborative Care Management, First 60 Minutes In A Subsequent Month Of Behavioral Health Care Manager Activities, In Consultation With A Psychiatric Consultant, And Directed By The Treating Physician Or Other Qualified Health Care	No
99494	Initial Or Subsequent Psychiatric Collaborative Care Management, Each Additional 30 Minutes In A Calendar Month Of Behavioral Health Care Manager Activities, In Consultation With A Psychiatric Consultant, And Directed By The Treating Physician Or Other Qu	No
99495	Transitional Care Management Services With The Following Required Elements: Communication (Direct Contact, Telephone, Electronic) With The Patient And/Or Caregiver Within 2 Business Days Of Discharge At Least Moderate Level Of Medical Decision Making Duri	Yes

Procedure Code	Description	Prior Auth Required
99496	Transitional Care Management Services With The Following Required Elements: Communication (Direct Contact, Telephone, Electronic) With The Patient And/Or Caregiver Within 2 Business Days Of Discharge High Level Of Medical Decision Making During The Servic	Yes
99497	Advance Care Planning Including The Explanation And Discussion Of Advance Directives Such As Standard Forms (With Completion Of Such Forms, When Performed), By The Physician Or Other Qualified Health Care Professional; First 30 Minutes, Face-To-Face With	No
99498	Advance Care Planning Including The Explanation And Discussion Of Advance Directives Such As Standard Forms (With Completion Of Such Forms, When Performed), By The Physician Or Other Qualified Health Care Professional; Each Additional 30 Minutes (List Sep	No
99499	Unlisted Evaluation And Management Service	Yes
99500	Home Visit For Prenatal Monitoring And Assessment To Include Fetal Heart Rate, Non-Stress Test, Uterine Monitoring, And Gestational Diabetes Monitoring	Yes
99501	Home Visit For Postnatal Assessment And Follow-Up Care	No
99502	Home Visit For Newborn Care And Assessment	No
99503	Home Visit For Respiratory Therapy Care (eg, Bronchodilator, Oxygen Therapy, Respiratory Assessment, Apnea Evaluation)	Yes
99504	Home Visit For Mechanical Ventilation Care	Yes
99505	Home Visit For Stoma Care And Maintenance Including Colostomy And Cystostomy	Yes
99506	Home Visit For Intramuscular Injections	Yes
99507	Home Visit For Care And Maintenance Of Catheter(s) (eg, Urinary, Drainage, And Enteral)	Yes
99509	Home Visit For Assistance With Activities Of Daily Living And Personal Care	Yes
99510	Home Visit For Individual, Family, Or Marriage Counseling	Yes
99511	Home Visit For Fecal Impaction Management And Enema Administration	Yes
99512	Home Visit For Hemodialysis	Yes
99600	Unlisted Home Visit Service Or Procedure	Yes
99601	Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours);	Yes
99602	Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours); Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	Yes
99605	Medication Therapy Management Service(s) Provided By A Pharmacist, Individual, Face-To-Face With Patient, With Assessment And Intervention If Provided; Initial 15 Minutes, New Patient	Yes
99606	Medication Therapy Management Service(s) Provided By A Pharmacist, Individual, Face-To-Face With Patient, With Assessment And Intervention If Provided; Initial 15 Minutes, Established Patient	Yes
99607	Medication Therapy Management Service(s) Provided By A Pharmacist, Individual, Face-To-Face With Patient, With Assessment And Intervention If Provided; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Service)	Yes
A0021	Ambulance Service, Outside State Per Mile, Transport (Medicaid Only) (Not Payable By Medicare)	Yes
A0080	Non-Emergency Transportation, Per Mile - Vehicle Provided By Volunteer (Individual Or Organization), With No Vested Interest (Not Payable By Medicare)	Yes
A0090	Non-Emergency Transportation, Per Mile - Vehicle Provided By Individual (Family Member, Self, Neighbor) With Vested Interest (Not Payable By Medicare)	Yes
A0100	Non-Emergency Transportation; Taxi (Not Payable By Medicare)	Yes
A0101	HIPPS Code A0101	No
A0102	HIPPS Code A0102	No
A0103	HIPPS Code A0103	No
A0104	HIPPS Code A0104	No
A0105	HIPPS Code A0105	No
A0106	HIPPS Code A0106	No
A0110	HIPPS Code A0110	Yes
A0110	Non-Emergency Transportation And Bus, Intra Or Inter State Carrier (Not Payable By Medicare)	Yes
A0120	Non-Emergency Transportation: Mini-Bus, Mountain Area Transports, Or Other Transportation Systems (Not Payable By Medicare)	No
A0130	Non-Emergency Transportation: Wheelchair Van (Not Payable By Medicare)	Yes
A0140	Non-Emergency Transportation And Air Travel (Private Or Commercial) Intra Or Inter State (Not Payable By Medicare)	Yes
A0160	Non-Emergency Transportation: Per Mile - Case Worker Or Social Worker (Not Payable By Medicare)	Yes
A0170	Transportation Ancillary: Parking Fees, Tolls, Other (Not Payable By Medicare)	Yes
A0180	Non-Emergency Transportation: Ancillary: Lodging-Recipient (Not Payable By Medicare)	Yes
A0190	Non-Emergency Transportation: Ancillary: Meals-Recipient (Not Payable By Medicare)	Yes
A0200	Non-Emergency Transportation: Ancillary: Lodging Escort (Not Payable By Medicare)	Yes
A0201	HIPPS Code A0201	No
A0202	HIPPS Code A0202	No
A0203	HIPPS Code A0203	No
A0204	HIPPS Code A0204	No
A0205	HIPPS Code A0205	No
A0210	Non-Emergency Transportation: Ancillary: Meals-Escort (Not Payable By Medicare)	Yes
A0225	Ambulance Service, Neonatal Transport, Base Rate, Emergency Transport, One Way (Not Payable By Medicare)	No
A0301	HIPPS Code A0301	No
A0302	HIPPS Code A0302	No

Procedure Code	Description	Prior Auth Required
A0303	HIPPS Code A0303	No
A0304	HIPPS Code A0304	No
A0305	HIPPS Code A0305	No
A0380	Bls Mileage (Per Mile) (Not Payable By Medicare)	Yes
A0382	Bls Routine Disposable Supplies (Not Payable By Medicare)	Yes
A0384	Bls Specialized Service Disposable Supplies; Defibrillation (Used By ALs Ambulances And Bls Ambulances In Jurisdictions Where Defibrillation Is Permitted In Bls Ambulances) (Not Payable By Medicare)	Yes
A0390	Als Mileage (Per Mile) (Not Payable By Medicare)	No
A0392	ALs Specialized Service Disposable Supplies; Defibrillation (To Be Used Only In Jurisdictions Where Defibrillation Cannot Be Performed In Bls Ambulances) (Not Payable By Medicare)	Yes
A0394	ALs Specialized Service Disposable Supplies; Iv Drug Therapy (Not Payable By Medicare)	Yes
A0396	ALs Specialized Service Disposable Supplies; Esophageal Intubation (Not Payable By Medicare)	Yes
A0398	ALs Routine Disposable Supplies (Not Payable By Medicare)	Yes
A0401	HIPPS Code A0401	No
A0402	HIPPS Code A0402	No
A0403	HIPPS Code A0403	No
A0404	HIPPS Code A0404	No
A0405	HIPPS Code A0405	No
A0406	HIPPS Code A0406	No
A0407	HIPPS Code A0407	No
A0420	Ambulance Waiting Time (ALs Or Bls), One Half (1/2) Hour Increments (Not Payable By Medicare)	Yes
A0422	Ambulance (ALs Or Bls) Oxygen And Oxygen Supplies, Life Sustaining Situation (Not Payable By Medicare)	Yes
A0424	Extra Ambulance Attendant, Ground (ALs Or Bls) Or Air (Fixed Or Rotary Winged); (Requires Medical Review) (Not Payable By Medicare)	No
A0425	Ground Mileage, Per Statute Mile	Yes
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1 (ALs 1)	Yes
A0427	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1 (Als 1 - Emergency)	No
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport, (Bls)	Yes
A0429	Ambulance Service, Basic Life Support, Emergency Transport (Bls-Emergency)	No
A0430	Ambulance Service, Conventional Air Services, Transport, One Way (Fixed Wing)	Yes
A0431	Ambulance Service, Conventional Air Services, Transport, One Way (Rotary Wing)	Yes
A0432	Paramedic Intercept (Pi), Rural Area, Transport Furnished By A Volunteer Ambulance Company Which Is Prohibited By State Law From Billing Third Party Payers	Yes
A0433	Advanced Life Support, Level 2 (ALs 2)	Yes
A0434	Specialty Care Transport (Sct)	Yes
A0435	Fixed Wing Air Mileage, Per Statute Mile	Yes
A0436	Rotary Wing Air Mileage, Per Statute Mile	Yes
A0501	HIPPS Code A0501	No
A0502	HIPPS Code A0502	No
A0503	HIPPS Code A0503	No
A0504	HIPPS Code A0504	No
A0505	HIPPS Code A0505	No
A0601	HIPPS Code A0601	No
A0602	HIPPS Code A0602	No
A0603	HIPPS Code A0603	No
A0604	HIPPS Code A0604	No
A0701	HIPPS Code A0701	No
A0702	HIPPS Code A0702	No
A0703	HIPPS Code A0703	No
A0704	HIPPS Code A0704	No
A0801	HIPPS Code A0801	No
A0802	HIPPS Code A0802	No
A0803	HIPPS Code A0803	No
A0804	HIPPS Code A0804	No
A0805	HIPPS Code A0805	No
A0888	Noncovered Ambulance Mileage, Per Mile (E.G., For Miles Traveled Beyond Closest Appropriate Facility) (Non-Covered By Medicare. See Mcm: 2125)	Yes
A0901	HIPPS Code A0901	No
A0902	HIPPS Code A0902	No
A0903	HIPPS Code A0903	No
A0904	HIPPS Code A0904	No
A0998	Ambulance Response And Treatment, No Transport (Not Payable By Medicare)	Yes
A0999	Unlisted Ambulance Service (Special Coverage Instructions Apply. See Mcm: 2120.1, 2125)	Yes
A1001	HIPPS Code A1001	No
A1002	HIPPS Code A1002	No
A1003	HIPPS Code A1003	No
A1004	HIPPS Code A1004	No
A1101	HIPPS Code A1101	No
A1102	HIPPS Code A1102	No

Procedure Code	Description	Prior Auth Required
A1103	HIPPS Code A1103	No
A1201	HIPPS Code A1201	No
A1202	HIPPS Code A1202	No
A1203	HIPPS Code A1203	No
A1204	HIPPS Code A1204	No
A1301	HIPPS Code A1301	No
A1302	HIPPS Code A1302	No
A1303	HIPPS Code A1303	No
A1304	HIPPS Code A1304	No
A1305	HIPPS Code A1305	No
A1401	HIPPS Code A1401	No
A1402	HIPPS Code A1402	No
A1403	HIPPS Code A1403	No
A1404	HIPPS Code A1404	No
A1501	HIPPS Code A1501	No
A1502	HIPPS Code A1502	No
A1503	HIPPS Code A1503	No
A1504	HIPPS Code A1504	No
A1601	HIPPS Code A1601	No
A1602	HIPPS Code A1602	No
A1603	HIPPS Code A1603	No
A1604	HIPPS Code A1604	No
A1701	HIPPS Code A1701	No
A1702	HIPPS Code A1702	No
A1703	HIPPS Code A1703	No
A1704	HIPPS Code A1704	No
A1705	HIPPS Code A1705	No
A1801	HIPPS Code A1801	No
A1802	HIPPS Code A1802	No
A1803	HIPPS Code A1803	No
A1804	HIPPS Code A1804	No
A1805	HIPPS Code A1805	No
A1806	HIPPS Code A1806	No
A1901	HIPPS Code A1901	No
A1902	HIPPS Code A1902	No
A1903	HIPPS Code A1903	No
A1904	HIPPS Code A1904	No
A2001	HIPPS Code A2001	Yes
A2001	Innovamatrix Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2002	HIPPS Code A2002	Yes
A2002	Mirragen Advanced Wound Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2003	HIPPS Code A2003	No
A2004	HIPPS Code A2004	Yes
A2004	Xcellistem, 1 mg	Yes
A2005	HIPPS Code A2005	Yes
A2005	Microlyte Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2006	Novosorb Synpath Dermal Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2007	Restrata, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2008	Theragenesis, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2009	Symphony, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2010	Apis, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2011	Supra Sdrm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2012	Suprathel, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2013	Innovamatrix Fs, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2014	Omeza Collagen Matrix Or Omeza Complete Matrix, Per 100 Mg	Yes
A2015	Phoenix Wound Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2016	Permeaderm B, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2017	Permeaderm Glove, Each	Yes
A2018	Permeaderm C, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2019	Kerecis Omega3 Marigen Shield, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2020	Ac5 Advanced Wound System (Ac5)	Yes
A2021	Neomatrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes

Procedure Code	Description	Prior Auth Required
A2022	Innovaburn Or Innovamatrix Xl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2023	Innovamatrix Pd, 1 Mg	Yes
A2024	Resolve Matrix Or Xenopatch, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2025	Miro3D, Per Cubic Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2026	Restrata Minimatrix, 5 Mg	Yes
A2027	Matriderm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2028	Micromatrix Flex, Per Mg	Yes
A2029	Mirotract Wound Matrix Sheet, Per Cubic Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2030	Miro3D Fibers, Per Milligram	Yes
A2031	Mirodry Wound Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2032	Myriad Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2033	Myriad Morcells, 4 Milligrams	Yes
A2034	Foundation Drs Solo, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2035	Corplex P Or Theracor P Or Allacor P, Per Milligram	Yes
A2036	Cohealyx Collagen Dermal Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2037	G4Derm Plus/Suprello, Per Milliliter	Yes
A2038	Marigen Pacto, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2039	Innovamatrix Fd, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
A2040	Microlyte Painguard, Per Square Centimeter	Yes
A2041	Foundation Drs+ Duo, Per Square Centimeter	Yes
A2042	Foundation Drs+ Solo, Per Square Centimeter	Yes
A2043	Biobrane, Per Square Centimeter	Yes
A2044	Biobrane Glove, Each	Yes
A2045	Novashield Or Novogen Wound Matrix, Per Square Centimeter	Yes
A2101	HIPPS Code A2101	No
A2102	HIPPS Code A2102	No
A4100	Non-Sheet Form Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified (List In Addition To Primary Procedure)	Yes
A4206	Syringe With Needle, Sterile, 1 Cc Or Less, Each	No
A4207	Syringe With Needle, Sterile 2 Cc, Each	No
A4208	Syringe With Needle, Sterile 3 Cc, Each	No
A4209	Syringe With Needle, Sterile 5 Cc Or Greater, Each	No
A4210	Needle-Free Injection Device, Each (Non-Covered By Medicare. See Cim: 60-9)	Yes
A4211	Supplies For Self-Administered Injections (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
A4212	Non-Coring Needle Or Stylet With Or Without Catheter	No
A4213	Syringe, Sterile, 20 Cc Or Greater, Each	No
A4215	Needle, Sterile, Any Size, Each	No
A4216	Sterile Water, Saline And/Or Dextrose, Diluent/Flush, 10 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
A4217	Sterile Water/Saline, 500 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	No
A4218	Sterile Saline Or Water, Metered Dose Dispenser, 10 Ml (Special Coverage Instructions Apply)	Yes
A4220	Refill Kit For Implantable Infusion Pump (Special Coverage Instructions Apply. See Cim: 60-14)	Yes
A4221	Supplies For Maintenance Of Non-Insulin Drug Infusion Catheter, Per Week (List Drugs Separately)	Yes
A4222	Infusion Supplies For External Drug Infusion Pump, Per Cassette Or Bag (List Drugs Separately)	Yes
A4223	Infusion Supplies Not Used With External Infusion Pump, Per Cassette Or Bag (List Drugs Separately)	No
A4224	Supplies For Maintenance Of Insulin Infusion Catheter, Per Week	Yes
A4225	Supplies For External Insulin Infusion Pump, Syringe Type Cartridge, Sterile, Each (Special Coverage Instructions Apply. See Mcm: 60-14)	Yes
A4226	Supplies For Maintenance Of Insulin Infusion Pump With Dosage Rate Adjustment Using Therapeutic Continuous Glucose Sensing, Per Week (Not Payable By Medicare)	No
A4230	Infusion Set For External Insulin Pump, Non Needle Cannula Type (Special Coverage Instructions Apply. See Cim: 60-14)	No
A4231	Infusion Set For External Insulin Pump, Needle Type (Special Coverage Instructions Apply. See Cim: 60-14)	No
A4232	Syringe With Needle For External Insulin Pump, Sterile, 3 Cc (Not Payable By Medicare. See Cim: 60-14)	No
A4233	Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each	Yes
A4234	Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each	Yes

Procedure Code	Description	Prior Auth Required
A4235	Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each	Yes
A4236	Replacement Battery, Silver Oxide, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each	Yes
A4238	Supply Allowance For Adjunctive, Non-Implanted Continuous Glucose Monitor (Cgm), Includes All Supplies And Accessories, 1 Month Supply = 1 Unit Of Service	Yes
A4239	Supply Allowance For Non-Adjunctive, Non-Implanted Continuous Glucose Monitor (Cgm), Includes All Supplies And Accessories, 1 Month Supply = 1 Unit Of Service	Yes
A4244	Alcohol Or Peroxide, Per Pint	No
A4245	Alcohol Wipes, Per Box	No
A4246	Betadine Or Phisohex Solution, Per Pint	Yes
A4247	Betadine Or Iodine Swabs/Wipes, Per Box	No
A4248	Chlorhexidine Containing Antiseptic, 1 Ml	No
A4250	Urine Test Or Reagent Strips Or Tablets (100 Tablets Or Strips) (Non-Covered By Medicare. See Mcm: 2100)	Yes
A4252	Blood Ketone Test Or Reagent Strip, Each (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A4253	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips (Special Coverage Instructions Apply. See Cim: 60-11)	Yes
A4255	Platforms For Home Blood Glucose Monitor, 50 Per Box (Special Coverage Instructions Apply. See Cim: 60-11)	Yes
A4256	Normal, Low And High Calibrator Solution / Chips (Special Coverage Instructions Apply. See Cim: 60-11)	Yes
A4257	Replacement Lens Shield Cartridge For Use With Laser Skin Piercing Device, Each	Yes
A4258	Spring-Powered Device For Lancet, Each (Special Coverage Instructions Apply. See Cim: 60-11)	Yes
A4259	Lancets, Per Box Of 100 (Special Coverage Instructions Apply. See Cim: 60-11)	Yes
A4261	Cervical Cap For Contraceptive Use (Non-Covered By Medicare Statute. Statute Reference: 1862A1)	No
A4262	Temporary, Absorbable Lacrimal Duct Implant, Each (Special Coverage Instructions Apply)	Yes
A4263	Permanent, Long Term, Non-Dissolvable Lacrimal Duct Implant, Each (Special Coverage Instructions Apply. See Mcm: 15030)	Yes
A4264	Permanent Implantable Contraceptive Intratubal Occlusion Device(S) And Delivery System (Not Payable By Medicare)	Yes
A4265	Paraffin, Per Pound (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
A4266	Diaphragm For Contraceptive Use (Not Payable By Medicare)	No
A4267	Contraceptive Supply, Condom, Male, Each (Not Payable By Medicare)	No
A4268	Contraceptive Supply, Condom, Female, Each (Not Payable By Medicare)	No
A4269	Contraceptive Supply, Spermicide (E.G., Foam, Gel), Each (Not Payable By Medicare)	No
A4270	Disposable Endoscope Sheath, Each	Yes
A4271	Integrated Lancing And Blood Sample Testing Cartridges For Home Blood Glucose Monitor, Per 50 Tests (Special Coverage Instructions Apply. See Cim: 60-11)	No
A4280	Adhesive Skin Support Attachment For Use With External Breast Prosthesis, Each	No
A4281	Tubing For Breast Pump, Replacement	Yes
A4282	Adapter For Breast Pump, Replacement	Yes
A4283	Cap For Breast Pump Bottle, Replacement	Yes
A4284	Breast Shield And Splash Protector For Use With Breast Pump, Replacement	Yes
A4285	Polycarbonate Bottle For Use With Breast Pump, Replacement	Yes
A4286	Locking Ring For Breast Pump, Replacement	Yes
A4287	Disposable Collection And Storage Bag For Breast Milk, Any Size, Any Type, Each	No
A4288	Valve For Breast Pump, Replacement	Yes
A4290	Sacral Nerve Stimulation Test Lead, Each	Yes
A4295	Intermittent Urinary Catheter; Straight Tip, Hydrophilic Coating, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4296	Intermittent Urinary Catheter; Coude (Curved) Tip, Hydrophilic Coating, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4297	Intermittent Urinary Catheter; Hydrophilic Coating, With Insertion Supplies (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4300	Implantable Access Catheter, (E.G., Venous, Arterial, Epidural Subarachnoid, Or Peritoneal, Etc.) External Access (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4301	Implantable Access Total Catheter, Port/Reservoir (E.G., Venous, Arterial, Epidural, Subarachnoid, Peritoneal, Etc.)	Yes
A4305	Disposable Drug Delivery System, Flow Rate Of 50 Ml Or Greater Per Hour	No
A4306	Disposable Drug Delivery System, Flow Rate Of Less Than 50 Ml Per Hour	Yes
A4310	Insertion Tray Without Drainage Bag And Without Catheter (Accessories Only) (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4311	Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer Or Hydrophilic, Etc.) (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4312	Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, All Silicone (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4313	Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type, Three-Way, For Continuous Irrigation (Special Coverage Instructions Apply. See Mcm: 2130)	No

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A4314	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer Or Hydrophilic, Etc.) (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4315	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, All Silicone (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4316	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Three-Way, For Continuous Irrigation (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4318	Female External Urinary Collection Cup, With Or Without Ring Attachment, Per Day	Yes
A4320	Irrigation Tray With Bulb Or Piston Syringe, Any Purpose (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4321	Therapeutic Agent For Urinary Catheter Irrigation (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4322	Irrigation Syringe, Bulb Or Piston, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4326	Male External Catheter With Integral Collection Chamber, Any Type, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4327	Female External Urinary Collection Device; Meatal Cup, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4328	Female External Urinary Collection Device; Pouch, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4330	Perianal Fecal Collection Pouch With Adhesive, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4331	Extension Drainage Tubing, Any Type, Any Length, With Connector/Adaptor, For Use With Urinary Leg Bag Or Urostomy Pouch, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4332	Lubricant, Individual Sterile Packet, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4333	Urinary Catheter Anchoring Device, Adhesive Skin Attachment, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4334	Urinary Catheter Anchoring Device, Leg Strap, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4335	Incontinence Supply; Miscellaneous (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4336	Incontinence Supply, Urethral Insert, Any Type, Each (Special Coverage Instructions Apply)	Yes
A4337	Incontinence Supply, Rectal Insert, Any Type, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4338	Indwelling Catheter; Foley Type, Two-Way Latex With Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4340	Indwelling Catheter; Specialty Type, (E.G., Coude, Mushroom, Wing, Etc.), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4341	Indwelling Intraurethral Drainage Device With Valve, Patient Inserted, Replacement Only, Each	Yes
A4342	Accessories For Patient Inserted Indwelling Intraurethral Drainage Device With Valve, Replacement Only, Each	Yes
A4344	Indwelling Catheter, Foley Type, Two-Way, All Silicone Or Polyurethane, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4346	Indwelling Catheter; Foley Type, Three Way For Continuous Irrigation, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4349	Male External Catheter, With Or Without Adhesive, Disposable, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4351	Intermittent Urinary Catheter; Straight Tip, With Or Without Coating (Teflon, Silicone, Or Silicone Elastomer, Etc.), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4352	Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Or Silicone Elastomeric, Etc.), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4353	Intermittent Urinary Catheter, With Insertion Supplies (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4354	Insertion Tray With Drainage Bag But Without Catheter (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4355	Irrigation Tubing Set For Continuous Bladder Irrigation Through A Three-Way Indwelling Foley Catheter, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4356	External Urethral Clamp Or Compression Device (Not To Be Used For Catheter Clamp), Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4357	Bedside Drainage Bag, Day Or Night, With Or Without Anti-Reflux Device, With Or Without Tube, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4358	Urinary Drainage Bag, Leg Or Abdomen, Vinyl, With Or Without Tube, With Straps, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4360	Disposable External Urethral Clamp Or Compression Device, With Pad And/Or Pouch, Each (Special Coverage Instructions Apply)	Yes
A4361	Ostomy Faceplate, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4362	Skin Barrier; Solid, 4 X 4 Or Equivalent; Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4363	Ostomy Clamp, Any Type, Replacement Only, Each (Special Coverage Instructions Apply)	No
A4364	Adhesive, Liquid Or Equal, Any Type, Per Oz (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4366	Ostomy Vent, Any Type, Each	Yes
A4367	Ostomy Belt, Each (Special Coverage Instructions Apply. See Mcm: 2130A)	No
A4368	Ostomy Filter, Any Type, Each	No

Procedure Code	Description	Prior Auth Required
A4369	Ostomy Skin Barrier, Liquid (Spray, Brush, Etc.), Per Oz (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4371	Ostomy Skin Barrier, Powder, Per Oz (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4372	Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Standard Wear, With Built-In Convexity, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4373	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), With Built-In Convexity, Any Size, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4375	Ostomy Pouch, Drainable, With Faceplate Attached, Plastic, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4376	Ostomy Pouch, Drainable, With Faceplate Attached, Rubber, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4377	Ostomy Pouch, Drainable, For Use On Faceplate, Plastic, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4378	Ostomy Pouch, Drainable, For Use On Faceplate, Rubber, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4379	Ostomy Pouch, Urinary, With Faceplate Attached, Plastic, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4380	Ostomy Pouch, Urinary, With Faceplate Attached, Rubber, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4381	Ostomy Pouch, Urinary, For Use On Faceplate, Plastic, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4382	Ostomy Pouch, Urinary, For Use On Faceplate, Heavy Plastic, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4383	Ostomy Pouch, Urinary, For Use On Faceplate, Rubber, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4384	Ostomy Faceplate Equivalent, Silicone Ring, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4385	Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Extended Wear, Without Built-In Convexity, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4387	Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4388	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4389	Ostomy Pouch, Drainable, With Barrier Attached, With Built-In Convexity (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4390	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built-In Convexity (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4391	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4392	Ostomy Pouch, Urinary, With Standard Wear Barrier Attached, With Built-In Convexity (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4393	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4394	Ostomy Deodorant, With Or Without Lubricant, For Use In Ostomy Pouch, Per Fluid Ounce (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4395	Ostomy Deodorant For Use In Ostomy Pouch, Solid, Per Tablet (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4396	Ostomy Belt With Peristomal Hernia Support (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4398	Ostomy Irrigation Supply; Bag, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4399	Ostomy Irrigation Supply; Cone/Catheter, With Or Without Brush (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4400	Ostomy Irrigation Set (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4402	Lubricant, Per Ounce (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4404	Ostomy Ring, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4405	Ostomy Skin Barrier, Non-Pectin Based, Paste, Per Ounce (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4406	Ostomy Skin Barrier, Pectin-Based, Paste, Per Ounce (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4407	Ostomy Skin Barrier, With Flange (Solid, Flexible, Or Accordion), Extended Wear, With Built-In Convexity, 4 X 4 Inches Or Smaller, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4408	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, With Built-In Convexity, Larger Than 4 X 4 Inches, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4409	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4410	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Extended Wear, Without Built-In Convexity, Larger Than 4 X 4 Inches, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4411	Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Extended Wear, With Built-In Convexity, Each (Special Coverage Instructions Apply)	No
A4412	Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece System), Without Filter, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No

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A4413	Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece System), With Filter, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4414	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, 4 X 4 Inches Or Smaller, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4415	Ostomy Skin Barrier, With Flange (Solid, Flexible Or Accordion), Without Built-In Convexity, Larger Than 4 X 4 Inches, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4416	Ostomy Pouch, Closed, With Barrier Attached, With Filter (1 Piece), Each	No
A4417	Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity, With Filter (1 Piece), Each	No
A4418	Ostomy Pouch, Closed; Without Barrier Attached, With Filter (1 Piece), Each	No
A4419	Ostomy Pouch, Closed; For Use On Barrier With Non-Locking Flange, With Filter (2 Piece), Each	No
A4420	Ostomy Pouch, Closed; For Use On Barrier With Locking Flange (2 Piece), Each	Yes
A4421	Ostomy Supply; Miscellaneous	Yes
A4422	Ostomy Absorbent Material (Sheet/Pad/Crystal Packet) For Use In Ostomy Pouch To Thicken Liquid Stomal Output, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4423	Ostomy Pouch, Closed; For Use On Barrier With Locking Flange, With Filter (2 Piece), Each	No
A4424	Ostomy Pouch, Drainable, With Barrier Attached, With Filter (1 Piece), Each	No
A4425	Ostomy Pouch, Drainable; For Use On Barrier With Non-Locking Flange, With Filter (2 Piece System), Each	No
A4426	Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange (2 Piece System), Each	No
A4427	Ostomy Pouch, Drainable; For Use On Barrier With Locking Flange, With Filter (2 Piece System), Each	No
A4428	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Faucet-Type Tap With Valve (1 Piece), Each	No
A4429	Ostomy Pouch, Urinary, With Barrier Attached, With Built-In Convexity, With Faucet-Type Tap With Valve (1 Piece), Each	No
A4430	Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity, With Faucet-Type Tap With Valve (1 Piece), Each	No
A4431	Ostomy Pouch, Urinary; With Barrier Attached, With Faucet-Type Tap With Valve (1 Piece), Each	No
A4432	Ostomy Pouch, Urinary; For Use On Barrier With Non-Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each	No
A4433	Ostomy Pouch, Urinary; For Use On Barrier With Locking Flange (2 Piece), Each	No
A4434	Ostomy Pouch, Urinary; For Use On Barrier With Locking Flange, With Faucet-Type Tap With Valve (2 Piece), Each	No
A4435	Ostomy Pouch, Drainable, High Output, With Extended Wear Barrier (One-Piece System), With Or Without Filter, Each	No
A4436	Irrigation Supply; Sleeve, Reusable, Per Month (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4437	Irrigation Supply; Sleeve, Disposable, Per Month (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4438	Adhesive Clip Applied To The Skin To Secure External Electrical Nerve Stimulator Controller, Each	Yes
A4450	Tape, Non-Waterproof, Per 18 Square Inches (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4452	Tape, Waterproof, Per 18 Square Inches (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4453	Rectal catheter with or without balloon, for use with any type transanal irrigation system, each	Yes
A4455	Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive), Per Ounce (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A4456	Adhesive Remover, Wipes, Any Type, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4457	Enema Tube, With Or Without Adapter, Any Type, Replacement Only, Each (Non-Covered By Medicare Statute. Statute Reference: 1861S8)	Yes
A4458	Enema Bag With Tubing, Reusable	Yes
A4459	Manual transanal irrigation system, includes water reservoir, pump, tubing, and accessories, without catheter, any type	Yes
A4461	Surgical Dressing Holder, Non-Reusable, Each	Yes
A4463	Surgical Dressing Holder, Reusable, Each	Yes
A4465	Non-Elastic Binder For Extremity	Yes
A4467	Belt, Strap, Sleeve, Garment, Or Covering, Any Type (Non-Covered By Medicare)	Yes
A4468	Exsufflation Belt, Includes All Supplies And Accessories (Non-Covered By Medicare Statute. Statute Reference: 1834(A)(3))	Yes
A4470	Gravlee Jet Washer (Special Coverage Instructions Apply. See Cim: 50-4 And Mcm: 2320)	Yes
A4479	Electronic Transanal Irrigation System, Includes Electronic Pump, Water Reservoir, Tubing, And Accessories, Without Catheter, Any Type	Yes
A4480	Vabra Aspirator (Special Coverage Instructions Apply. See Cim: 50-10 And Mcm: 2320)	Yes
A4481	Tracheostoma Filter, Any Type, Any Size, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4483	Moisture Exchanger, Disposable, For Use With Invasive Mechanical Ventilation (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4490	Surgical Stockings Above Knee Length, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2079, 2100)	Yes

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A4495	Surgical Stockings Thigh Length, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2079, 2100)	Yes
A4500	Surgical Stockings Below Knee Length, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2079, 2100)	Yes
A4510	Surgical Stockings Full Length, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2079, 2100)	Yes
A4520	Incontinence Garment, Any Type, (E.G., Brief, Diaper), Each (Non-Covered By Medicare. See Cim: 60-9)	Yes
A4540	Distal Transcutaneous Electrical Nerve Stimulator, Stimulates Peripheral Nerves Of The Upper Arm (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A4541	Monthly Supplies For Use Of Device Coded At E0733	Yes
A4542	Supplies And Accessories For External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist	Yes
A4543	Supplies For Transcutaneous Electrical Nerve Stimulator, For Nerves In The Auricular Region, Per Month	Yes
A4544	Electrode For External Lower Extremity Nerve Stimulator For Restless Legs Syndrome	Yes
A4545	Supplies And Accessories For External Tibial Nerve Stimulator (E.G., Socks, Gel Pads, Electrodes, Etc.), Needed For One Month	Yes
A4550	Surgical Trays (Special Coverage Instructions Apply. See Mcm: 15030)	Yes
A4553	Non-Disposable Underpads, All Sizes (Non-Covered By Medicare. See Cim: 60-9)	Yes
A4554	Disposable Underpads, All Sizes (Non-Covered By Medicare. See Cim: 60-9)	No
A4555	Electrode/Transducer For Use With Electrical Stimulation Device Used For Cancer Treatment, Replacement Only (Not Payable By Medicare)	Yes
A4556	Electrodes, (E.G., Apnea Monitor), Per Pair	No
A4557	Lead Wires, (E.G., Apnea Monitor), Per Pair	No
A4558	Conductive Gel Or Paste, For Use With Electrical Device (E.G., Tens, Nmes), Per Oz	Yes
A4559	Coupling Gel Or Paste, For Use With Ultrasound Device, Per Oz	Yes
A4560	Neuromuscular Electrical Stimulator (Nmes), Disposable, Replacement Only (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A4561	Pessary, Reusable, Rubber, Any Type	No
A4562	Pessary, Reusable, Non Rubber, Any Type	No
A4563	Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each	Yes
A4564	Pessary, Disposable, Any Type	No
A4565	Slings	No
A4566	Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe Control, Prefabricated, Includes Fitting And Adjustment (Not Payable By Medicare)	Yes
A4570	Splint (Not Payable By Medicare. See Mcm: 2079)	Yes
A4575	Topical Hyperbaric Oxygen Chamber, Disposable	Yes
A4580	Cast Supplies (E.G., Plaster) (Not Payable By Medicare. See Mcm: 2079)	Yes
A4590	Special Casting Material (E.G., Fiberglass) (Not Payable By Medicare. See Mcm: 2079)	Yes
A4593	Neuromodulation Stimulator System, Adjunct To Rehabilitation Therapy Regime, Controller	Yes
A4594	Neuromodulation Stimulator System, Adjunct To Rehabilitation Therapy Regime, Mouthpiece Each	Yes
A4595	Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G., Tens, Nmes) (Special Coverage Instructions Apply. See Cim: 45-25)	No
A4596	Cranial Electrotherapy Stimulation (Ces) System Supplies And Accessories, Per Month	Yes
A4600	Sleeve For Intermittent Limb Compression Device, Replacement Only, Each	Yes
A4601	Lithium Ion Battery, Rechargeable, For Non-Prosthetic Use, Replacement	Yes
A4602	Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt, Each	No
A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device	No
A4605	Tracheal Suction Catheter, Closed System, Each	No
A4606	Oxygen Probe For Use With Oximeter Device, Replacement	No
A4608	Transtracheal Oxygen Catheter, Each	Yes
A4611	Battery, Heavy Duty; Replacement For Patient Owned Ventilator (Non-Covered By Medicare Statute. Statute Reference: 1834A3A)	Yes
A4612	Battery Cables; Replacement For Patient-Owned Ventilator (Non-Covered By Medicare Statute. Statute Reference: 1834A3A)	Yes
A4613	Battery Charger; Replacement For Patient-Owned Ventilator (Non-Covered By Medicare Statute. Statute Reference: 1834A3A)	Yes
A4614	Peak Expiratory Flow Rate Meter, Hand Held	Yes
A4615	Cannula, Nasal (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 3312)	Yes
A4616	Tubing (Oxygen), Per Foot (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 3312)	Yes
A4617	Mouth Piece (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 3312)	Yes
A4618	Breathing Circuits (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 3312)	Yes
A4619	Face Tent (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 3312)	No
A4620	Variable Concentration Mask (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 3312)	No
A4623	Tracheostomy, Inner Cannula (Special Coverage Instructions Apply. See Cim: 65-16 And Mcm: 2130)	No
A4624	Tracheal Suction Catheter, Any Type Other Than Closed System, Each	No

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A4625	Tracheostomy Care Kit For New Tracheostomy (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4626	Tracheostomy Cleaning Brush, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4627	Spacer, Bag Or Reservoir, With Or Without Mask, For Use With Metered Dose Inhaler (Non-Covered By Medicare. See Mcm: 2100)	Yes
A4628	Oral And/Or Oropharyngeal Suction Catheter, Each	No
A4629	Tracheostomy Care Kit For Established Tracheostomy (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4630	Replacement Batteries, Medically Necessary, Transcutaneous Electrical Stimulator, Owned By Patient (Special Coverage Instructions Apply. See Cim: 65-8)	Yes
A4633	Replacement Bulb/Lamp For Ultraviolet Light Therapy System, Each	Yes
A4634	Replacement Bulb For Therapeutic Light Box, Tabletop Model	Yes
A4635	Underarm Pad, Crutch, Replacement, Each (Special Coverage Instructions Apply. See Cim: 60-9)	No
A4636	Replacement, Handgrip, Cane, Crutch, Or Walker, Each (Special Coverage Instructions Apply. See Cim: 60-9)	No
A4637	Replacement, Tip, Cane, Crutch, Walker, Each. (Special Coverage Instructions Apply. See Cim: 60-9)	No
A4638	Replacement Battery For Patient-Owned Ear Pulse Generator, Each	Yes
A4639	Replacement Pad For Infrared Heating Pad System, Each	Yes
A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	No
A4641	Radiopharmaceutical, Diagnostic, Not Otherwise Classified	No
A4642	Indium In-111 Satumomab Pendetide, Diagnostic, Per Study Dose, Up To 6 Millicuries	No
A4648	Tissue Marker, Implantable, Any Type, Each	No
A4649	Surgical Supply; Miscellaneous	No
A4650	Implantable Radiation Dosimeter, Each	No
A4651	Calibrated Microcapillary Tube, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4652	Microcapillary Tube Sealant (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4653	Peritoneal Dialysis Catheter Anchoring Device, Belt, Each	Yes
A4657	Syringe, With Or Without Needle, Each (Special Coverage Instructions Apply. See Mcm: 4270)	No
A4660	Sphygmomanometer/Blood Pressure Apparatus With Cuff And Stethoscope (Special Coverage Instructions Apply. See Mcm: 4270)	No
A4663	Blood Pressure Cuff Only (Special Coverage Instructions Apply. See Mcm: 4270)	No
A4670	Automatic Blood Pressure Monitor (Non-Covered By Medicare. See Cim: 50-42 And Mcm: 4270)	No
A4671	Disposable Cycler Set Used With Cycler Dialysis Machine, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4672	Drainage Extension Line, Sterile, For Dialysis, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4673	Extension Line With Easy Lock Connectors, Used With Dialysis (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4674	Chemicals/Antiseptics Solution Used To Clean/Sterilize Dialysis Equipment, Per 8 Oz (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4680	Activated Carbon Filter For Hemodialysis, Each (Special Coverage Instructions Apply. See Cim: 55-1 And Mcm: 4270)	Yes
A4690	Dialyzer (Artificial Kidneys), All Types, All Sizes, For Hemodialysis, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4706	Bicarbonate Concentrate, Solution, For Hemodialysis, Per Gallon (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4707	Bicarbonate Concentrate, Powder, For Hemodialysis, Per Packet (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4708	Acetate Concentrate Solution, For Hemodialysis, Per Gallon (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4709	Acid Concentrate, Solution, For Hemodialysis, Per Gallon (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4714	Treated Water (Deionized, Distilled, Or Reverse Osmosis) For Peritoneal Dialysis, Per Gallon (Special Coverage Instructions Apply. See Cim: 55-1 And Mcm: 4270)	Yes
A4719	''y set'' tubing for peritoneal dialysis (Special coverage instructions apply. See MCM: 4270)	Yes
A4720	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 249 Cc, But Less Than Or Equal To 999 Cc, For Peritoneal Dialysis (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4721	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 999 Cc But Less Than Or Equal To 1999 Cc, For Peritoneal Dialysis (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4722	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 1999 Cc But Less Than Or Equal To 2999 Cc, For Peritoneal Dialysis (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4723	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 2999 Cc But Less Than Or Equal To 3999 Cc, For Peritoneal Dialysis (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4724	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 3999 Cc But Less Than Or Equal To 4999 Cc, For Peritoneal Dialysis (Special Coverage Instructions Apply. See Mcm: 4270)	Yes

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A4725	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 4999 Cc But Less Than Or Equal To 5999 Cc, For Peritoneal Dialysis (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4726	Dialysate Solution, Any Concentration Of Dextrose, Fluid Volume Greater Than 5999 Cc, For Peritoneal Dialysis (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4728	Dialysate Solution, Non-Dextrose Containing, 500 Ml	Yes
A4730	Fistula Cannulation Set For Hemodialysis, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4736	Topical Anesthetic, For Dialysis, Per Gram (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4737	Injectable Anesthetic, For Dialysis, Per 10 Ml (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4740	Shunt Accessory, For Hemodialysis, Any Type, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4750	Blood Tubing, Arterial Or Venous, For Hemodialysis, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4755	Blood Tubing, Arterial And Venous Combined, For Hemodialysis, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4760	Dialysate Solution Test Kit, For Peritoneal Dialysis, Any Type, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4765	Dialysate Concentrate, Powder, Additive For Peritoneal Dialysis, Per Packet (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4766	Dialysate Concentrate, Solution, Additive For Peritoneal Dialysis, Per 10 Ml (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4770	Blood Collection Tube, Vacuum, For Dialysis, Per 50 (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4771	Serum Clotting Time Tube, For Dialysis, Per 50 (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4772	Blood Glucose Test Strips, For Dialysis, Per 50 (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4773	Occult Blood Test Strips, For Dialysis, Per 50 (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4774	Ammonia Test Strips, For Dialysis, Per 50 (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4802	Protamine Sulfate, For Hemodialysis, Per 50 Mg (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4860	Disposable Catheter Tips For Peritoneal Dialysis, Per 10 (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4870	Plumbing And/Or Electrical Work For Home Hemodialysis Equipment (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
A4890	Contracts, Repair And Maintenance, For Hemodialysis Equipment (Special Coverage Instructions Apply. See Mcm: 2100.4)	Yes
A4911	Drain Bag/Bottle, For Dialysis, Each (Special Coverage Instructions Apply)	Yes
A4913	Miscellaneous Dialysis Supplies, Not Otherwise Specified (Special Coverage Instructions Apply)	Yes
A4918	Venous Pressure Clamp, For Hemodialysis, Each (Special Coverage Instructions Apply)	Yes
A4927	Gloves, Non-Sterile, Per 100 (Special Coverage Instructions Apply)	No
A4928	Surgical Mask, Per 20 (Special Coverage Instructions Apply)	Yes
A4929	Tourniquet For Dialysis, Each (Special Coverage Instructions Apply)	Yes
A4930	Gloves, Sterile, Per Pair (Special Coverage Instructions Apply)	No
A4931	Oral Thermometer, Reusable, Any Type, Each	No
A4932	Rectal Thermometer, Reusable, Any Type, Each	No
A5001	HIPPS Code A5001	No
A5051	Ostomy Pouch, Closed; With Barrier Attached (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5052	Ostomy Pouch, Closed; Without Barrier Attached (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5053	Ostomy Pouch, Closed; For Use On Faceplate, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A5054	Ostomy Pouch, Closed; For Use On Barrier With Flange (2 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5055	Stoma Cap (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5056	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Filter, (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5057	Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built In Convexity, With Filter, (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5061	Ostomy Pouch, Drainable; With Barrier Attached, (1 Piece), Each	No
A5062	Ostomy Pouch, Drainable; Without Barrier Attached (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5063	Ostomy Pouch, Drainable; For Use On Barrier With Flange (2 Piece System), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5071	Ostomy Pouch, Urinary; With Barrier Attached (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5072	Ostomy Pouch, Urinary; Without Barrier Attached (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No

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A5073	Ostomy Pouch, Urinary; For Use On Barrier With Flange (2 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5081	Stoma Plug Or Seal, Any Type (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A5082	Continent Device; Catheter For Continent Stoma (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A5083	Continent Device, Stoma Absorptive Cover For Continent Stoma	Yes
A5093	Ostomy Accessory; Convex Insert (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5101	HIPPS Code A5101	No
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each (Special coverage instructions apply. See MCM: 2130)	No
A5102	HIPPS Code A5102	No
A5103	HIPPS Code A5103	No
A5104	HIPPS Code A5104	No
A5105	Urinary Suspensory With Leg Bag, With Or Without Tube, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A5112	Urinary Drainage Bag, Leg Or Abdomen, Latex, With Or Without Tube, With Straps, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5113	Leg Strap; Latex, Replacement Only, Per Set (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5114	Leg Strap; Foam Or Fabric, Replacement Only, Per Set (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5120	Skin Barrier, Wipes Or Swabs, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5121	Skin Barrier; Solid, 6 X 6 Or Equivalent, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5122	Skin Barrier; Solid, 8 X 8 Or Equivalent, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5126	Adhesive Or Non-Adhesive; Disk Or Foam Pad (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
A5131	Appliance Cleaner, Incontinence And Ostomy Appliances, Per 16 Oz. (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5200	Percutaneous Catheter/Tube Anchoring Device, Adhesive Skin Attachment (Special Coverage Instructions Apply. See Mcm: 2130)	No
A5500	For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Off-The-Shelf Depth-Inlay Shoe Manufactured To Accommodate Multi-Density Insert(S), Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	No
A5501	For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Shoe Molded From Cast(S) Of Patient'S Foot (Custom Molded Shoe), Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	Yes
A5503	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Roller Or Rigid Rocker Bottom, Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	Yes
A5504	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Wedge(S), Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	Yes
A5505	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Metatarsal Bar, Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	Yes
A5506	For Diabetics Only, Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe With Off-Set Heel(S), Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	Yes
A5507	For Diabetics Only, Not Otherwise Specified Modification (Including Fitting) Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe, Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	Yes
A5508	For Diabetics Only, Deluxe Feature Of Off-The-Shelf Depth-Inlay Shoe Or Custom-Molded Shoe, Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	Yes
A5510	For Diabetics Only, Direct Formed, Compression Molded To Patient'S Foot Without External Heat Source, Multiple-Density Insert(S) Prefabricated, Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	Yes
A5512	For Diabetics Only, Multiple Density Insert, Direct Formed, Molded To Foot After External Heat Source Of 230 Degrees Fahrenheit Or Higher, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 1/4 Inch Material Of Shore A 35 Durometer O	Yes
A5513	For Diabetics Only, Multiple Density Insert, Custom Molded From Model Of Patient'S Foot, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer (Or Higher), Includes Arch Filler And Other Shapin	No
A5514	For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam Technology From A Rectified Cad Model Created From A Digitized Scan Of The Patient, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of	Yes
A6000	Non-Contact Wound Warming Wound Cover For Use With The Non-Contact Wound Warming Device And Warming Card (Non-Covered By Medicare. See Mcm: 2303)	Yes
A6010	Collagen Based Wound Filler, Dry Form, Sterile, Per Gram Of Collagen (Special Coverage Instructions Apply. See Mcm: 2079)	No

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A6011	Collagen Based Wound Filler, Gel/Paste, Per Gram Of Collagen (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6021	Collagen Dressing, Sterile, Size 16 Sq. In. Or Less, Each (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6022	Collagen Dressing, Sterile, Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6023	Collagen Dressing, Sterile, Size More Than 48 Sq. In., Each (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6024	Collagen Dressing Wound Filler, Sterile, Per 6 Inches (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6025	Gel Sheet For Dermal Or Epidermal Application, (E.G., Silicone, Hydrogel, Other), Each	Yes
A6154	Wound Pouch, Each (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6196	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6197	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6198	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6199	Alginate Or Other Fiber Gelling Dressing, Wound Filler, Sterile, Per 6 Inches (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6203	Composite Dressing, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6204	Composite Dressing, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6205	Composite Dressing, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6206	Contact Layer, Sterile, 16 Sq. In. Or Less, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6207	Contact Layer, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6208	Contact Layer, Sterile, More Than 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6209	Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6210	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6211	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6212	Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6213	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6214	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6215	Foam Dressing, Wound Filler, Sterile, Per Gram (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6216	Gauze, Non-Impregnated, Non-Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6217	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6218	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6219	Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6220	Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6221	Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6222	Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6223	Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size More Than 16 Sq. In., But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No

Procedure Code	Description	Prior Auth Required
A6224	Gauze, Impregnated With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6228	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6229	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6230	Gauze, Impregnated, Water Or Normal Saline, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6231	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size 16 Sq. In. Or Less, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6232	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size Greater Than 16 Sq. In., But Less Than Or Equal To 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6233	Gauze, Impregnated, Hydrogel, For Direct Wound Contact, Sterile, Pad Size More Than 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6234	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6235	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6236	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6237	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6238	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6239	Hydrocolloid Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6240	Hydrocolloid Dressing, Wound Filler, Paste, Sterile, Per Ounce (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6241	Hydrocolloid Dressing, Wound Filler, Dry Form, Sterile, Per Gram (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6242	Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6243	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6244	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6245	Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6246	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6247	Hydrogel Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6248	Hydrogel Dressing, Wound Filler, Gel, Per Fluid Ounce (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6250	Skin Sealants, Protectants, Moisturizers, Ointments, Any Type, Any Size (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6251	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6252	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6253	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6254	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6255	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6256	Specialty Absorptive Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6257	Transparent Film, Sterile, 16 Sq. In. Or Less, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6258	Transparent Film, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No

Procedure Code	Description	Prior Auth Required
A6259	Transparent Film, Sterile, More Than 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6260	Wound Cleansers, Any Type, Any Size (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6261	Wound Filler, Gel/Paste, Per Fluid Ounce, Not Otherwise Specified (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6262	Wound Filler, Dry Form, Per Gram, Not Otherwise Specified (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6266	Gauze, Impregnated, Other Than Water, Normal Saline, Or Zinc Paste, Sterile, Any Width, Per Linear Yard (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6402	Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6403	Gauze, Non-Impregnated, Sterile, Pad Size More Than 16 Sq. In. Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6404	Gauze, Non-Impregnated, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6407	Packing Strips, Non-Impregnated, Sterile, Up To 2 Inches In Width, Per Linear Yard	No
A6410	Eye Pad, Sterile, Each (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6411	Eye Pad, Non-Sterile, Each (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6412	Eye Patch, Occlusive, Each	Yes
A6413	Adhesive Bandage, First-Aid Type, Any Size, Each (Non-Covered By Medicare Statute. Statute Reference: 1861(S)(5))	Yes
A6441	Padding Bandage, Non-Elastic, Non-Woven/Non-Knitted, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	Yes
A6442	Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Less Than Three Inches, Per Yard	No
A6443	Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	No
A6444	Conforming Bandage, Non-Elastic, Knitted/Woven, Non-Sterile, Width Greater Than Or Equal To 5 Inches, Per Yard	No
A6445	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Less Than Three Inches, Per Yard	No
A6446	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	No
A6447	Conforming Bandage, Non-Elastic, Knitted/Woven, Sterile, Width Greater Than Or Equal To Five Inches, Per Yard	No
A6448	Light Compression Bandage, Elastic, Knitted/Woven, Width Less Than Three Inches, Per Yard	Yes
A6449	Light Compression Bandage, Elastic, Knitted/Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	Yes
A6450	Light Compression Bandage, Elastic, Knitted/Woven, Width Greater Than Or Equal To Five Inches, Per Yard	Yes
A6451	Moderate Compression Bandage, Elastic, Knitted/Woven, Load Resistance Of 1.25 To 1.34 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	Yes
A6452	High Compression Bandage, Elastic, Knitted/Woven, Load Resistance Greater Than Or Equal To 1.35 Foot Pounds At 50% Maximum Stretch, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	Yes
A6453	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Less Than Three Inches, Per Yard	No
A6454	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	No
A6455	Self-Adherent Bandage, Elastic, Non-Knitted/Non-Woven, Width Greater Than Or Equal To Five Inches, Per Yard	No
A6456	Zinc Paste Impregnated Bandage, Non-Elastic, Knitted/Woven, Width Greater Than Or Equal To Three Inches And Less Than Five Inches, Per Yard	Yes
A6457	Tubular Dressing With Or Without Elastic, Any Width, Per Linear Yard	No
A6460	Synthetic Resorbable Wound Dressing, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing	Yes
A6461	Synthetic Resorbable Wound Dressing, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Without Adhesive Border, Each Dressing	Yes
A6501	Compression Burn Garment, Bodysuit (Head To Foot), Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6502	Compression Burn Garment, Chin Strap, Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6503	Compression Burn Garment, Facial Hood, Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6504	Compression Burn Garment, Glove To Wrist, Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6505	Compression Burn Garment, Glove To Elbow, Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6506	Compression Burn Garment, Glove To Axilla, Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes

Procedure Code	Description	Prior Auth Required
A6507	Compression Burn Garment, Foot To Knee Length, Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6508	Compression Burn Garment, Foot To Thigh Length, Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6509	Compression Burn Garment, Upper Trunk To Waist Including Arm Openings (Vest), Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6510	Compression Burn Garment, Trunk, Including Arms Down To Leg Openings (Leotard), Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6511	Compression Burn Garment, Lower Trunk Including Leg Openings (Panty), Custom Fabricated (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6512	Compression Burn Garment, Not Otherwise Classified (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6513	Compression Burn Mask, Face And/Or Neck, Plastic Or Equal, Custom Fabricated	Yes
A6515	Gradient Compression Wrap With Adjustable Straps, Full Leg, Each, Custom	Yes
A6516	Gradient Compression Wrap With Adjustable Straps, Foot, Each, Custom	Yes
A6517	Gradient Compression Wrap With Adjustable Straps, Below Knee, Each, Custom	Yes
A6518	Gradient Compression Wrap With Adjustable Straps, Arm, Each, Custom	Yes
A6519	Gradient Compression Garment, Not Otherwise Specified, For Nighttime Use, Each	Yes
A6520	Gradient Compression Garment, Glove, Padded, For Nighttime Use, Each	Yes
A6521	Gradient Compression Garment, Glove, Padded, For Nighttime Use, Custom, Each	Yes
A6522	Gradient Compression Garment, Arm, Padded, For Nighttime Use, Each	Yes
A6523	Gradient Compression Garment, Arm, Padded, For Nighttime Use, Custom, Each	Yes
A6524	Gradient Compression Garment, Lower Leg And Foot, Padded, For Nighttime Use, Each	Yes
A6525	Gradient Compression Garment, Lower Leg And Foot, Padded, For Nighttime Use, Custom, Each	Yes
A6526	Gradient Compression Garment, Full Leg And Foot, Padded, For Nighttime Use, Each	Yes
A6527	Gradient Compression Garment, Full Leg And Foot, Padded, For Nighttime Use, Custom, Each	Yes
A6528	Gradient Compression Garment, Bra, For Nighttime Use, Each	Yes
A6529	Gradient Compression Garment, Bra, For Nighttime Use, Custom, Each	Yes
A6530	Gradient Compression Stocking, Below Knee, 18-30 Mmhg, Each	Yes
A6531	Gradient Compression Stocking, Below Knee, 30-40 Mmhg, Used As A Surgical Dressing, Each (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6532	Gradient Compression Stocking, Below Knee, 40-50 Mmhg, Used As A Surgical Dressing, Each (Special Coverage Instructions Apply. See Mcm: 2079)	Yes
A6533	Gradient Compression Stocking, Thigh Length, 18-30 Mmhg, Each	Yes
A6534	Gradient Compression Stocking, Thigh Length, 30-40 Mmhg, Each	Yes
A6535	Gradient Compression Stocking, Thigh Length, 40 Mmhg Or Greater, Each	Yes
A6536	Gradient Compression Stocking, Full Length/Chap Style, 18-30 Mmhg, Each	Yes
A6537	Gradient Compression Stocking, Full Length/Chap Style, 30-40 Mmhg, Each	Yes
A6538	Gradient Compression Stocking, Full Length/Chap Style, 40 Mmhg Or Greater, Each	Yes
A6539	Gradient Compression Stocking, Waist Length, 18-30 Mmhg, Each	Yes
A6540	Gradient Compression Stocking, Waist Length, 30-40 Mmhg, Each	Yes
A6541	Gradient Compression Stocking, Waist Length, 40 Mmhg Or Greater, Each	Yes
A6544	Gradient Compression Stocking, Garter Belt	No
A6545	Gradient Compression Wrap, Non-Elastic, Below Knee, 30-50 Mmhg, Used As A Surgical Dressing, Each (Special Coverage Instructions Apply. See Mcm: 2079)	No
A6548	Accessory To Custom Gradient Compression Garment, Silicone Band, Any Size	No
A6549	Gradient compression garment, not otherwise specified, for daytime use, each	No
A6550	Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies And Accessories	Yes
A6552	Gradient Compression Stocking, Below Knee, 30-40 Mmhg, Each	Yes
A6553	Gradient Compression Stocking, Below Knee, 30-40 Mmhg, Custom, Each	Yes
A6554	Gradient Compression Stocking, Below Knee, 40 Mmhg Or Greater, Each	Yes
A6555	Gradient Compression Stocking, Below Knee, 40 Mmhg Or Greater, Custom, Each	Yes
A6556	Gradient Compression Stocking, Thigh Length, 18-30 Mmhg, Custom, Each	Yes
A6557	Gradient Compression Stocking, Thigh Length, 30-40 Mmhg, Custom, Each	Yes
A6558	Gradient Compression Stocking, Thigh Length, 40 Mmhg Or Greater, Custom, Each	Yes
A6559	Gradient Compression Stocking, Full Length/Chap Style, 18-30 Mmhg, Custom, Each	Yes
A6560	Gradient Compression Stocking, Full Length/Chap Style, 30-40 Mmhg, Custom, Each	Yes
A6561	Gradient Compression Stocking, Full Length/Chap Style, 40 Mmhg Or Greater, Custom, Each	Yes
A6562	Gradient Compression Stocking, Waist Length, 18-30 Mmhg, Custom, Each	Yes
A6563	Gradient Compression Stocking, Waist Length, 30-40 Mmhg, Custom, Each	Yes
A6564	Gradient Compression Stocking, Waist Length, 40 Mmhg Or Greater, Custom, Each	Yes
A6565	Gradient Compression Gauntlet, Custom, Each	Yes
A6566	Gradient Compression Garment, Neck/Head, Each	Yes
A6567	Gradient Compression Garment, Neck/Head, Custom, Each	Yes
A6568	Gradient Compression Garment, Torso And Shoulder, Each	Yes
A6569	Gradient Compression Garment, Torso/Shoulder, Custom, Each	Yes
A6570	Gradient Compression Garment, Genital Region, Each	Yes
A6571	Gradient Compression Garment, Genital Region, Custom, Each	Yes
A6572	Gradient Compression Garment, Toe Caps, Each	Yes
A6573	Gradient Compression Garment, Toe Caps, Custom, Each	Yes
A6574	Gradient Compression Arm Sleeve And Glove Combination, Custom, Each	Yes

Procedure Code	Description	Prior Auth Required
A6575	Gradient Compression Arm Sleeve And Glove Combination, Each	Yes
A6576	Gradient Compression Arm Sleeve, Custom, Medium Weight, Each	Yes
A6577	Gradient Compression Arm Sleeve, Custom, Heavy Weight, Each	Yes
A6578	Gradient Compression Arm Sleeve, Each	Yes
A6579	Gradient Compression Glove, Custom, Medium Weight, Each	Yes
A6580	Gradient Compression Glove, Custom, Heavy Weight, Each	Yes
A6581	Gradient Compression Glove, Each	Yes
A6582	Gradient Compression Gauntlet, Each	Yes
A6583	Gradient compression wrap with adjustable straps, below knee, each	Yes
A6584	Gradient Compression Wrap With Adjustable Straps, Not Otherwise Specified	Yes
A6585	Gradient compression wrap with adjustable straps, above knee, each	Yes
A6586	Gradient compression wrap with adjustable straps, full leg, each	Yes
A6587	Gradient compression wrap with adjustable straps, foot, each	Yes
A6588	Gradient compression wrap with adjustable straps, arm, each	Yes
A6589	Gradient Pressure Wrap With Adjustable Straps, Bra, Each	Yes
A6590	External Urinary Catheters; Disposable, With Wicking Material, For Use With Suction Pump, Per Month	Yes
A6591	External Urinary Catheter; Non-Disposable, For Use With Suction Pump, Per Month	Yes
A6593	Accessory For Gradient Compression Garment Or Wrap With Adjustable Straps, Not-Otherwise Specified	Yes
A6594	Gradient Compression Bandaging Supply, Bandage Liner, Lower Extremity, Any Size Or Length, Each	Yes
A6595	Gradient Compression Bandaging Supply, Bandage Liner, Upper Extremity, Any Size Or Length, Each	Yes
A6596	Gradient Compression Bandaging Supply, Conforming Gauze, Per Linear Yard, Any Width, Each	Yes
A6597	Gradient Compression Bandage Roll, Elastic Long Stretch, Linear Yard, Any Width, Each	Yes
A6598	Gradient Compression Bandage Roll, Elastic Medium Stretch, Per Linear Yard, Any Width, Each	Yes
A6599	Gradient Compression Bandage Roll, Inelastic Short Stretch, Per Linear Yard, Any Width, Each	Yes
A6600	Gradient Compression Bandaging Supply, High Density Foam Sheet, Per 250 Square Centimeters, Each	Yes
A6601	Gradient Compression Bandaging Supply, High Density Foam Pad, Any Size Or Shape, Each	Yes
A6602	Gradient Compression Bandaging Supply, High Density Foam Roll For Bandage, Per Linear Yard, Any Width, Each	Yes
A6603	Gradient Compression Bandaging Supply, Low Density Channel Foam Sheet, Per 250 Square Centimeters, Each	Yes
A6604	Gradient Compression Bandaging Supply, Low Density Flat Foam Sheet, Per 250 Square Centimeters, Each	Yes
A6605	Gradient Compression Bandaging Supply, Padded Foam, Per Linear Yard, Any Width, Each	Yes
A6606	Gradient Compression Bandaging Supply, Padded Textile, Per Linear Yard, Any Width, Each	Yes
A6607	Gradient Compression Bandaging Supply, Tubular Protective Absorption Layer, Per Linear Yard, Any Width, Each	Yes
A6608	Gradient Compression Bandaging Supply, Tubular Protective Absorption Padded Layer, Per Linear Yard, Any Width, Each	Yes
A6609	Gradient Compression Bandaging Supply, Not Otherwise Specified	Yes
A6610	Gradient Compression Stocking, Below Knee, 18-30 Mmhg, Custom, Each	Yes
A6611	Gradient Compression Wrap With Adjustable Straps, Above Knee, Each, Custom	Yes
A7000	Canister, Disposable, Used With Suction Pump, Each	No
A7001	Canister, Non-Disposable, Used With Suction Pump, Each	No
A7002	Tubing, Used With Suction Pump, Each	No
A7003	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Disposable	No
A7004	Small Volume Nonfiltered Pneumatic Nebulizer, Disposable	No
A7005	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-Disposable	No
A7006	Administration Set, With Small Volume Filtered Pneumatic Nebulizer	No
A7007	Large Volume Nebulizer, Disposable, Unfilled, Used With Aerosol Compressor	No
A7008	Large Volume Nebulizer, Disposable, Prefilled, Used With Aerosol Compressor	Yes
A7009	Reservoir Bottle, Non-Disposable, Used With Large Volume Ultrasonic Nebulizer	Yes
A7010	Corrugated Tubing, Disposable, Used With Large Volume Nebulizer, 100 Feet	No
A7012	Water Collection Device, Used With Large Volume Nebulizer	No
A7013	Filter, Disposable, Used With Aerosol Compressor Or Ultrasonic Generator	No
A7014	Filter, Nondisposable, Used With Aerosol Compressor Or Ultrasonic Generator	Yes
A7015	Aerosol Mask, Used With Dme Nebulizer	No
A7016	Dome And Mouthpiece, Used With Small Volume Ultrasonic Nebulizer	No
A7017	Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type, Not Used With Oxygen (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
A7018	Water, Distilled, Used With Large Volume Nebulizer, 1000 Ml	Yes
A7020	Interface For Cough Stimulating Device, Includes All Components, Replacement Only	No
A7021	Supplies And Accessories For Lung Expansion Airway Clearance, Continuous High Frequency Oscillation, And Nebulization Device (E.G., Handset, Nebulizer Kit, Biofilter)	No
A7023	Mechanical Allergen Particle Barrier/Inhalation Filter, Cream, Nasal, Topical (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use With Patient Owned Equipment, Each	Yes

Procedure Code	Description	Prior Auth Required
A7026	High Frequency Chest Wall Oscillation System Hose, Replacement For Use With Patient Owned Equipment, Each	Yes
A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	No
A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each	No
A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	No
A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	No
A7031	Face Mask Interface, Replacement For Full Face Mask, Each	No
A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each	No
A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair	No
A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap	No
A7035	Headgear Used With Positive Airway Pressure Device	No
A7036	Chinstrap Used With Positive Airway Pressure Device	No
A7037	Tubing Used With Positive Airway Pressure Device	No
A7038	Filter, Disposable, Used With Positive Airway Pressure Device	No
A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	No
A7040	One Way Chest Drain Valve	Yes
A7041	Water Seal Drainage Container And Tubing For Use With Implanted Chest Tube	Yes
A7044	Oral Interface Used With Positive Airway Pressure Device, Each	No
A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only (Special Coverage Instructions Apply. See Cim: 60-17)	No
A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each (Special Coverage Instructions Apply. See Cim: 60-17)	No
A7047	Oral Interface Used With Respiratory Suction Pump, Each	Yes
A7048	Vacuum Drainage Collection Unit And Tubing Kit, Including All Supplies Needed For Collection Unit Change, For Use With Implanted Catheter, Each	No
A7049	Expiratory Positive Airway Pressure Intranasal Resistance Valve (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	No
A7501	Tracheostoma Valve, Including Diaphragm, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A7502	Replacement Diaphragm/Faceplate For Tracheostoma Valve, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A7503	Filter Holder Or Filter Cap, Reusable, For Use In A Tracheostoma Heat And Moisture Exchange System, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A7504	Filter For Use In A Tracheostoma Heat And Moisture Exchange System, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A7505	Housing, Reusable Without Adhesive, For Use In A Heat And Moisture Exchange System And/Or With A Tracheostoma Valve, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A7506	Adhesive Disc For Use In A Heat And Moisture Exchange System And/Or With Tracheostoma Valve, Any Type Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A7507	Filter Holder And Integrated Filter Without Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A7508	Housing And Integrated Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System And/Or With A Tracheostoma Valve, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A7509	Filter Holder And Integrated Filter Housing, And Adhesive, For Use As A Tracheostoma Heat And Moisture Exchange System, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A7520	Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvinylchloride (Pvc), Silicone Or Equal, Each	No
A7521	Tracheostomy/Laryngectomy Tube, Cuffed, Polyvinylchloride (Pvc), Silicone Or Equal, Each	No
A7522	Tracheostomy/Laryngectomy Tube, Stainless Steel Or Equal (Sterilizable And Reusable), Each	No
A7523	Tracheostomy Shower Protector, Each	No
A7524	Tracheostoma Stent/Stud/Button, Each	No
A7525	Tracheostomy Mask, Each	No
A7526	Tracheostomy Tube Collar/Holder, Each	No
A7527	Tracheostomy/Laryngectomy Tube Plug/Stop, Each	No
A8000	Helmet, Protective, Soft, Prefabricated, Includes All Components And Accessories	No
A8001	Helmet, Protective, Hard, Prefabricated, Includes All Components And Accessories	No
A8002	Helmet, Protective, Soft, Custom Fabricated, Includes All Components And Accessories	No
A8003	Helmet, Protective, Hard, Custom Fabricated, Includes All Components And Accessories	No
A8004	Soft Interface For Helmet, Replacement Only	No
A8005	Powered, Cable Driven Grip Assist Glove, Hand, Finger, Includes Microprocessor, Pressure Sensors, All Components And Accessories, Custom Fitted (Not Payable By Medicare)	Yes
A8006	Powered, Cable Driven Grip Assist Glove, Hand, Finger, Includes Pressure Sensors, Glove Replacement Only (Not Payable By Medicare)	Yes
A9150	Non-Prescription Drugs (Special Coverage Instructions Apply. See Mcm: 2050.5)	Yes
A9152	Single Vitamin/Mineral/Trace Element, Oral, Per Dose, Not Otherwise Specified (Not Payable By Medicare)	Yes
A9153	Multiple Vitamins, With Or Without Minerals And Trace Elements, Oral, Per Dose, Not Otherwise Specified (Not Payable By Medicare)	Yes
A9154	Artificial Saliva, 1 Ml (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A9156	Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Ml (Special Coverage Instructions Apply. See Mcm: 2079)	Yes

Procedure Code	Description	Prior Auth Required
A9180	Pediculosis (Lice Infestation) Treatment, Topical, For Administration By Patient/Caretaker (Not Payable By Medicare)	Yes
A9268	Programmer For Transient, Orally Ingested Capsule (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A9269	Programable, Transient, Orally Ingested Capsule, For Use With External Programmer, Per Month (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A9270	Non-Covered Item Or Service (Non-Covered By Medicare. See Mcm: 2303)	Yes
A9272	Wound Suction, Disposable, Includes Dressing, All Accessories And Components, Any Type, Each (Special Coverage Instructions Apply)	Yes
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type (non-covered by medicare)	Yes
A9274	External Ambulatory Insulin Delivery System, Disposable, Each, Includes All Supplies And Accessories (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A9275	Home Glucose Disposable Monitor, Includes Test Strips (Non-Covered By Medicare)	Yes
A9276	Sensor; Invasive (E.G., Subcutaneous), Disposable, For Use With Non-Durable Medical Equipment Interstitial Continuous Glucose Monitoring System, One Unit = 1 Day Supply (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A9277	Transmitter; External, For Use With Non-Durable Medical Equipment Interstitial Continuous Glucose Monitoring System (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A9278	Receiver (Monitor); External, For Use With Non-Durable Medical Equipment Interstitial Continuous Glucose Monitoring System (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A9279	Monitoring Feature/Device, Stand-Alone Or Integrated, Any Type, Includes All Accessories, Components And Electronics, Not Otherwise Classified (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
A9280	Alert Or Alarm Device, Not Otherwise Classified (Non-Covered By Medicare Statute. Statute Reference: 1861)	Yes
A9281	Reaching/Grabbing Device, Any Type, Any Length, Each (Non-Covered By Medicare Statute. Statute Reference: 1862 Ssa)	No
A9282	Wig, Any Type, Each (Non-Covered By Medicare Statute. Statute Reference: 1861Ssa)	Yes
A9283	Foot Pressure Off Loading/Supportive Device, Any Type, Each (Non-Covered By Medicare Statute. Statute Reference: 1862A(I)13)	Yes
A9284	Spirometer, Non-Electronic, Includes All Accessories (Special Coverage Instructions Apply)	Yes
A9285	Inversion/Eversion Correction Device	Yes
A9286	Hygienic Item Or Device, Disposable Or Non-Disposable, Any Type, Each (Non-Covered By Medicare Statute. Statute Reference: 1834)	Yes
A9291	Prescription Digital Cognitive And/Or Behavioral Therapy, Fda Cleared, Per Course Of Treatment	Yes
A9292	Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment	Yes
A9293	Fertility Cycle (Contraception & Conception) Tracking Software Application, Fda Cleared, Per Month, Includes Accessories (E.G., Thermometer)	Yes
A9294	Prescription Digital Cognitive And/Or Behavioral Therapy, Biofeedback, Fda Cleared, Per Course Of Treatment	Yes
A9300	Exercise Equipment (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2100.1)	Yes
A9500	Technetium Tc-99m Sestamibi, Diagnostic, Per Study Dose	No
A9501	Technetium Tc-99m Teboroxime, Diagnostic, Per Study Dose	No
A9502	Technetium Tc-99m Tetrofosmin, Diagnostic, Per Study Dose	No
A9503	Technetium Tc-99m Medronate, Diagnostic, Per Study Dose, Up To 30 Millicuries	No
A9504	Technetium Tc-99m Apcitide, Diagnostic, Per Study Dose, Up To 20 Millicuries	No
A9505	Thallium Tl-201 Thallous Chloride, Diagnostic, Per Millicurie	No
A9506	Graphite Crucible For Preparation Of Technetium Tc 99M-Labeled Carbon Aerosol, One Crucible	No
A9507	Indium In-111 Capromab Pendetide, Diagnostic, Per Study Dose, Up To 10 Millicuries	No
A9508	Iodine I-131 Iobenguane Sulfate, Diagnostic, Per 0.5 Millicurie	No
A9509	Iodine I-123 Sodium Iodide, Diagnostic, Per Millicurie	No
A9510	Technetium Tc-99m Disofenin, Diagnostic, Per Study Dose, Up To 15 Millicuries	No
A9512	Technetium Tc-99m Pertechnetate, Diagnostic, Per Millicurie	No
A9513	Lutetium Lu 177, Dotatate, Therapeutic, 1 Millicurie (Special Coverage Instructions Apply. See Cim: 153.60)	Yes
A9515	Choline C-11, Diagnostic, Per Study Dose Up To 20 Millicuries	No
A9516	Iodine I-123 Sodium Iodide, Diagnostic, Per 100 Microcuries, Up To 999 Microcuries	No
A9517	Iodine I-131 Sodium Iodide Capsule(s), Therapeutic, Per Millicurie	No
A9520	Technetium Tc-99m Tilmanocept, Diagnostic, Up To 0.5 Millicuries	No
A9521	Technetium Tc-99m Exametazime, Diagnostic, Per Study Dose, Up To 25 Millicuries	No
A9524	Iodine I-131 Iodinated Serum Albumin, Diagnostic, Per 5 Microcuries	No
A9526	Nitrogen N-13 Ammonia, Diagnostic, Per Study Dose, Up To 40 Millicuries	No
A9527	Iodine I-125, Sodium Iodide Solution, Therapeutic, Per Millicurie	No
A9528	Iodine I-131 Sodium Iodide Capsule(s), Diagnostic, Per Millicurie	No
A9529	Iodine I-131 Sodium Iodide Solution, Diagnostic, Per Millicurie	No
A9530	Iodine I-131 Sodium Iodide Solution, Therapeutic, Per Millicurie	No
A9531	Iodine I-131 Sodium Iodide, Diagnostic, Per Microcurie (Up To 100 Microcuries)	No
A9532	Iodine I-125 Serum Albumin, Diagnostic, Per 5 Microcuries	No
A9536	Technetium Tc-99m Depreotide, Diagnostic, Per Study Dose, Up To 35 Millicuries	No
A9537	Technetium Tc-99m Mebrofenin, Diagnostic, Per Study Dose, Up To 15 Millicuries	No

Procedure Code	Description	Prior Auth Required
A9538	Technetium Tc-99m Pyrophosphate, Diagnostic, Per Study Dose, Up To 25 Millicuries	No
A9539	Technetium Tc-99m Pentetate, Diagnostic, Per Study Dose, Up To 25 Millicuries	No
A9540	Technetium Tc-99m Macroaggregated Albumin, Diagnostic, Per Study Dose, Up To 10 Millicuries	No
A9541	Technetium Tc-99m Sulfur Colloid, Diagnostic, Per Study Dose, Up To 20 Millicuries	No
A9542	Indium In-111 Ibritumomab Tiuxetan, Diagnostic, Per Study Dose, Up To 5 Millicuries	Yes
A9543	Yttrium Y-90 Ibritumomab Tiuxetan, Therapeutic, Per Treatment Dose, Up To 40 Millicuries	Yes
A9546	Cobalt Co-57/58, Cyanocobalamin, Diagnostic, Per Study Dose, Up To 1 Microcurie	No
A9547	Indium In-111 Oxyquinoline, Diagnostic, Per 0.5 Millicurie	No
A9548	Indium In-111 Pentetate, Diagnostic, Per 0.5 Millicurie	No
A9550	Technetium Tc-99m Sodium Gluceptate, Diagnostic, Per Study Dose, Up To 25 Millicurie	No
A9551	Technetium Tc-99m Succimer, Diagnostic, Per Study Dose, Up To 10 Millicuries	No
A9552	Fluorodeoxyglucose F-18 Fdg, Diagnostic, Per Study Dose, Up To 45 Millicuries	No
A9553	Chromium Cr-51 Sodium Chromate, Diagnostic, Per Study Dose, Up To 250 Microcuries	No
A9554	Iodine I-125 Sodium Iothalamate, Diagnostic, Per Study Dose, Up To 10 Microcuries	No
A9555	Rubidium Rb-82, Diagnostic, Per Study Dose, Up To 60 Millicuries	Yes
A9556	Gallium Ga-67 Citrate, Diagnostic, Per Millicurie	No
A9557	Technetium Tc-99m Bicisate, Diagnostic, Per Study Dose, Up To 25 Millicuries	No
A9558	Xenon Xe-133 Gas, Diagnostic, Per 10 Millicuries	No
A9559	Cobalt Co-57 Cyanocobalamin, Oral, Diagnostic, Per Study Dose, Up To 1 Microcurie	No
A9560	Technetium Tc-99m Labeled Red Blood Cells, Diagnostic, Per Study Dose, Up To 30 Millicuries	No
A9561	Technetium Tc-99m Oxidronate, Diagnostic, Per Study Dose, Up To 30 Millicuries	No
A9562	Technetium Tc-99m Mertiatide, Diagnostic, Per Study Dose, Up To 15 Millicuries	No
A9563	Sodium Phosphate P-32, Therapeutic, Per Millicurie	No
A9564	Chromic Phosphate P-32 Suspension, Therapeutic, Per Millicurie	No
A9566	Technetium Tc-99m Fanolesomab, Diagnostic, Per Study Dose, Up To 25 Millicuries	No
A9567	Technetium Tc-99m Pentetate, Diagnostic, Aerosol, Per Study Dose, Up To 75 Millicuries	No
A9568	Technetium Tc-99m Arcitumomab, Diagnostic, Per Study Dose, Up To 45 Millicuries	Yes
A9569	Technetium Tc-99m Exametazime Labeled Autologous White Blood Cells, Diagnostic, Per Study Dose	No
A9570	Indium In-111 Labeled Autologous White Blood Cells, Diagnostic, Per Study Dose	No
A9571	Indium In-111 Labeled Autologous Platelets, Diagnostic, Per Study Dose	No
A9572	Indium In-111 Pentetreotide, Diagnostic, Per Study Dose, Up To 6 Millicuries	No
A9573	Injection, Gadopiclenol, 1 Ml	No
A9574	Air Polymer-Type A Intrauterine Foam, 0.1 Ml	Yes
A9575	Injection, Gadoterate Meglumine, 0.1 Ml	No
A9576	Injection, Gadoteridol, (Prohance Multipack), Per Ml	No
A9577	Injection, Gadobenate Dimeglumine (Multihance), Per Ml	No
A9578	Injection, Gadobenate Dimeglumine (Multihance Multipack), Per Ml	No
A9579	Injection, Gadolinium-Based Magnetic Resonance Contrast Agent, Not Otherwise Specified (Nos), Per Ml	No
A9580	Sodium Fluoride F-18, Diagnostic, Per Study Dose, Up To 30 Millicuries	No
A9581	Injection, Gadoxetate Disodium, 1 Ml	No
A9582	Iodine I-123 Iobenguane, Diagnostic, Per Study Dose, Up To 15 Millicuries	No
A9583	Injection, Gadofosveset Trisodium, 1 Ml	No
A9584	Iodine 1-123 Ioflupane, Diagnostic, Per Study Dose, Up To 5 Millicuries	No
A9585	Injection, Gadobutrol, 0.1 Ml	No
A9586	Florbetapir F18, Diagnostic, Per Study Dose, Up To 10 Millicuries (Special Coverage Instructions Apply)	Yes
A9587	Gallium Ga-68, Dotatate, Diagnostic, 0.1 Millicurie	No
A9588	Fluciclovine F-18, Diagnostic, 1 Millicurie	No
A9589	Instillation, Hexaminolevulinate Hydrochloride, 100 Mg	No
A9590	Iodine I-131, Iobenguane, 1 Millicurie	Yes
A9591	Fluoroestradiol F 18, Diagnostic, 1 Millicurie	Yes
A9592	Copper Cu-64, Dotatate, Diagnostic, 1 Millicurie	Yes
A9593	Gallium Ga-68 Psma-11, Diagnostic, (Ucsf), 1 Millicurie	Yes
A9594	Gallium Ga-68 Psma-11, Diagnostic, (Ucla), 1 Millicurie	Yes
A9595	Piflufolastat F-18, Diagnostic, 1 Millicurie	Yes
A9596	Gallium Ga-68 Gozetotide, Diagnostic, (Illuccix), 1 Millicurie	Yes
A9597	Positron Emission Tomography Radiopharmaceutical, Diagnostic, For Tumor Identification, Not Otherwise Classified	No
A9598	Positron Emission Tomography Radiopharmaceutical, Diagnostic, For Non-Tumor Identification, Not Otherwise Classified	No
A9600	Strontium Sr-89 Chloride, Therapeutic, Per Millicurie	No
A9601	Flortaucipir F 18 Injection, Diagnostic, 1 Millicurie	Yes
A9602	Fluorodopa F-18, Diagnostic, Per Millicurie	Yes
A9603	Injection, Pafolacianine, 0.1 mg	No
A9604	Samarium Sm-153 Lexidronam, Therapeutic, Per Treatment Dose, Up To 150 Millicuries	No
A9606	Radium Ra-223 Dichloride, Therapeutic, Per Microcurie	Yes
A9607	Lutetium Lu 177 Vipivotide Tetraxetan, Therapeutic, 1 Millicurie	Yes
A9608	Flotufolastat F 18, Diagnostic, 1 Millicurie	No
A9609	Fludeoxyglucose F18 Up To 15 Millicuries	No
A9610	Xenon Xe-129 Hyperpolarized Gas, Diagnostic, Per Study Dose	No

Procedure Code	Description	Prior Auth Required
A9611	Flurpiridaz F 18, Diagnostic, 1 Millicurie	No
A9612	Injection, Fluorescein, 1 Mg	No
A9615	Injection, Pegulicianine, 1 Mg	No
A9616	Gallium Ga-68 Gozetotide (Gozellix), Diagnostic, 1 Millicurie	No
A9697	Injection, Carboxydextran-Coated Superparamagnetic Iron Oxide, Per Study Dose	No
A9698	Non-Radioactive Contrast Imaging Material, Not Otherwise Classified, Per Study (Special Coverage Instructions Apply. See Mcm: 15022)	No
A9699	Radiopharmaceutical, Therapeutic, Not Otherwise Classified	Yes
A9700	Supply Of Injectable Contrast Material For Use In Echocardiography, Per Study (Special Coverage Instructions Apply. See Mcm: 15360)	Yes
A9800	Gallium Ga-68 Gozetotide, Diagnostic, (Locametz), 1 Millicurie	Yes
A9900	Miscellaneous Dme Supply, Accessory, And/Or Service Component Of Another HCPcs Code	Yes
A9901	Dme Delivery, Set Up, And/Or Dispensing Service Component Of Another HCPcs Code	Yes
A9999	HIPPS Code A9999	Yes
A9999	Miscellaneous Dme Supply Or Accessory, Not Otherwise Specified	Yes
AAA00	HIPPS Code AAA00	No
AAAA0	HIPPS Code AAAA0	No
AAAA1	HIPPS Code AAAA1	No
AAAB0	HIPPS Code AAAB0	No
AAAB1	HIPPS Code AAAB1	No
AAAC0	HIPPS Code AAAC0	No
AAAC1	HIPPS Code AAAC1	No
AAAD0	HIPPS Code AAAD0	No
AAAD1	HIPPS Code AAAD1	No
AAAE0	HIPPS Code AAAE0	No
AAAE1	HIPPS Code AAAE1	No
AAAF0	HIPPS Code AAAF0	No
AAAF1	HIPPS Code AAAF1	No
AABA0	HIPPS Code AABA0	No
AABA1	HIPPS Code AABA1	No
AABB0	HIPPS Code AABB0	No
AABB1	HIPPS Code AABB1	No
AABC0	HIPPS Code AABC0	No
AABC1	HIPPS Code AABC1	No
AABD0	HIPPS Code AABD0	No
AABD1	HIPPS Code AABD1	No
AABE0	HIPPS Code AABE0	No
AABE1	HIPPS Code AABE1	No
AABF0	HIPPS Code AABF0	No
AABF1	HIPPS Code AABF1	No
AACA0	HIPPS Code AACA0	No
AACA1	HIPPS Code AACA1	No
AACB0	HIPPS Code AACB0	No
AACB1	HIPPS Code AACB1	No
AACC0	HIPPS Code AACC0	No
AACC1	HIPPS Code AACC1	No
AACD0	HIPPS Code AACD0	No
AACD1	HIPPS Code AACD1	No
AACE0	HIPPS Code AACE0	No
AACE1	HIPPS Code AACE1	No
AACF0	HIPPS Code AACF0	No
AACF1	HIPPS Code AACF1	No
AADA0	HIPPS Code AADA0	No
AADA1	HIPPS Code AADA1	No
AADB0	HIPPS Code AADB0	No
AADB1	HIPPS Code AADB1	No
AADC0	HIPPS Code AADC0	No
AADC1	HIPPS Code AADC1	No
AADD0	HIPPS Code AADD0	No
AADD1	HIPPS Code AADD1	No
AADE0	HIPPS Code AADE0	No
AADE1	HIPPS Code AADE1	No
AADF0	HIPPS Code AADF0	No
AADF1	HIPPS Code AADF1	No
AAEA0	HIPPS Code AAEA0	No
AAEA1	HIPPS Code AAEA1	No
AAEB0	HIPPS Code AAEB0	No
AAEB1	HIPPS Code AAEB1	No
AAEC0	HIPPS Code AAEC0	No
AAEC1	HIPPS Code AAEC1	No
AAED0	HIPPS Code AAED0	No
AAED1	HIPPS Code AAED1	No

Procedure Code	Description	Prior Auth Required
AAEE0	HIPPS Code AAEE0	No
AAEE1	HIPPS Code AAEE1	No
AAEF0	HIPPS Code AAEF0	No
AAEF1	HIPPS Code AAEF1	No
AAHA0	HIPPS Code AAHA0	No
AAHA1	HIPPS Code AAHA1	No
AAHB0	HIPPS Code AAHB0	No
AAHB1	HIPPS Code AAHB1	No
AAHC0	HIPPS Code AAHC0	No
AAHC1	HIPPS Code AAHC1	No
AAHD0	HIPPS Code AAHD0	No
AAHD1	HIPPS Code AAHD1	No
AAHE0	HIPPS Code AAHE0	No
AAHE1	HIPPS Code AAHE1	No
AAHF0	HIPPS Code AAHF0	No
AAHF1	HIPPS Code AAHF1	No
AAIA0	HIPPS Code AAIA0	No
AAIA1	HIPPS Code AAIA1	No
AAIB0	HIPPS Code AAIB0	No
AAIB1	HIPPS Code AAIB1	No
AAIC0	HIPPS Code AAIC0	No
AAIC1	HIPPS Code AAIC1	No
AAID0	HIPPS Code AAID0	No
AAID1	HIPPS Code AAID1	No
AAIE0	HIPPS Code AAIE0	No
AAIE1	HIPPS Code AAIE1	No
AAIF0	HIPPS Code AAIF0	No
AAIF1	HIPPS Code AAIF1	No
AALA0	HIPPS Code AALA0	No
AALA1	HIPPS Code AALA1	No
AALB0	HIPPS Code AALB0	No
AALB1	HIPPS Code AALB1	No
AALC0	HIPPS Code AALC0	No
AALC1	HIPPS Code AALC1	No
AALD0	HIPPS Code AALD0	No
AALD1	HIPPS Code AALD1	No
AALE0	HIPPS Code AALE0	No
AALE1	HIPPS Code AALE1	No
AALF0	HIPPS Code AALF0	No
AALF1	HIPPS Code AALF1	No
AAMA0	HIPPS Code AAMA0	No
AAMA1	HIPPS Code AAMA1	No
AAMB0	HIPPS Code AAMB0	No
AAMB1	HIPPS Code AAMB1	No
AAMC0	HIPPS Code AAMC0	No
AAMC1	HIPPS Code AAMC1	No
AAMD0	HIPPS Code AAMD0	No
AAMD1	HIPPS Code AAMD1	No
AAME0	HIPPS Code AAME0	No
AAME1	HIPPS Code AAME1	No
AAMF0	HIPPS Code AAMF0	No
AAMF1	HIPPS Code AAMF1	No
AATA0	HIPPS Code AATA0	No
AATA1	HIPPS Code AATA1	No
AATB0	HIPPS Code AATB0	No
AATB1	HIPPS Code AATB1	No
AATC0	HIPPS Code AATC0	No
AATC1	HIPPS Code AATC1	No
AATD0	HIPPS Code AATD0	No
AATD1	HIPPS Code AATD1	No
AATE0	HIPPS Code AATE0	No
AATE1	HIPPS Code AATE1	No
AATF0	HIPPS Code AATF0	No
AATF1	HIPPS Code AATF1	No
AAUA0	HIPPS Code AAUA0	No
AAUA1	HIPPS Code AAUA1	No
AAUB0	HIPPS Code AAUB0	No
AAUB1	HIPPS Code AAUB1	No
AAUC0	HIPPS Code AAUC0	No
AAUC1	HIPPS Code AAUC1	No
AAUD0	HIPPS Code AAUD0	No
AAUD1	HIPPS Code AAUD1	No

Procedure Code	Description	Prior Auth Required
AAUE0	HIPPS Code AAUE0	No
AAUE1	HIPPS Code AAUE1	No
AAUF0	HIPPS Code AAUF0	No
AAUF1	HIPPS Code AAUF1	No
ABAA0	HIPPS Code ABAA0	No
ABAA1	HIPPS Code ABAA1	No
ABAB0	HIPPS Code ABAB0	No
ABAB1	HIPPS Code ABAB1	No
ABAC0	HIPPS Code ABAC0	No
ABAC1	HIPPS Code ABAC1	No
ABAD0	HIPPS Code ABAD0	No
ABAD1	HIPPS Code ABAD1	No
ABAE0	HIPPS Code ABAE0	No
ABAE1	HIPPS Code ABAE1	No
ABAF0	HIPPS Code ABAF0	No
ABAF1	HIPPS Code ABAF1	No
ABBA0	HIPPS Code ABBA0	No
ABBA1	HIPPS Code ABBA1	No
ABBB0	HIPPS Code ABBB0	No
ABBB1	HIPPS Code ABBB1	No
ABBC0	HIPPS Code ABBC0	No
ABBC1	HIPPS Code ABBC1	No
ABBD0	HIPPS Code ABBD0	No
ABBD1	HIPPS Code ABBD1	No
ABBE0	HIPPS Code ABBE0	No
ABBE1	HIPPS Code ABBE1	No
ABBF0	HIPPS Code ABBF0	No
ABBF1	HIPPS Code ABBF1	No
ABCA0	HIPPS Code ABCA0	No
ABCA1	HIPPS Code ABCA1	No
ABCB0	HIPPS Code ABCB0	No
ABCB1	HIPPS Code ABCB1	No
ABCC0	HIPPS Code ABCC0	No
ABCC1	HIPPS Code ABCC1	No
ABCD0	HIPPS Code ABCD0	No
ABCD1	HIPPS Code ABCD1	No
ABCE0	HIPPS Code ABCE0	No
ABCE1	HIPPS Code ABCE1	No
ABCF0	HIPPS Code ABCF0	No
ABCF1	HIPPS Code ABCF1	No
ABDA0	HIPPS Code ABDA0	No
ABDA1	HIPPS Code ABDA1	No
ABDB0	HIPPS Code ABDB0	No
ABDB1	HIPPS Code ABDB1	No
ABDC0	HIPPS Code ABDC0	No
ABDC1	HIPPS Code ABDC1	No
ABDD0	HIPPS Code ABDD0	No
ABDD1	HIPPS Code ABDD1	No
ABDE0	HIPPS Code ABDE0	No
ABDE1	HIPPS Code ABDE1	No
ABDF0	HIPPS Code ABDF0	No
ABDF1	HIPPS Code ABDF1	No
ABEA0	HIPPS Code ABEA0	No
ABEA1	HIPPS Code ABEA1	No
ABEB0	HIPPS Code ABEB0	No
ABEB1	HIPPS Code ABEB1	No
ABEC0	HIPPS Code ABEC0	No
ABEC1	HIPPS Code ABEC1	No
ABED0	HIPPS Code ABED0	No
ABED1	HIPPS Code ABED1	No
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B2004	HIPPS Code B2004	No

Procedure Code	Description	Prior Auth Required
B2005	HIPPS Code B2005	No
B2101	HIPPS Code B2101	No
B2102	HIPPS Code B2102	No
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	No
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	No
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	No
B4081	Nasogastric Tubing With Stylet (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	No
B4082	Nasogastric Tubing Without Stylet (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	No
B4083	Stomach Tube - Levine Type (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	No
B4087	Gastrostomy/Jejunostomy Tube, Standard, Any Material, Any Type, Each	No
B4088	Gastrostomy/Jejunostomy Tube, Low-Profile, Any Material, Any Type, Each	No
B4100	Food Thickener, Administered Orally, Per Ounce (Non-Covered By Medicare. See Cim: 60-9)	Yes
B4102	Enteral Formula, For Adults, Used To Replace Fluids And Electrolytes (E.G., Clear Liquids), 500 Ml = 1 Unit (Special Coverage Instructions Apply. See Cim: 65-10)	Yes
B4103	Enteral Formula, For Pediatrics, Used To Replace Fluids And Electrolytes (E.G., Clear Liquids), 500 Ml = 1 Unit (Special Coverage Instructions Apply. See Cim: 65-10)	Yes
B4104	Additive For Enteral Formula (E.G., Fiber) (Special Coverage Instructions Apply. See Cim: 65-10)	Yes
B4105	In-Line Cartridge Containing Digestive Enzyme(S) For Enteral Feeding, Each	Yes
B4148	Enteral Feeding Supply Kit; Elastomeric Control Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B4149	Enteral Formula, Manufactured Blenderized Natural Foods With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit (Special Coverage Instruct	Yes
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 (Special Coverage Instructions Apply. See	Yes
B4152	Enteral Formula, Nutritionally Complete, Calorically Dense (Equal To Or Greater Than 1.5 Kcal/Ml) With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Ca	Yes
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 (Special Coverage Ins	Yes
B4154	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs, Excludes Inherited Disease Of Metabolism, Includes Altered Composition Of Proteins, Fats, Carbohydrates, Vitamins And/Or Minerals, May Include Fiber, Administered Through An Enteral Fee	Yes
B4155	Enteral Formula, Nutritionally Incomplete/Modular Nutrients, Includes Specific Nutrients, Carbohydrates (E.G., Glucose Polymers), Proteins/Amino Acids (E.G., Glutamine, Arginine), Fat (E.G., Medium Chain Triglycerides) Or Combination, Administered Through	Yes
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 Calories = 1 Unit	Yes
B4158	Enteral Formula, For Pediatrics, Nutritionally Complete With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber And/Or Iron, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit (Special Cover	Yes
B4159	Enteral Formula, For Pediatrics, Nutritionally Complete Soy Based With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber And/Or Iron, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit (Spe	Yes
B4160	Enteral Formula, For Pediatrics, Nutritionally Complete Calorically Dense (Equal To Or Greater Than 0.7 Kcal/Ml) With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feedi	Yes
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 (Special Coverage Instructions	Yes
B4162	Enteral Formula, For Pediatrics, Special Metabolic Needs For Inherited Disease Of Metabolism, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit (Special Co	Yes
B4164	Parenteral Nutrition Solution: Carbohydrates (Dextrose), 50% Or Less (500 Ml = 1 Unit) - Home Mix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 Ml = 1 Unit) - Home Mix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7%, (500 Ml = 1 Unit) - Home Mix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes

Procedure Code	Description	Prior Auth Required
B4176	Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5%, (500 Ml = 1 Unit) - Home Mix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than 8.5% (500 Ml = 1 Unit) - Home Mix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% (500 Ml = 1 Unit) - Home Mix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids (Special coverage instructions apply)	Yes
B4187	Omegaven, 10 Grams Lipids (Special Coverage Instructions Apply)	Yes
B4189	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, 10 To 51 Grams Of Protein - Premix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2	Yes
B4193	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, 52 To 73 Grams Of Protein - Premix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2	Yes
B4197	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements And Vitamins, Including Preparation, Any Strength, 74 To 100 Grams Of Protein - Premix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2	Yes
B4199	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements And Vitamins, Including Preparation, Any Strength, Over 100 Grams Of Protein - Premix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 21	Yes
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes), Home Mix, Per Day (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B4220	Parenteral Nutrition Supply Kit; Premix, Per Day (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B4222	Parenteral Nutrition Supply Kit; Home Mix, Per Day (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B4224	Parenteral Nutrition Administration Kit, Per Day (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B5000	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, Renal-Aminosyn-Rf, Nephramine, Renamine-Premix (Special Coverage Instructions Apply. See Cim: 65-10	Yes
B5100	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, Hepatic, Hepatamine-Premix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450	Yes
B5200	Parenteral Nutrition Solution Compounded Amino Acid And Carbohydrates With Electrolytes, Trace Elements, And Vitamins, Including Preparation, Any Strength, Stress-Branch Chain Amino Acids-Freamine-Hbc-Premix (Special Coverage Instructions Apply. See Cim:	Yes
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE CIM: 65-10 AND MCM: 2130, 4450)	No
B9004	Parenteral Nutrition Infusion Pump, Portable (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B9006	Parenteral Nutrition Infusion Pump, Stationary (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Yes
B9998	Noc For Enteral Supplies (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	No
B9999	Noc For Parenteral Supplies (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	No
BAAA0	HIPPS Code BAAA0	No
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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BIBA0	HIPPS Code BIBA0	No
BIBA1	HIPPS Code BIBA1	No
BIBB0	HIPPS Code BIBB0	No
BIBB1	HIPPS Code BIBB1	No
BIBC0	HIPPS Code BIBC0	No
BIBC1	HIPPS Code BIBC1	No
BIBD0	HIPPS Code BIBD0	No
BIBD1	HIPPS Code BIBD1	No
BIBE0	HIPPS Code BIBE0	No
BIBE1	HIPPS Code BIBE1	No
BIBF0	HIPPS Code BIBF0	No
BIBF1	HIPPS Code BIBF1	No
BICA0	HIPPS Code BICA0	No
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BIDE1	HIPPS Code BIDE1	No
BIDF0	HIPPS Code BIDF0	No
BIDF1	HIPPS Code BIDF1	No
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BIFB0	HIPPS Code BIFB0	No
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BIFC0	HIPPS Code BIFC0	No
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BIFD0	HIPPS Code BIFD0	No
BIFD1	HIPPS Code BIFD1	No
BIFE0	HIPPS Code BIFE0	No
BIFE1	HIPPS Code BIFE1	No
BIFF0	HIPPS Code BIFF0	No
BIFF1	HIPPS Code BIFF1	No

Procedure Code	Description	Prior Auth Required
BIGA0	HIPPS Code BIGA0	No
BIGA1	HIPPS Code BIGA1	No
BIGB0	HIPPS Code BIGB0	No
BIGB1	HIPPS Code BIGB1	No
BIGC0	HIPPS Code BIGC0	No
BIGC1	HIPPS Code BIGC1	No
BIGD0	HIPPS Code BIGD0	No
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BIGE0	HIPPS Code BIGE0	No
BIGE1	HIPPS Code BIGE1	No
BIGF0	HIPPS Code BIGF0	No
BIGF1	HIPPS Code BIGF1	No
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BIHA1	HIPPS Code BIHA1	No
BIHB0	HIPPS Code BIHB0	No
BIHB1	HIPPS Code BIHB1	No
BIHC0	HIPPS Code BIHC0	No
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BIHE1	HIPPS Code BIHE1	No
BIHF0	HIPPS Code BIHF0	No
BIHF1	HIPPS Code BIHF1	No
BIIA0	HIPPS Code BIIA0	No
BIIA1	HIPPS Code BIIA1	No
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BIIB1	HIPPS Code BIIB1	No
BIIC0	HIPPS Code BIIC0	No
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BIIF1	HIPPS Code BIIF1	No
BIJA0	HIPPS Code BIJA0	No
BIJA1	HIPPS Code BIJA1	No
BIJB0	HIPPS Code BIJB0	No
BIJB1	HIPPS Code BIJB1	No
BIJC0	HIPPS Code BIJC0	No
BIJC1	HIPPS Code BIJC1	No
BIJD0	HIPPS Code BIJD0	No
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BIJE0	HIPPS Code BIJE0	No
BIJE1	HIPPS Code BIJE1	No
BIJF0	HIPPS Code BIJF0	No
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BIKA1	HIPPS Code BIKA1	No
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BIKD1	HIPPS Code BIKD1	No
BIKE0	HIPPS Code BIKE0	No
BIKE1	HIPPS Code BIKE1	No
BIKF0	HIPPS Code BIKF0	No
BIKF1	HIPPS Code BIKF1	No
BILA0	HIPPS Code BILA0	No
BILA1	HIPPS Code BILA1	No
BILB0	HIPPS Code BILB0	No
BILB1	HIPPS Code BILB1	No
BILC0	HIPPS Code BILC0	No
BILC1	HIPPS Code BILC1	No
BILD0	HIPPS Code BILD0	No
BILD1	HIPPS Code BILD1	No
BILE0	HIPPS Code BILE0	No
BILE1	HIPPS Code BILE1	No
BILF0	HIPPS Code BILF0	No
BILF1	HIPPS Code BILF1	No

Procedure Code	Description	Prior Auth Required
BIMA0	HIPPS Code BIMA0	No
BIMA1	HIPPS Code BIMA1	No
BIMB0	HIPPS Code BIMB0	No
BIMB1	HIPPS Code BIMB1	No
BIMC0	HIPPS Code BIMC0	No
BIMC1	HIPPS Code BIMC1	No
BIMD0	HIPPS Code BIMD0	No
BIMD1	HIPPS Code BIMD1	No
BIME0	HIPPS Code BIME0	No
BIME1	HIPPS Code BIME1	No
BIMF0	HIPPS Code BIMF0	No
BIMF1	HIPPS Code BIMF1	No
BINA0	HIPPS Code BINA0	No
BINA1	HIPPS Code BINA1	No
BINB0	HIPPS Code BINB0	No
BINB1	HIPPS Code BINB1	No
BINC0	HIPPS Code BINC0	No
BINC1	HIPPS Code BINC1	No
BIND0	HIPPS Code BIND0	No
BIND1	HIPPS Code BIND1	No
BINE0	HIPPS Code BINE0	No
BINE1	HIPPS Code BINE1	No
BINF0	HIPPS Code BINF0	No
BINF1	HIPPS Code BINF1	No
BIPA0	HIPPS Code BIPA0	No
BIPA1	HIPPS Code BIPA1	No
BIPB0	HIPPS Code BIPB0	No
BIPB1	HIPPS Code BIPB1	No
BIPC0	HIPPS Code BIPC0	No
BIPC1	HIPPS Code BIPC1	No
BIPD0	HIPPS Code BIPD0	No
BIPD1	HIPPS Code BIPD1	No
BIPE0	HIPPS Code BIPE0	No
BIPE1	HIPPS Code BIPE1	No
BIPF0	HIPPS Code BIPF0	No
BIPF1	HIPPS Code BIPF1	No
BITA0	HIPPS Code BITA0	No
BITA1	HIPPS Code BITA1	No
BITB0	HIPPS Code BITB0	No
BITB1	HIPPS Code BITB1	No
BITC0	HIPPS Code BITC0	No
BITC1	HIPPS Code BITC1	No
BITD0	HIPPS Code BITD0	No
BITD1	HIPPS Code BITD1	No
BITE0	HIPPS Code BITE0	No
BITE1	HIPPS Code BITE1	No
BITF0	HIPPS Code BITF0	No
BITF1	HIPPS Code BITF1	No
BIUA0	HIPPS Code BIUA0	No
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BIUD0	HIPPS Code BIUD0	No
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BIUE1	HIPPS Code BIUE1	No
BIUF0	HIPPS Code BIUF0	No
BIUF1	HIPPS Code BIUF1	No
BIVA0	HIPPS Code BIVA0	No
BIVA1	HIPPS Code BIVA1	No
BIVB0	HIPPS Code BIVB0	No
BIVB1	HIPPS Code BIVB1	No
BIVC0	HIPPS Code BIVC0	No
BIVC1	HIPPS Code BIVC1	No
BIVD0	HIPPS Code BIVD0	No
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BIVE0	HIPPS Code BIVE0	No
BIVE1	HIPPS Code BIVE1	No
BIVF0	HIPPS Code BIVF0	No
BIVF1	HIPPS Code BIVF1	No

Procedure Code	Description	Prior Auth Required
BIXA0	HIPPS Code BIXA0	No
BIXA1	HIPPS Code BIXA1	No
BIXB0	HIPPS Code BIXB0	No
BIXB1	HIPPS Code BIXB1	No
BIXC0	HIPPS Code BIXC0	No
BIXC1	HIPPS Code BIXC1	No
BIXD0	HIPPS Code BIXD0	No
BIXD1	HIPPS Code BIXD1	No
BIXE0	HIPPS Code BIXE0	No
BIXE1	HIPPS Code BIXE1	No
BIXF0	HIPPS Code BIXF0	No
BIXF1	HIPPS Code BIXF1	No
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C0102	HIPPS Code C0102	No
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C0104	HIPPS Code C0104	No
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C0201	HIPPS Code C0201	No
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C0204	HIPPS Code C0204	No
C0205	HIPPS Code C0205	No
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C0402	HIPPS Code C0402	No
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C0405	HIPPS Code C0405	No
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C0501	HIPPS Code C0501	No
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C0504	HIPPS Code C0504	No
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C0904	HIPPS Code C0904	No
C1001	HIPPS Code C1001	No
C1002	HIPPS Code C1002	No
C1003	HIPPS Code C1003	No
C1004	HIPPS Code C1004	No
C1052	Hemostatic Agent, Gastrointestinal, Topical (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1062	Intravertebral Body Fracture Augmentation With Implant (E.G., Metal, Polymer) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1101	HIPPS Code C1101	No
C1102	HIPPS Code C1102	No
C1103	HIPPS Code C1103	No
C1201	HIPPS Code C1201	No
C1202	HIPPS Code C1202	No
C1203	HIPPS Code C1203	No
C1301	HIPPS Code C1301	No

Procedure Code	Description	Prior Auth Required
C1302	HIPPS Code C1302	No
C1303	HIPPS Code C1303	No
C1304	HIPPS Code C1304	No
C1305	HIPPS Code C1305	No
C1401	HIPPS Code C1401	No
C1402	HIPPS Code C1402	No
C1403	HIPPS Code C1403	No
C1404	HIPPS Code C1404	No
C1501	HIPPS Code C1501	No
C1502	HIPPS Code C1502	No
C1503	HIPPS Code C1503	No
C1504	HIPPS Code C1504	No
C1600	Catheter, Transluminal Intravascular Lesion Preparation Device, Bladed, Sheathed (Insertable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1601	Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable) (Special coverage instructions apply. Statute reference: 1833(T))	Yes
C1601	HIPPS Code C1601	Yes
C1602	HIPPS Code C1602	Yes
C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable) (Special coverage instructions apply. Statute reference: 1833(T))	Yes
C1603	HIPPS Code C1603	Yes
C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter) (Special coverage instructions apply. Statute reference: 1833(T))	Yes
C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components (Special coverage instructions apply. Statute reference: 1833(T))	Yes
C1604	HIPPS Code C1604	Yes
C1605	Pacemaker, Leadless, Dual Chamber (Right Atrial And Right Ventricular Implantable Components), Rate-Responsive, Including All Necessary Components For Implantation (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1606	Adapter, Single-Use (I.E. Disposable), For Attaching Ultrasound System To Upper Gastrointestinal Endoscope (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1607	Neurostimulator, Integrated (Implantable), Rechargeable With All Implantable And External Components Including Charging System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1608	Prosthesis, Total, Dual Mobility, First Carpometacarpal Joint (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1701	HIPPS Code C1701	No
C1702	HIPPS Code C1702	No
C1703	HIPPS Code C1703	No
C1704	HIPPS Code C1704	No
C1705	HIPPS Code C1705	No
C1713	Anchor/Screw For Opposing Bone-To-Bone Or Soft Tissue-To-Bone (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1714	Catheter, Transluminal Atherectomy, Directional (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1715	Brachytherapy Needle (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1716	Brachytherapy Source, Non-Stranded, Gold-198, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1717	Brachytherapy Source, Non-Stranded, High Dose Rate Iridium-192, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1719	Brachytherapy Source, Non-Stranded, Non-High Dose Rate Iridium-192, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1721	Cardioverter-Defibrillator, Dual Chamber (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1722	Cardioverter-Defibrillator, Single Chamber (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1724	Catheter, Transluminal Atherectomy, Rotational (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1725	Catheter, Transluminal Angioplasty, Non-Laser (May Include Guidance, Infusion/Perfusion Capability) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1726	Catheter, Balloon Dilatation, Non-Vascular (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1727	Catheter, Balloon Tissue Dissector, Non-Vascular (Insertable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1728	Catheter, Brachytherapy Seed Administration (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1729	Catheter, Drainage (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1730	Catheter, Electrophysiology, Diagnostic, Other Than 3D Mapping (19 Or Fewer Electrodes) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1731	Catheter, Electrophysiology, Diagnostic, Other Than 3D Mapping (20 Or More Electrodes) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes

Procedure Code	Description	Prior Auth Required
C1732	Catheter, Electrophysiology, Diagnostic/Ablation, 3D Or Vector Mapping (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1733	Catheter, Electrophysiology, Diagnostic/Ablation, Other Than 3D Or Vector Mapping, Other Than Cool-Tip (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1734	Orthopedic/Device/Drug Matrix For Opposing Bone-To-Bone Or Soft Tissue-To Bone (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1735	Catheter(S), Intravascular For Renal Denervation, Radiofrequency, Including All Single Use System Components (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1736	Catheter(S), Intravascular For Renal Denervation, Ultrasound, Including All Single Use System Components (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1737	Joint Fusion And Fixation Device(S), Sacroiliac And Pelvis, Including All System Components (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1738	Powered, Single-Use (I.E. Disposable) Endoscopic Ultrasound-Guided Biopsy Device (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1739	Tissue Marker, Uniquely Detectable And Identifiable With Probe/Sensor, Any Method (Implantable), With Delivery System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1740	Leadless Electrode, Transmitter, Battery (All Implantable), For Sequential Left Ventricular Pacing (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1741	Anchor/Screw For Bone Fixation, Absorbable, Metallic (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1742	Pressure Monitoring System, Compartmental Intramuscular (Implantable), Continuous, Including All Components (E.G., Introducer, Sensor), Excludes Mobile (Wireless) Software Application (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1743	Scaffold, Endovascular Non-Coronary, Resorbable Drug Eluting, With Delivery System (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1747	Endoscope, Single-Use (I.E. Disposable), Urinary Tract, Imaging/Illumination Device (Insertable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1748	Endoscope, Single-Use (I.E. Disposable), Upper Gi, Imaging/Illumination Device (Insertable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1749	Endoscope, Retrograde Imaging/Illumination Colonoscope Device (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1750	Catheter, Hemodialysis/Peritoneal, Long-Term (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1751	Catheter, Infusion, Inserted Peripherally, Centrally Or Midline (Other Than Hemodialysis) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1752	Catheter, Hemodialysis/Peritoneal, Short-Term (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1753	Catheter, Intravascular Ultrasound (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1754	Catheter, Intradiscal (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1755	Catheter, Intraspinal (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1756	Catheter, Pacing, Transesophageal (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1757	Catheter, Thrombectomy/Embolectomy (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1758	Catheter, Ureteral (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1759	Catheter, Intracardiac Echocardiography (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1760	Closure Device, Vascular (Implantable/Insertable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1761	Catheter, Transluminal Intravascular Lithotripsy, Coronary (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1762	Connective Tissue, Human (Includes Fascia Lata) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1763	Connective Tissue, Non-Human (Includes Synthetic) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1764	Event Recorder, Cardiac (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1765	Adhesion Barrier (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1766	Introducer/Sheath, Guiding, Intracardiac Electrophysiological, Steerable, Other Than Peel-Away (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1767	Generator, Neurostimulator (Implantable), Non-Rechargeable (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1768	Graft, Vascular (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1769	Guide Wire (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1770	Imaging Coil, Magnetic Resonance (Insertable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1771	Repair Device, Urinary, Incontinence, With Sling Graft (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1772	Infusion Pump, Programmable (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes

Procedure Code	Description	Prior Auth Required
C1773	Retrieval Device, Insertable (Used To Retrieve Fractured Medical Devices) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1776	Joint Device (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1777	Lead, Cardioverter-Defibrillator, Endocardial Single Coil (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1778	Lead, Neurostimulator (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1779	Lead, Pacemaker, Transvenous Vdd Single Pass (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1780	Lens, Intraocular (New Technology) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1781	Mesh (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1782	Morcellator (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1783	Ocular Implant, Aqueous Drainage Assist Device (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1784	Ocular Device, Intraoperative, Detached Retina (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1785	Pacemaker, Dual Chamber, Rate-Responsive (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1786	Pacemaker, Single Chamber, Rate-Responsive (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1787	Patient Programmer, Neurostimulator (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1788	Port, Indwelling (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1789	Prosthesis, Breast (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1801	HIPPS Code C1801	No
C1802	HIPPS Code C1802	No
C1803	HIPPS Code C1803	No
C1804	HIPPS Code C1804	No
C1805	HIPPS Code C1805	No
C1806	HIPPS Code C1806	No
C1813	Prosthesis, Penile, Inflatable (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1814	Retinal Tamponade Device, Silicone Oil (Special Coverage Instructions Apply. Statute Reference: 1833T)	Yes
C1815	Prosthesis, Urinary Sphincter (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1816	Receiver And/Or Transmitter, Neurostimulator (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1817	Septal Defect Implant System, Intracardiac (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1818	Integrated Keratoprosthesis (Special Coverage Instructions Apply. Statute Reference: 1833T)	Yes
C1819	Surgical Tissue Localization And Excision Device (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833T)	Yes
C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM (SPECIAL COVERAGE INSTRUCTIONS APPLY. STATUTE REFERENCE: 1833(T))	No
C1821	Interspinous Process Distraction Device (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1822	Generator, Neurostimulator (Implantable), High Frequency, With Rechargeable Battery And Charging System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1823	Generator, Neurostimulator (Implantable), Non-Rechargeable, With Transvenous Sensing And Stimulation Leads (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1824	Generator, Cardiac Contractility Modulation (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1825	Generator, Neurostimulator (Implantable), Non-Rechargeable With Carotid Sinus Baroreceptor Stimulation Lead(S) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1826	Generator, Neurostimulator (Implantable), Includes Closed Feedback Loop Leads And All Implantable Components, With Rechargeable Battery And Charging System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1827	Generator, Neurostimulator (Implantable), Non-Rechargeable, With Implantable Stimulation Lead And External Paired Stimulation Controller (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1830	Powered Bone Marrow Biopsy Needle (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1831	Interbody Cage, Anterior, Lateral Or Posterior, Personalized (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1832	Autograft Suspension, Including Cell Processing And Application, And All System Components (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1833	Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes

Procedure Code	Description	Prior Auth Required
C1834	Pressure Sensor System, Includes All Components (E.G., Introducer, Sensor), Intramuscular (Implantable), Excludes Mobile (Wireless) Software Application (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1839	Iris Prosthesis (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1840	Lens, Intraocular (Telescopic) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1874	Stent, Coated/Covered, With Delivery System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1875	Stent, Coated/Covered, Without Delivery System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1876	Stent, Non-Coated/Non-Covered, With Delivery System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1877	Stent, Non-Coated/Non-Covered, Without Delivery System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1878	Material For Vocal Cord Medialization, Synthetic (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1880	Vena Cava Filter (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1881	Dialysis Access System (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1882	Cardioverter-Defibrillator, Other Than Single Or Dual Chamber (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1883	ADAPTER/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE) (SPECIAL COVERAGE INSTRUCTIONS APPLY. STATUTE REFERENCE: 1833(T))	Yes
C1884	Embolization Protective System (Special Coverage Instructions Apply. Statute Reference: 1833T)	Yes
C1885	Catheter, Transluminal Angioplasty, Laser (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1886	Catheter, Extravascular Tissue Ablation, Any Modality (Insertable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1887	Catheter, Guiding (May Include Infusion/Perfusion Capability) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1888	Catheter, Ablation, Non-Cardiac, Endovascular (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1889	Implantable/Insertable Device, Not Otherwise Classified (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1890	No Implantable/Insertable Device Used With Device-Intensive Procedures (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1891	Infusion Pump, Non-Programmable, Permanent (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1892	Introducer/Sheath, Guiding, Intracardiac Electrophysiological, Fixed-Curve, Peel-Away (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1893	Introducer/Sheath, Guiding, Intracardiac Electrophysiological, Fixed-Curve, Other Than Peel-Away (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1894	Introducer/Sheath, Other Than Guiding, Other Than Intracardiac Electrophysiological, Non-Laser (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1895	Lead, Cardioverter-Defibrillator, Endocardial Dual Coil (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1896	Lead, Cardioverter-Defibrillator, Other Than Endocardial Single Or Dual Coil (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C1897	Lead, Neurostimulator Test Kit (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1898	Lead, Pacemaker, Other Than Transvenous Vdd Single Pass (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1899	Lead, Pacemaker/Cardioverter-Defibrillator Combination (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1900	Lead, Left Ventricular Coronary Venous System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1901	HIPPS Code C1901	No
C1902	HIPPS Code C1902	No
C1903	HIPPS Code C1903	No
C1904	HIPPS Code C1904	No
C1982	Catheter, Pressure-Generating, (E.G., One-Way Valve, Intermittently Occlusive) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2001	HIPPS Code C2001	No
C2002	HIPPS Code C2002	No
C2003	HIPPS Code C2003	No
C2004	HIPPS Code C2004	No
C2005	HIPPS Code C2005	No
C2101	HIPPS Code C2101	No
C2102	HIPPS Code C2102	No
C2596	Probe, Image-Guided, Robotic, Waterjet Ablation (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2613	Lung Biopsy Plug With Delivery System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes

Procedure Code	Description	Prior Auth Required
C2614	Probe, Percutaneous Lumbar Discectomy (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2615	Sealant, Pulmonary, Liquid (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2616	Brachytherapy Source, Non-Stranded, Yttrium-90, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2617	Stent, Non-Coronary, Temporary, Without Delivery System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2618	Probe/Needle, Cryoablation (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2619	Pacemaker, Dual Chamber, Non Rate-Responsive (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2620	Pacemaker, Single Chamber, Non Rate-Responsive (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2621	Pacemaker, Other Than Single Or Dual Chamber (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2622	Prosthesis, Penile, Non-Inflatable (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2623	Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2624	Implantable Wireless Pulmonary Artery Pressure Sensor With Delivery Catheter, Including All System Components (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2625	Stent, Non-Coronary, Temporary, With Delivery System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2626	Infusion Pump, Non-Programmable, Temporary (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2627	Catheter, Suprapubic/Cystoscopic (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2628	Catheter, Occlusion (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2629	Introducer/Sheath, Other Than Guiding, Other Than Intracardiac Electrophysiological, Laser (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2630	Catheter, Electrophysiology, Diagnostic/Ablation, Other Than 3D Or Vector Mapping, Cool-Tip (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2631	Repair Device, Urinary, Incontinence, Without Sling Graft (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2634	Brachytherapy Source, Non-Stranded, High Activity, Iodine-125, Greater Than 1.01 Mci (Nist), Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2635	Brachytherapy Source, Non-Stranded, High Activity, Palladium-103, Greater Than 2.2 Mci (Nist), Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2636	Brachytherapy Linear Source, Non-Stranded, Palladium-103, Per 1 Mm (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C2637	Brachytherapy Source, Non-Stranded, Ytterbium-169, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2638	Brachytherapy Source, Stranded, Iodine-125, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	No
C2639	Brachytherapy Source, Non-Stranded, Iodine-125, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	No
C2640	Brachytherapy Source, Stranded, Palladium-103, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	No
C2641	Brachytherapy Source, Non-Stranded, Palladium-103, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	No
C2642	Brachytherapy Source, Stranded, Cesium-131, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C2643	Brachytherapy Source, Non-Stranded, Cesium-131, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C2644	Brachytherapy Source, Cesium-131 Chloride Solution, Per Millicurie (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2645	Brachytherapy Planar Source, Palladium-103, Per Square Millimeter (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2698	Brachytherapy Source, Stranded, Not Otherwise Specified, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	No
C2699	Brachytherapy Source, Non-Stranded, Not Otherwise Specified, Per Source (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	No
C7500	Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (E.G., Subfacial) Drug-Delivery Device(S)	Yes
C7501	Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (E.G., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single L	Yes
C7502	Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (E.G., Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Sin	Yes
C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (e.g., mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed	Yes

Procedure Code	Description	Prior Auth Required
C7504	Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance	Yes
C7505	Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance	Yes
C7506	Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation	Yes
C7507	Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (E.G., Kyphoplasty), Unilateral	Yes
C7508	Percutaneous Vertebral Augmentations, First Lumbar And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (E.G., Kyphoplasty), Unilateral O	Yes
C7509	Bronchoscopy, Rigid Or Flexible, Diagnostic With Cell Washing(S) When Performed, With Computer-Assisted Image-Guided Navigation, Including Fluoroscopic Guidance When Performed	Yes
C7510	Bronchoscopy, Rigid Or Flexible, With Bronchial Alveolar Lavage(S), With Computer-Assisted Image-Guided Navigation, Including Fluoroscopic Guidance When Performed	Yes
C7511	Bronchoscopy, Rigid Or Flexible, With Single Or Multiple Bronchial Or Endobronchial Biopsy(Ies), Single Or Multiple Sites, With Computer-Assisted Image-Guided Navigation, Including Fluoroscopic Guidance When Performed	Yes
C7512	Bronchoscopy, Rigid Or Flexible, With Single Or Multiple Bronchial Or Endobronchial Biopsy(Ies), Single Or Multiple Sites, With Transendoscopic Endobronchial Ultrasound (Ebus) During Bronchoscopic Diagnostic Or Therapeutic Intervention(S) For Peripheral L	Yes
C7513	Dialysis Circuit, Introduction Of Needle(S) And/Or Catheter(S), With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis	Yes
C7514	Dialysis Circuit, Introduction Of Needle(S) And/Or Catheter(S), With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis	Yes
C7515	Dialysis Circuit, Introduction Of Needle(S) And/Or Catheter(S), With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis	Yes
C7516	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tom	Yes
C7517	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, With Iliac And/Or Femoral Artery Angiography, Non-Selective, Bilateral Or Ipsilateral To Catheter Insertion, Performed At T	Yes
C7518	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, V	Yes
C7519	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, V	Yes
C7520	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, V	Yes
C7521	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography With Right Heart Catheterization With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasou	Yes
C7522	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation With Right Heart Catheterization, With Intravascular Doppler Velocity And/Or Press	Yes
C7523	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left V	Yes
C7524	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left V	Yes
C7525	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left V	Yes
C7526	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left V	Yes
C7527	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Right And Left Heart Catheterization Including Intraprocedural Injection(S)	Yes
C7528	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Right And Left Heart Catheterization Including Intraprocedural Injection(S)	Yes

Procedure Code	Description	Prior Auth Required
C7529	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Right And Left Heart Catheterization Including Intraprocedural Injection(S)	Yes
C7530	Dialysis Circuit, Introduction Of Needle(S) And/Or Catheter(S), With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis	Yes
C7531	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(Ies), Unilateral, With Transluminal Angioplasty With Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Inclu	Yes
C7532	Transluminal Balloon Angioplasty (Except Lower Extremity Artery(Ies) For Occlusive Disease, Intracranial, Coronary, Pulmonary, Or Dialysis Circuit), Initial Artery, Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretatio	Yes
C7533	Percutaneous Transluminal Coronary Angioplasty, Single Major Coronary Artery Or Branch With Transcatheter Placement Of Radiation Delivery Device For Subsequent Coronary Intravascular Brachytherapy	Yes
C7534	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(Ies), Unilateral, With Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed With Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic E	Yes
C7535	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(Ies), Unilateral, With Transluminal Stent Placement(S), Includes Angioplasty Within The Same Vessel, When Performed, With Intravascular Ultrasound (Initial Noncoronary Vessel	Yes
C7537	Insertion Of New Or Replacement Of Permanent Pacemaker With Atrial Transvenous Electrode(S), With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse Gener	Yes
C7538	Insertion Of New Or Replacement Of Permanent Pacemaker With Ventricular Transvenous Electrode(S), With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse	Yes
C7539	Insertion Of New Or Replacement Of Permanent Pacemaker With Atrial And Ventricular Transvenous Electrode(S), With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacem	Yes
C7540	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator, Dual Lead System, With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pa	Yes
C7541	Diagnostic Endoscopic Retrograde Cholangiopancreatography (Ercp), Including Collection Of Specimen(S) By Brushing Or Washing, When Performed, With Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S) (Special Cove	Yes
C7542	Endoscopic Retrograde Cholangiopancreatography (Ercp) With Biopsy, Single Or Multiple, With Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S) (Special Coverage Instructions Apply)	Yes
C7543	Endoscopic Retrograde Cholangiopancreatography (Ercp) With Sphincterotomy/Papillotomy, With Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S) (Special Coverage Instructions Apply)	Yes
C7544	Endoscopic Retrograde Cholangiopancreatography (Ercp) With Removal Of Calculi/Debris From Biliary/Pancreatic Duct(S), With Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S) (Special Coverage Instructions Apply)	Yes
C7545	Percutaneous Exchange Of Biliary Drainage Catheter (Eg, External, Internal-External, Or Conversion Of Internal-External To External Only), With Removal Of Calculi/Debris From Biliary Duct(S) And/Or Gallbladder, Including Destruction Of Calculi By Any Meth	Yes
C7546	Removal And Replacement Of Externally Accessible Nephroureteral Catheter (Eg, External/Internal Stent) Requiring Fluoroscopic Guidance, With Ureteral Stricture Balloon Dilation, Including Imaging Guidance And All Associated Radiological Supervision And In	Yes
C7547	Convert Nephrostomy Catheter To Nephroureteral Catheter, Percutaneous Via Pre-Existing Nephrostomy Tract, With Ureteral Stricture Balloon Dilation, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/	Yes
C7548	Exchange Nephrostomy Catheter, Percutaneous, With Ureteral Stricture Balloon Dilation, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision A	Yes
C7549	Change Of Ureterostomy Tube Or Externally Accessible Ureteral Stent Via Ileal Conduit With Ureteral Stricture Balloon Dilation, Including Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation	Yes
C7550	Cystourethroscopy, With Biopsy(Ies) With Adjunctive Blue Light Cystoscopy With Fluorescent Imaging Agent	Yes
C7551	Excision Of Major Peripheral Nerve Neuroma, Except Sciatic, With Implantation Of Nerve End Into Bone Or Muscle	Yes
C7552	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Ven	Yes
C7553	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Right And Left Heart Catheterization Including Intraprocedural Injection(S) Fo	Yes
C7554	Cystourethroscopy With Adjunctive Blue Light Cystoscopy With Fluorescent Imaging Agent	Yes
C7555	Thyroidectomy, Total Or Complete With Parathyroid Autotransplantation	Yes

Procedure Code	Description	Prior Auth Required
C7556	Bronchoscopy, Rigid Or Flexible, With Bronchial Alveolar Lavage And Transendoscopic Endobronchial Ultrasound (Ebus) During Bronchoscopic Diagnostic Or Therapeutic Intervention(S) For Peripheral Lesion(S), Including Fluoroscopic Guidance, When Performed (S	Yes
C7557	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Vent	Yes
C7560	Endoscopic Retrograde Cholangiopancreatography (Ercp) With Removal Of Foreign Body(S) Or Stent(S) From Biliary/Pancreatic Duct(S) And Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Duct(S) (Special Coverage Instructi	Yes
C7562	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	Yes
C7563	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to p	No
C7564	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic i	No
C7565	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) l	No
C7566	Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation, With Autografts (Includes Obtaining Grafts) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C7567	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance When Performed, With Transbronchial Needle Aspiration Biopsy(S), Trachea, Main Stem And/Or Lobar Bronchus(I), With Computer-Assisted Image-Guided Naviagation	Yes
C7568	Catheter Placement In Coronary Artery(Ies) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow	Yes
C7569	Percutaneous Transluminal Coronary Angioplasty, Single Major Coronary Artery Or Branch With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic	Yes
C7570	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation With Intraprocedural Coronary Fractional Flow Reserve (Ffr) With 3D Functional	Yes
C7571	Percutaneous Transluminal Coronary Angioplasty, Single Major Coronary Artery Or Branch With Percutaneous Transluminal Coronary Lithotripsy (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C7900	Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder, 15-29 Minutes, Provided Remotely By Hospital Staff Who Are Licensed To Provide Mental Health Services Under Applicable State Law(S), When The Patient Is In Thei	Yes
C7901	Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder, 30-60 Minutes, Provided Remotely By Hospital Staff Who Are Licensed To Provided Mental Health Services Under Applicable State Law(S), When The Patient Is In Thei	Yes
C7902	Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder, Each Additional 15 Minutes, Provided Remotely By Hospital Staff Who Are Licensed To Provide Mental Health Services Under Applicable State Law(S), When The Patien	Yes
C7903	Group Psychotherapy Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder Provided Remotely By Hospital Staff Who Are Licensed To Provide Mental Health Services Under Applicable State Law(S), When The Patient Is In T	Yes
C8000	Support Device, Extravascular, For Arteriovenous Fistula (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C8001	3D Anatomical Segmentation Imaging For Preoperative Planning, Data Preparation And Transmission, Obtained From Previous Diagnostic Computed Tomographic Or Magnetic Resonance Examination Of The Same Anatomy	No
C8002	Preparation Of Skin Cell Suspension Autograft, Automated, Including All Enzymatic Processing And Device Components (Do Not Report With Manual Suspension Preparation)	No
C8003	Implantation Of Medial Knee Extraarticular Implantable Shock Absorber Spanning The Knee Joint From Distal Femur To Proximal Tibia, Open, Includes Measurements, Positioning And Adjustments, With Imaging Guidance (E.G., Fluoroscopy)	No
C8004	Simulation Angiogram With Use Of A Pressure-Generating Catheter (E.G., One-Way Valve, Intermittently Occluding), Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Angi	No
C8005	Bronchoscopy, Rigid Or Flexible, Non-Thermal Transbronchial Ablation Of Lesion(S) By Pulsed Electric Field (Pef) Energy, Including Fluoroscopic And/Or Ultrasound Guidance, When Performed, With Computed Tomography Acquisition(S) And 3D Rendering, Computer-	Yes
C8006	Insertion Of Pleural-Peritoneal Shunt With Intercostal Pump Chamber, Including Imaging, Injection(S) Of Contrast With Radiological Supervision And Interpretation, When Performed (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C8007	Open Implantation Of Hypoglossal Nerve Neurostimulator Array And Pulse Generator, Not Requiring Insertion Of A Separate Distal Respiratory Sensor Electrode Or Electrode Array (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No

Procedure Code	Description	Prior Auth Required
C8008	Revision Or Replacement Of Hypoglossal Nerve Neurostimulator Array Including Connection To Existing Pulse Generator (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C8009	Removal Of Hypoglossal Nerve Neurostimulator Array And Pulse Generator (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C8010	Percutaneous Placement Of Permanent Common Carotid Embolic Protection Device, Including All System Components And Imaging Guidance; Bilateral (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C8011	Open Implantation Of Hypoglossal Nerve(S) Neurostimulator Electrode Array(S) And Receiver, Including External Power Source And All System Components	No
C8012	Revision Or Replacement Of Hypoglossal Nerve(S) Neurostimulator Electrode Array(S) And Receiver	No
C8013	Removal Of Hypoglossal Nerve(S) Neurostimulator Electrode Array(S) And Receiver	No
C8900	Magnetic Resonance Angiography With Contrast, Abdomen (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8901	Magnetic Resonance Angiography Without Contrast, Abdomen (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8902	Magnetic Resonance Angiography Without Contrast Followed By With Contrast, Abdomen (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8903	Magnetic Resonance Imaging With Contrast, Breast; Unilateral (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8905	Magnetic Resonance Imaging Without Contrast Followed By With Contrast, Breast; Unilateral (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8906	Magnetic Resonance Imaging With Contrast, Breast; Bilateral (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8908	Magnetic Resonance Imaging Without Contrast Followed By With Contrast, Breast; Bilateral (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8909	Magnetic Resonance Angiography With Contrast, Chest (Excluding Myocardium) (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8910	Magnetic Resonance Angiography Without Contrast, Chest (Excluding Myocardium) (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8911	Magnetic Resonance Angiography Without Contrast Followed By With Contrast, Chest (Excluding Myocardium) (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8912	Magnetic Resonance Angiography With Contrast, Lower Extremity (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8913	Magnetic Resonance Angiography Without Contrast, Lower Extremity (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8914	Magnetic Resonance Angiography Without Contrast Followed By With Contrast, Lower Extremity (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8918	Magnetic Resonance Angiography With Contrast, Pelvis (Special Coverage Instructions Apply. Statute Reference: 430 Bipa)	Yes
C8919	Magnetic Resonance Angiography Without Contrast, Pelvis (Special Coverage Instructions Apply. Statute Reference: 430 Bipa)	Yes
C8920	Magnetic Resonance Angiography Without Contrast Followed By With Contrast, Pelvis (Special Coverage Instructions Apply. Statute Reference: 430 Bipa)	Yes
C8921	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, For Congenital Cardiac Anomalies; Complete (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8922	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, For Congenital Cardiac Anomalies; Follow-Up Or Limited Study (Special Coverage Instructions Apply. Statute Reference: 1833(T)(2))	Yes
C8923	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, Without Spectral Or Color Doppler Echocardiography (Special Coverage	Yes
C8924	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Follow-Up Or Limited Study (Special Coverage Instructions Apply. Statute Refer	Yes
C8925	Transesophageal Echocardiography (Tee) With Contrast, Or Without Contrast Followed By With Contrast, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording); Including Probe Placement, Image Acquisition, Interpretation And Report (Speci	Yes
C8926	Transesophageal Echocardiography (Tee) With Contrast, Or Without Contrast Followed By With Contrast, For Congenital Cardiac Anomalies; Including Probe Placement, Image Acquisition, Interpretation And Report (Special Coverage Instructions Apply. Statute Re	Yes
C8927	Transesophageal Echocardiography (Tee) With Contrast, Or Without Contrast Followed By With Contrast, For Monitoring Purposes, Including Probe Placement, Real Time 2-Dimensional Image Acquisition And Interpretation Leading To Ongoing (Continuous) Assessmen	Yes
C8928	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise A	Yes
C8929	Transthoracic Echocardiography With Contrast, Or Without Contrast Followed By With Contrast, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, With Spectral Doppler Echocardiography, And With Color Flow Doppler	Yes

Procedure Code	Description	Prior Auth Required
C8930	Transthoracic Echocardiography, With Contrast, Or Without Contrast Followed By With Contrast, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, During Rest And Cardiovascular Stress Test Using Treadmill, Bicycle Exercise	Yes
C8931	Magnetic Resonance Angiography With Contrast, Spinal Canal And Contents (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C8932	Magnetic Resonance Angiography Without Contrast, Spinal Canal And Contents (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C8933	Magnetic Resonance Angiography Without Contrast Followed By With Contrast, Spinal Canal And Contents (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C8934	Magnetic Resonance Angiography With Contrast, Upper Extremity (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C8935	Magnetic Resonance Angiography Without Contrast, Upper Extremity (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C8936	Magnetic Resonance Angiography Without Contrast Followed By With Contrast, Upper Extremity (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C8937	Computer-Aided Detection, Including Computer Algorithm Analysis Of Breast Mri Image Data For Lesion Detection/Characterization, Pharmacokinetic Analysis, With Further Physician Review For Interpretation (List Separately In Addition To Code For Primary Pro	Yes
C8957	Intravenous Infusion For Therapy/Diagnosis; Initiation Of Prolonged Infusion (More Than 8 Hours), Requiring Use Of Portable Or Implantable Pump (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9046	Cocaine Hydrochloride Nasal Solution (Goprelto), 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9047	Injection, caplacizumab-yhdp, 1 mg (Special coverage instructions apply. Statute reference: 1833(t))	Yes
C9067	Gallium Ga-68, Dotatoc, Diagnostic, 0.01 Mci (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9101	Injection, Oliceridine, 0.1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9113	Injection, Pantoprazole Sodium, Per Vial (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9143	Cocaine Hydrochloride Nasal Solution (Numbrino), 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9144	Injection, Bupivacaine (Posimir), 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9154	Injection, Buprenorphine Extended-Release (Brixadi), 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9173	Injection, Filgrastim-Txid (Nypozi), Biosimilar, 1 Microgram (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9176	Tc-99M From Domestically Produced Non-Heu Mo-99, [Minimum 50 Percent], Full Cost Recovery Add-On, Per Study Dose (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9250	Human Plasma Fibrin Sealant, Vapor-Heated, Solvent-Detergent (Artiss), 2 Ml (Special Coverage Instructions Apply. Statute Reference: 621Mma)	No
C9254	Injection, Lacosamide, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 621Mma)	No
C9257	Injection, Bevacizumab, 0.25 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9285	Lidocaine 70 Mg/Tetracaine 70 Mg, Per Patch (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9293	Injection, Glucarpidase, 10 Units (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9309	Injection, Onasemnogene Abeparvovec-Brve, Per Treatment (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9352	Microporous Collagen Implantable Tube (Neuragen Nerve Guide), Per Centimeter Length (Special Coverage Instructions Apply. Statute Reference: 621Mma)	Yes
C9353	Microporous Collagen Implantable Slit Tube (Neurawrap Nerve Protector), Per Centimeter Length (Special Coverage Instructions Apply. Statute Reference: 621Mma)	Yes
C9354	Acellular Pericardial Tissue Matrix Of Non-Human Origin (Veritas), Per Square Centimeter (Special Coverage Instructions Apply. Statute Reference: 621Mma)	Yes
C9355	Collagen Nerve Cuff (Neuromatrix), Per 0.5 Centimeter Length (Special Coverage Instructions Apply. Statute Reference: 621Mma)	Yes
C9356	Tendon, Porous Matrix Of Cross-Linked Collagen And Glycosaminoglycan Matrix (Tenoglide Tendon Protector Sheet), Per Square Centimeter (Special Coverage Instructions Apply. Statute Reference: 621 Mma)	Yes
C9358	Dermal Substitute, Native, Non-Denatured Collagen, Fetal Bovine Origin (Surgimend Collagen Matrix), Per 0.5 Square Centimeters (Special Coverage Instructions Apply. Statute Reference: 621 Mma)	Yes
C9359	Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra Os Osteoconductive Scaffold Putty), Per 0.5 Cc (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9360	Dermal Substitute, Native, Non-Denatured Collagen, Neonatal Bovine Origin (Surgimend Collagen Matrix), Per 0.5 Square Centimeters (Special Coverage Instructions Apply. Statute Reference: 621Mma)	No

Procedure Code	Description	Prior Auth Required
C9361	Collagen Matrix Nerve Wrap (Neuromend Collagen Nerve Wrap), Per 0.5 Centimeter Length (Special Coverage Instructions Apply. Statute Reference: 621Mma)	No
C9362	Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Strip), Per 0.5 Cc (Special Coverage Instructions Apply. Statute Reference: 621Mma)	No
C9363	Skin Substitute, Integra Meshed Bilayer Wound Matrix, Per Square Centimeter (Special Coverage Instructions Apply. Statute Reference: 621Mma)	No
C9364	Porcine Implant, Permacol, Per Square Centimeter (Special Coverage Instructions Apply. Statute Reference: 621Mma)	No
C9399	Unclassified Drugs Or Biologicals (Special Coverage Instructions Apply. Statute Reference: 621Mma)	Yes
C9460	Injection, Cangrelor, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9462	Injection, Delafloxacin, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9482	Injection, Sotalol Hydrochloride, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9488	Injection, Conivaptan Hydrochloride, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9507	Plasma, High Titer Covid-19 Convalescent, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9600	Percutaneous Transcatheter Placement Of Drug Eluting Intracoronary Stent(s), With Coronary Angioplasty When Performed; Single Major Coronary Artery Or Branch (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9601	Percutaneous Transcatheter Placement Of Drug-Eluting Intracoronary Stent(S), With Coronary Angioplasty When Performed; Each Additional Branch Of A Major Coronary Artery (List Separately In Addition To Code For Primary Procedure) (Special Coverage Instruct	Yes
C9602	Percutaneous Transluminal Coronary Atherectomy, With Drug Eluting Intracoronary Stent, With Coronary Angioplasty When Performed; Single Major Coronary Artery Or Branch (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9603	Percutaneous Transluminal Coronary Atherectomy, With Drug-Eluting Intracoronary Stent, With Coronary Angioplasty When Performed; Each Additional Branch Of A Major Coronary Artery (List Separately In Addition To Code For Primary Procedure) (Special Coverag	Yes
C9604	Percutaneous Transluminal Revascularization Of Or Through Coronary Artery Bypass Graft (Internal Mammary, Free Arterial, Venous), Any Combination Of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty, Including Distal Protection When Performed;	Yes
C9605	Percutaneous Transluminal Revascularization Of Or Through Coronary Artery Bypass Graft (Internal Mammary, Free Arterial, Venous), Any Combination Of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty, Including Distal Protection When Performed;	Yes
C9606	Percutaneous Transluminal Revascularization Of Acute Total/Subtotal Occlusion During Acute Myocardial Infarction, Coronary Artery Or Coronary Artery Bypass Graft, Any Combination Of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty, Including	Yes
C9607	Percutaneous Transluminal Revascularization Of Chronic Total Occlusion, Coronary Artery, Coronary Artery Branch, Or Coronary Artery Bypass Graft, Any Combination Of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty; Single Vessel (Special Cove	Yes
C9608	Percutaneous Transluminal Revascularization Of Chronic Total Occlusion, Coronary Artery, Coronary Artery Branch, Or Coronary Artery Bypass Graft, Any Combination Of Drug-Eluting Intracoronary Stent, Atherectomy And Angioplasty; Each Additional Coronary Ar	Yes
C9610	Catheter, Transluminal Drug Delivery With Or Without Angioplasty, Coronary, Non-Laser (Insertable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9725	Placement Of Endorectal Intracavitary Applicator For High Intensity Brachytherapy (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9726	Placement And Removal (If Performed) Of Applicator Into Breast For Intraoperative Radiation Therapy, Add-On To Primary Breast Procedure (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9727	Insertion Of Implants Into The Soft Palate; Minimum Of Three Implants (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9728	Placement Of Interstitial Device(S) For Radiation Therapy/Surgery Guidance (E.G., Fiducial Markers, Dosimeter), For Other Than The Following Sites (Any Approach): Abdomen, Pelvis, Prostate, Retroperitoneum, Thorax, Single Or Multiple (Special Coverage Ins	No
C9733	Non-Ophthalmic Fluorescent Vascular Angiography (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9734	Focused Ultrasound Ablation/Therapeutic Intervention, Other Than Uterine Leiomyomata, With Magnetic Resonance (Mr) Guidance (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9738	Adjunctive Blue Light Cystoscopy With Fluorescent Imaging Agent (List Separately In Addition To Code For Primary Procedure) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9739	Cystourethroscopy, With Insertion Of Transprostatic Implant; 1 To 3 Implants (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9740	Cystourethroscopy, With Insertion Of Transprostatic Implant; 4 Or More Implants (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (icg) (list separately in addition to code for primary procedure) (Special coverage instructions apply. Stat	No

Procedure Code	Description	Prior Auth Required
C9757	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And Excision Of Herniated Intervertebral Disc, And Repair Of Annular Defect With Implantation Of Bone Anchored Annular Closure Device, Including	No
C9758	Blinded Procedure For Nyha Class Iii/Iv Heart Failure; Transcatheter Implantation Of Interatrial Shunt Or Placebo Control, Including Right Heart Catheterization, Trans-Esophageal Echocardiography (Tee)/Intracardiac Echocardiography (Ice), And All Imaging	Yes
C9759	Transcatheter Intraoperative Blood Vessel Microinfusion(S) (E.G., Intraluminal, Vascular Wall And/Or Perivascular) Therapy, Any Vessel, Including Radiological Supervision And Interpretation, When Performed (Special Coverage Instructions Apply. Statute Ref	No
C9760	Non-Randomized, Non-Blinded Procedure For Nyha Class Ii, Iii, Iv Heart Failure; Transcatheter Implantation Of Interatrial Shunt, Including Right And Left Heart Catheterization, Transeptal Puncture, Trans-Esophageal Echocardiography (Tee)/Intracardiac Echo	Yes
C9761	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy, With Lithotripsy, And Ureteral Catheterization For Steerable Vacuum Aspiration Of The Kidney, Collecting System, Ureter, Bladder, And Urethra If Applicable (Must Use A Steerable Ureteral Catheter) (S	No
C9762	Cardiac Magnetic Resonance Imaging For Morphology And Function, Quantification Of Segmental Dysfunction; With Strain Imaging (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9763	Cardiac Magnetic Resonance Imaging For Morphology And Function, Quantification Of Segmental Dysfunction; With Stress Imaging (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9764	Revascularization, Endovascular, Open Or Percutaneous, Lower Extremity Artery(Ies), Except Tibial/Peroneal; With Intravascular Lithotripsy, Includes Angioplasty Within The Same Vessel(S), When Performed (Special Coverage Instructions Apply. Statute Refere	No
C9765	Revascularization, Endovascular, Open Or Percutaneous, Lower Extremity Artery(Ies), Except Tibial/Peroneal; With Intravascular Lithotripsy, And Transluminal Stent Placement(S), Includes Angioplasty Within The Same Vessel(S), When Performed (Special Covera	No
C9766	Revascularization, Endovascular, Open Or Percutaneous, Lower Extremity Artery(Ies), Except Tibial/Peroneal; With Intravascular Lithotripsy And Atherectomy, Includes Angioplasty Within The Same Vessel(S), When Performed (Special Coverage Instructions Apply	No
C9767	Revascularization, Endovascular, Open Or Percutaneous, Lower Extremity Artery(Ies), Except Tibial/Peroneal; With Intravascular Lithotripsy And Transluminal Stent Placement(S), And Atherectomy, Includes Angioplasty Within The Same Vessel(S), When Performed	No
C9768	Endoscopic Ultrasound-Guided Direct Measurement Of Hepatic Portosystemic Pressure Gradient By Any Method (List Separately In Addition To Code For Primary Procedure) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9772	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery(Ies), With Intravascular Lithotripsy, Includes Angioplasty Within The Same Vessel (S), When Performed (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9773	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery(Ies); With Intravascular Lithotripsy, And Transluminal Stent Placement(S), Includes Angioplasty Within The Same Vessel(S), When Performed (Special Coverage Instructions Apply.	Yes
C9774	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery(Ies); With Intravascular Lithotripsy And Atherectomy, Includes Angioplasty Within The Same Vessel (S), When Performed (Special Coverage Instructions Apply. Statute Reference: 18	Yes
C9775	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery(Ies); With Intravascular Lithotripsy And Transluminal Stent Placement(S), And Atherectomy, Includes Angioplasty Within The Same Vessel (S), When Performed (Special Coverage Inst	Yes
C9776	Intraoperative Near-Infrared Fluorescence Imaging Of Major Extra-Hepatic Bile Duct(S) (E.G., Cystic Duct, Common Bile Duct And Common Hepatic Duct) With Intravenous Administration Of Indocyanine Green (Icg) (List Separately In Addition To Code For Primary	Yes
C9777	Esophageal Mucosal Integrity Testing By Electrical Impedance, Transoral, Includes Esophagoscopy Or Esophagogastroduodenoscopy (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9778	Colpopexy, Vaginal; Minimally Invasive Extra-Peritoneal Approach (Sacrospinous) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9779	Endoscopic Submucosal Dissection (Esd), Including Endoscopy Or Colonoscopy, Mucosal Closure, When Performed (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9780	Insertion Of Central Venous Catheter Through Central Venous Occlusion Via Inferior And Superior Approaches (E.G., Inside-Out Technique), Including Imaging Guidance (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9781	Arthroscopy, Shoulder, Surgical; With Implantation Of Subacromial Spacer (E.G., Balloon), Includes Debridement (E.G., Limited Or Extensive), Subacromial Decompression, Acromioplasty, And Biceps Tenodesis When Performed (Special Coverage Instructions Apply	No
C9782	Blinded Procedure For New York Heart Association (Nyha) Class Ii Or Iii Heart Failure, Or Canadian Cardiovascular Society (Ccs) Class Iii Or Iv Chronic Refractory Angina; Transcatheter Intramyocardial Transplantation Of Autologous Bone Marrow Cells (E.G.,	Yes
C9783	Blinded Procedure For Transcatheter Implantation Of Coronary Sinus Reduction Device Or Placebo Control, Including Vascular Access And Closure, Right Heart Catheterization, Venous And Coronary Sinus Angiography, Imaging Guidance And Supervision And Interpr	Yes

Procedure Code	Description	Prior Auth Required
C9785	Endoscopic Outlet Reduction, Gastric Pouch Application, With Endoscopy And Intraluminal Tube Insertion, If Performed, Including All System And Tissue Anchoring Components (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9787	Gastric Electrophysiology Mapping With Simultaneous Patient Symptom Profiling (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9789	Instillation Of Anti-Neoplastic Pharmacologic/Biologic Agent Into Renal Pelvis, Any Method, Including All Imaging Guidance, Including Volumetric Measurement If Performed (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9791	Magnetic Resonance Imaging With Inhaled Hyperpolarized Xenon-129 Contrast Agent, Chest, Including Preparation And Administration Of Agent (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9792	Blinded Or Nonblinded Procedure For Symptomatic New York Heart Association (Nyha) Class Ii, Iii, Iva Heart Failure; Transcatheter Implantation Of Left Atrial To Coronary Sinus Shunt Using Jugular Vein Access, Including All Imaging Necessary To Intra Proce	Yes
C9793	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography and/or magnetic resonance imaging with report (Special coverage instructions apply. Statute reference: 1833(T))	Yes
C9796	Repair Of Enterocutaneous Fistula Small Intestine Or Colon (Excluding Anorectal Fistula) With Plug (E.G., Porcine Small Intestine Submucosa [Sis]) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9797	Vascular Embolization Or Occlusion Procedure With Use Of A Pressure-Generating Catheter (E.G., One-Way Valve, Intermittently Occluding), Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necess	No
C9804	Elastomeric infusion pump (e.g., on-q* pump with bolus), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4	Yes
C9806	Rotary peristaltic infusion pump (e.g., ambit pump), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135	Yes
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical p	Yes
C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surg	Yes
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the c	Yes
C9810	Water Circulating Motorized Cold Therapy Device (E.G., Iceman) Including All System Components (E.G. Pads, Console, Disposable Parts), Non-Opioid Medical Device (Must Be A Qualifying Medicare Non-Opioid Medical Device For Post-Surgical Pain Relief	Yes
C9811	Electronic Ambulatory Infusion Pump (E.G. Sapphire Pump), Including All Pump Components, Including Disposable Components , Non-Opioid Medical Device (Must Be A Qualifying Medicare Non-Opioid Medical Device For Post-Surgical Pain Relief In	No
C9812	Echogenic Nerve Block Needles (E.G. Sonoplex, Sonoblock, Sonotap), Non-Opioid Medical Device (Must Be A Qualifying Medicare Non-Opioid Medical Device For Post-Surgical Pain Relief In Accordance With Section 4135 Of The Caa, 2023)	No
C9813	Perforated Continuous Infusion Catheter Set (E.G. Infiltralong), Including All Components, Non-Opioid Medical Device (Must Be A Qualifying Medicare Non-Opioid Medical Device For Post-Surgical Pain Relief In Accordance With Section 4135 Of The Caa, 2023)	No
C9814	Continuous Anesthesia Echogenic Conduction Catheter Set (E.G. Sonolong, E-Cath), Including All Components, Non-Opioid Medical Device (Must Be A Qualifying Medicare Non-Opioid Medical Device For Post-Surgical Pain Relief In Accordance With Section 4135 Of	No
C9815	Linear Peristaltic Pain Management Infusion Pump (E.G. Cadd-Solis Ambulatory Infusion Pump), And All Disposable System Components, Non-Opioid Medical Device (Must Be A Qualifying Medicare Non-Opioid Medical Device For Post-Surgical Pain Relief In	No
C9816	Rotary Peristaltic Infusion Pump (E.G., Reusable Ambit Pump) Including All Disposable System Components, Reusable Non-Opioid Medical Device (Must Be A Qualifying Medicare Non-Opioid Medical Device For Post-Surgical Pain Relief In Accordance With Section	No
C9817	Electronic Cryo-Pneumatic Compression, Pain Management System (E.G. Game Ready Grpro 2.1 System), Including Control Unit, Anatomically Correct Wrap(S), And Other System Component(S), Non-Opioid Medical Device (Must Be A Qualifying Medicare	No
C9818	Suzetrigine, Oral, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9898	Radiolabeled Product Provided During A Hospital Inpatient Stay (Special Coverage Instructions Apply. Statute Reference: Na)	Yes
C9899	Implanted Prosthetic Device, Payable Only For Inpatients Who Do Not Have Inpatient Coverage (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9901	Endoscopic Defect Closure Within The Entire Gastrointestinal Tract, Including Upper Endoscopy (Including Diagnostic, If Performed) Or Colonoscopy (Including Diagnostic, If Performed), With All System And Tissue Anchoring Components (Special Coverage Instr	Yes
CAAA0	HIPPS Code CAAA0	No
CAAA1	HIPPS Code CAAA1	No

Procedure Code	Description	Prior Auth Required
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CIKA1	HIPPS Code CIKA1	No

Procedure Code	Description	Prior Auth Required
CIKB0	HIPPS Code CIKB0	No
CIKB1	HIPPS Code CIKB1	No
CIKC0	HIPPS Code CIKC0	No
CIKC1	HIPPS Code CIKC1	No
CIKD0	HIPPS Code CIKD0	No
CIKD1	HIPPS Code CIKD1	No
CIKE0	HIPPS Code CIKE0	No
CIKE1	HIPPS Code CIKE1	No
CIKF0	HIPPS Code CIKF0	No
CIKF1	HIPPS Code CIKF1	No
CILA0	HIPPS Code CILA0	No
CILA1	HIPPS Code CILA1	No
CILB0	HIPPS Code CILB0	No
CILB1	HIPPS Code CILB1	No
CILC0	HIPPS Code CILC0	No
CILC1	HIPPS Code CILC1	No
CILD0	HIPPS Code CILD0	No
CILD1	HIPPS Code CILD1	No
CILE0	HIPPS Code CILE0	No
CILE1	HIPPS Code CILE1	No
CILF0	HIPPS Code CILF0	No
CILF1	HIPPS Code CILF1	No
CIMA0	HIPPS Code CIMA0	No
CIMA1	HIPPS Code CIMA1	No
CIMB0	HIPPS Code CIMB0	No
CIMB1	HIPPS Code CIMB1	No
CIMC0	HIPPS Code CIMC0	No
CIMC1	HIPPS Code CIMC1	No
CIMD0	HIPPS Code CIMD0	No
CIMD1	HIPPS Code CIMD1	No
CIME0	HIPPS Code CIME0	No
CIME1	HIPPS Code CIME1	No
CIMF0	HIPPS Code CIMF0	No
CIMF1	HIPPS Code CIMF1	No
CINA0	HIPPS Code CINA0	No
CINA1	HIPPS Code CINA1	No
CINB0	HIPPS Code CINB0	No
CINB1	HIPPS Code CINB1	No
CINC0	HIPPS Code CINC0	No
CINC1	HIPPS Code CINC1	No
CIND0	HIPPS Code CIND0	No
CIND1	HIPPS Code CIND1	No
CINE0	HIPPS Code CINE0	No
CINE1	HIPPS Code CINE1	No
CINF0	HIPPS Code CINF0	No
CINF1	HIPPS Code CINF1	No
CIOA0	HIPPS Code CIOA0	No
CIOA1	HIPPS Code CIOA1	No
CIOB0	HIPPS Code CIOB0	No
CIOB1	HIPPS Code CIOB1	No
CIOC0	HIPPS Code CIOC0	No
CIOC1	HIPPS Code CIOC1	No
CIOD0	HIPPS Code CIOD0	No
CIOD1	HIPPS Code CIOD1	No
CIOE0	HIPPS Code CIOE0	No
CIOE1	HIPPS Code CIOE1	No
CIOF0	HIPPS Code CIOF0	No
CIOF1	HIPPS Code CIOF1	No
CIPA0	HIPPS Code CIPA0	No
CIPA1	HIPPS Code CIPA1	No
CIPB0	HIPPS Code CIPB0	No
CIPB1	HIPPS Code CIPB1	No
CIPC0	HIPPS Code CIPC0	No
CIPC1	HIPPS Code CIPC1	No
CIPD0	HIPPS Code CIPD0	No
CIPD1	HIPPS Code CIPD1	No
CIPE0	HIPPS Code CIPE0	No
CIPE1	HIPPS Code CIPE1	No
CIPF0	HIPPS Code CIPF0	No
CIPF1	HIPPS Code CIPF1	No
CIQA0	HIPPS Code CIQA0	No
CIQA1	HIPPS Code CIQA1	No

Procedure Code	Description	Prior Auth Required
CIQB0	HIPPS Code CIQB0	No
CIQB1	HIPPS Code CIQB1	No
CIQC0	HIPPS Code CIQC0	No
CIQC1	HIPPS Code CIQC1	No
CIQD0	HIPPS Code CIQD0	No
CIQD1	HIPPS Code CIQD1	No
CIQE0	HIPPS Code CIQE0	No
CIQE1	HIPPS Code CIQE1	No
CIQF0	HIPPS Code CIQF0	No
CIQF1	HIPPS Code CIQF1	No
CIRA0	HIPPS Code CIRA0	No
CIRA1	HIPPS Code CIRA1	No
CIRB0	HIPPS Code CIRB0	No
CIRB1	HIPPS Code CIRB1	No
CIRC0	HIPPS Code CIRC0	No
CIRC1	HIPPS Code CIRC1	No
CIRD0	HIPPS Code CIRD0	No
CIRD1	HIPPS Code CIRD1	No
CIRE0	HIPPS Code CIRE0	No
CIRE1	HIPPS Code CIRE1	No
CIRF0	HIPPS Code CIRF0	No
CIRF1	HIPPS Code CIRF1	No
CISA0	HIPPS Code CISA0	No
CISA1	HIPPS Code CISA1	No
CISB0	HIPPS Code CISB0	No
CISB1	HIPPS Code CISB1	No
CISC0	HIPPS Code CISC0	No
CISC1	HIPPS Code CISC1	No
CISD0	HIPPS Code CISD0	No
CISD1	HIPPS Code CISD1	No
CISE0	HIPPS Code CISE0	No
CISE1	HIPPS Code CISE1	No
CISF0	HIPPS Code CISF0	No
CISF1	HIPPS Code CISF1	No
CITA0	HIPPS Code CITA0	No
CITA1	HIPPS Code CITA1	No
CITB0	HIPPS Code CITB0	No
CITB1	HIPPS Code CITB1	No
CITC0	HIPPS Code CITC0	No
CITC1	HIPPS Code CITC1	No
CITD0	HIPPS Code CITD0	No
CITD1	HIPPS Code CITD1	No
CITE0	HIPPS Code CITE0	No
CITE1	HIPPS Code CITE1	No
CITF0	HIPPS Code CITF0	No
CITF1	HIPPS Code CITF1	No
CIUA0	HIPPS Code CIUA0	No
CIUA1	HIPPS Code CIUA1	No
CIUB0	HIPPS Code CIUB0	No
CIUB1	HIPPS Code CIUB1	No
CIUC0	HIPPS Code CIUC0	No
CIUC1	HIPPS Code CIUC1	No
CIUD0	HIPPS Code CIUD0	No
CIUD1	HIPPS Code CIUD1	No
CIUE0	HIPPS Code CIUE0	No
CIUE1	HIPPS Code CIUE1	No
CIUF0	HIPPS Code CIUF0	No
CIUF1	HIPPS Code CIUF1	No
CIVA0	HIPPS Code CIVA0	No
CIVA1	HIPPS Code CIVA1	No
CIVB0	HIPPS Code CIVB0	No
CIVB1	HIPPS Code CIVB1	No
CIVC0	HIPPS Code CIVC0	No
CIVC1	HIPPS Code CIVC1	No
CIVD0	HIPPS Code CIVD0	No
CIVD1	HIPPS Code CIVD1	No
CIVE0	HIPPS Code CIVE0	No
CIVE1	HIPPS Code CIVE1	No
CIVF0	HIPPS Code CIVF0	No
CIVF1	HIPPS Code CIVF1	No
CIWA0	HIPPS Code CIWA0	No
CIWA1	HIPPS Code CIWA1	No

Procedure Code	Description	Prior Auth Required
CIWB0	HIPPS Code CIWB0	No
CIWB1	HIPPS Code CIWB1	No
CIWC0	HIPPS Code CIWC0	No
CIWC1	HIPPS Code CIWC1	No
CIWD0	HIPPS Code CIWD0	No
CIWD1	HIPPS Code CIWD1	No
CIWE0	HIPPS Code CIWE0	No
CIWE1	HIPPS Code CIWE1	No
CIWF0	HIPPS Code CIWF0	No
CIWF1	HIPPS Code CIWF1	No
CIXA0	HIPPS Code CIXA0	No
CIXA1	HIPPS Code CIXA1	No
CIXB0	HIPPS Code CIXB0	No
CIXB1	HIPPS Code CIXB1	No
CIXC0	HIPPS Code CIXC0	No
CIXC1	HIPPS Code CIXC1	No
CIXD0	HIPPS Code CIXD0	No
CIXD1	HIPPS Code CIXD1	No
CIXE0	HIPPS Code CIXE0	No
CIXE1	HIPPS Code CIXE1	No
CIXF0	HIPPS Code CIXF0	No
CIXF1	HIPPS Code CIXF1	No
CIYA0	HIPPS Code CIYA0	No
CIYA1	HIPPS Code CIYA1	No
CIYB0	HIPPS Code CIYB0	No
CIYB1	HIPPS Code CIYB1	No
CIYC0	HIPPS Code CIYC0	No
CIYC1	HIPPS Code CIYC1	No
CIYD0	HIPPS Code CIYD0	No
CIYD1	HIPPS Code CIYD1	No
CIYE0	HIPPS Code CIYE0	No
CIYE1	HIPPS Code CIYE1	No
CIYF0	HIPPS Code CIYF0	No
CIYF1	HIPPS Code CIYF1	No
CS03A	Housing Deposit Eligibility - Informational Only	No
D0101	HIPPS Code D0101	No
D0102	HIPPS Code D0102	No
D0103	HIPPS Code D0103	No
D0104	HIPPS Code D0104	No
D0105	HIPPS Code D0105	No
D0106	HIPPS Code D0106	No
D0120	Periodic Oral Evaluation - Established Patient	No
D0140	Limited Oral Evaluation - Problem Focused	Yes
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Caregiver	Yes
D0150	Comprehensive Oral Evaluation - New Or Established Patient	No
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	Yes
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	Yes
D0171	Re-Evaluation - Post-Operative Office Visit	Yes
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	Yes
D0190	Screening Of A Patient	Yes
D0191	Assessment Of A Patient	Yes
D0201	HIPPS Code D0201	No
D0202	HIPPS Code D0202	No
D0203	HIPPS Code D0203	No
D0204	HIPPS Code D0204	No
D0205	HIPPS Code D0205	No
D0210	Intraoral - Comprehensive Series Of Radiographic Images	Yes
D0220	Intraoral - Periapical First Radiographic Image	No
D0230	Intraoral - Periapical Each Additional Radiographic Image	No
D0240	Intraoral - Occlusal Radiographic Image	Yes
D0250	Extra-Oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	No
D0251	Extra-Oral Posterior Dental Radiographic Image	Yes
D0270	Bitewing - Single Radiographic Image	Yes
D0272	Bitewings - Two Radiographic Images	Yes
D0273	Bitewings - Three Radiographic Images	Yes
D0274	Bitewings - Four Radiographic Images	Yes
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	Yes
D0301	HIPPS Code D0301	No
D0302	HIPPS Code D0302	No
D0303	HIPPS Code D0303	No
D0304	HIPPS Code D0304	No

Procedure Code	Description	Prior Auth Required
D0305	HIPPS Code D0305	No
D0310	Sialography	No
D0320	Temporomandibular Joint Arthrogram, Including Injection	No
D0321	Other Temporomandibular Joint Radiographic Images, By Report	Yes
D0322	Tomographic Survey	No
D0330	Panoramic Radiographic Image	No
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	Yes
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally	Yes
D0364	Cone Beam Ct Capture And Interpretation With Limited Field Of View - Less Than One Whole Jaw	Yes
D0365	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch - Mandible	Yes
D0366	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch - Maxilla, With Or Without Cranium	Yes
D0367	Cone Beam Ct Capture And Interpretation With Field Of View Of Both Jaws; With Or Without Cranium	Yes
D0368	Cone Beam Ct Capture And Interpretation For Tmj Series Including Two Or More Exposures	Yes
D0369	Maxillofacial MRI Capture And Interpretation	Yes
D0370	Maxillofacial Ultrasound Capture And Interpretation	Yes
D0371	Sialoendoscopy Capture And Interpretation	Yes
D0372	Intraoral Tomosynthesis - Comprehensive Series Of Radiographic Images	Yes
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	Yes
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	Yes
D0380	Cone Beam Ct Image Capture With Limited Field Of View - Less Than One Whole Jaw	Yes
D0381	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Mandible	Yes
D0382	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Maxilla, With Or Without Cranium	Yes
D0383	Cone Beam Ct Image Capture With Field Of View Of Both Jaws; With Or Without Cranium	Yes
D0384	Cone Beam Ct Image Capture For Tmj Series Including Two Or More Exposures	Yes
D0385	Maxillofacial MRI Image Capture	Yes
D0386	Maxillofacial Ultrasound Image Capture	Yes
D0387	Intraoral Tomosynthesis - Comprehensive Series Of Radiographic Images - Image Capture Only	Yes
D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only	Yes
D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - Image Capture Only	Yes
D0391	Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image, Including Report	Yes
D0393	Virtual Treatment Simulation Using 3D Image Volume Or Surface Scan	Yes
D0394	Digital Subtraction Of Two Or More Images Or Image Volumes Of The Same Modality	Yes
D0395	Fusion Of Two Or More 3d Image Volumes Of One Or More Modalities	Yes
D0396	3D Printing Of A 3D Dental Surface Scan	Yes
D0401	HIPPS Code D0401	No
D0402	HIPPS Code D0402	No
D0403	HIPPS Code D0403	No
D0404	HIPPS Code D0404	No
D0405	HIPPS Code D0405	No
D0406	HIPPS Code D0406	No
D0407	HIPPS Code D0407	No
D0411	Hba1c In-Office Point Of Service Testing	Yes
D0412	Blood Glucose Level Test - In-Office Using A Glucose Meter	Yes
D0414	Laboratory Processing Of Microbial Specimen To Include Culture And Sensitivity Studies, Preparation And Transmission Of Written Report	Yes
D0415	Collection Of Microorganisms For Culture And Sensitivity	Yes
D0416	Viral Culture	Yes
D0417	Collection And Preparation Of Saliva Sample For Laboratory Analysis	Yes
D0418	Analysis Of Saliva Sample - Laboratory	Yes
D0419	Assessment Of Salivary Flow By Measurement	Yes
D0422	Collection And Preparation Of Genetic Sample Material For Laboratory Analysis And Report	Yes
D0423	Genetic Test For Susceptibility To Diseases - Specimen Analysis	Yes
D0425	Caries Susceptibility Tests	Yes
D0426	Collection, Preparation, And Analysis Of Saliva Sample - Point-Of-Care	Yes
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions, Not To Include Cytology Or Biopsy Procedures	Yes
D0460	Pulp Vitality Tests	Yes
D0461	Testing For Cracked Tooth	Yes
D0470	Diagnostic Casts	Yes
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	Yes
D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report	Yes
D0474	Accession Of Tissue, Gross And Microscopic Examination, Including Assessment Of Surgical Margins For Presence Of Disease, Preparation And Transmission Of Written Report	Yes
D0475	Decalcification Procedure	Yes
D0476	Special Stains For Microorganisms	Yes

Procedure Code	Description	Prior Auth Required
D0477	Special Stains, Not For Microorganisms	Yes
D0478	Immunohistochemical Stains	Yes
D0479	Tissue In-Situ Hybridization, Including Interpretation	Yes
D0480	Accession Of Exfoliative Cytologic Smears, Microscopic Examination, Preparation And Transmission Of Written Report	Yes
D0481	Electron Microscopy	Yes
D0482	Direct Immunofluorescence	Yes
D0483	Indirect Immunofluorescence	Yes
D0484	Consultation On Slides Prepared Elsewhere	Yes
D0485	Consultation, Including Preparation Of Slides From Biopsy Material Supplied By Referring Source	Yes
D0486	Laboratory Accession Of Transepithelial Cytologic Sample, Microscopic Examination, Preparation And Transmission Of Written Report	Yes
D0501	HIPPS Code D0501	No
D0502	HIPPS Code D0502	No
D0502	Other oral pathology procedures, by report	No
D0503	HIPPS Code D0503	No
D0504	HIPPS Code D0504	No
D0505	HIPPS Code D0505	No
D0600	Non-Ionizing Diagnostic Procedure Capable Of Quantifying, Monitoring, And Recording Changes In Structure Of Enamel, Dentin, And Cementum	Yes
D0601	Caries risk assessment and documentation, with a finding of low risk	Yes
D0601	HIPPS Code D0601	Yes
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Yes
D0602	HIPPS Code D0602	Yes
D0603	Caries risk assessment and documentation, with a finding of high risk	Yes
D0603	HIPPS Code D0603	Yes
D0604	Antigen testing for a public health related pathogen, including coronavirus	Yes
D0604	HIPPS Code D0604	Yes
D0605	Antibody Testing For A Public Health Related Pathogen, Including Coronavirus	Yes
D0606	Molecular Testing For A Public Health Related Pathogen, Including Coronavirus	Yes
D0701	HIPPS Code D0701	Yes
D0701	Panoramic radiographic image - image capture only	Yes
D0702	2-D cephalometric radiographic image - image capture only	Yes
D0702	HIPPS Code D0702	Yes
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	Yes
D0703	HIPPS Code D0703	Yes
D0705	Extra-oral posterior dental radiographic image - image capture only	Yes
D0706	Intraoral - Occlusal Radiographic Image - Image Capture Only	Yes
D0707	Intraoral - Periapical Radiographic Image - Image Capture Only	Yes
D0708	Intraoral - Bitewing Radiographic Image - Image Capture Only	Yes
D0709	Intraoral - Comprehensive Series Of Radiographic Images - Image Capture Only	Yes
D0801	3D dental surface scan - direct	Yes
D0801	HIPPS Code D0801	Yes
D0802	3D dental surface scan - indirect	Yes
D0802	HIPPS Code D0802	Yes
D0803	3D facial surface scan - direct	Yes
D0803	HIPPS Code D0803	Yes
D0804	3D facial surface scan - indirect	Yes
D0804	HIPPS Code D0804	Yes
D0805	HIPPS Code D0805	No
D0901	HIPPS Code D0901	No
D0902	HIPPS Code D0902	No
D0903	HIPPS Code D0903	No
D0904	HIPPS Code D0904	No
D0999	Unspecified Diagnostic Procedure, By Report	No
D1001	HIPPS Code D1001	No
D1002	HIPPS Code D1002	No
D1003	HIPPS Code D1003	No
D1004	HIPPS Code D1004	No
D1101	HIPPS Code D1101	No
D1102	HIPPS Code D1102	No
D1103	HIPPS Code D1103	No
D1110	Prophylaxis - Adult	No
D1120	Prophylaxis - Child	Yes
D1201	HIPPS Code D1201	No
D1202	HIPPS Code D1202	No
D1206	Topical Application Of Fluoride Varnish	Yes
D1208	Topical Application Of Fluoride - Excluding Varnish	Yes
D1301	HIPPS Code D1301	Yes
D1301	Immunization counseling	Yes
D1302	HIPPS Code D1302	No

Procedure Code	Description	Prior Auth Required
D1303	HIPPS Code D1303	No
D1304	HIPPS Code D1304	No
D1305	HIPPS Code D1305	No
D1310	Nutritional Counseling For Control Of Dental Disease	Yes
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	Yes
D1321	Counseling For The Control And Prevention Of Adverse Oral, Behavioral, And Systemic Health Effects Associated With High-Risk Substance Use	Yes
D1330	Oral Hygiene Instructions	Yes
D1351	Sealant - Per Tooth	Yes
D1353	Sealant Repair - Per Tooth	Yes
D1354	Application Of Caries Arresting Medicament - Per Tooth	Yes
D1355	Caries Preventive Medicament Application - Per Tooth	Yes
D1401	HIPPS Code D1401	No
D1402	HIPPS Code D1402	No
D1403	HIPPS Code D1403	No
D1404	HIPPS Code D1404	No
D1501	HIPPS Code D1501	No
D1502	HIPPS Code D1502	No
D1503	HIPPS Code D1503	No
D1504	HIPPS Code D1504	No
D1510	Space maintainer - fixed, unilateral- per quadrant	Yes
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	Yes
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	Yes
D1520	Space maintainer - removable, unilateral - per quadrant	Yes
D1526	Space Maintainer - Removable - Bilateral, Maxillary	Yes
D1527	Space Maintainer - Removable - Bilateral, Mandibular	Yes
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - Maxillary	Yes
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - Mandibular	Yes
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per Quadrant	Yes
D1556	Removal Of Fixed Unilateral Space Maintainer - Per Quadrant	Yes
D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary	Yes
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular	Yes
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	Yes
D1601	HIPPS Code D1601	No
D1602	HIPPS Code D1602	No
D1603	HIPPS Code D1603	No
D1604	HIPPS Code D1604	No
D1701	HIPPS Code D1701	Yes
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	Yes
D1702	HIPPS Code D1702	Yes
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	Yes
D1703	HIPPS Code D1703	Yes
D1703	Moderna Covid-19 vaccine administration - first dose	Yes
D1704	HIPPS Code D1704	Yes
D1704	Moderna Covid-19 vaccine administration - second dose	Yes
D1708	Pfizer-Biontech Covid-19 Vaccine Administration - Third Dose	Yes
D1709	Pfizer-Biontech Covid-19 Vaccine Administration - Booster Dose	Yes
D1710	Moderna Covid-19 Vaccine Administration - Third Dose	Yes
D1711	Moderna Covid-19 Vaccine Administration - Booster Dose	Yes
D1713	Pfizer-Biontech Covid-19 Vaccine Administration Tris-Sucrose Pediatric - First Dose	Yes
D1714	Pfizer-Biontech Covid-19 Vaccine Administration Tris-Sucrose Pediatric - Second Dose	Yes
D1720	Influenza Vaccine Administration	Yes
D1781	Vaccine Administration - Human Papillomavirus - Dose 1	Yes
D1782	Vaccine Administration - Human Papillomavirus - Dose 2	Yes
D1783	Vaccine Administration - Human Papillomavirus - Dose 3	Yes
D1801	HIPPS Code D1801	No
D1802	HIPPS Code D1802	No
D1803	HIPPS Code D1803	No
D1804	HIPPS Code D1804	No
D1805	HIPPS Code D1805	No
D1806	HIPPS Code D1806	No
D1901	HIPPS Code D1901	No
D1902	HIPPS Code D1902	No
D1903	HIPPS Code D1903	No
D1904	HIPPS Code D1904	No
D1999	Unspecified Preventive Procedure, By Report	Yes
D2001	HIPPS Code D2001	No
D2002	HIPPS Code D2002	No
D2003	HIPPS Code D2003	No
D2004	HIPPS Code D2004	No
D2005	HIPPS Code D2005	No
D2101	HIPPS Code D2101	No

Procedure Code	Description	Prior Auth Required
D2102	HIPPS Code D2102	No
D2140	Amalgam - One Surface, Primary Or Permanent	Yes
D2150	Amalgam - Two Surfaces, Primary Or Permanent	Yes
D2160	Amalgam - Three Surfaces, Primary Or Permanent	Yes
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	Yes
D2330	Resin-Based Composite - One Surface, Anterior	Yes
D2331	Resin-Based Composite - Two Surfaces, Anterior	Yes
D2332	Resin-Based Composite - Three Surfaces, Anterior	Yes
D2335	Resin-Based Composite - Four Or More Surfaces (Anterior)	Yes
D2390	Resin-Based Composite Crown, Anterior	Yes
D2391	Resin-Based Composite - One Surface, Posterior	Yes
D2392	Resin-Based Composite - Two Surfaces, Posterior	Yes
D2393	Resin-Based Composite - Three Surfaces, Posterior	Yes
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	Yes
D2410	Gold Foil - One Surface	Yes
D2420	Gold Foil - Two Surfaces	Yes
D2430	Gold Foil - Three Surfaces	Yes
D2510	Inlay - Metallic - One Surface	Yes
D2520	Inlay - Metallic - Two Surfaces	Yes
D2530	Inlay - Metallic - Three Or More Surfaces	Yes
D2542	Onlay - Metallic - Two Surfaces	Yes
D2543	Onlay - Metallic - Three Surfaces	Yes
D2544	Onlay - Metallic - Four Or More Surfaces	Yes
D2610	Inlay - Porcelain/Ceramic - One Surface	Yes
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	Yes
D2630	Inlay - Porcelain/Ceramic - Three Or More Surfaces	Yes
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	Yes
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	Yes
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	Yes
D2650	Inlay - Resin-Based Composite - One Surface	Yes
D2651	Inlay - Resin-Based Composite - Two Surfaces	Yes
D2652	Inlay - Resin-Based Composite - Three Or More Surfaces	Yes
D2662	Onlay - Resin-Based Composite - Two Surfaces	Yes
D2663	Onlay - Resin-Based Composite - Three Surfaces	Yes
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	Yes
D2710	Crown - Resin-Based Composite (Indirect)	Yes
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	Yes
D2720	Crown - Resin With High Noble Metal	Yes
D2721	Crown - Resin With Predominantly Base Metal	Yes
D2722	Crown - Resin With Noble Metal	Yes
D2740	Crown - Porcelain/Ceramic	Yes
D2750	Crown - Porcelain Fused To High Noble Metal	Yes
D2751	Crown - Porcelain Fused To Predominantly Base Metal	Yes
D2752	Crown - Porcelain Fused To Noble Metal	Yes
D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	Yes
D2780	Crown - 3/4 Cast High Noble Metal	Yes
D2781	Crown - 3/4 Cast Predominantly Base Metal	Yes
D2782	Crown - 3/4 Cast Noble Metal	Yes
D2783	Crown - 3/4 Porcelain/Ceramic	Yes
D2790	Crown - Full Cast High Noble Metal	Yes
D2791	Crown - Full Cast Predominantly Base Metal	Yes
D2792	Crown - Full Cast Noble Metal	Yes
D2794	Crown - titanium and titanium alloys	Yes
D2799	Interim Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	Yes
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	No
D2915	Re-Cement Or Re-Bond Indirectly Fabricated Or Prefabricated Post And Core	Yes
D2920	Re-Cement Or Re-Bond Crown	No
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	Yes
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	Yes
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	Yes
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	Yes
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	Yes
D2932	Prefabricated Resin Crown	Yes
D2933	Prefabricated Stainless Steel Crown With Resin Window	Yes
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	Yes
D2940	Placement Of Interim Direct Restoration	No
D2949	Restorative Foundation For An Indirect Restoration	Yes
D2950	Core Buildup, Including Any Pins When Required	Yes
D2951	Pin Retention - Per Tooth, In Addition To Restoration	Yes
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	Yes
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	Yes

Procedure Code	Description	Prior Auth Required
D2954	Prefabricated Post And Core In Addition To Crown	Yes
D2955	Post Removal	Yes
D2956	Removal Of An Indirect Restoration On A Natural Tooth	Yes
D2957	Each Additional Prefabricated Post - Same Tooth	Yes
D2960	Labial Veneer (Resin Laminate) - Direct	Yes
D2961	Labial Veneer (Resin Laminate) - Indirect	Yes
D2962	Labial Veneer (Porcelain Laminate) - Indirect	Yes
D2971	Additional Procedures To Customize A Crown To Fit Under An Existing Partial Denture Framework	Yes
D2975	Coping	Yes
D2976	Band Stabilization - Per Tooth	Yes
D2980	Crown Repair Necessitated By Restorative Material Failure	Yes
D2981	Inlay Repair Necessitated By Restorative Material Failure	Yes
D2982	Onlay Repair Necessitated By Restorative Material Failure	Yes
D2983	Veneer Repair Necessitated By Restorative Material Failure	Yes
D2989	Excavation Of A Tooth Resulting In The Determination Of Non-Restorability	Yes
D2990	Resin Infiltration Of Incipient Smooth Surface Lesions	Yes
D2991	Application Of Hydroxyapatite Regeneration Medicament - Per Tooth	Yes
D2999	Unspecified Restorative Procedure, By Report	Yes
D3110	Pulp Cap - Direct (Excluding Final Restoration)	Yes
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	Yes
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal Of Pulp Coronal To The Dentinocemental Junction And Application Of Medicament	Yes
D3221	Pulpal Debridement, Primary And Permanent Teeth	Yes
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	Yes
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	Yes
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	Yes
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	Yes
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	Yes
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	Yes
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	Yes
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth	Yes
D3333	Internal Root Repair Of Perforation Defects	Yes
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	Yes
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	Yes
D3348	Retreatment Of Previous Root Canal Therapy - Molar	Yes
D3351	Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	Yes
D3352	Apexification/Recalcification - Interim Medication Replacement	Yes
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	Yes
D3355	Pulpal Regeneration - Initial Visit	Yes
D3356	Pulpal Regeneration - Interim Medication Replacement	Yes
D3357	Pulpal Regeneration - Completion Of Treatment	Yes
D3410	Apicoectomy - Anterior	Yes
D3421	Apicoectomy - Premolar (First Root)	Yes
D3425	Apicoectomy - Molar (First Root)	Yes
D3426	Apicoectomy (Each Additional Root)	Yes
D3428	Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site	Yes
D3429	Bone Graft In Conjunction With Periradicular Surgery - Each Additional Contiguous Tooth In The Same Surgical Site	Yes
D3430	Retrograde Filling - Per Root	Yes
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular Surgery	Yes
D3432	Guided Tissue Regeneration, Resorbable Barrier, Per Site, In Conjunction With Periradicular Surgery	Yes
D3450	Root Amputation - Per Root	Yes
D3460	Endodontic Endosseous Implant	Yes
D3470	Intentional Reimplantation (Including Necessary Splinting)	Yes
D3471	Surgical Repair Of Root Resorption - Anterior	Yes
D3472	Surgical Repair Of Root Resorption - Premolar	Yes
D3473	Surgical Repair Of Root Resorption - Molar	Yes
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption - Anterior	Yes
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption - Premolar	Yes
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption - Molar	Yes
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	Yes
D3911	Intraorifice Barrier	Yes
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	Yes
D3921	Decoronation Or Submergence Of An Erupted Tooth	Yes
D3950	Canal Preparation And Fitting Of Preformed Dowel Or Post	Yes
D3999	Unspecified Endodontic Procedure, By Report	Yes

Procedure Code	Description	Prior Auth Required
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	No
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	No
D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	Yes
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	Yes
D4231	Anatomical Crown Exposure - One To Three Teeth Or Tooth Bounded Spaces Per Quadrant	Yes
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	Yes
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	Yes
D4245	Apically Positioned Flap	Yes
D4249	Clinical Crown Lengthening - Hard Tissue	Yes
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	No
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	No
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	Yes
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	Yes
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration, Per Site	Yes
D4266	Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier, Per Site	Yes
D4267	Guided Tissue Regeneration, Natural Teeth - Non-Resorbable Barrier, Per Site	Yes
D4268	Surgical Revision Procedure, Per Tooth	Yes
D4270	Pedicle Soft Tissue Graft Procedure	Yes
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) First Tooth, Implant, Or Edentulous Tooth Position In Graft	Yes
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	Yes
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site And Donor Material) First Tooth, Implant, Or Edentulous Tooth Position In Graft	Yes
D4276	Combined Connective Tissue And Pedicle Graft, Per Tooth	Yes
D4277	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) First Tooth, Implant Or Edentulous Tooth Position In Graft	Yes
D4278	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	Yes
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	Yes
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site And Donor Material) - Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	Yes
D4286	Removal Of Non-Resorbable Barrier	Yes
D4322	Splint - Intra-Coronal; Natural Teeth Or Prosthetic Crowns	Yes
D4323	Splint - Extra-Coronal; Natural Teeth Or Prosthetic Crowns	Yes
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	No
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	No
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	Yes
D4355	Full Mouth Debridement To Enable A Comprehensive Periodontal Evaluation And Diagnosis On A Subsequent Visit	Yes
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	Yes
D4910	Periodontal Maintenance	Yes
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	No
D4921	Gingival Irrigation With A Medicinal Agent - Per Quadrant	Yes
D4999	Unspecified Periodontal Procedure, By Report	Yes
D5110	Complete Denture - Maxillary	Yes
D5120	Complete Denture - Mandibular	Yes
D5130	Immediate Denture - Maxillary	Yes
D5140	Immediate Denture - Mandibular	Yes
D5211	Maxillary Partial Denture - Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	Yes
D5212	Mandibular Partial Denture - Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	Yes
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Yes
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Yes
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Yes
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Yes

Procedure Code	Description	Prior Auth Required
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Yes
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Yes
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth)	Yes
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth)	Yes
D5227	Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	Yes
D5228	Immediate Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	Yes
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests, And Teeth), Maxillary	Yes
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests, And Teeth), Mandibular	Yes
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth) - Per Quadrant	Yes
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Retentive/Clasping Materials, Rests, And Teeth) - Per Quadrant	Yes
D5410	Adjust Complete Denture - Maxillary	Yes
D5411	Adjust Complete Denture - Mandibular	Yes
D5421	Adjust Partial Denture - Maxillary	Yes
D5422	Adjust Partial Denture - Mandibular	Yes
D5511	Repair Broken Complete Denture Base, Mandibular	Yes
D5512	Repair Broken Complete Denture Base, Maxillary	Yes
D5520	Replace Missing Or Broken Teeth - Complete Denture - Per Tooth	Yes
D5611	Repair Resin Partial Denture Base, Mandibular	Yes
D5612	Repair Resin Partial Denture Base, Maxillary	Yes
D5621	Repair Cast Partial Framework, Mandibular	Yes
D5622	Repair Cast Partial Framework, Maxillary	Yes
D5630	Repair or replace broken retentive clasping materials - per tooth	Yes
D5640	Replace Missing Or Broken Teeth - Partial Denture - Per Tooth	Yes
D5650	Add Tooth To Existing Partial Denture - Per Tooth	Yes
D5660	Add Clasp To Existing Partial Denture - Per Tooth	Yes
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	Yes
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	Yes
D5710	Rebase Complete Maxillary Denture	Yes
D5711	Rebase Complete Mandibular Denture	Yes
D5720	Rebase Maxillary Partial Denture	Yes
D5721	Rebase Mandibular Partial Denture	Yes
D5725	Rebase Hybrid Prosthesis	Yes
D5730	Reline Complete Maxillary Denture (Direct)	Yes
D5731	Reline Complete Mandibular Denture (Direct)	Yes
D5740	Reline Maxillary Partial Denture (Direct)	Yes
D5741	Reline Mandibular Partial Denture (Direct)	Yes
D5750	Reline Complete Maxillary Denture (Indirect)	Yes
D5751	Reline Complete Mandibular Denture (Indirect)	Yes
D5760	Reline Maxillary Partial Denture (Indirect)	Yes
D5761	Reline Mandibular Partial Denture (Indirect)	Yes
D5765	Soft Liner For Complete Or Partial Removable Denture - Indirect	Yes
D5810	Interim Complete Denture (Maxillary)	Yes
D5811	Interim Complete Denture (Mandibular)	Yes
D5820	Interim Partial Denture (Including Retentive/Clasping Materials, Rests, And Teeth), Maxillary	Yes
D5821	Interim Partial Denture (Including Retentive/Clasping Materials, Rests, And Teeth), Mandibular	Yes
D5850	Tissue Conditioning, Maxillary	Yes
D5851	Tissue Conditioning, Mandibular	Yes
D5862	Precision Attachment, By Report	Yes
D5863	Overdenture - Complete Maxillary - Natural Tooth Borne	Yes
D5864	Overdenture - Partial Maxillary - Natural Tooth Borne	Yes
D5865	Overdenture - Complete Mandibular - Natural Tooth Borne	Yes
D5866	Overdenture - Partial Mandibular - Natural Tooth Borne	Yes
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment Of Natural Tooth Borne Prosthesis, Per Attachment	Yes
D5875	Modification Of Removable Prosthesis Following Implant Surgery	Yes
D5876	Add Metal Substructure To Acrylic Full Denture - Per Arch	Yes
D5877	Duplication Of Complete Denture - Maxillary	Yes
D5878	Duplication Of Complete Denture - Mandibular	Yes
D5899	Unspecified Removable Prosthodontic Procedure, By Report	Yes
D5909	Maxillary guidance prosthesis with guide flange	Yes
D5911	Facial Moulage (Sectional)	No
D5912	Facial Moulage (Complete)	No
D5913	Nasal Prosthesis	Yes
D5914	Auricular Prosthesis	Yes

Procedure Code	Description	Prior Auth Required
D5915	Orbital Prosthesis	Yes
D5916	Ocular Prosthesis	Yes
D5919	Facial Prosthesis	Yes
D5922	Nasal Septal Prosthesis	Yes
D5923	Ocular Prosthesis, Interim	Yes
D5924	Cranial Prosthesis	Yes
D5925	Facial Augmentation Implant Prosthesis	Yes
D5926	Nasal Prosthesis, Replacement	Yes
D5927	Auricular Prosthesis, Replacement	Yes
D5928	Orbital Prosthesis, Replacement	Yes
D5929	Facial Prosthesis, Replacement	Yes
D5930	Maxillary Guidance Prosthesis Without Guide Flange	Yes
D5931	Obturator Prosthesis, Surgical	Yes
D5932	Obturator Prosthesis, Definitive	Yes
D5933	Obturator Prosthesis, Modification	Yes
D5934	Mandibular Resection Prosthesis With Guide Flange	Yes
D5935	Mandibular Resection Prosthesis Without Guide Flange	Yes
D5936	Obturator Prosthesis, Interim	Yes
D5937	Trismus Appliance (Not For Tmd Treatment)	No
D5938	Resection Prosthesis, Maxillary Complete Removable	Yes
D5939	Resection Prosthesis, Mandibular Complete Removable	Yes
D5940	Resection Prosthesis, Maxillary Partial Removable	Yes
D5941	Resection Prosthesis, Mandibular Partial Removable	Yes
D5942	Resection Prosthesis, Maxillary Implant/Abutment Supported Removable Prosthesis For Edentulous Arch	Yes
D5943	Resection Prosthesis, Mandibular Implant/Abutment Supported Removable Prosthesis For Edentulous Arch	Yes
D5944	Resection Prosthesis, Maxillary Implant/Abutment Supported Removable Prosthesis For The Partial Edentulous Arch	Yes
D5945	Resection Prosthesis, Mandibular Implant/Abutment Supported Removable Prosthesis For The Partial Edentulous Arch	Yes
D5946	Resection Prosthesis, Maxillary Implant/Abutment Supported Fixed Prosthesis For Edentulous Arch	Yes
D5947	Resection Prosthesis, Mandibular Implant/Abutment Supported Fixed Prosthesis For Edentulous Arch	Yes
D5948	Resection Prosthesis, Maxillary Implant/Abutment Supported Fixed Prosthesis For The Partial Edentulous Arch	Yes
D5949	Resection Prosthesis, Mandibular Implant/Abutment Supported Fixed Prosthesis For The Partial Edentulous Arch	Yes
D5951	Feeding Aid	Yes
D5952	Speech Aid Prosthesis, Pediatric	Yes
D5953	Speech Aid Prosthesis, Adult	Yes
D5954	Palatal Augmentation Prosthesis	Yes
D5955	Palatal Lift Prosthesis, Definitive	Yes
D5958	Palatal Lift Prosthesis, Interim	Yes
D5959	Palatal Lift Prosthesis, Modification	Yes
D5960	Speech Aid Prosthesis, Modification	Yes
D5982	Surgical Stent For Soft Tissue Healing	No
D5983	Radiation Carrier	No
D5984	Radiation Shield	No
D5985	Radiation Cone Locator	No
D5986	Fluoride Gel Carrier	No
D5987	Commissure Splint	No
D5988	Surgical Splint	No
D5991	Vesiculobullous Disease Medicament Carrier	Yes
D5992	Adjust Maxillofacial Prosthetic Appliance, By Report	Yes
D5993	Maintenance And Cleaning Of A Maxillofacial Prosthesis (Extra- Or Intra-Oral) Other Than Required Adjustments, By Report	Yes
D5995	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed - Maxillary	Yes
D5996	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed - Mandibular	Yes
D5999	Unspecified Maxillofacial Prosthesis, By Report	Yes
D6010	Surgical Placement Of Implant Body: Endosteal Implant	Yes
D6011	Surgical Access To An Implant Body (Second Stage Implant Surgery)	Yes
D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	Yes
D6013	Surgical Placement Of Mini Implant	Yes
D6040	Surgical Placement: Eposteal Implant	Yes
D6049	Scaling And Debridement Of A Single Implant In The Presence Of Peri-Implantitis Inflammation, Bleeding Upon Probing And Increased Pocket Depths, Including Cleaning Of The Implant Surfaces, Without Flap Entry And Closure	Yes
D6050	Surgical Placement: Transosteal Implant	Yes
D6051	Placement Of Interim Implant Abutment	Yes
D6055	Connecting Bar - Implant Supported Or Abutment Supported	Yes

Procedure Code	Description	Prior Auth Required
D6056	Prefabricated Abutment - Includes Modification And Placement	Yes
D6057	Custom Fabricated Abutment - Includes Placement	Yes
D6058	Abutment Supported Porcelain/Ceramic Crown	Yes
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	Yes
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	Yes
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	Yes
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	Yes
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	Yes
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	Yes
D6065	Implant Supported Porcelain/Ceramic Crown	Yes
D6066	Implant supported crown - porcelain fused to high noble alloys	Yes
D6067	Implant supported crown - high noble alloys	Yes
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	Yes
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	Yes
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Predominantly Base Metal)	Yes
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	Yes
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	Yes
D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	Yes
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	Yes
D6075	Implant Supported Retainer For Ceramic Fpd	Yes
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	Yes
D6077	Implant supported retainer for metal FPD - high noble alloys	Yes
D6080	Implant Maintenance Procedures When A Full Arch Fixed Hybrid Prosthesis Is Removed And Reinserted, Including Cleansing Of Prosthesis And Abutments	Yes
D6081	Scaling And Debridement Of A Single Implant In The Presence Of Mucositis, Including Inflammation, Bleeding Upon Probing And Increased Pocket Depths; Includes Cleaning Of The Implant Surfaces, Without Flap Entry And Closure	Yes
D6082	Implant Supported Crown - Porcelain Fused To Predominantly Base Alloys	Yes
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys	Yes
D6084	Implant Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	Yes
D6085	Interim Implant Crown	Yes
D6086	Implant Supported Crown - Predominantly Base Alloys	Yes
D6087	Implant Supported Crown - Noble Alloys	Yes
D6088	Implant Supported Crown - Titanium And Titanium Alloys	Yes
D6089	Accessing And Retorquing Loose Implant Screw - Per Screw	Yes
D6090	Repair Of Implant/Abutment Supported Prosthesis	Yes
D6091	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment Of Implant/Abutment Supported Prosthesis, Per Attachment	Yes
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	Yes
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture	Yes
D6094	Abutment supported crown - titanium and titanium alloys	Yes
D6096	Remove Broken Implant Retaining Screw	Yes
D6097	Abutment Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	Yes
D6098	Implant Supported Retainer - Porcelain Fused To Predominantly Base Alloys	Yes
D6099	Implant Supported Retainer For FPD - Porcelain Fused To Noble Alloys	Yes
D6100	Surgical Removal Of Implant Body	Yes
D6101	Debridement Of A Peri-Implant Defect Or Defects Surrounding A Single Implant, And Surface Cleaning Of The Exposed Implant Surfaces, Including Flap Entry And Closure	Yes
D6102	Debridement And Osseous Contouring Of A Peri-Implant Defect Or Defects Surrounding A Single Implant And Includes Surface Cleaning Of The Exposed Implant Surfaces, Including Flap Entry And Closure	Yes
D6103	Bone Graft For Repair Of Peri-Implant Defect - Does Not Include Flap Entry And Closure	Yes
D6104	Bone Graft At Time Of Implant Placement	Yes
D6105	Removal Of Implant Body Not Requiring Bone Removal Or Flap Elevation	Yes
D6106	Guided Tissue Regeneration - Resorbable Barrier, Per Implant	Yes
D6107	Guided Tissue Regeneration - Non-Resorbable Barrier, Per Implant	Yes
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	Yes
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	Yes
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	Yes
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	Yes
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	Yes
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	Yes
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	Yes
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	Yes
D6118	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch - Mandibular	Yes
D6119	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch - Maxillary	Yes
D6120	Implant Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	Yes
D6121	Implant Supported Retainer For Metal FPD - Predominantly Base Alloys	Yes
D6122	Implant Supported Retainer For Metal FPD - Noble Alloys	Yes
D6123	Implant Supported Retainer For Metal FPD - Titanium And Titanium Alloys	Yes
D6180	Implant Maintenance Procedures When A Full Arch Fixed Hybrid Prosthesis Is Not Removed, Including Cleansing Of Prosthesis And Abutments	Yes

Procedure Code	Description	Prior Auth Required
D6190	Radiographic/Surgical Implant Index, By Report	Yes
D6191	Semi-Precision Abutment - Placement	Yes
D6192	Semi-Precision Attachment - Placement	Yes
D6193	Replacement Of An Implant Screw	Yes
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	Yes
D6195	Abutment Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	Yes
D6196	Removal Of An Indirect Restoration On An Implant Retained Abutment	Yes
D6197	Replacement Of Restorative Material Used To Close An Access Opening Of A Screw-Retained Implant Supported Prosthesis, Per Implant	Yes
D6198	Remove Interim Implant Component	Yes
D6199	Unspecified Implant Procedure, By Report	Yes
D6205	Pontic - Indirect Resin Based Composite	Yes
D6210	Pontic - Cast High Noble Metal	Yes
D6211	Pontic - Cast Predominantly Base Metal	Yes
D6212	Pontic - Cast Noble Metal	Yes
D6214	Pontic - titanium and titanium alloys	Yes
D6240	Pontic - Porcelain Fused To High Noble Metal	Yes
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	Yes
D6242	Pontic - Porcelain Fused To Noble Metal	Yes
D6243	Pontic - Porcelain Fused To Titanium And Titanium Alloys	Yes
D6245	Pontic - Porcelain/Ceramic	Yes
D6250	Pontic - Resin With High Noble Metal	Yes
D6251	Pontic - Resin With Predominantly Base Metal	Yes
D6252	Pontic - Resin With Noble Metal	Yes
D6253	Interim Pontic - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	Yes
D6280	Implant Maintenance Procedures When A Full Arch Removable Implant/Abutment Supported Denture Is Removed And Reinserted, Including Cleansing Of Prosthesis And Abutments - Per Arch	Yes
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	Yes
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	Yes
D6549	Retainer - For Resin Bonded Fixed Prosthesis	Yes
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	Yes
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	Yes
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	Yes
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	Yes
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	Yes
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	Yes
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	Yes
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	Yes
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	Yes
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	Yes
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	Yes
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	Yes
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	Yes
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	Yes
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	Yes
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	Yes
D6624	Retainer Inlay - Titanium	Yes
D6634	Retainer Onlay - Titanium	Yes
D6710	Retainer Crown - Indirect Resin Based Composite	Yes
D6720	Retainer Crown - Resin With High Noble Metal	Yes
D6721	Retainer Crown - Resin With Predominantly Base Metal	Yes
D6722	Retainer Crown - Resin With Noble Metal	Yes
D6740	Retainer Crown - Porcelain/Ceramic	Yes
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	Yes
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	Yes
D6752	Retainer Crown - Porcelain Fused To Noble Metal	Yes
D6753	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys	Yes
D6780	Retainer Crown - 3/4 Cast High Noble Metal	Yes
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	Yes
D6782	Retainer Crown - 3/4 Cast Noble Metal	Yes
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	Yes
D6784	Retainer Crown 3/4 - Titanium And Titanium Alloys	Yes
D6790	Retainer Crown - Full Cast High Noble Metal	Yes
D6791	Retainer Crown - Full Cast Predominantly Base Metal	Yes
D6792	Retainer Crown - Full Cast Noble Metal	Yes
D6793	Interim Retainer Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	Yes
D6794	Retainer crown - titanium and titanium alloys	Yes
D6920	Connector Bar	Yes
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	No

Procedure Code	Description	Prior Auth Required
D6940	Stress Breaker	Yes
D6950	Precision Attachment	Yes
D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	Yes
D6985	Pediatric Partial Denture, Fixed	Yes
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	No
D7111	Extraction, Coronal Remnants - Primary Tooth	No
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	No
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	No
D7220	Removal Of Impacted Tooth - Soft Tissue	No
D7230	Removal Of Impacted Tooth - Partially Bony	No
D7240	Removal Of Impacted Tooth - Completely Bony	No
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	No
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	No
D7251	Coronectomy - Intentional Partial Tooth Removal, Impacted Teeth Only	Yes
D7252	Partial Extraction For Immediate Implant Placement	Yes
D7259	Nerve Dissection	Yes
D7260	Oroantral Fistula Closure	No
D7261	Primary Closure Of A Sinus Perforation	No
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	Yes
D7272	Tooth Transplantation (Includes Reimplantation From One Site To Another And Splinting And/Or Stabilization)	Yes
D7280	Exposure Of An Unerupted Tooth	Yes
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	Yes
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	Yes
D7284	Excisional Biopsy Of Minor Salivary Glands	Yes
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	No
D7286	Incisional Biopsy Of Oral Tissue - Soft	No
D7287	Exfoliative Cytological Sample Collection	Yes
D7288	Brush Biopsy - Transepithelial Sample Collection	Yes
D7290	Surgical Repositioning Of Teeth	Yes
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	Yes
D7292	Placement Of Temporary Anchorage Device [Screw Retained Plate] Requiring Flap	Yes
D7293	Placement Of Temporary Anchorage Device Requiring Flap	Yes
D7294	Placement Of Temporary Anchorage Device Without Flap	Yes
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	Yes
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant	Yes
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	Yes
D7298	Removal Of Temporary Anchorage Device [Screw Retained Plate], Requiring Flap	Yes
D7299	Removal Of Temporary Anchorage Device, Requiring Flap	Yes
D7300	Removal Of Temporary Anchorage Device Without Flap	Yes
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	Yes
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	Yes
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	Yes
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	Yes
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	Yes
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue)	Yes
D7410	Excision Of Benign Lesion Up To 1.25 Cm	No
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	No
D7412	Excision Of Benign Lesion, Complicated	No
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	No
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	No
D7415	Excision Of Malignant Lesion, Complicated	No
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	No
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	No
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	No
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	No
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	No
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	No
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	No
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	Yes
D7472	Removal Of Torus Palatinus	Yes
D7473	Removal Of Torus Mandibularis	Yes
D7485	Reduction Of Osseous Tuberosity	Yes
D7490	Radical Resection Of Maxilla Or Mandible	No
D7509	Marsupialization Of Odontogenic Cyst	Yes
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	No

Procedure Code	Description	Prior Auth Required
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	Yes
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	No
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	Yes
D7530	Removal Of Foreign Body From Mucosa, Skin, Or Subcutaneous Alveolar Tissue	No
D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal System	No
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone	No
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	No
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	No
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	No
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	No
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	No
D7650	Malar And/Or Zygomatic Arch - Open Reduction	No
D7660	Malar And/Or Zygomatic Arch - Closed Reduction	No
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	No
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	No
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical Approaches	No
D7710	Maxilla - Open Reduction	No
D7720	Maxilla - Closed Reduction	No
D7730	Mandible - Open Reduction	No
D7740	Mandible - Closed Reduction	No
D7750	Malar And/Or Zygomatic Arch - Open Reduction	No
D7760	Malar And/Or Zygomatic Arch - Closed Reduction	No
D7770	Alveolus - Open Reduction Stabilization Of Teeth	No
D7771	Alveolus, Closed Reduction Stabilization Of Teeth	No
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	No
D7810	Open Reduction Of Dislocation	No
D7820	Closed Reduction Of Dislocation	No
D7830	Manipulation Under Anesthesia	No
D7840	Condylectomy	No
D7850	Surgical Discectomy, With/Without Implant	Yes
D7852	Disc Repair	No
D7854	Synovectomy	No
D7856	Myotomy	No
D7858	Joint Reconstruction	No
D7860	Arthrotomy	No
D7865	Arthroplasty	No
D7870	Arthrocentesis	No
D7871	Non-Arthroscopic Lysis And Lavage	Yes
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy	No
D7873	Arthroscopy: Lavage And Lysis Of Adhesions	No
D7874	Arthroscopy: Disc Repositioning And Stabilization	No
D7875	Arthroscopy: Synovectomy	No
D7876	Arthroscopy: Discectomy	No
D7877	Arthroscopy: Debridement	No
D7880	Occlusal Orthotic Device, By Report	Yes
D7881	Occlusal Orthotic Device Adjustment	Yes
D7899	Unspecified Tmd Therapy, By Report	Yes
D7910	Suture Of Recent Small Wounds Up To 5 Cm	No
D7911	Complicated Suture - Up To 5 Cm	No
D7912	Complicated Suture - Greater Than 5 Cm	No
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	No
D7921	Collection And Application Of Autologous Blood Concentrate Product	Yes
D7922	Placement Of Intra-Socket Biological Dressing To Aid In Hemostasis Or Clot Stabilization, Per Site	Yes
D7939	Indexing For Osteotomy Using Dynamic Robotic Assisted Or Dynamic Navigation	Yes
D7940	Osteoplasty - For Orthognathic Deformities	No
D7941	Osteotomy - Mandibular Rami	No
D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft	No
D7944	Osteotomy - Segmented Or Subapical	No
D7945	Osteotomy - Body Of Mandible	No
D7946	Lefort I (Maxilla - Total)	No
D7947	Lefort I (Maxilla - Segmented)	No
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones For Midface Hypoplasia Or Retrusion) - Without Bone Graft	No
D7949	Lefort Ii Or Lefort Iii - With Bone Graft	No
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla - Autogenous Or Nonautogenous, By Report	No
D7951	Sinus Augmentation With Bone Or Bone Substitutes Via A Lateral Open Approach	Yes
D7952	Sinus Augmentation Via A Vertical Approach	Yes
D7953	Bone Replacement Graft For Ridge Preservation - Per Site	Yes

Procedure Code	Description	Prior Auth Required
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	No
D7956	Guided Tissue Regeneration, Edentulous Area - Resorbable Barrier, Per Site	Yes
D7957	Guided Tissue Regeneration, Edentulous Area - Non-Resorbable Barrier, Per Site	Yes
D7961	Buccal/Labial Frenectomy (Frenulectomy)	Yes
D7962	Lingual Frenectomy (Frenulectomy)	Yes
D7963	Frenuloplasty	Yes
D7970	Excision Of Hyperplastic Tissue - Per Arch	Yes
D7971	Excision Of Pericoronal Gingiva	No
D7972	Surgical Reduction Of Fibrous Tuberosity	Yes
D7979	Non - Surgical Sialolithotomy	Yes
D7980	Surgical Sialolithotomy	No
D7981	Excision Of Salivary Gland, By Report	No
D7982	Sialodochoplasty	No
D7983	Closure Of Salivary Fistula	No
D7990	Emergency Tracheotomy	No
D7991	Coronoidectomy	No
D7993	Surgical Placement Of Craniofacial Implant - Extra Oral	Yes
D7994	Surgical Placement: Zygomatic Implant	Yes
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report	No
D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report	Yes
D7997	Appliance Removal (Not By Dentist Who Placed Appliance), Includes Removal Of Archbar	No
D7998	Intraoral Placement Of A Fixation Device Not In Conjunction With A Fracture	Yes
D7999	Unspecified Oral Surgery Procedure, By Report	No
D8010	Limited Orthodontic Treatment Of The Primary Dentition	Yes
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	Yes
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	Yes
D8040	Limited Orthodontic Treatment Of The Adult Dentition	Yes
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	Yes
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	Yes
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	Yes
D8091	Comprehensive Orthodontic Treatment With Orthognathic Surgery	Yes
D8210	Removable Appliance Therapy	Yes
D8220	Fixed Appliance Therapy	Yes
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	Yes
D8670	Periodic Orthodontic Treatment Visit	Yes
D8671	Periodic Orthodontic Treatment Visit Associated With Orthognathic Surgery	Yes
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	Yes
D8681	Removable Orthodontic Retainer Adjustment	Yes
D8695	Removal Of Fixed Orthodontic Appliances For Reasons Other Than Completion Of Treatment	Yes
D8696	Repair Of Orthodontic Appliance - Maxillary	Yes
D8697	Repair Of Orthodontic Appliance - Mandibular	Yes
D8698	Re-Cement Or Re-Bond Fixed Retainer - Maxillary	Yes
D8699	Re-Cement Or Re-Bond Fixed Retainer - Mandibular	Yes
D8701	Repair Of Fixed Retainer, Includes Reattachment - Maxillary	Yes
D8702	Repair Of Fixed Retainer, Includes Reattachment - Mandibular	Yes
D8703	Replacement Of Lost Or Broken Retainer - Maxillary	Yes
D8704	Replacement Of Lost Or Broken Retainer - Mandibular	Yes
D8999	Unspecified Orthodontic Procedure, By Report	Yes
D9110	Palliative Treatment Of Dental Pain - Per Visit	No
D9120	Fixed Partial Denture Sectioning	Yes
D9128	Photobiomodulation Therapy - First 15 Minute Increment, Or Any Portion Thereof	Yes
D9129	Photobiomodulation Therapy - Each Subsequent 15 Minute Increment, Or Any Portion Thereof	Yes
D9130	Temporomandibular Joint Dysfunction - Non-Invasive Physical Therapies	Yes
D9210	Local Anesthesia Not In Conjunction With Operative Or Surgical Procedures	No
D9211	Regional Block Anesthesia	Yes
D9212	Trigeminal Division Block Anesthesia	Yes
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures	Yes
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Yes
D9222	Administration Of Deep Sedation/General Anesthesia - First 15 Minute Increment, Or Any Portion Thereof	Yes
D9223	Administration Of Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment, Or Any Portion Thereof	Yes
D9224	Administration Of General Anesthesia With Advanced Airway - First 15 Minute Increment, Or Any Portion Thereof	Yes
D9225	Administration Of General Anesthesia With Advanced Airway - Each Subsequent 15 Minute Increment, Or Any Portion Thereof	Yes
D9230	Administration Of Nitrous Oxide	No
D9239	Administration Of Moderate Sedation -Intravenous - First 15 Minute Increment, Or Any Portion Thereof	Yes
D9243	Administration Of Moderate Sedation - Intravenous - Each Subsequent 15 Minute Increment, Or Any Portion Thereof	Yes
D9244	In-Office Administration Of Minimal Sedation - Single Drug - Enteral	Yes

Procedure Code	Description	Prior Auth Required
D9245	Administration Of Moderate Sedation - Enteral	Yes
D9246	Administration Of Moderate Sedation - Non-Intravenous Parenteral - First 15 Minute Increment, Or Any Portion Thereof	Yes
D9247	Administration Of Moderate Sedation - Non-Intravenous Parenteral - Each Subsequent 15 Minute Increment, Or Any Portion Thereof	Yes
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	Yes
D9311	Consultation With A Medical Health Care Professional	Yes
D9410	House/Extended Care Facility Call	No
D9420	Hospital Or Ambulatory Surgical Center Call	No
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	No
D9440	Office Visit - After Regularly Scheduled Hours	No
D9450	Case Presentation, Subsequent To Detailed And Extensive Treatment Planning	Yes
D9610	Therapeutic Parenteral Drug, Single Administration	No
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations, Different Medications	Yes
D9613	Infiltration Of Sustained Release Therapeutic Drug, Per Quadrant	Yes
D9630	Drugs Or Medicaments Dispensed In The Office For Home Use	Yes
D9910	Application Of Desensitizing Medicament	No
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth	Yes
D9912	Pre-Visit Patient Screening	Yes
D9913	Administration Of Neuromodulators	Yes
D9914	Administration Of Dermal Fillers	Yes
D9920	Behavior Management, By Report	Yes
D9930	Treatment Of Complications (Post-Surgical) - Unusual Circumstances, By Report	No
D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary	Yes
D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	Yes
D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary	Yes
D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	Yes
D9936	Cleaning And Inspection Of Occlusal Guard - Per Appliance	Yes
D9938	Fabrication Of A Custom Removable Clear Plastic Temporary Aesthetic Appliance	Yes
D9939	Placement Of A Custom Removable Clear Plastic Temporary Aesthetic Appliance	Yes
D9941	Fabrication Of Athletic Mouthguard	Yes
D9942	Repair And/Or Reline Of Occlusal Guard	Yes
D9943	Occlusal Guard Adjustment	Yes
D9944	Occlusal Guard - Hard Appliance, Full Arch	Yes
D9945	Occlusal Guard - Soft Appliance, Full Arch	Yes
D9946	Occlusal Guard - Hard Appliance, Partial Arch	Yes
D9947	Custom Sleep Apnea Appliance Fabrication And Placement	Yes
D9948	Adjustment Of Custom Sleep Apnea Appliance	Yes
D9949	Repair Of Custom Sleep Apnea Appliance	Yes
D9950	Occlusion Analysis - Mounted Case	Yes
D9951	Occlusal Adjustment - Limited	No
D9952	Occlusal Adjustment - Complete	Yes
D9953	Reline Custom Sleep Apnea Appliance (Indirect)	Yes
D9954	Fabrication And Delivery Of Oral Appliance Therapy (Oat) Morning Repositioning Device	Yes
D9955	Oral Appliance Therapy (Oat) Titration Visit	Yes
D9956	Administration Of Home Sleep Apnea Test	Yes
D9957	Screening For Sleep Related Breathing Disorders	Yes
D9959	Unspecified Sleep Apnea Services Procedure, By Report	Yes
D9961	Duplicate/Copy Patient's Records	Yes
D9970	Enamel Microabrasion	Yes
D9971	Odontoplasty - Per Tooth	Yes
D9972	External Bleaching - Per Arch - Performed In Office	Yes
D9973	External Bleaching - Per Tooth	Yes
D9974	Internal Bleaching - Per Tooth	Yes
D9975	External Bleaching For Home Application, Per Arch; Includes Materials And Fabrication Of Custom Trays	Yes
D9985	Sales Tax	Yes
D9986	Missed Appointment	Yes
D9987	Cancelled Appointment	Yes
D9990	Certified Translation Or Sign-Language Services - Per Visit	Yes
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	Yes
D9992	Dental Case Management - Care Coordination	Yes
D9993	Dental Case Management - Motivational Interviewing	Yes
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	Yes
D9995	Teledentistry - Synchronous; Real-Time Encounter	Yes
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist For Subsequent Review	Yes
D9997	Dental Case Management - Patients With Special Health Care Needs	Yes
D9999	Unspecified Adjunctive Procedure, By Report	No
DAOA0	HIPPS Code DAOA0	No
DAOA1	HIPPS Code DAOA1	No

Procedure Code	Description	Prior Auth Required
DAOB0	HIPPS Code DAOB0	No
DAOB1	HIPPS Code DAOB1	No
DAOC0	HIPPS Code DAOC0	No
DAOC1	HIPPS Code DAOC1	No
DAOD0	HIPPS Code DAOD0	No
DAOD1	HIPPS Code DAOD1	No
DAOE0	HIPPS Code DAOE0	No
DAOE1	HIPPS Code DAOE1	No
DAOF0	HIPPS Code DAOF0	No
DAOF1	HIPPS Code DAOF1	No
DAQA0	HIPPS Code DAQA0	No
DAQA1	HIPPS Code DAQA1	No
DAQB0	HIPPS Code DAQB0	No
DAQB1	HIPPS Code DAQB1	No
DAQC0	HIPPS Code DAQC0	No
DAQC1	HIPPS Code DAQC1	No
DAQD0	HIPPS Code DAQD0	No
DAQD1	HIPPS Code DAQD1	No
DAQE0	HIPPS Code DAQE0	No
DAQE1	HIPPS Code DAQE1	No
DAQF0	HIPPS Code DAQF0	No
DAQF1	HIPPS Code DAQF1	No
DARA0	HIPPS Code DARA0	No
DARA1	HIPPS Code DARA1	No
DARB0	HIPPS Code DARB0	No
DARB1	HIPPS Code DARB1	No
DARC0	HIPPS Code DARC0	No
DARC1	HIPPS Code DARC1	No
DARD0	HIPPS Code DARD0	No
DARD1	HIPPS Code DARD1	No
DARE0	HIPPS Code DARE0	No
DARE1	HIPPS Code DARE1	No
DARF0	HIPPS Code DARF0	No
DARF1	HIPPS Code DARF1	No
DASA0	HIPPS Code DASA0	No
DASA1	HIPPS Code DASA1	No
DASB0	HIPPS Code DASB0	No
DASB1	HIPPS Code DASB1	No
DASC0	HIPPS Code DASC0	No
DASC1	HIPPS Code DASC1	No
DASD0	HIPPS Code DASD0	No
DASD1	HIPPS Code DASD1	No
DASE0	HIPPS Code DASE0	No
DASE1	HIPPS Code DASE1	No
DASF0	HIPPS Code DASF0	No
DASF1	HIPPS Code DASF1	No
DAWA0	HIPPS Code DAWA0	No
DAWA1	HIPPS Code DAWA1	No
DAWB0	HIPPS Code DAWB0	No
DAWB1	HIPPS Code DAWB1	No
DAWC0	HIPPS Code DAWC0	No
DAWC1	HIPPS Code DAWC1	No
DAWD0	HIPPS Code DAWD0	No
DAWD1	HIPPS Code DAWD1	No
DAWE0	HIPPS Code DAWE0	No
DAWE1	HIPPS Code DAWE1	No
DAWF0	HIPPS Code DAWF0	No
DAWF1	HIPPS Code DAWF1	No
DAYA0	HIPPS Code DAYA0	No
DAYA1	HIPPS Code DAYA1	No
DAYB0	HIPPS Code DAYB0	No
DAYB1	HIPPS Code DAYB1	No
DAYC0	HIPPS Code DAYC0	No
DAYC1	HIPPS Code DAYC1	No
DAYD0	HIPPS Code DAYD0	No
DAYD1	HIPPS Code DAYD1	No
DAYE0	HIPPS Code DAYE0	No
DAYE1	HIPPS Code DAYE1	No
DAYF0	HIPPS Code DAYF0	No
DAYF1	HIPPS Code DAYF1	No
DBOA0	HIPPS Code DBOA0	No
DBOA1	HIPPS Code DBOA1	No

Procedure Code	Description	Prior Auth Required
DBOB0	HIPPS Code DBOB0	No
DBOB1	HIPPS Code DBOB1	No
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DIOD1	HIPPS Code DIOD1	No
DIOE0	HIPPS Code DIOE0	No
DIOE1	HIPPS Code DIOE1	No
DIOF0	HIPPS Code DIOF0	No
DIOF1	HIPPS Code DIOF1	No
DIQA0	HIPPS Code DIQA0	No
DIQA1	HIPPS Code DIQA1	No
DIQB0	HIPPS Code DIQB0	No
DIQB1	HIPPS Code DIQB1	No
DIQC0	HIPPS Code DIQC0	No
DIQC1	HIPPS Code DIQC1	No
DIQD0	HIPPS Code DIQD0	No
DIQD1	HIPPS Code DIQD1	No
DIQE0	HIPPS Code DIQE0	No
DIQE1	HIPPS Code DIQE1	No
DIQF0	HIPPS Code DIQF0	No
DIQF1	HIPPS Code DIQF1	No
DIRA0	HIPPS Code DIRA0	No
DIRA1	HIPPS Code DIRA1	No
DIRB0	HIPPS Code DIRB0	No
DIRB1	HIPPS Code DIRB1	No
DIRC0	HIPPS Code DIRC0	No
DIRC1	HIPPS Code DIRC1	No
DIRD0	HIPPS Code DIRD0	No
DIRD1	HIPPS Code DIRD1	No
DIRE0	HIPPS Code DIRE0	No
DIRE1	HIPPS Code DIRE1	No
DIRF0	HIPPS Code DIRF0	No
DIRF1	HIPPS Code DIRF1	No
DISA0	HIPPS Code DISA0	No
DISA1	HIPPS Code DISA1	No
DISB0	HIPPS Code DISB0	No
DISB1	HIPPS Code DISB1	No
DISC0	HIPPS Code DISC0	No
DISC1	HIPPS Code DISC1	No
DISD0	HIPPS Code DISD0	No
DISD1	HIPPS Code DISD1	No
DISE0	HIPPS Code DISE0	No
DISE1	HIPPS Code DISE1	No
DISF0	HIPPS Code DISF0	No
DISF1	HIPPS Code DISF1	No
DIWA0	HIPPS Code DIWA0	No
DIWA1	HIPPS Code DIWA1	No
DIWB0	HIPPS Code DIWB0	No
DIWB1	HIPPS Code DIWB1	No
DIWC0	HIPPS Code DIWC0	No
DIWC1	HIPPS Code DIWC1	No
DIWD0	HIPPS Code DIWD0	No
DIWD1	HIPPS Code DIWD1	No
DIWE0	HIPPS Code DIWE0	No
DIWE1	HIPPS Code DIWE1	No
DIWF0	HIPPS Code DIWF0	No
DIWF1	HIPPS Code DIWF1	No
DIYA0	HIPPS Code DIYA0	No
DIYA1	HIPPS Code DIYA1	No
DIYB0	HIPPS Code DIYB0	No
DIYB1	HIPPS Code DIYB1	No
DIYC0	HIPPS Code DIYC0	No
DIYC1	HIPPS Code DIYC1	No
DIYD0	HIPPS Code DIYD0	No
DIYD1	HIPPS Code DIYD1	No
DIYE0	HIPPS Code DIYE0	No
DIYE1	HIPPS Code DIYE1	No
DIYF0	HIPPS Code DIYF0	No
DIYF1	HIPPS Code DIYF1	No
E0100	Cane, Includes Canes Of All Materials, Adjustable Or Fixed, With Tip (Special Coverage Instructions Apply. See Cim: 60-3, 60-9 And Mcm: 2100.1)	No

Procedure Code	Description	Prior Auth Required
E0105	Cane, Quad Or Three Prong, Includes Canes Of All Materials, Adjustable Or Fixed, With Tips (Special Coverage Instructions Apply. See Cim: 60-15, 60-9 And Mcm: 2100.1)	No
E0110	Crutches, Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Pair, Complete With Tips And Handgrips (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0111	Crutch Forearm, Includes Crutches Of Various Materials, Adjustable Or Fixed, Each, With Tip And Handgrips (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	Yes
E0112	Crutches Underarm, Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0113	Crutch Underarm, Wood, Adjustable Or Fixed, Each, With Pad, Tip And Handgrip (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	Yes
E0114	Crutches Underarm, Other Than Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0116	Crutch, Underarm, Other Than Wood, Adjustable Or Fixed, With Pad, Tip, Handgrip, With Or Without Shock Absorber, Each (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	Yes
E0117	Crutch, Underarm, Articulating, Spring Assisted, Each (Special Coverage Instructions Apply. See Mcm: 2100.1)	No
E0118	Crutch Substitute, Lower Leg Platform, With Or Without Wheels, Each	Yes
E0130	Walker, Rigid (Pickup), Adjustable Or Fixed Height (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0135	Walker, Folding (Pickup), Adjustable Or Fixed Height (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0140	Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0141	Walker, Rigid, Wheeled, Adjustable Or Fixed Height (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0143	Walker, Folding, Wheeled, Adjustable Or Fixed Height (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0144	Walker, Enclosed, Four Sided Framed, Rigid Or Folding, Wheeled With Posterior Seat (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0147	Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance (Special Coverage Instructions Apply. See Cim: 60-15 And Mcm: 2100.1)	No
E0148	Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each	No
E0149	Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type	No
E0150	Combination Wheeled Walker With Seat And Transport Chair, Folding, Adjustable Or Fixed Height (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	No
E0152	Walker, Battery Powered, Wheeled, Folding, Adjustable Or Fixed Height (Not Payable By Medicare)	Yes
E0153	Platform Attachment, Forearm Crutch, Each	No
E0154	Platform Attachment, Walker, Each	No
E0155	Wheel Attachment, Rigid Pick-Up Walker, Per Pair	No
E0156	Seat Attachment, Walker	No
E0157	Crutch Attachment, Walker, Each	No
E0158	Leg Extensions For Walker, Per Set Of Four (4)	No
E0159	Brake Attachment For Wheeled Walker, Replacement, Each	No
E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0162	Sitz Bath Chair (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0167	Pail Or Pan For Use With Commode Chair, Replacement Only (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each	No
E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	No
E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	No
E0172	Seat Lift Mechanism Placed Over Or On Top Of Toilet, Any Type (Non-Covered By Medicare Statute. Statute Reference: 1861Ssa)	Yes
E0175	Foot Rest, For Use With Commode Chair, Each	Yes
E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	No
E0182	Pump For Alternating Pressure Pad, For Replacement Only (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	No
E0183	Powered Pressure Reducing Underlay/Pad, Alternating, With Pump, Includes Heavy Duty	Yes
E0184	Dry Pressure Mattress (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	No
E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	No
E0186	Air Pressure Mattress (Special Coverage Instructions Apply. See Cim: 60-9)	No

Procedure Code	Description	Prior Auth Required
E0187	Water Pressure Mattress (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0188	Synthetic Sheepskin Pad (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	No
E0189	Lambswool Sheepskin Pad, Any Size (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	No
E0190	Positioning Cushion/Pillow/Wedge, Any Shape Or Size, Includes All Components And Accessories (Special Coverage Instructions Apply. See Mcm: 2100.1)	Yes
E0191	Heel Or Elbow Protector, Each	Yes
E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	No
E0194	Air Fluidized Bed (Special Coverage Instructions Apply. See Cim: 60-19)	No
E0196	Gel Pressure Mattress (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0198	Water Pressure Pad For Mattress, Standard Mattress Length And Width (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0200	Heat Lamp, Without Stand (Table Model), Includes Bulb, Or Infrared Element (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	Yes
E0201	Penile Contracture Device, Manual, Greater Than 3 Lbs Traction Force	No
E0202	Phototherapy (Bilirubin) Light With Photometer	No
E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Table Top Model (Non-Covered By Medicare. See Cim: 60-9)	Yes
E0205	Heat Lamp, With Stand, Includes Bulb, Or Infrared Element (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	Yes
E0210	Electric Heat Pad, Standard (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0215	Electric Heat Pad, Moist (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0217	Water Circulating Heat Pad With Pump (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0218	Fluid circulating cold pad with pump, any type (special coverage instructions apply. See cim: 60-9)	Yes
E0221	Infrared Heating Pad System	Yes
E0225	Hydrocollator Unit, Includes Pads (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2210.3)	Yes
E0231	Non-Contact Wound Warming Device (Temperature Control Unit, Ac Adapter And Power Cord) For Use With Warming Card And Wound Cover (Non-Covered By Medicare. See Mcm: 2303)	Yes
E0232	Warming Card For Use With The Non Contact Wound Warming Device And Non Contact Wound Warming Wound Cover (Non-Covered By Medicare. See Mcm: 2303)	Yes
E0235	Paraffin Bath Unit, Portable (See Medical Supply Code A4265 For Paraffin) (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2210.3)	Yes
E0236	Pump For Water Circulating Pad (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0239	Hydrocollator Unit, Portable (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2210.3)	Yes
E0240	Bath/Shower Chair, With Or Without Wheels, Any Size (Non-Covered By Medicare. See Cim: 60-9)	No
E0241	Bath Tub Wall Rail, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2100.1)	No
E0242	Bath Tub Rail, Floor Base (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2100.1)	No
E0243	Toilet Rail, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2100.1)	No
E0244	Raised Toilet Seat (Non-Covered By Medicare. See Cim: 60-9)	No
E0245	Tub Stool Or Bench (Non-Covered By Medicare. See Cim: 60-9)	No
E0246	Transfer Tub Rail Attachment	No
E0247	Transfer Bench For Tub Or Toilet With Or Without Commode Opening (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0248	Transfer Bench, Heavy Duty, For Tub Or Toilet With Or Without Commode Opening (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0249	Pad For Water Circulating Heat Unit, For Replacement Only (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0265	Hospital Bed, Total Electric (Head, Foot And Height Adjustments), With Any Type Side Rails, With Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0266	Hospital Bed, Total Electric (Head, Foot And Height Adjustments), With Any Type Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes

Procedure Code	Description	Prior Auth Required
E0270	Hospital Bed, Institutional Type Includes: Oscillating, Circulating And Stryker Frame, With Mattress (Non-Covered By Medicare. See Cim: 60-9)	Yes
E0271	Mattress, Innerspring (Special Coverage Instructions Apply. See Cim: 60-18, 60-9)	No
E0272	Mattress, Foam Rubber (Special Coverage Instructions Apply. See Cim: 60-18, 60-9)	No
E0273	Bed Board (Non-Covered By Medicare. See Cim: 60-9)	Yes
E0274	Over-Bed Table (Non-Covered By Medicare. See Cim: 60-9)	Yes
E0275	Bed Pan, Standard, Metal Or Plastic (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0276	Bed Pan, Fracture, Metal Or Plastic (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0277	Powered Pressure-Reducing Air Mattress (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0280	Bed Cradle, Any Type	Yes
E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	No
E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	No
E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	No
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE CIM: 60-18 AND MCM: 2100.1)	Yes
E0297	Hospital Bed, Total Electric (Head, Foot And Height Adjustments), Without Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18 And Mcm: 2100.1)	Yes
E0300	Pediatric Crib, Hospital Grade, Fully Enclosed, With Or Without Top Enclosure	No
E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18)	Yes
E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress (Special Coverage Instructions Apply. See Cim: 60-18)	Yes
E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress (Special Coverage Instructions Apply. See Cim: 60-18)	No
E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress (Special Coverage Instructions Apply. See Cim: 60-18)	No
E0305	Bed Side Rails, Half Length (Special Coverage Instructions Apply. See Cim: 60-18)	No
E0310	Bed Side Rails, Full Length (Special Coverage Instructions Apply. See Cim: 60-18)	No
E0315	Bed Accessory: Board, Table, Or Support Device, Any Type (Non-Covered By Medicare. See Cim: 60-9)	Yes
E0316	Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type	No
E0325	Urinal; Male, Jug-Type, Any Material (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0326	Urinal; Female, Jug-Type, Any Material (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0328	Hospital Bed, Pediatric, Manual, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress	No
E0329	Hospital Bed, Pediatric, Electric Or Semi-Electric, 360 Degree Side Enclosures, Top Of Headboard, Footboard And Side Rails Up To 24 Inches Above The Spring, Includes Mattress	No
E0350	Control Unit For Electronic Bowel Irrigation/Evacuation System	No
E0352	Disposable Pack (Water Reservoir Bag, Speculum, Valving Mechanism And Collection Bag/Box) For Use With The Electronic Bowel Irrigation/Evacuation System	No
E0370	Air Pressure Elevator For Heel	Yes
E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width	No
E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width	No
E0373	Nonpowered Advanced Pressure Reducing Mattress	No
E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	No
E0425	Stationary Compressed Gas System, Purchase; Includes Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	No
E0430	Portable Gaseous Oxygen System, Purchase; Includes Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	No
E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	Yes
E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge	Yes

Procedure Code	Description	Prior Auth Required
E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	Yes
E0435	Portable Liquid Oxygen System, Purchase; Includes Portable Container, Supply Reservoir, Flowmeter, Humidifier, Contents Gauge, Cannula Or Mask, Tubing And Refill Adaptor (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	No
E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	Yes
E0440	Stationary Liquid Oxygen System, Purchase; Includes Use Of Reservoir, Contents Indicator, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	No
E0441	Stationary Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	No
E0442	Stationary Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	No
E0443	Portable Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	Yes
E0444	Portable Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	No
E0445	Oximeter Device For Measuring Blood Oxygen Levels Non-Invasively	Yes
E0446	Topical Oxygen Delivery System, Not Otherwise Specified, Includes All Supplies And Accessories	Yes
E0447	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit, Prescribed Amount At Rest Or Nighttime Exceeds 4 Liters Per Minute (Lpm) (Special Coverage Instructions Apply. See Cim: 60.4 And Mcm: 4107.9)	Yes
E0455	Oxygen Tent, Excluding Croup Or Pediatric Tents (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	Yes
E0457	Chest Shell (Cuirass) (Not Payable By Medicare)	Yes
E0459	Chest Wrap (Not Payable By Medicare)	Yes
E0462	Rocking Bed With Or Without Side Rails	Yes
E0465	Home Ventilator, Any Type, Used With Invasive Interface, (E.G., Tracheostomy Tube) (Special Coverage Instructions Apply. See Mcm: 60-9)	Yes
E0466	Home Ventilator, Any Type, Used With Non-Invasive Interface, (E.G., Mask, Chest Shell) (Special Coverage Instructions Apply. See Mcm: 60-9)	No
E0467	Home Ventilator, Multi-Function Respiratory Device, Also Performs Any Or All Of The Additional Functions Of Oxygen Concentration, Drug Nebulization, Aspiration, And Cough Stimulation, Includes All Accessories, Components And Supplies For All Functions (Sp	Yes
E0468	Home Ventilator, Dual-Function Respiratory Device, Also Performs Additional Function Of Cough Stimulation, Includes All Accessories, Components And Supplies For All Functions (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0469	Lung Expansion Airway Clearance, Continuous High Frequency Oscillation, And Nebulization Device	No
E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device) (Special Coverage Instructions A	Yes
E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device) (Special Coverage Instructions App	Yes
E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device) (Special Coverage Instructions Apply. See	Yes
E0480	Percussor, Electric Or Pneumatic, Home Model (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0481	Intrapulmonary Percussive Ventilation System And Related Accessories (Non-Covered By Medicare. See Cim: 60-21)	No
E0482	Cough Stimulating Device, Alternating Positive And Negative Airway Pressure	Yes
E0483	High Frequency Chest Wall Oscillation System, With Full Anterior And/Or Posterior Thoracic Region Receiving Simultaneous External Oscillation, Includes All Accessories And Supplies, Each	Yes
E0484	Oscillatory Positive Expiratory Pressure Device, Non-Electric, Any Type, Each	No
E0485	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-Adjustable, Prefabricated, Includes Fitting And Adjustment	Yes
E0486	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-Adjustable, Custom Fabricated, Includes Fitting And Adjustment	Yes
E0487	Spirometer, Electronic, Includes All Accessories (Special Coverage Instructions Apply)	No
E0490	Power Source And Control Electronics Unit For Oral Device/Appliance For Neuromuscular Electrical Stimulation Of The Tongue Muscle, Controlled By Hardware Remote	Yes
E0491	Oral Device/Appliance For Neuromuscular Electrical Stimulation Of The Tongue Muscle, Used In Conjunction With The Power Source And Control Electronics Unit, Controlled By Hardware Remote, 90-Day Supply	Yes

Procedure Code	Description	Prior Auth Required
E0492	Power Source And Control Electronics Unit For Oral Device/Appliance For Neuromuscular Electrical Stimulation Of The Tongue Muscle, Controlled By Phone Application (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
E0493	Oral Device/Appliance For Neuromuscular Electrical Stimulation Of The Tongue Muscle, Used In Conjunction With The Power Source And Control Electronics Unit, Controlled By Phone Application, 90-Day Supply (Non-Covered By Medicare Statute. Statute Reference	Yes
E0500	Ippb Machine, All Types, With Built-In Nebulization; Manual Or Automatic Valves; Internal Or External Power Source (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0530	Electronic Positional Obstructive Sleep Apnea Treatment, With Sensor, Includes All Components And Accessories, Any Type	Yes
E0550	Humidifier, Durable For Extensive Supplemental Humidification During Ippb Treatments Or Oxygen Delivery (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0555	Humidifier, Durable, Glass Or Autoclavable Plastic Bottle Type, For Use With Regulator Or Flowmeter (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.9)	No
E0560	Humidifier, Durable For Supplemental Humidification During Ippb Treatment Or Oxygen Delivery (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device	No
E0562	Humidifier, Heated, Used With Positive Airway Pressure Device	No
E0565	Compressor, Air Power Source For Equipment Which Is Not Self-Contained Or Cylinder Driven	Yes
E0570	Nebulizer, With Compressor (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.9)	No
E0572	Aerosol Compressor, Adjustable Pressure, Light Duty For Intermittent Use	Yes
E0574	Ultrasonic/Electronic Aerosol Generator With Small Volume Nebulizer	Yes
E0575	Nebulizer, Ultrasonic, Large Volume (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0580	Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type, For Use With Regulator Or Flowmeter (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.9)	Yes
E0585	Nebulizer, With Compressor And Heater (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.9)	Yes
E0600	Respiratory Suction Pump, Home Model, Portable Or Stationary, Electric (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0601	Continuous Positive Airway Pressure (Cpap) Device (Special Coverage Instructions Apply. See Cim: 60-17)	No
E0602	Breast Pump, Manual, Any Type	No
E0603	Breast Pump, Electric (Ac And/Or Dc), Any Type	No
E0604	Breast Pump, Hospital Grade, Electric (Ac And / Or Dc), Any Type	No
E0605	Vaporizer, Room Type (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0606	Postural Drainage Board (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0607	Home Blood Glucose Monitor (Special Coverage Instructions Apply. See Cim: 60-11)	No
E0610	Pacemaker Monitor, Self-Contained, (Checks Battery Depletion, Includes Audible And Visible Check Systems) (Special Coverage Instructions Apply. See Cim: 60-7, 50-1)	Yes
E0615	Pacemaker Monitor, Self Contained, Checks Battery Depletion And Other Pacemaker Components, Includes Digital/Visible Check Systems (Special Coverage Instructions Apply. See Cim: 60-7, 50-1)	Yes
E0616	Implantable Cardiac Event Recorder With Memory, Activator And Programmer	Yes
E0617	External Defibrillator With Integrated Electrocardiogram Analysis	Yes
E0618	Apnea Monitor, Without Recording Feature	No
E0619	Apnea Monitor, With Recording Feature	No
E0620	Skin Piercing Device For Collection Of Capillary Blood, Laser, Each	Yes
E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0625	Patient Lift, Bathroom Or Toilet, Not Otherwise Classified (Non-Covered By Medicare. See Cim: 60-9)	Yes
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE CIM: 60-8 AND MCM: 4107.8)	Yes
E0629	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE MCM: 4107.8)	Yes
E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S) (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0635	Patient Lift, Electric With Seat Or Sling (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Yes
E0637	Combination Sit To Stand Frame/Table System, Any Size Including Pediatric, With Seat Lift Feature, With Or Without Wheels (Non-Covered By Medicare. See Cim: 60-9)	Yes
E0638	Standing Frame/Table System, One Position (E.G., Upright, Supine Or Prone Stander), Any Size Including Pediatric, With Or Without Wheels (Non-Covered By Medicare. See Cim: 60-9)	Yes
E0639	Patient Lift, Moveable From Room To Room With Disassembly And Reassembly, Includes All Components/Accessories	No
E0640	Patient Lift, Fixed System, Includes All Components/Accessories	Yes
E0641	Standing Frame/Table System, Multi-Position (E.G., Three-Way Stander), Any Size Including Pediatric, With Or Without Wheels (Non-Covered By Medicare. See Cim: 60-9)	No
E0642	Standing Frame/Table System, Mobile (Dynamic Stander), Any Size Including Pediatric (Non-Covered By Medicare. See Cim: 60-9)	No
E0650	Pneumatic Compressor, Non-Segmental Home Model (Special Coverage Instructions Apply. See Cim: 60-16)	No

Procedure Code	Description	Prior Auth Required
E0651	Pneumatic Compressor, Segmental Home Model Without Calibrated Gradient Pressure (Special Coverage Instructions Apply. See Cim: 60-16)	Yes
E0652	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pressure (Special Coverage Instructions Apply. See Cim: 60-16)	Yes
E0655	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Arm (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0656	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Trunk (Special Coverage Instructions Apply)	Yes
E0657	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Chest (Special Coverage Instructions Apply)	No
E0658	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Arms And Chest (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0659	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, Head, Neck And Chest (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0660	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0665	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0666	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0667	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply. See Cim: 60-16)	Yes
E0668	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply. See Cim: 60-16)	Yes
E0669	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0670	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Legs And Trunk (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0671	Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0672	Segmental Gradient Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply. See Cim: 60-16)	No
E0673	Segmental Gradient Pressure Pneumatic Appliance, Half Leg (Special Coverage Instructions Apply. See Cim: 60-16)	Yes
E0675	Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial Insufficiency (Unilateral Or Bilateral System)	Yes
E0676	Intermittent Limb Compression Device (Includes All Accessories), Not Otherwise Specified	Yes
E0677	Non-Pneumatic Sequential Compression Garment, Trunk	Yes
E0678	Non-Pneumatic Sequential Compression Garment, Full Leg	Yes
E0679	Non-Pneumatic Sequential Compression Garment, Half Leg	Yes
E0680	Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure	Yes
E0681	Non-Pneumatic Compression Controller Without Calibrated Gradient Pressure	Yes
E0682	Non-Pneumatic Sequential Compression Garment, Full Arm	Yes
E0683	Non-Pneumatic, Non-Sequential, Peristaltic Wave Compression Pump	Yes
E0691	Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Square Feet Or Less	No
E0692	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 4 Foot Panel	Yes
E0693	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot Panel	Yes
E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer And Eye Protection	No
E0700	Safety Equipment, Device Or Accessory, Any Type	Yes
E0705	Transfer Device, Any Type, Each (Special Coverage Instructions Apply)	No
E0710	Restraints, Any Type (Body, Chest, Wrist Or Ankle)	No
E0711	Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of Motion	Yes
E0715	Intravaginal Device Intended To Strengthen Pelvic Floor Muscles During Kegel Exercises (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
E0716	Supplies And Accessories For Intravaginal Device Intended To Strengthen Pelvic Floor Muscles During Kegel Exercises (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
E0720	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)	No
E0721	Transcutaneous Electrical Nerve Stimulator For Nerves In The Auricular Region	Yes
E0730	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)	Yes
E0731	Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient'S Skin By Layers Of Fabric) (Special Coverage Instructions Apply. See Cim: 45-25)	Yes
E0732	Cranial Electrotherapy Stimulation (Ces) System, Any Type	Yes
E0733	Transcutaneous Electrical Nerve Stimulator For Electrical Stimulation Of The Trigeminal Nerve	Yes
E0734	External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist	Yes

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E0735	Non-Invasive Vagus Nerve Stimulator	Yes
E0736	Transcutaneous Tibial Nerve Stimulator	Yes
E0737	Transcutaneous Tibial Nerve Stimulator, Controlled By Phone Application (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
E0738	Upper Extremity Rehabilitation System Providing Active Assistance To Facilitate Muscle Re-Education, Include Microprocessor, All Components And Accessories	Yes
E0739	Rehabilitation System With Interactive Interface Providing Active Assistance In Rehabilitation Therapy, Includes All Components And Accessories, Motors, Microprocessors, Sensors	Yes
E0740	NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR, COMPLETE SYSTEM (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE CIM: 60.24)	Yes
E0743	External Lower Extremity Nerve Stimulator For Restless Legs Syndrome, Each	Yes
E0744	Neuromuscular Stimulator For Scoliosis	Yes
E0745	Neuromuscular Stimulator, Electronic Shock Unit (Special Coverage Instructions Apply. See Cim: 35-77)	Yes
E0746	Electromyography (Emg), Biofeedback Device (Special Coverage Instructions Apply. See Cim: 35-27)	Yes
E0747	Osteogenesis Stimulator, Electrical, Non-Invasive, Other Than Spinal Applications (Special Coverage Instructions Apply. See Cim: 35-48)	No
E0748	Osteogenesis Stimulator, Electrical, Non-Invasive, Spinal Applications (Special Coverage Instructions Apply. See Cim: 35-48)	Yes
E0749	Osteogenesis Stimulator, Electrical, Surgically Implanted (Special Coverage Instructions Apply. See Cim: 35-48)	Yes
E0755	Electronic Salivary Reflex Stimulator (Intra-Oral/Non-Invasive)	Yes
E0760	Osteogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive (See Mcm: 35-48)	Yes
E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electromagnetic Energy Treatment Device (Special Coverage Instructions Apply. See Cim: 35-102)	Yes
E0762	Transcutaneous Electrical Joint Stimulation Device System, Includes All Accessories	Yes
E0764	Functional Neuromuscular Stimulation, Transcutaneous Stimulation Of Sequential Muscle Groups Of Ambulation With Computer Control, Used For Walking By Spinal Cord Injured, Entire System, After Completion Of Training Program (Special Coverage Instructions A	Yes
E0765	Fda Approved Nerve Stimulator, For Treatment Of Nausea And Vomiting (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
E0766	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any Type	Yes
E0767	Intrabuccal, Systemic Delivery Of Amplitude-Modulated, Radiofrequency Electromagnetic Field Device, For Cancer Treatment, Includes All Accessories	No
E0769	Electrical Stimulation Or Electromagnetic Wound Treatment Device, Not Otherwise Classified (Special Coverage Instructions Apply. See Cim: 35-102)	Yes
E0770	Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve And/Or Muscle Groups, Any Type, Complete System, Not Otherwise Specified (Special Coverage Instructions Apply)	No
E0776	Iv Pole	No
E0779	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours Or Greater	No
E0780	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion Less Than 8 Hours	No
E0781	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Battery Operated, With Administrative Equipment, Worn By Patient (Special Coverage Instructions Apply. See Cim: 60-14)	Yes
E0782	Infusion Pump, Implantable, Non-Programmable (Includes All Components, E.G., Pump, Catheter, Connectors, Etc.) (Special Coverage Instructions Apply. See Cim: 60-14)	Yes
E0783	Infusion Pump System, Implantable, Programmable (Includes All Components, E.G., Pump, Catheter, Connectors, Etc.) (Special Coverage Instructions Apply. See Cim: 60-14)	Yes
E0784	External Ambulatory Infusion Pump, Insulin (Special Coverage Instructions Apply. See Cim: 60-14)	Yes
E0785	Implantable Intraspinal (Epidural/Intrathecal) Catheter Used With Implantable Infusion Pump, Replacement (Special Coverage Instructions Apply. See Mcm: 60-14)	Yes
E0786	Implantable Programmable Infusion Pump, Replacement (Excludes Implantable Intraspinal Catheter) (Special Coverage Instructions Apply. See Cim: 60-14)	Yes
E0787	External Ambulatory Infusion Pump, Insulin, Dosage Rate Adjustment Using Therapeutic Continuous Glucose Sensing (Not Payable By Medicare)	No
E0791	Parenteral Infusion Pump, Stationary, Single Or Multi-Channel (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	No
E0830	Ambulatory Traction Device, All Types, Each (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0840	Traction Frame, Attached To Headboard, Cervical Traction (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0849	Traction Equipment, Cervical, Free-Standing Stand/Frame, Pneumatic, Applying Traction Force To Other Than Mandible	No
E0850	Traction Stand, Free Standing, Cervical Traction (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0855	Cervical Traction Equipment Not Requiring Additional Stand Or Frame	Yes
E0856	Cervical Traction Device, With Inflatable Air Bladder(S)	Yes
E0860	Traction Equipment, Overdoor, Cervical (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0870	Traction Frame, Attached To Footboard, Extremity Traction, (E.G., Buck'S) (Special Coverage Instructions Apply. See Cim: 60-9)	No

Procedure Code	Description	Prior Auth Required
E0880	Traction Stand, Free Standing, Extremity Traction (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0890	Traction Frame, Attached To Footboard, Pelvic Traction (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0900	Traction Stand, Free Standing, Pelvic Traction, (E.G., Buck'S) (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0920	Fracture Frame, Attached To Bed, Includes Weights (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0930	Fracture Frame, Free Standing, Includes Weights (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0935	Continuous Passive Motion Exercise Device For Use On Knee Only (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0936	Continuous Passive Motion Exercise Device For Use Other Than Knee (Non-Covered By Medicare)	No
E0940	Trapeze Bar, Free Standing, Complete With Grab Bar (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0941	Gravity Assisted Traction Device, Any Type (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0942	Cervical Head Harness/Halter	No
E0944	Pelvic Belt/Harness/Boot	No
E0945	Extremity Belt/Harness	No
E0946	Fracture, Frame, Dual With Cross Bars, Attached To Bed, (E.G., Balken, 4 Poster) (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0947	Fracture Frame, Attachments For Complex Pelvic Traction (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0948	Fracture Frame, Attachments For Complex Cervical Traction (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0950	Wheelchair Accessory, Tray, Each (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0951	Heel Loop/Holder, Any Type, With Or Without Ankle Strap, Each	No
E0952	Toe Loop/Holder, Any Type, Each (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0953	Wheelchair Accessory, Lateral Thigh Or Knee Support, Any Type Including Fixed Mounting Hardware, Each	No
E0954	Wheelchair Accessory, Foot Box, Any Type, Includes Attachment And Mounting Hardware, Each Foot	No
E0955	Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each	No
E0956	Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed Mounting Hardware, Each	No
E0957	Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting Hardware, Each	No
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachment, Each (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0959	Manual Wheelchair Accessory, Adapter For Amputee, Each (See Cim: 60-9)	No
E0960	Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware	No
E0961	Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each (See Cim: 60-9)	No
E0966	Manual Wheelchair Accessory, Headrest Extension, Each (See Cim: 60-9)	No
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE CIM: 60-9)	No
E0968	Commode Seat, Wheelchair (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0969	Narrowing Device, Wheelchair (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0970	No. 2 Footplates, Except For Elevating Leg Rest (Not Payable By Medicare. See Cim: 60-9)	No
E0971	Manual Wheelchair Accessory, Anti-Tipping Device, Each (See Cim: 60-9)	No
E0973	Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0974	Manual Wheelchair Accessory, Anti-Rollback Device, Each (Special Coverage Instructions Apply. See Cim: 60-9)	No
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each	No
E0980	Safety Vest, Wheelchair	Yes
E0981	Wheelchair Accessory, Seat Upholstery, Replacement Only, Each	No
E0982	Wheelchair Accessory, Back Upholstery, Replacement Only, Each	No
E0983	Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control	No
E0984	Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Tiller Control	No
E0985	Wheelchair Accessory, Seat Lift Mechanism	No
E0986	Manual Wheelchair Accessory, Power Assist System	No

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E0988	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair	No
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each (See Cim: 60-9)	No
E0992	Manual Wheelchair Accessory, Solid Seat Insert	No
E0994	Arm Rest, Each (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH (SEE CIM: 60-9)	No
E1002	Wheelchair Accessory, Power Seating System, Tilt Only	No
E1003	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction	No
E1004	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction	No
E1005	Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction	No
E1006	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction	No
E1007	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear Reduction	No
E1008	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear Reduction	No
E1009	Wheelchair Accessory, Addition To Power Seating System, Mechanically Linked Leg Elevation System, Including Pushrod And Leg Rest, Each	No
E1010	Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair	No
E1011	Modification To Pediatric Size Wheelchair, Width Adjustment Package (Not To Be Dispensed With Initial Chair) (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1012	Wheelchair Accessory, Addition To Power Seating System, Center Mount Power Elevating Leg Rest/Platform, Complete System, Any Type, Each	Yes
E1014	Reclining Back, Addition To Pediatric Size Wheelchair (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1015	Shock Absorber For Manual Wheelchair, Each (Special Coverage Instructions Apply. See Mcm: 60.9)	No
E1016	Shock Absorber For Power Wheelchair, Each (Special Coverage Instructions Apply. See Mcm: 60.9)	No
E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each (Special Coverage Instructions Apply. See Mcm: 60.9)	No
E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each (Special Coverage Instructions Apply. See Mcm: 60.9)	No
E1020	Residual Limb Support System For Wheelchair, Any Type (Special Coverage Instructions Apply. See Mcm: 60-6)	No
E1022	Wheelchair Transportation Securement System, Any Type Includes All Components And Accessories (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
E1023	Wheelchair Transit Securement System, Includes All Components And Accessories (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	No
E1029	Wheelchair Accessory, Ventilator Tray, Fixed	No
E1030	Wheelchair Accessory, Ventilator Tray, Gimbaled	No
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5'' OR GREATER (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE CIM: 60-9)	No
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	Yes
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Yes
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Yes
E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs (Special Coverage Instructions Apply. See Mcm: 2100)	No
E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	No
E1037	Transport Chair, Pediatric Size (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1038	Transport Chair, Adult Size, Patient Weight Capacity Up To And Including 300 Pounds (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1039	Transport Chair, Adult Size, Heavy Duty, Patient Weight Capacity Greater Than 300 Pounds	No
E1050	Fully-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1060	Fully-Reclining Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1070	Fully-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1083	Hemi-Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rest (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1084	Hemi-Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Elevating Leg Rests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1085	Hemi-Wheelchair, Fixed Full Length Arms, Swing Away Detachable Foot Rests (Not Payable By Medicare. See Cim: 60-9)	Yes

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E1086	Hemi-Wheelchair Detachable Arms Desk Or Full Length, Swing Away Detachable Footrests (Not Payable By Medicare. See Cim: 60-9)	Yes
E1087	High Strength Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1088	High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Elevating Leg Rests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1089	High Strength Lightweight Wheelchair, Fixed Length Arms, Swing Away Detachable Footrest (Not Payable By Medicare. See Cim: 60-9)	Yes
E1090	High Strength Lightweight Wheelchair, Detachable Arms Desk Or Full Length, Swing Away Detachable Foot Rests (Not Payable By Medicare. See Cim: 60-9)	Yes
E1092	Wide Heavy Duty Wheel Chair, Detachable Arms (Desk Or Full Length), Swing Away Detachable Elevating Leg Rests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1093	Wide Heavy Duty Wheelchair, Detachable Arms Desk Or Full Length Arms, Swing Away Detachable Footrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1100	Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1110	Semi-Reclining Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Leg Rest (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1130	Standard Wheelchair, Fixed Full Length Arms, Fixed Or Swing Away Detachable Footrests (Not Payable By Medicare. See Cim: 60-9)	Yes
E1140	Wheelchair, Detachable Arms, Desk Or Full Length, Swing Away Detachable Footrests (Not Payable By Medicare. See Cim: 60-9)	Yes
E1150	Wheelchair, Detachable Arms, Desk Or Full Length Swing Away Detachable Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1160	Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1161	Manual Adult Size Wheelchair, Includes Tilt In Space	No
E1170	Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1171	Amputee Wheelchair, Fixed Full Length Arms, Without Footrests Or Legrest (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1172	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Without Footrests Or Legrest (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1180	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1190	Amputee Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1195	Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1200	Amputee Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1220	Wheelchair; Specially Sized Or Constructed, (Indicate Brand Name, Model Number, If Any) And Justification (Special Coverage Instructions Apply. See Cim: 60-6)	No
E1221	Wheelchair With Fixed Arm, Footrests (Special Coverage Instructions Apply. See Cim: 60-6)	Yes
E1222	Wheelchair With Fixed Arm, Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-6)	Yes
E1223	Wheelchair With Detachable Arms, Footrests (Special Coverage Instructions Apply. See Cim: 60-6)	Yes
E1224	Wheelchair With Detachable Arms, Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-6)	Yes
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each (Special Coverage Instructions Apply. See Cim: 60-6)	No
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1227	Special Height Arms For Wheelchair (Special Coverage Instructions Apply. See Cim: 60-6)	Yes
E1228	Special Back Height For Wheelchair (Special Coverage Instructions Apply. See Cim: 60-6)	No
E1229	Wheelchair, Pediatric Size, Not Otherwise Specified	No
E1230	Power Operated Vehicle (Three Or Four Wheel Nonhighway) Specify Brand Name And Model Number (Special Coverage Instructions Apply. See Cim: 60-5 And Mcm: 4107.6)	No
E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System (Special Coverage Instructions Apply. See Cim: 60-9)	No

Procedure Code	Description	Prior Auth Required
E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System (Special Coverage Instructions Apply. See Cim: 60-9)	No
E1239	Power Wheelchair, Pediatric Size, Not Otherwise Specified	Yes
E1240	Lightweight Wheelchair, Detachable Arms, (Desk Or Full Length) Swing Away Detachable, Elevating Legrest (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1250	Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest (Not Payable By Medicare. See Cim: 60-9)	Yes
E1260	Lightweight Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest (Not Payable By Medicare. See Cim: 60-9)	Yes
E1270	Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1280	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1285	Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest (Not Payable By Medicare. See Cim: 60-9)	Yes
E1290	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest (Not Payable By Medicare. See Cim: 60-9)	Yes
E1295	Heavy Duty Wheelchair, Fixed Full Length Arms, Elevating Legrest (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1296	Special Wheelchair Seat Height From Floor (Special Coverage Instructions Apply. See Cim: 60-6)	No
E1297	Special Wheelchair Seat Depth, By Upholstery (Special Coverage Instructions Apply. See Cim: 60-6)	No
E1298	Special Wheelchair Seat Depth And/Or Width, By Construction (Special Coverage Instructions Apply. See Cim: 60-6)	No
E1300	Whirlpool, Portable (Overtub Type) (Non-Covered By Medicare. See Cim: 60-9)	Yes
E1301	Whirlpool Tub, Walk-In, Portable (Non-Covered By Medicare. See Cim: 280.1)	Yes
E1310	Whirlpool, Non-Portable (Built-In Type) (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E1352	Oxygen Accessory, Flow Regulator Capable Of Positive Inspiratory Pressure	Yes
E1353	Regulator (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	Yes
E1354	Oxygen Accessory, Wheeled Cart For Portable Cylinder Or Portable Concentrator, Any Type, Replacement Only, Each	No
E1355	Stand/Rack (Special Coverage Instructions Apply. See Cim: 60-4)	No
E1356	Oxygen Accessory, Battery Pack/Cartridge For Portable Concentrator, Any Type, Replacement Only, Each	No
E1357	Oxygen Accessory, Battery Charger For Portable Concentrator, Any Type, Replacement Only, Each	No
E1358	Oxygen Accessory, Dc Power Adapter For Portable Concentrator, Any Type, Replacement Only, Each (Special Coverage Instructions Apply)	No
E1372	Immersion External Heater For Nebulizer (Special Coverage Instructions Apply. See Cim: 60-4)	Yes
E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate (Special Coverage Instructions Apply. See Cim: 60-4)	Yes
E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each (Special Coverage Instructions Apply. See Cim: 60-4)	Yes
E1392	Portable Oxygen Concentrator, Rental (Special Coverage Instructions Apply. See Cim: 60-4)	Yes
E1399	Durable Medical Equipment, Miscellaneous	Yes
E1405	Oxygen And Water Vapor Enriching System With Heated Delivery (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107)	Yes
E1406	Oxygen And Water Vapor Enriching System Without Heated Delivery (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107)	Yes
E1500	Centrifuge, For Dialysis (Special Coverage Instructions Apply)	Yes
E1510	Kidney, Dialysate Delivery Syst Kidney Machine, Pump Recirculating, Air Removal Syst, Flowrate Meter, Power Off, Heater And Temperature Control With Alarm, I.V. Poles, Pressure Gauge, Concentrate Container (Special Coverage Instructions Apply)	Yes
E1520	Heparin Infusion Pump For Hemodialysis (Special Coverage Instructions Apply)	Yes
E1530	Air Bubble Detector For Hemodialysis, Each, Replacement (Special Coverage Instructions Apply)	Yes
E1540	Pressure Alarm For Hemodialysis, Each, Replacement (Special Coverage Instructions Apply)	Yes
E1550	Bath Conductivity Meter For Hemodialysis, Each (Special Coverage Instructions Apply)	Yes
E1560	Blood Leak Detector For Hemodialysis, Each, Replacement (Special Coverage Instructions Apply)	Yes
E1570	Adjustable Chair, For Esrd Patients (Special Coverage Instructions Apply)	Yes
E1575	Transducer Protectors/Fluid Barriers, For Hemodialysis, Any Size, Per 10 (Special Coverage Instructions Apply)	Yes
E1580	Unipuncture Control System For Hemodialysis (Special Coverage Instructions Apply)	Yes
E1590	Hemodialysis Machine (Special Coverage Instructions Apply)	Yes
E1592	Automatic Intermittent Peritoneal Dialysis System (Special Coverage Instructions Apply)	Yes
E1594	Cycler Dialysis Machine For Peritoneal Dialysis (Special Coverage Instructions Apply)	Yes
E1600	Delivery And/Or Installation Charges For Hemodialysis Equipment (Special Coverage Instructions Apply)	Yes
E1610	Reverse Osmosis Water Purification System, For Hemodialysis (Special Coverage Instructions Apply. See Cim: 55-1A)	Yes

Procedure Code	Description	Prior Auth Required
E1615	Deionizer Water Purification System, For Hemodialysis (Special Coverage Instructions Apply. See Cim: 55-1A)	Yes
E1620	Blood Pump For Hemodialysis, Replacement (Special Coverage Instructions Apply)	Yes
E1625	Water Softening System, For Hemodialysis (Special Coverage Instructions Apply. See Cim: 55-1B)	Yes
E1629	Tablo Hemodialysis System For The Billable Dialysis Service	Yes
E1630	Reciprocating Peritoneal Dialysis System	Yes
E1632	Wearable Artificial Kidney, Each (Special Coverage Instructions Apply)	Yes
E1634	Peritoneal Dialysis Clamps, Each (Special Coverage Instructions Apply. See Mcm: 4270)	Yes
E1635	Compact (Portable) Travel Hemodialyzer System (Special Coverage Instructions Apply)	Yes
E1636	Sorbent Cartridges, For Hemodialysis, Per 10 (Special Coverage Instructions Apply)	Yes
E1637	Hemostats, Each (Special Coverage Instructions Apply)	Yes
E1639	Scale, Each (Special Coverage Instructions Apply)	No
E1699	Dialysis Equipment, Not Otherwise Specified (Special Coverage Instructions Apply)	Yes
E1700	Jaw Motion Rehabilitation System	Yes
E1701	Replacement Cushions For Jaw Motion Rehabilitation System, Pkg. Of 6	Yes
E1702	Replacement Measuring Scales For Jaw Motion Rehabilitation System, Pkg. Of 200	Yes
E1800	Dynamic Adjustable Elbow Extension And Flexion Device, Includes Soft Interface Material	Yes
E1801	Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Yes
E1802	Dynamic Adjustable Forearm Pronation/Supination Device, Includes Soft Interface Material	Yes
E1803	Dynamic Adjustable Elbow Extension Only Device, Includes Soft Interface Material	Yes
E1804	Dynamic Adjustable Elbow Flexion Only Device, Includes Soft Interface Material	Yes
E1805	Dynamic Adjustable Wrist Extension And Flexion Device, Includes Soft Interface Material	Yes
E1806	Static Progressive Stretch Wrist Device, Flexion And/Or Extension, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	Yes
E1807	Dynamic Adjustable Wrist Extension Only Device, Includes Soft Interface Material	Yes
E1808	Dynamic Adjustable Wrist Flexion Only Device, Includes Soft Interface Material	Yes
E1810	Dynamic Adjustable Knee Extension And Flexion Device, Includes Soft Interface Material	No
E1811	Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Yes
E1812	Dynamic Knee, Extension/Flexion Device With Active Resistance Control	Yes
E1813	Dynamic Adjustable Knee Extension Only Device, Includes Soft Interface Material	Yes
E1814	Dynamic Adjustable Knee Flexion Only Device, Includes Soft Interface Material	Yes
E1815	Dynamic Adjustable Ankle Extension And Flexion Device, Includes Soft Interface Material	Yes
E1816	Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Yes
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	Yes
E1820	Replacement Soft Interface Material, Dynamic Adjustable Extension/Flexion Device	Yes
E1821	Replacement Soft Interface Material/Cuffs For Bi-Directional Static Progressive Stretch Device	Yes
E1822	Dynamic Adjustable Ankle Extension Only Device, Includes Soft Interface Material	Yes
E1823	Dynamic Adjustable Ankle Flexion Only Device, Includes Soft Interface Material	Yes
E1825	Dynamic Adjustable Finger Extension And Flexion Device, Includes Soft Interface Material	Yes
E1826	Dynamic Adjustable Finger Extension Only Device, Includes Soft Interface Material	Yes
E1827	Dynamic Adjustable Finger Flexion Only Device, Includes Soft Interface Material	Yes
E1828	Dynamic Adjustable Toe Extension Only Device, Includes Soft Interface Material	Yes
E1829	Dynamic Adjustable Toe Flexion Only Device, Includes Soft Interface Material	Yes
E1830	Dynamic Adjustable Toe Extension And Flexion Device, Includes Soft Interface Material	Yes
E1831	Static Progressive Stretch Toe Device, Extension And/Or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	Yes
E1832	Static Progressive Stretch Finger Device, Extension And/Or Flexion, With Or Without Range Of Motion Adjustment, Includes All Components And Accessories	Yes
E1840	Dynamic Adjustable Shoulder Flexion / Abduction / Rotation Device, Includes Soft Interface Material	Yes
E1841	Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Yes
E1902	Communication Board, Non-Electronic Augmentative Or Alternative Communication Device	Yes
E1905	Virtual Reality Cognitive Behavioral Therapy Device (Cbt), Including Pre-Programmed Therapy Software	Yes
E2000	Gastric Suction Pump, Home Model, Portable Or Stationary, Electric	No
E2001	Suction Pump, Home Model, Portable Or Stationary, Electric, Any Type, For Use With External Urine And/Or Fecal Management System	Yes
E2100	Blood Glucose Monitor With Integrated Voice Synthesizer (Special Coverage Instructions Apply. See Cim: 60-11)	No
E2101	Blood Glucose Monitor With Integrated Lancing/Blood Sample (Special Coverage Instructions Apply. See Cim: 60-11)	No
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor Or Receiver	No
E2103	Non-Adjunctive, Non-Implanted Continuous Glucose Monitor Or Receiver	Yes
E2104	Home Blood Glucose Monitor For Use With Integrated Lancing/Blood Sample Testing Cartridge (Special Coverage Instructions Apply. See Cim: 60-11)	No

Procedure Code	Description	Prior Auth Required
E2120	Pulse Generator System For Tympanic Treatment Of Inner Ear Endolymphatic Fluid	Yes
E2201	Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches	No
E2202	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	No
E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches	No
E2204	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches	No
E2205	Manual Wheelchair Accessory, Handrim Without Projections (Includes Ergonomic Or Contoured), Any Type, Replacement Only, Each	No
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH	No
E2207	Wheelchair Accessory, Crutch And Cane Holder, Each	No
E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each	No
E2209	Accessory, Arm Trough, With Or Without Hand Support, Each	No
E2210	Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each	No
E2211	Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each	No
E2212	Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each	No
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each	No
E2214	Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each	No
E2215	Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each	No
E2216	Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each	Yes
E2217	Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each	Yes
E2218	Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each	Yes
E2219	Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each	No
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	No
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	No
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No
E2225	Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each	No
E2226	Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each	No
E2227	Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each	No
E2228	Manual Wheelchair Accessory, Wheel Braking System And Lock, Complete, Each	No
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware	No
E2291	Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Yes
E2292	Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Yes
E2293	Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	No
E2294	Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	No
E2295	Manual Wheelchair Accessory, For Pediatric Size Wheelchair, Dynamic Seating Frame, Allows Coordinated Movement Of Multiple Positioning Features	No
E2298	Complex Rehabilitative Power Wheelchair Accessory, Power Seat Elevation System, Any Type	No
E2301	Wheelchair Accessory, Power Standing System, Any Type	No
E2310	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware	No
E2311	Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware	No
E2312	Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware	No
E2313	Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fasteners, Connectors And Mounting Hardware, Each	No
E2321	Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware	No
E2322	Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware	No
E2323	Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated	No
E2324	Power Wheelchair Accessory, Chin Cup For Chin Control Interface	No
E2325	Power Wheelchair Accessory, Sip And Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting Hardware	No
E2326	Power Wheelchair Accessory, Breath Tube Kit For Sip And Puff Interface	No
E2327	Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware	No
E2328	Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware	No

Procedure Code	Description	Prior Auth Required
E2329	Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware	No
E2330	Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware	No
E2331	Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware	No
E2340	Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches	No
E2341	Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches	No
E2342	Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches	No
E2343	Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches	No
E2351	Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface	No
E2358	Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, Each	No
E2359	Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)	No
E2360	Power Wheelchair Accessory, 22Nf Non-Sealed Lead Acid Battery, Each	No
E2361	Power Wheelchair Accessory, 22Nf Sealed Lead Acid Battery, Each, (E.G., Gel Cell, Absorbed Glassmat)	No
E2362	Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each	No
E2363	Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)	No
E2364	Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each	No
E2365	Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)	No
E2366	Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each	No
E2367	Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each	No
E2368	Power Wheelchair Component, Drive Wheel Motor, Replacement Only	No
E2369	Power Wheelchair Component, Drive Wheel Gear Box, Replacement Only	No
E2370	Power Wheelchair Component, Integrated Drive Wheel Motor And Gear Box Combination, Replacement Only	No
E2371	Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G., Gel Cell, Absorbed Glassmat), Each	No
E2372	Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each	No
E2373	Power Wheelchair Accessory, Hand Or Chin Control Interface, Compact Remote Joystick, Proportional, Including Fixed Mounting Hardware	No
E2374	Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics And Fixed Mounting Hardware, Replacement Only (Special Coverage Instructions Apply)	No
E2375	Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only (Special Coverage Instructions Apply)	No
E2376	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only (Special Coverage Instructions Apply)	No
E2377	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue (Special Coverage Instructions Apply)	No
E2378	Power Wheelchair Component, Actuator, Replacement Only	No
E2381	Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2382	Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2383	Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2384	Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2385	Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2386	Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2387	Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2388	Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2389	Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2390	Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2391	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No

Procedure Code	Description	Prior Auth Required
E2392	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2394	Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2395	Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2396	Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each (Special Coverage Instructions Apply)	No
E2397	Power Wheelchair Accessory, Lithium-Based Battery, Each	No
E2398	Wheelchair Accessory, Dynamic Positioning Hardware For Back	No
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable	Yes
E2500	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Less Than Or Equal To 8 Minutes Recording Time (Special Coverage Instructions Apply. See Cim: 60-23)	No
E2502	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 8 Minutes But Less Than Or Equal To 20 Minutes Recording Time (Special Coverage Instructions Apply. See Cim: 60-23)	No
E2504	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 20 Minutes But Less Than Or Equal To 40 Minutes Recording Time (Special Coverage Instructions Apply. See Cim: 60-23)	No
E2506	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 40 Minutes Recording Time (Special Coverage Instructions Apply. See Cim: 60-23)	No
E2508	Speech Generating Device, Synthesized Speech, Requiring Message Formulation By Spelling And Access By Physical Contact With The Device (Special Coverage Instructions Apply. See Cim: 60-23)	No
E2510	Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access (Special Coverage Instructions Apply. See Cim: 60-23)	Yes
E2511	Speech Generating Software Program, For Personal Computer Or Personal Digital Assistant (Special Coverage Instructions Apply. See Cim: 60-23)	No
E2512	Accessory For Speech Generating Device, Mounting System (Special Coverage Instructions Apply. See Cim: 60-23)	No
E2513	Accessory For Speech Generating Device, Electromyographic Sensor (Special Coverage Instructions Apply. See Cim: 60-23)	No
E2599	Accessory For Speech Generating Device, Not Otherwise Classified (Special Coverage Instructions Apply. See Cim: 60-23)	Yes
E2601	General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	No
E2602	General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	No
E2603	Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	No
E2604	Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	No
E2605	Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	No
E2606	Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	No
E2607	Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth	No
E2608	Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth	No
E2609	Custom Fabricated Wheelchair Seat Cushion, Any Size	Yes
E2610	Wheelchair Seat Cushion, Powered	No
E2611	General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	No
E2612	General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	No
E2613	Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	No
E2614	Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	No
E2615	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	No
E2616	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	No
E2617	Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting Hardware	Yes
E2619	Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each	No
E2620	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware	No
E2621	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware	No
E2622	Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth	No
E2623	Skin Protection Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater, Any Depth	No
E2624	Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth	No
E2625	Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater, Any Depth	No
E2626	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable	No

Procedure Code	Description	Prior Auth Required
E2627	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Rancho Type	No
E2628	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Reclining	No
E2629	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Friction Arm Support (Friction Dampening To Proximal And Distal Joints)	No
E2630	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support, Monosuspension Arm And Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension Support	No
E2631	Wheelchair Accessory, Addition To Mobile Arm Support, Elevating Proximal Arm	No
E2632	Wheelchair Accessory, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm With Elastic Balance Control	No
E2633	Wheelchair Accessory, Addition To Mobile Arm Support, Supinator	No
E3000	Speech Volume Modulation System, Any Type, Including All Components And Accessories	Yes
E3200	Gait Modulation System, Rhythmic Auditory Stimulation, Including Restricted Therapy Software, All Components And Accessories, Prescription Only	No
E8000	Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components (Not Payable By Medicare)	No
E8001	Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components (Not Payable By Medicare)	No
E8002	Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components (Not Payable By Medicare)	No
EAAA0	HIPPS Code EAAA0	No
EAAA1	HIPPS Code EAAA1	No
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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FFPA1	HIPPS Code FFPA1	No
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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FGBE1	HIPPS Code FGBE1	No
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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FHVC0	HIPPS Code FHVC0	No
FHVC1	HIPPS Code FHVC1	No
FHVD0	HIPPS Code FHVD0	No
FHVD1	HIPPS Code FHVD1	No
FHVE0	HIPPS Code FHVE0	No
FHVE1	HIPPS Code FHVE1	No
FHVF0	HIPPS Code FHVF0	No
FHVF1	HIPPS Code FHVF1	No
FHXA0	HIPPS Code FHXA0	No
FHXA1	HIPPS Code FHXA1	No
FHXB0	HIPPS Code FHXB0	No

Procedure Code	Description	Prior Auth Required
FHXB1	HIPPS Code FHXB1	No
FHXC0	HIPPS Code FHXC0	No
FHXC1	HIPPS Code FHXC1	No
FHXD0	HIPPS Code FHXD0	No
FHXD1	HIPPS Code FHXD1	No
FHXE0	HIPPS Code FHXE0	No
FHXE1	HIPPS Code FHXE1	No
FHXF0	HIPPS Code FHXF0	No
FHXF1	HIPPS Code FHXF1	No
FIAA0	HIPPS Code FIAA0	No
FIAA1	HIPPS Code FIAA1	No
FIAB0	HIPPS Code FIAB0	No
FIAB1	HIPPS Code FIAB1	No
FIAC0	HIPPS Code FIAC0	No
FIAC1	HIPPS Code FIAC1	No
FIAD0	HIPPS Code FIAD0	No
FIAD1	HIPPS Code FIAD1	No
FIAE0	HIPPS Code FIAE0	No
FIAE1	HIPPS Code FIAE1	No
FIAF0	HIPPS Code FIAF0	No
FIAF1	HIPPS Code FIAF1	No
FIBA0	HIPPS Code FIBA0	No
FIBA1	HIPPS Code FIBA1	No
FIBB0	HIPPS Code FIBB0	No
FIBB1	HIPPS Code FIBB1	No
FIBC0	HIPPS Code FIBC0	No
FIBC1	HIPPS Code FIBC1	No
FIBD0	HIPPS Code FIBD0	No
FIBD1	HIPPS Code FIBD1	No
FIBE0	HIPPS Code FIBE0	No
FIBE1	HIPPS Code FIBE1	No
FIBF0	HIPPS Code FIBF0	No
FIBF1	HIPPS Code FIBF1	No
FICA0	HIPPS Code FICA0	No
FICA1	HIPPS Code FICA1	No
FICB0	HIPPS Code FICB0	No
FICB1	HIPPS Code FICB1	No
FICC0	HIPPS Code FICC0	No
FICC1	HIPPS Code FICC1	No
FICD0	HIPPS Code FICD0	No
FICD1	HIPPS Code FICD1	No
FICE0	HIPPS Code FICE0	No
FICE1	HIPPS Code FICE1	No
FICF0	HIPPS Code FICF0	No
FICF1	HIPPS Code FICF1	No
FIDA0	HIPPS Code FIDA0	No
FIDA1	HIPPS Code FIDA1	No
FIDB0	HIPPS Code FIDB0	No
FIDB1	HIPPS Code FIDB1	No
FIDC0	HIPPS Code FIDC0	No
FIDC1	HIPPS Code FIDC1	No
FIDD0	HIPPS Code FIDD0	No
FIDD1	HIPPS Code FIDD1	No
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FIDE1	HIPPS Code FIDE1	No
FIDF0	HIPPS Code FIDF0	No
FIDF1	HIPPS Code FIDF1	No
FIEA0	HIPPS Code FIEA0	No
FIEA1	HIPPS Code FIEA1	No
FIEB0	HIPPS Code FIEB0	No
FIEB1	HIPPS Code FIEB1	No
FIEC0	HIPPS Code FIEC0	No
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FIED1	HIPPS Code FIED1	No
FIEE0	HIPPS Code FIEE0	No
FIEE1	HIPPS Code FIEE1	No
FIEF0	HIPPS Code FIEF0	No
FIEF1	HIPPS Code FIEF1	No
FIFA0	HIPPS Code FIFA0	No
FIFA1	HIPPS Code FIFA1	No
FIFB0	HIPPS Code FIFB0	No

Procedure Code	Description	Prior Auth Required
FIFB1	HIPPS Code FIFB1	No
FIFC0	HIPPS Code FIFC0	No
FIFC1	HIPPS Code FIFC1	No
FIFD0	HIPPS Code FIFD0	No
FIFD1	HIPPS Code FIFD1	No
FIFE0	HIPPS Code FIFE0	No
FIFE1	HIPPS Code FIFE1	No
FIFF0	HIPPS Code FIFF0	No
FIFF1	HIPPS Code FIFF1	No
FIGA0	HIPPS Code FIGA0	No
FIGA1	HIPPS Code FIGA1	No
FIGB0	HIPPS Code FIGB0	No
FIGB1	HIPPS Code FIGB1	No
FIGC0	HIPPS Code FIGC0	No
FIGC1	HIPPS Code FIGC1	No
FIGD0	HIPPS Code FIGD0	No
FIGD1	HIPPS Code FIGD1	No
FIGE0	HIPPS Code FIGE0	No
FIGE1	HIPPS Code FIGE1	No
FIGF0	HIPPS Code FIGF0	No
FIGF1	HIPPS Code FIGF1	No
FIHA0	HIPPS Code FIHA0	No
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FIHB0	HIPPS Code FIHB0	No
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FIHF0	HIPPS Code FIHF0	No
FIHF1	HIPPS Code FIHF1	No
FIIA0	HIPPS Code FIIA0	No
FIIA1	HIPPS Code FIIA1	No
FIIB0	HIPPS Code FIIB0	No
FIIB1	HIPPS Code FIIB1	No
FIIC0	HIPPS Code FIIC0	No
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FIID1	HIPPS Code FIID1	No
FIIE0	HIPPS Code FIIE0	No
FIIE1	HIPPS Code FIIE1	No
FIIF0	HIPPS Code FIIF0	No
FIIF1	HIPPS Code FIIF1	No
FIJA0	HIPPS Code FIJA0	No
FIJA1	HIPPS Code FIJA1	No
FIJB0	HIPPS Code FIJB0	No
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FIJF0	HIPPS Code FIJF0	No
FIJF1	HIPPS Code FIJF1	No
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FIKE0	HIPPS Code FIKE0	No
FIKE1	HIPPS Code FIKE1	No
FIKF0	HIPPS Code FIKF0	No
FIKF1	HIPPS Code FIKF1	No
FILA0	HIPPS Code FILA0	No
FILA1	HIPPS Code FILA1	No
FILB0	HIPPS Code FILB0	No

Procedure Code	Description	Prior Auth Required
FILB1	HIPPS Code FILB1	No
FILC0	HIPPS Code FILC0	No
FILC1	HIPPS Code FILC1	No
FILD0	HIPPS Code FILD0	No
FILD1	HIPPS Code FILD1	No
FILE0	HIPPS Code FILE0	No
FILE1	HIPPS Code FILE1	No
FILF0	HIPPS Code FILF0	No
FILF1	HIPPS Code FILF1	No
FIMA0	HIPPS Code FIMA0	No
FIMA1	HIPPS Code FIMA1	No
FIMB0	HIPPS Code FIMB0	No
FIMB1	HIPPS Code FIMB1	No
FIMC0	HIPPS Code FIMC0	No
FIMC1	HIPPS Code FIMC1	No
FIMD0	HIPPS Code FIMD0	No
FIMD1	HIPPS Code FIMD1	No
FIME0	HIPPS Code FIME0	No
FIME1	HIPPS Code FIME1	No
FIMF0	HIPPS Code FIMF0	No
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FIUF0	HIPPS Code FIUF0	No
FIUF1	HIPPS Code FIUF1	No
FIVA0	HIPPS Code FIVA0	No
FIVA1	HIPPS Code FIVA1	No
FIVB0	HIPPS Code FIVB0	No

Procedure Code	Description	Prior Auth Required
FIVB1	HIPPS Code FIVB1	No
FIVC0	HIPPS Code FIVC0	No
FIVC1	HIPPS Code FIVC1	No
FIVD0	HIPPS Code FIVD0	No
FIVD1	HIPPS Code FIVD1	No
FIVE0	HIPPS Code FIVE0	No
FIVE1	HIPPS Code FIVE1	No
FIVF0	HIPPS Code FIVF0	No
FIVF1	HIPPS Code FIVF1	No
FIXA0	HIPPS Code FIXA0	No
FIXA1	HIPPS Code FIXA1	No
FIXB0	HIPPS Code FIXB0	No
FIXB1	HIPPS Code FIXB1	No
FIXC0	HIPPS Code FIXC0	No
FIXC1	HIPPS Code FIXC1	No
FIXD0	HIPPS Code FIXD0	No
FIXD1	HIPPS Code FIXD1	No
FIXE0	HIPPS Code FIXE0	No
FIXE1	HIPPS Code FIXE1	No
FIXF0	HIPPS Code FIXF0	No
FIXF1	HIPPS Code FIXF1	No
G0008	Administration Of Influenza Virus Vaccine	Yes
G0009	Administration Of Pneumococcal Vaccine	Yes
G0010	Administration Of Hepatitis B Vaccine	Yes
G0011	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp) to prevent human immunodeficiency virus (hiv), includes hiv risk assessment (initial or continued assessment of risk), hiv risk reduction an	No
G0012	Injection Of Pre-Exposure Prophylaxis (Prep) Drug For Hiv Prevention, Under Skin Or Into Muscle	Yes
G0013	Individual Counseling For Pre-Exposure Prophylaxis (Prep) By Clinical Staff To Prevent Human Immunodeficiency Virus (Hiv), Includes: Hiv Risk Assessment (Initial Or Continued Assessment Of Risk), Hiv Risk Reduction And Medication Adherence	Yes
G0017	Psychotherapy For Crisis Furnished In An Applicable Site Of Service (Any Place Of Service At Which The Non-Facility Rate For Psychotherapy For Crisis Services Applies, Other Than The Office Setting); First 60 Minutes	Yes
G0018	Psychotherapy For Crisis Furnished In An Applicable Site Of Service (Any Place Of Service At Which The Non-Facility Rate For Psychotherapy For Crisis Services Applies, Other Than The Office Setting); Each Additional 30 Minutes (List Separately In Addition	Yes
G0019	Community Health Integration Services Performed By Certified Or Trained Auxiliary Personnel, Including A Community Health Worker, Under The Direction Of A Physician Or Other Practitioner; 60 Minutes Per Calendar Month, In The Following Activities To Addre	No
G0022	Community Health Integration Services, Each Additional 30 Minutes Per Calendar Month (List Separately In Addition To G0019)	No
G0023	Principal Illness Navigation Services By Certified Or Trained Auxiliary Personnel Under The Direction Of A Physician Or Other Practitioner, Including A Patient Navigator; 60 Minutes Per Calendar Month, In The Following Activities: Person-Centered Assessme	Yes
G0024	Principal Illness Navigation Services, Additional 30 Minutes Per Calendar Month (List Separately In Addition To G0023)	Yes
G0027	Semen Analysis; Presence And/Or Motility Of Sperm Excluding Huhner	Yes
G0029	Tobacco Screening Not Performed Or Tobacco Cessation Intervention Not Provided During The Measurement Period Or In The Six Months Prior To The Measurement Period	Yes
G0030	Patient Screened For Tobacco Use And Received Tobacco Cessation Intervention During The Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling, Pharmacotherapy, Or Both), If Identified As A Tobacco User	Yes
G0031	Palliative Care Services given to patient any time during the measurement period	Yes
G0032	Two Or More Antipsychotic Prescriptions Ordered For Patients Who Had A Diagnosis Of Schizophrenia, Schizoaffective Disorder, Or Bipolar Disorder On Or Between January 1 Of The Year Prior To The Measurement Period And The Index Prescription Start Date (Ips	Yes
G0033	Two Or More Benzodiazepine Prescriptions Ordered For Patients Who Had A Diagnosis Of Seizure Disorders, Rapid Eye Movement Sleep Behavior Disorder, Benzodiazepine Withdrawal, Ethanol Withdrawal, Or Severe Generalized Anxiety Disorder On Or Between January	Yes
G0034	Patients Receiving Palliative Care During The Measurement Period	Yes
G0035	Patient Has Any Emergency Department Encounter During The Performance Period With Place Of Service Indicator 23	Yes
G0036	Patient Or Care Partner Decline Assessment	Yes
G0037	On Date Of Encounter, Patient Is Not Able To Participate In Assessment Or Screening, Including Non-Verbal Patients, Delirious, Severely Aphasic, Severely Developmentally Delayed, Severe Visual Or Hearing Impairment And For Those Patients, No Knowledgeable	Yes
G0038	Clinician Determines Patient Does Not Require Referral	Yes
G0039	Patient Not Referred, Reason Not Otherwise Specified	Yes
G0040	Patient Already Receiving Physical/Occupational/Speech/Recreational Therapy During The Measurement Period	Yes

Procedure Code	Description	Prior Auth Required
G0041	Patient And/Or Care Partner Decline Referral	Yes
G0042	Referral To Physical, Occupational, Speech, Or Recreational Therapy	Yes
G0043	Patients With Mechanical Prosthetic Heart Valve	Yes
G0044	Patients With Moderate Or Severe Mitral Stenosis	Yes
G0045	Clinical Follow-Up And Mrs Score Assessed At 90 Days Following Endovascular Stroke Intervention	Yes
G0046	Clinical Follow-Up And Mrs Score Not Assessed At 90 Days Following Endovascular Stroke Intervention	Yes
G0047	Pediatric Patient With Minor Blunt Head Trauma And Pecarn Prediction Criteria Are Not Assessed	Yes
G0048	Patients Who Receive Palliative Care Services Any Time During The Intake Period Through The End Of The Measurement Year	Yes
G0049	With Maintenance Hemodialysis (In-Center And Home Hd) For The Complete Reporting Month	Yes
G0050	Patients With A Catheter That Have Limited Life Expectancy	Yes
G0051	Patients Under Hospice Care In The Current Reporting Month	Yes
G0052	Patients On Peritoneal Dialysis For Any Portion Of The Reporting Month	Yes
G0053	Advancing Rheumatology Patient Care Mips Value Pathways	Yes
G0054	Coordinating Stroke Care To Promote Prevention And Cultivate Positive Outcomes Mips Value Pathways	Yes
G0055	Advancing Care For Heart Disease Mips Value Pathways	Yes
G0057	Proposed Adopting Best Practices And Promoting Patient Safety Within Emergency Medicine Mips Value Pathways	Yes
G0058	Improving Care For Lower Extremity Joint Repair Mips Value Pathways	Yes
G0059	Patient Safety And Support Of Positive Experiences With Anesthesia Mips Value Pathways	Yes
G0060	Allergy/Immunology Mips Specialty Set	Yes
G0061	Anesthesiology Mips Specialty Set	Yes
G0062	Audiology Mips Specialty Set	Yes
G0063	Cardiology Mips Specialty Set	Yes
G0064	Certified Nurse Midwife Mips Specialty Set	Yes
G0065	Chiropractic Medicine Mips Specialty Set	Yes
G0066	Clinical Social Work Mips Specialty Set	Yes
G0067	Dentistry Mips Specialty Set	Yes
G0068	Professional Services For The Administration Of Anti-Infective, Pain Management, Chelation, Pulmonary Hypertension, Inotropic, Or Other Intravenous Infusion Drug Or Biological (Excluding Chemotherapy Or Other Highly Complex Drug Or Biological) For Each In	Yes
G0069	Professional Services For The Administration Of Subcutaneous Immunotherapy Or Other Subcutaneous Infusion Drug Or Biological For Each Infusion Drug Administration Calendar Day In The Individual'S Home, Each 15 Minutes (Special Coverage Instructions Apply)	Yes
G0070	Professional Services For The Administration Of Intravenous Chemotherapy Or Other Intravenous Highly Complex Drug Or Biological Infusion For Each Infusion Drug Administration Calendar Day In The Individual'S Home, Each 15 Minutes (Special Coverage Instruc	Yes
G0076	Brief (20 Minutes) Care Management Home Visit For A New Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0077	Limited (30 Minutes) Care Management Home Visit For A New Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0078	Moderate (45 Minutes) Care Management Home Visit For A New Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0079	Comprehensive (60 Minutes) Care Management Home Visit For A New Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0080	Extensive (75 Minutes) Care Management Home Visit For A New Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0081	Brief (20 Minutes) Care Management Home Visit For An Existing Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0082	Limited (30 Minutes) Care Management Home Visit For An Existing Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0083	Moderate (45 Minutes) Care Management Home Visit For An Existing Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0084	Comprehensive (60 Minutes) Care Management Home Visit For An Existing Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0085	Extensive (75 Minutes) Care Management Home Visit For An Existing Patient. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes

Procedure Code	Description	Prior Auth Required
G0086	Limited (30 Minutes) Care Management Home Care Plan Oversight. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0087	Comprehensive (60 Minutes) Care Management Home Care Plan Oversight. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility)	Yes
G0088	Professional Services, Initial Visit, For The Administration Of Anti-Infective, Pain Management, Chelation, Pulmonary Hypertension, Inotropic, Or Other Intravenous Infusion Drug Or Biological (Excluding Chemotherapy Or Other Highly Complex Drug Or Biologi	Yes
G0089	Professional Services, Initial Visit, For The Administration Of Subcutaneous Immunotherapy Or Other Subcutaneous Infusion Drug Or Biological For Each Infusion Drug Administration Calendar Day In The Individual's Home, Each 15 Minutes (Special Coverage Ins	Yes
G0090	Professional Services, Initial Visit, For The Administration Of Intravenous Chemotherapy Or Other Highly Complex Infusion Drug Or Biological For Each Infusion Drug Administration Calendar Day In The Individual's Home, Each 15 Minutes (Special Coverage Ins	Yes
G0101	Cervical Or Vaginal Cancer Screening; Pelvic And Clinical Breast Examination (Special Coverage Instructions Apply)	Yes
G0102	Prostate Cancer Screening; Digital Rectal Examination (Special Coverage Instructions Apply. See Cim: 50-55 And Mcm: 4182)	Yes
G0103	Prostate Cancer Screening; Prostate Specific Antigen Test (Psa) (Special Coverage Instructions Apply. See Cim: 50-55 And Mcm: 4182)	Yes
G0104	Colorectal Cancer Screening; Flexible Sigmoidoscopy (Special Coverage Instructions Apply)	Yes
G0105	Colorectal Cancer Screening; Colonoscopy On Individual At High Risk (Special Coverage Instructions Apply)	Yes
G0108	Diabetes Outpatient Self-Management Training Services, Individual, Per 30 Minutes	No
G0109	Diabetes Outpatient Self-Management Training Services, Group Session (2 Or More), Per 30 Minutes	No
G0117	Glaucoma Screening For High Risk Patients Furnished By An Optometrist Or Ophthalmologist	Yes
G0118	Glaucoma Screening For High Risk Patient Furnished Under The Direct Supervision Of An Optometrist Or Ophthalmologist	Yes
G0121	Colorectal Cancer Screening; Colonoscopy On Individual Not Meeting Criteria For High Risk (Special Coverage Instructions Apply)	Yes
G0123	Screening Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, Screening By Cytotechnologist Under Physician Supervision (Special Coverage Instructions Apply. See Cim: 50-20)	Yes
G0124	Screening Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, Requiring Interpretation By Physician (Special Coverage Instructions Apply. See Cim: 50-20)	Yes
G0127	Trimming Of Dystrophic Nails, Any Number (Special Coverage Instructions Apply. See Mcm: 2323, 4120)	Yes
G0128	Direct (Face-To-Face With Patient) Skilled Nursing Services Of A Registered Nurse Provided In A Comprehensive Outpatient Rehabilitation Facility, Each 10 Minutes Beyond The First 5 Minutes (Special Coverage Instructions Apply. Statute Reference: 1833(A))	Yes
G0129	Occupational Therapy Services Requiring The Skills Of A Qualified Occupational Therapist, Furnished As A Component Of A Partial Hospitalization Or Intensive Outpatient Treatment Program, Per Session (45 Minutes Or More)	Yes
G0130	Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (E.G., Radius, Wrist, Heel) (Special Coverage Instructions Apply. See Cim: 50-44)	Yes
G0136	Administration Of A Standardized, Evidence-Based Assessment Of Physical Activity And Nutrition, 5-15 Minutes, Not More Often Than Every 6 Months	Yes
G0137	Intensive Outpatient Services; Weekly Bundle, Minimum Of 9 Services Over A 7 Contiguous Day Period, Which Can Include Individual And Group Therapy With Physicians Or Psychologists (Or Other Mental Health Professionals To The Extent Authorized Under State	Yes
G0138	Intravenous Infusion Of Cipaglucosidase Alfa-Atga, Including Provider/Supplier Acquisition And Clinical Supervision Of Oral Administration Of Miglustat In Preparation Of Receipt Of Cipaglucosidase Alfa-Atga	Yes
G0140	Principal Illness Navigation - Peer Support By Certified Or Trained Auxiliary Personnel Under The Direction Of A Physician Or Other Practitioner, Including A Certified Peer Specialist; 60 Minutes Per Calendar Month, In The Following Activities: Person-Ce	Yes
G0141	Screening Cytopathology Smears, Cervical Or Vaginal, Performed By Automated System, With Manual Rescreening, Requiring Interpretation By Physician	Yes
G0143	Screening Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, With Manual Screening And Rescreening By Cytotechnologist Under Physician Supervision	Yes
G0144	Screening Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, With Screening By Automated System, Under Physician Supervision	Yes
G0145	Screening Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, With Screening By Automated System And Manual Rescreening Under Physician Supervision	Yes

Procedure Code	Description	Prior Auth Required
G0146	Principal Illness Navigation - Peer Support, Additional 30 Minutes Per Calendar Month (List Separately In Addition To G0140)	Yes
G0147	Screening Cytopathology Smears, Cervical Or Vaginal, Performed By Automated System Under Physician Supervision	Yes
G0148	Screening Cytopathology Smears, Cervical Or Vaginal, Performed By Automated System With Manual Rescreening	Yes
G0151	Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 Minutes	Yes
G0152	Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each 15 Minutes	Yes
G0153	Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, Each 15 Minutes	Yes
G0155	Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes	Yes
G0156	Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes	No
G0157	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	Yes
G0158	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	Yes
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	Yes
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	Yes
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	Yes
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 Non-Skilled Care Achieves Its Purpose In The Home He	No
G0166	External Counterpulsation, Per Treatment Session (Special Coverage Instructions Apply. See Cim: 35-74)	Yes
G0168	Wound Closure Utilizing Tissue Adhesive(s) Only	Yes
G0175	Scheduled Interdisciplinary Team Conference (Minimum Of Three Exclusive Of Patient Care Nursing Staff) With Patient Present	Yes
G0176	Activity Therapy, Such As Music, Dance, Art Or Play Therapies Not For Recreation, Related To The Care And Treatment Of Patient'S Disabling Mental Health Problems, Per Session (45 Minutes Or More) (Special Coverage Instructions Apply)	Yes
G0177	Training And Educational Services Related To The Care And Treatment Of Patient'S Disabling Mental Health Problems Per Session (45 Minutes Or More) (Special Coverage Instructions Apply)	Yes
G0179	Physician Or Allowed Practitioner Re-Certification For Medicare-Covered Home Health Services Under A Home Health Plan Of Care (Patient Not Present), Including Contacts With Home Health Agency And Review Of Reports Of Patient Status Required By Physicians	Yes
G0180	Physician Or Allowed Practitioner Certification For Medicare-Covered Home Health Services Under A Home Health Plan Of Care (Patient Not Present), Including Contacts With Home Health Agency And Review Of Reports Of Patient Status Required By Physicians And	Yes
G0181	Physician Or Allowed Practitioner Supervision Of A Patient Receiving Medicare-Covered Services Provided By A Participating Home Health Agency (Patient Not Present) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Physician Or Allo	Yes
G0182	Physician Supervision Of A Patient Under A Medicare-Approved Hospice (Patient Not Present) Requiring Complex And Multidisciplinary Care Modalities Involving Regular Physician Development And/Or Revision Of Care Plans, Review Of Subsequent Reports Of Patie	Yes
G0183	Quantitative software measurements of cardiac volume, cardiac chambers volumes and left ventricular wall mass derived from ct scan(s) data of the chest/heart (with or without contrast)	Yes
G0186	Destruction Of Localized Lesion Of Choroid (For Example, Choroidal Neovascularization); Photocoagulation, Feeder Vessel Technique (One Or More Sessions)	Yes
G0219	Pet Imaging Whole Body; Melanoma For Non-Covered Indications (Non-Covered By Medicare. See Cim: 50-36 And Mcm: 4173)	Yes
G0235	Pet Imaging, Any Site, Not Otherwise Specified (Non-Covered By Medicare. See Cim: 50-36)	Yes
G0237	Therapeutic Procedures To Increase Strength Or Endurance Of Respiratory Muscles, Face To Face, One On One, Each 15 Minutes (Includes Monitoring)	Yes
G0238	Therapeutic Procedures To Improve Respiratory Function, Other Than Described By G0237, One On One, Face To Face, Per 15 Minutes (Includes Monitoring)	Yes
G0239	Therapeutic Procedures To Improve Respiratory Function Or Increase Strength Or Endurance Of Respiratory Muscles, Two Or More Individuals (Includes Monitoring)	Yes
G0245	Initial Physician Evaluation And Management Of A Diabetic Patient With Diabetic Sensory Neuropathy Resulting In A Loss Of Protective Sensation (Lops) Which Must Include: (1) The Diagnosis Of Lops, (2) A Patient History, (3) A Physical Examination That Con	Yes
G0246	Follow-Up Physician Evaluation And Management Of A Diabetic Patient With Diabetic Sensory Neuropathy Resulting In A Loss Of Protective Sensation (Lops) To Include At Least The Following: (1) A Patient History, (2) A Physical Examination That Includes: (A)	Yes

Procedure Code	Description	Prior Auth Required
G0247	Routine Foot Care By A Physician Of A Diabetic Patient With Diabetic Sensory Neuropathy Resulting In A Loss Of Protective Sensation (Lops) To Include, The Local Care Of Superficial Wounds (I.E. Superficial To Muscle And Fascia) And At Least The Following	Yes
G0248	Demonstration, Prior To Initiation Of Home Inr Monitoring, For Patient With Either Mechanical Heart Valve(S), Chronic Atrial Fibrillation, Or Venous Thromboembolism Who Meets Medicare Coverage Criteria, Under The Direction Of A Physician; Includes: Face-T	Yes
G0249	Provision Of Test Materials And Equipment For Home Inr Monitoring Of Patient With Either Mechanical Heart Valve(S), Chronic Atrial Fibrillation, Or Venous Thromboembolism Who Meets Medicare Coverage Criteria; Includes: Provision Of Materials For Use In Th	Yes
G0250	Physician Review, Interpretation, And Patient Management Of Home Inr Testing For Patient With Either Mechanical Heart Valve(S), Chronic Atrial Fibrillation, Or Venous Thromboembolism Who Meets Medicare Coverage Criteria; Testing Not Occurring More Frequen	Yes
G0252	Pet Imaging, Full And Partial-Ring Pet Scanners Only, For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer (E.G., Initial Staging Of Axillary Lymph Nodes) (Non-Covered By Medicare. See Cim: 50-36)	Yes
G0255	Current Perception Threshold/Sensory Nerve Conduction Test, (Snct) Per Limb, Any Nerve (Non-Covered By Medicare. See Cim: 50-57)	Yes
G0257	Unscheduled Or Emergency Dialysis Treatment For An Esrd Patient In A Hospital Outpatient Department That Is Not Certified As An Esrd Facility (Special Coverage Instructions Apply)	Yes
G0259	Injection Procedure For Sacroiliac Joint; Arthrography (Special Coverage Instructions Apply)	Yes
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography (Special Coverage Instructions Apply)	Yes
G0268	Removal Of Impacted Cerumen (One Or Both Ears) By Physician On Same Date Of Service As Audiologic Function Testing	Yes
G0269	Placement Of Occlusive Device Into Either A Venous Or Arterial Access Site, Post Surgical Or Interventional Procedure (E.G., Angioseal Plug, Vascular Plug) (Special Coverage Instructions Apply)	Yes
G0270	Medical Nutrition Therapy; Reassessment And Subsequent Intervention(S) Following Second Referral In Same Year For Change In Diagnosis, Medical Condition Or Treatment Regimen (Including Additional Hours Needed For Renal Disease), Individual, Face To Face W	Yes
G0271	Medical Nutrition Therapy, Reassessment And Subsequent Intervention(S) Following Second Referral In Same Year For Change In Diagnosis, Medical Condition, Or Treatment Regimen (Including Additional Hours Needed For Renal Disease), Group (2 Or More Individu	Yes
G0276	Blinded Procedure For Lumbar Stenosis, Percutaneous Image-Guided Lumbar Decompression (Pild) Or Placebo-Control, Performed In An Approved Coverage With Evidence Development (Ced) Clinical Trial (Special Coverage Instructions Apply)	Yes
G0277	Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval (Special Coverage Instructions Apply. See Cim: 35-10)	Yes
G0278	Iliac And/Or Femoral Artery Angiography, Non-Selective, Bilateral Or Ipsilateral To Catheter Insertion, Performed At The Same Time As Cardiac Catheterization And/Or Coronary Angiography, Includes Positioning Or Placement Of The Catheter In The Distal Aort	Yes
G0279	Diagnostic Digital Breast Tomosynthesis, Unilateral Or Bilateral (List Separately In Addition To 77065 Or 77066)	No
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS, AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE, AS	Yes
G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281 (Non-Covered By Medicare. See Mcm: 35-98)	Yes
G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indication(s) Other Than Wound Care, As Part Of A Therapy Plan Of Care	Yes
G0288	Reconstruction, Computed Tomographic Angiography Of Aorta For Surgical Planning For Vascular Surgery	Yes
G0289	Arthroscopy, Knee, Surgical, For Removal Of Loose Body, Foreign Body, Debridement/Shaving Of Articular Cartilage (Chondroplasty) At The Time Of Other Surgical Knee Arthroscopy In A Different Compartment Of The Same Knee	Yes
G0293	Noncovered Surgical Procedure(S) Using Conscious Sedation, Regional, General Or Spinal Anesthesia In A Medicare Qualifying Clinical Trial, Per Day (Special Coverage Instructions Apply)	Yes
G0294	Noncovered Procedure(S) Using Either No Anesthesia Or Local Anesthesia Only, In A Medicare Qualifying Clinical Trial, Per Day (Special Coverage Instructions Apply)	Yes
G0295	Electromagnetic Therapy, To One Or More Areas, For Wound Care Other Than Described In G0329 Or For Other Uses (Non-Covered By Medicare. See Cim: 35-98)	Yes
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING USING LOW DOSE CT SCAN (LDCT) (SERVICE IS FOR ELIGIBILITY DETERMINATION AND SHARED DECISION MAKING)	Yes
G0299	Direct Skilled Nursing Services Of A Registered Nurse (Rn) In The Home Health Or Hospice Setting, Each 15 Minutes	No
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	No
G0302	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, Complete Course Of Services, To Include A Minimum Of 16 Days Of Services	Yes
G0303	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, 10 To 15 Days Of Services	Yes
G0304	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs, 1 To 9 Days Of Services	Yes

Procedure Code	Description	Prior Auth Required
G0305	Post-Discharge Pulmonary Surgery Services After Lvrs, Minimum Of 6 Days Of Services	Yes
G0306	Complete Cbc, Automated (Hgb, Hct, Rbc, Wbc, Without Platelet Count) And Automated Wbc Differential Count	Yes
G0307	Complete (Cbc), Automated (Hgb, Hct, Rbc, Wbc; Without Platelet Count)	Yes
G0310	Immunization Counseling By A Physician Or Other Qualified Health Care Professional When The Vaccine(S) Is Not Administered On The Same Date Of Service, 5 To 15 Mins Time (This Code Is Used For Medicaid Billing Purposes) (Not Payable By Medicare)	No
G0311	Immunization Counseling By A Physician Or Other Qualified Health Care Professional When The Vaccine(S) Is Not Administered On The Same Date Of Service, 16-30 Mins Time (This Code Is Used For Medicaid Billing Purposes) (Not Payable By Medicare)	No
G0312	Immunization Counseling By A Physician Or Other Qualified Health Care Professional When The Vaccine(S) Is Not Administered On The Same Date Of Service For Ages Under 21, 5 To 15 Mins Time (This Code Is Used For Medicaid Billing Purposes) (Not Payable By M	No
G0313	Immunization Counseling By A Physician Or Other Qualified Health Care Professional When The Vaccine(S) Is Not Administered On The Same Date Of Service For Ages Under 21, 16-30 Mins Time (This Code Is Used For Medicaid Billing Purposes) (Not Payable By Me	No
G0314	Immunization Counseling By A Physician Or Other Qualified Health Care Professional For Covid-19, Ages Under 21, 16-30 Mins Time (This Code Is Used For The Medicaid Early And Periodic Screening, Diagnostic, And Treatment Benefit (Epsdt) (Not Payable By Med	No
G0315	Immunization Counseling By A Physician Or Other Qualified Health Care Professional For Covid-19, Ages Under 21, 5-15 Mins Time (This Code Is Used For The Medicaid Early And Periodic Screening, Diagnostic, And Treatment Benefit (Epsdt) (Not Payable By Medi	No
G0316	Prolonged Hospital Inpatient Or Observation Care Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By T	Yes
G0317	Prolonged Nursing Facility Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The Physician Or Qualif	Yes
G0318	Prolonged Home Or Residence Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The Physician Or Quali	Yes
G0320	Home Health Services Furnished Using Synchronous Telemedicine Rendered Via A Real-Time Two-Way Audio And Video Telecommunications System	Yes
G0321	Home Health Services Furnished Using Synchronous Telemedicine Rendered Via Telephone Or Other Real-Time Interactive Audio-Only Telecommunications System	Yes
G0322	The Collection Of Physiologic Data Digitally Stored And/Or Transmitted By The Patient To The Home Health Agency (I.E., Remote Patient Monitoring)	Yes
G0323	Care Management Services For Behavioral Health Conditions, At Least 20 Minutes Of Clinical Psychologist, Clinical Social Worker, Mental Health Counselor, Or Marriage And Family Therapist Time, Per Calendar Month. (These Services Include The Following Requ	No
G0327	Colorectal Cancer Screening; Blood-Based Biomarker (Special Coverage Instructions Apply)	Yes
G0328	Colorectal Cancer Screening; Fecal Occult Blood Test, Immunoassay, 1-3 Simultaneous (Special Coverage Instructions Apply)	Yes
G0329	Electromagnetic Therapy, To One Or More Areas For Chronic Stage Iii And Stage Iv Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers And Venous Stasis Ulcers Not Demonstrating Measurable Signs Of Healing After 30 Days Of Conventional Care As Part Of A Thera	Yes
G0330	Facility Services For Dental Rehabilitation Procedure(S) Performed On A Patient Who Requires Monitored Anesthesia (E.G., General, Intravenous Sedation (Monitored Anesthesia Care) And Use Of An Operating Room (Special Coverage Instructions Apply)	Yes
G0333	Pharmacy Dispensing Fee For Inhalation Drug(S); Initial 30-Day Supply As A Beneficiary (Special Coverage Instructions Apply)	Yes
G0337	Hospice Evaluation And Counseling Services, Pre-Election	Yes
G0339	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery, Complete Course Of Therapy In One Session Or First Session Of Fractionated Treatment	Yes
G0340	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery, Delivery Including Collimator Changes And Custom Plugging, Fractionated Treatment, All Lesions, Per Session, Second Through Fifth Sessions, Maximum Five Sessions Per Course Of Treatm	Yes
G0341	Percutaneous Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion (Special Coverage Instructions Apply. See Cim: 260.3, 35-82)	Yes
G0342	Laparoscopy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion (Special Coverage Instructions Apply. See Cim: 35-82)	Yes
G0343	Laparotomy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion (Special Coverage Instructions Apply. See Cim: 35-82)	Yes
G0372	Physician Service Required To Establish And Document The Need For A Power Mobility Device (Special Coverage Instructions Apply)	Yes
G0378	Hospital Observation Service, Per Hour (Special Coverage Instructions Apply)	Yes
G0379	Direct Admission Of Patient For Hospital Observation Care (Special Coverage Instructions Apply)	Yes
G0380	Level 1 Hospital Emergency Department Visit Provided In A Type B Emergency Department; (The Ed Must Meet At Least One Of The Following Requirements: (1) It Is Licensed By The State In Which It Is Located Under Applicable State Law As An Emergency Room Or	Yes

Procedure Code	Description	Prior Auth Required
G0381	Level 2 Hospital Emergency Department Visit Provided In A Type B Emergency Department; (The Ed Must Meet At Least One Of The Following Requirements: (1) It Is Licensed By The State In Which It Is Located Under Applicable State Law As An Emergency Room Or	Yes
G0382	Level 3 Hospital Emergency Department Visit Provided In A Type B Emergency Department; (The Ed Must Meet At Least One Of The Following Requirements: (1) It Is Licensed By The State In Which It Is Located Under Applicable State Law As An Emergency Room Or	Yes
G0383	Level 4 Hospital Emergency Department Visit Provided In A Type B Emergency Department; (The Ed Must Meet At Least One Of The Following Requirements: (1) It Is Licensed By The State In Which It Is Located Under Applicable State Law As An Emergency Room Or	Yes
G0384	Level 5 Hospital Emergency Department Visit Provided In A Type B Emergency Department; (The Ed Must Meet At Least One Of The Following Requirements: (1) It Is Licensed By The State In Which It Is Located Under Applicable State Law As An Emergency Room Or	Yes
G0390	Trauma Response Team Associated With Hospital Critical Care Service (Special Coverage Instructions Apply)	Yes
G0396	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G., Audit, Dast), And Brief Intervention 15 To 30 Minutes	Yes
G0397	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G., Audit, Dast), And Intervention, Greater Than 30 Minutes	Yes
G0398	Home Sleep Study Test (Hst) With Type Ii Portable Monitor, Unattended; Minimum Of 7 Channels: Eeg, Eog, Emg, Ecg/Heart Rate, Airflow, Respiratory Effort And Oxygen Saturation	No
G0399	Home Sleep Test (Hst) With Type Iii Portable Monitor, Unattended; Minimum Of 4 Channels: 2 Respiratory Movement/Airflow, 1 Ecg/Heart Rate And 1 Oxygen Saturation	No
G0400	Home Sleep Test (Hst) With Type Iv Portable Monitor, Unattended; Minimum Of 3 Channels	No
G0402	Initial Preventive Physical Examination; Face-To-Face Visit, Services Limited To New Beneficiary During The First 12 Months Of Medicare Enrollment	Yes
G0403	Electrocardiogram, Routine Ecg With 12 Leads; Performed As A Screening For The Initial Preventive Physical Examination With Interpretation And Report	Yes
G0404	Electrocardiogram, Routine Ecg With 12 Leads; Tracing Only, Without Interpretation And Report, Performed As A Screening For The Initial Preventive Physical Examination	Yes
G0405	Electrocardiogram, Routine Ecg With 12 Leads; Interpretation And Report Only, Performed As A Screening For The Initial Preventive Physical Examination	Yes
G0406	Follow-Up Inpatient Consultation, Limited, Physicians Typically Spend 15 Minutes Communicating With The Patient Via Telehealth	Yes
G0407	Follow-Up Inpatient Consultation, Intermediate, Physicians Typically Spend 25 Minutes Communicating With The Patient Via Telehealth	Yes
G0408	Follow-Up Inpatient Consultation, Complex, Physicians Typically Spend 35 Minutes Communicating With The Patient Via Telehealth	Yes
G0409	Social Work And Psychological Services, Directly Relating To And/Or Furthering The Patient'S Rehabilitation Goals, Each 15 Minutes, Face-To-Face; Individual (Services Provided By A Corf-Qualified Social Worker Or Psychologist In A Corf)	Yes
G0410	Group Psychotherapy Other Than Of A Multiple-Family Group, In A Partial Hospitalization Or Intensive Outpatient Setting, Approximately 45 To 50 Minutes	Yes
G0411	Interactive Group Psychotherapy, In A Partial Hospitalization Or Intensive Outpatient Setting, Approximately 45 To 50 Minutes	Yes
G0412	Open Treatment Of Iliac Spine(s), Tuberosity Avulsion, Or Iliac Wing Fracture(s), Unilateral Or Bilateral For Pelvic Bone Fracture Patterns Which Do Not Disrupt The Pelvic Ring Includes Internal Fixation, When Performed	Yes
G0413	Percutaneous Skeletal Fixation Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns Which Disrupt The Pelvic Ring, Unilateral Or Bilateral, (Includes Ilium, Sacroiliac Joint And/Or Sacrum)	Yes
G0414	Open Treatment Of Anterior Pelvic Bone Fracture And/Or Dislocation For Fracture Patterns Which Disrupt The Pelvic Ring, Unilateral Or Bilateral, Includes Internal Fixation When Performed (Includes Pubic Symphysis And/Or Superior/Inferior Rami)	Yes
G0415	Open Treatment Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns Which Disrupt The Pelvic Ring, Unilateral Or Bilateral, Includes Internal Fixation, When Performed (Includes Ilium, Sacroiliac Joint And/Or Sacrum)	Yes
G0416	Surgical Pathology, Gross And Microscopic Examinations, For Prostate Needle Biopsy, Any Method	No
G0420	Face-To-Face Educational Services Related To The Care Of Chronic Kidney Disease; Individual, Per Session, Per One Hour	Yes
G0421	Face-To-Face Educational Services Related To The Care Of Chronic Kidney Disease; Group, Per Session, Per One Hour	Yes
G0422	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring With Exercise, Per Session	Yes
G0423	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring; Without Exercise, Per Session	Yes
G0425	Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 30 Minutes Communicating With The Patient Via Telehealth	Yes
G0426	Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 50 Minutes Communicating With The Patient Via Telehealth	Yes
G0427	Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 70 Minutes Or More Communicating With The Patient Via Telehealth	Yes

Procedure Code	Description	Prior Auth Required
G0428	Collagen Meniscus Implant Procedure For Filling Meniscal Defects (E.G., Cmi, Collagen Scaffold, Menaflex) (Non-Covered By Medicare)	Yes
G0429	Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G., As A Result Of Highly Active Antiretroviral Therapy)	Yes
G0432	Infectious Agent Antibody Detection By Enzyme Immunoassay (Eia) Technique, Hiv-1 And/Or Hiv-2, Screening	Yes
G0433	Infectious Agent Antibody Detection By Enzyme-Linked Immunosorbent Assay (Elisa) Technique, Hiv-1 And/Or Hiv-2, Screening	Yes
G0435	Infectious Agent Antibody Detection By Rapid Antibody Test, Hiv-1 And/Or Hiv-2, Screening	Yes
G0438	Annual Wellness Visit; Includes A Personalized Prevention Plan Of Service (Pps), Initial Visit	Yes
G0439	Annual Wellness Visit, Includes A Personalized Prevention Plan Of Service (Pps), Subsequent Visit	Yes
G0442	Annual Alcohol Misuse Screening, 5 To 15 Minutes	No
G0443	Brief Face-To-Face Behavioral Counseling For Alcohol Misuse, 15 Minutes	Yes
G0444	Annual Depression Screening, 5 To 15 Minutes	Yes
G0445	High Intensity Behavioral Counseling To Prevent Sexually Transmitted Infection; Face-To-Face, Individual, Includes: Education, Skills Training And Guidance On How To Change Sexual Behavior; Performed Semi-Annually, 30 Minutes	Yes
G0446	Annual, Face-To-Face Intensive Behavioral Therapy For Cardiovascular Disease, Individual, 15 Minutes	No
G0447	Face-To-Face Behavioral Counseling For Obesity, 15 Minutes	No
G0448	Insertion Or Replacement Of A Permanent Pacing Cardioverter-Defibrillator System With Transvenous Lead(s), Single Or Dual Chamber With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing	Yes
G0451	Development Testing, With Interpretation And Report, Per Standardized Instrument Form	Yes
G0452	Molecular Pathology Procedure; Physician Interpretation And Report	No
G0453	Continuous Intraoperative Neurophysiology Monitoring, From Outside The Operating Room (Remote Or Nearby), Per Patient, (Attention Directed Exclusively To One Patient) Each 15 Minutes (List In Addition To Primary Procedure)	Yes
G0454	Physician Documentation Of Face-To-Face Visit For Durable Medical Equipment Determination Performed By Nurse Practitioner, Physician Assistant Or Clinical Nurse Specialist	Yes
G0455	Preparation With Instillation Of Fecal Microbiota By Any Method, Including Assessment Of Donor Specimen	Yes
G0458	Low Dose Rate (Ldr) Prostate Brachytherapy Services, Composite Rate	No
G0459	Inpatient Telehealth Pharmacologic Management, Including Prescription, Use, And Review Of Medication With No More Than Minimal Medical Psychotherapy	Yes
G0460	Autologous Platelet Rich Plasma Or Other Blood-Derived Product For Non-Diabetic Chronic Wounds/Ulcers, Including As Applicable Phlebotomy, Centrifugation Or Mixing, And All Other Preparatory Procedures, Administration And Dressings, Per Treatment	Yes
G0463	Hospital Outpatient Clinic Visit For Assessment And Management Of A Patient	Yes
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes as applicable administration, dressings, phlebotomy, centrifugation or mixing, and all othe	Yes
G0466	Federally Qualified Health Center (Fqhc) Visit, New Patient; A Medically-Necessary, Face-To-Face Encounter (One-On-One) Between A New Patient And A Fqhc Practitioner During Which Time One Or More Fqhc Services Are Rendered And Includes A Typical Bundle Of	No
G0467	Federally Qualified Health Center (Fqhc) Visit, Established Patient; A Medically-Necessary, Face-To-Face Encounter (One-On-One) Between An Established Patient And A Fqhc Practitioner During Which Time One Or More Fqhc Services Are Rendered And Includes A	No
G0468	Federally Qualified Health Center (Fqhc) Visit, Ippe Or Awv; A Fqhc Visit That Includes An Initial Preventive Physical Examination (Ippe) Or Annual Wellness Visit (Awv) And Includes A Typical Bundle Of Medicare-Covered Services That Would Be Furnished Per	No
G0469	Federally Qualified Health Center (Fqhc) Visit, Mental Health, New Patient; A Medically-Necessary, Face-To-Face Mental Health Encounter (One-On-One) Between A New Patient And A Fqhc Practitioner During Which Time One Or More Fqhc Services Are Rendered And	No
G0470	Federally Qualified Health Center (Fqhc) Visit, Mental Health, Established Patient; A Medically-Necessary, Face-To-Face Mental Health Encounter (One-On-One) Between An Established Patient And A Fqhc Practitioner During Which Time One Or More Fqhc Services	No
G0471	Collection Of Venous Blood By Venipuncture Or Urine Sample By Catheterization From An Individual In A Skilled Nursing Facility (Snf) Or By A Laboratory On Behalf Of A Home Health Agency (Hha)	Yes
G0472	Hepatitis C Antibody Screening, For Individual At High Risk And Other Covered Indication(s) (Special Coverage Instructions Apply. Statute Reference: 1861ssa)	No
G0473	Face-To-Face Behavioral Counseling For Obesity, Group (2-10), 30 Minutes	No
G0475	Hiv Antigen/Antibody, Combination Assay, Screening	No
G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES (E.G., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) FOR CERVICAL CANCER SCREENING, MUST BE PERFORMED IN ADDITION TO PAP TEST	Yes
G0480	Drug Test(S), Definitive, Utilizing (1) Drug Identification Methods Able To Identify Individual Drugs And Distinguish Between Structural Isomers (But Not Necessarily Stereoisomers), Including, But Not Limited To Gc/Ms (Any Type, Single Or Tandem) And Lc/M	No

Procedure Code	Description	Prior Auth Required
G0481	Drug Test(S), Definitive, Utilizing (1) Drug Identification Methods Able To Identify Individual Drugs And Distinguish Between Structural Isomers (But Not Necessarily Stereoisomers), Including, But Not Limited To Gc/Ms (Any Type, Single Or Tandem) And Lc/M	No
G0482	Drug Test(S), Definitive, Utilizing (1) Drug Identification Methods Able To Identify Individual Drugs And Distinguish Between Structural Isomers (But Not Necessarily Stereoisomers), Including, But Not Limited To Gc/Ms (Any Type, Single Or Tandem) And Lc/M	No
G0483	Drug Test(S), Definitive, Utilizing (1) Drug Identification Methods Able To Identify Individual Drugs And Distinguish Between Structural Isomers (But Not Necessarily Stereoisomers), Including, But Not Limited To Gc/Ms (Any Type, Single Or Tandem) And Lc/M	No
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)	Yes
G0491	Dialysis Procedure At A Medicare Certified Esrd Facility For Acute Kidney Injury Without Esrd	Yes
G0492	Dialysis Procedure With Single Evaluation By A Physician Or Other Qualified Health Care Professional For Acute Kidney Injury Without Esrd	No
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 M	No
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 P	No
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	No
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	No
G0498	Chemotherapy Administration, Intravenous Infusion Technique; Initiation Of Infusion In The Office/Clinic Setting Using Office/Clinic Pump/Supplies, With Continuation Of The Infusion In The Community Setting (E.G., Home, Domiciliary, Rest Home Or Assisted	Yes
G0499	Hepatitis B Screening In Non-Pregnant, High Risk Individual Includes Hepatitis B Surface Antigen (Hbsag), Antibodies To Hbsag (Anti-Hbs) And Antibodies To Hepatitis B Core Antigen (Anti-Hbc), And Is Followed By A Neutralizing Confirmatory Test, When Perfo	No
G0500	Moderate Sedation Services Provided By The Same Physician Or Other Qualified Health Care Professional Performing A Gastrointestinal Endoscopic Service That Sedation Supports, Requiring The Presence Of An Independent Trained Observer To Assist In The Monit	No
G0501	Resource-Intensive Services For Patients For Whom The Use Of Specialized Mobility-Assistive Technology (Such As Adjustable Height Chairs Or Tables, Patient Lift, And Adjustable Padded Leg Supports) Is Medically Necessary And Used During The Provision Of A	Yes
G0506	Comprehensive Assessment Of And Care Planning For Patients Requiring Chronic Care Management Services (List Separately In Addition To Primary Monthly Care Management Service)	No
G0508	Telehealth Consultation, Critical Care, Initial , Physicians Typically Spend 60 Minutes Communicating With The Patient And Providers Via Telehealth	No
G0509	Telehealth Consultation, Critical Care, Subsequent, Physicians Typically Spend 50 Minutes Communicating With The Patient And Providers Via Telehealth	No
G0513	Prolonged Preventive Service(S) (Beyond The Typical Service Time Of The Primary Procedure), In The Office Or Other Outpatient Setting Requiring Direct Patient Contact Beyond The Usual Service; First 30 Minutes (List Separately In Addition To Code For Prev	Yes
G0514	Prolonged Preventive Service(S) (Beyond The Typical Service Time Of The Primary Procedure), In The Office Or Other Outpatient Setting Requiring Direct Patient Contact Beyond The Usual Service; Each Additional 30 Minutes (List Separately In Addition To Cod	Yes
G0516	Insertion Of Non-Biodegradable Drug Delivery Implants, 4 Or More (Services For Subdermal Rod Implant)	Yes
G0517	Removal Of Non-Biodegradable Drug Delivery Implants, 4 Or More (Services For Subdermal Implants)	Yes
G0518	Removal With Reinsertion, Non-Biodegradable Drug Delivery Implants, 4 Or More (Services For Subdermal Implants)	Yes
G0519	Management Of New Patient-Caregiver Dyad With Dementia, Low Complexity, For Use In Cmmi Model	Yes
G0520	Management Of New Patient-Caregiver Dyad With Dementia, Moderate Complexity, For Use In Cmmi Model	Yes
G0521	Management Of New Patient-Caregiver Dyad With Dementia, High Complexity, For Use In Cmmi Model	Yes
G0522	Management Of A New Patient With Dementia, Low Complexity, For Use In Cmmi Model	Yes
G0523	Management Of A New Patient With Dementia, Moderate To High Complexity, For Use In Cmmi Model	Yes
G0524	Management Of Established Patient-Caregiver Dyad With Dementia, Low Complexity, For Use In Cmmi Model	Yes
G0525	Management Of Established Patient-Caregiver Dyad With Dementia, Moderate Complexity, For Use In Cmmi Model	Yes
G0526	Management Of Established Patient-Caregiver Dyad With Dementia, High Complexity, For Use In Cmmi Model	Yes
G0527	Management Of Established Patient With Dementia, Low Complexity, For Use In Cmmi Model	Yes

Procedure Code	Description	Prior Auth Required
G0528	Management Of Established Patient With Dementia, Moderate To High Complexity, For Use In Cmmi Model	Yes
G0529	In-Home Respite Care, 4-Hour Unit, For Use In Cmmi Model	Yes
G0530	Adult Day Center, 8-Hour Unit, For Use In Cmmi Model	Yes
G0531	Facility-Based Respite, 24-Hour Unit, For Use In Cmmi Model	Yes
G0532	Take-Home Supply Of Nasal Nalmefene Hydrochloride; One Carton Of Two, 2.7 Mg Per 0.1 Ml Nasal Sprays (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program);(List Separately In Addition To Each Primary Code)	Yes
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of t	Yes
G0534	Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, whic	Yes
G0535	Patient navigational services, provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self-advocacy and communication skills with care providers, and	Yes
G0536	Peer recovery support services, provided directly or by referral; including leveraging knowledge of the condition or lived experience to provide support, mentorship, or inspiration to meet oud treatment and recovery goals; conducting a person-centered int	Yes
G0537	Administration Of A Standardized, Evidence-Based Atherosclerotic Cardiovascular Disease (Ascvd) Risk Assessment, 5-15 Minutes, Not More Often Than Every 12 Months	No
G0538	Atherosclerotic Cardiovascular Disease (Ascvd) Risk Management Services; Clinical Staff Time; Per Calendar Month	Yes
G0539	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 m	Yes
G0540	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face	Yes
G0541	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infe	Yes
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infe	Yes
G0543	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, an	Yes
G0544	Post Discharge Telephonic Follow-Up Contacts Performed In Conjunction With A Discharge From The Emergency Department For Behavioral Health Or Other Crisis Encounter, 4 Calls Per Calendar Month	Yes
G0545	Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigatio	Yes
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, includ	Yes
G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, includin	Yes
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, includin	Yes
G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, includin	Yes
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, includin	Yes
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30	Yes
G0552	Supply Of Digital Mental Health Treatment Device And Initial Education And Onboarding, Per Course Of Treatment That Augments A Behavioral Therapy Plan	Yes
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional ti	Yes
G0554	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care profe	Yes

Procedure Code	Description	Prior Auth Required
G0555	Provision Of Replacement Patient Electronics System (E.G., System Pillow, Handheld Reader) For Home Pulmonary Artery Pressure Monitoring	No
G0556	Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functio	Yes
G0557	Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompe	Yes
G0558	Advanced primary care management services for a patient that is a qualified medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant	Yes
G0559	Post-operative follow-up visit complexity inherent to evaluation and management services addressing surgical procedure(s), provided by a physician or qualified health care professional who is not the practitioner who performed the procedure (or in the sam	Yes
G0560	Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suici	Yes
G0561	Tympanostomy With Local Or Topical Anesthesia And Insertion Of A Ventilating Tube When Performed With Tympanostomy Tube Delivery Device, Unilateral (List Separately In Addition To 69433) (Do Not Use In Conjunction With 0583T)	Yes
G0562	Therapeutic Radiology Simulation-Aided Field Setting; Complex, Including Acquisition Of Pet And Ct Imaging Data Required For Radiopharmaceutical-Directed Radiation Therapy Treatment Planning (I.E., Modeling)	Yes
G0563	Stereotactic Body Radiation Therapy, Treatment Delivery, Per Fraction To 1 Or More Lesions, Including Image Guidance And Real-Time Positron Emissions-Based Delivery Adjustments To 1 Or More Lesions, Entire Course Not To Exceed 5 Fractions	No
G0566	3D Radiodensity-Value Bone Imaging, Algorithm Derived, From Previous Magnetic Resonance Examination Of The Same Anatomy	Yes
G0567	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Hepatitis C, Screening, Amplified Probe Technique	No
G0568	Initial Psychiatric Collaborative Care Management, In The First Calendar Month Of Behavioral Health Care Manager Activities, In Consultation With A Psychiatric Consultant, And Directed By The Treating Physician Or Other Qualified Health Care Professional,	No
G0569	Subsequent Psychiatric Collaborative Care Management, In A Subsequent Month Of Behavioral Health Care Manager Activities, In Consultation With A Psychiatric Consultant, And Directed By The Treating Physician Or Other Qualified Health Care Professional,	No
G0570	Care Management Services For Behavioral Health Conditions, Directed By A Physician Or Other Qualified Health Care Professional, Per Calendar Month, With The Following Required Elements: Initial Assessment Or Follow-Up Monitoring, Including The Use Of	No
G0571	Intraoperative Nerve(S) Cryoablation For Post-Surgical Pain Relief (List Separately In Addition To Code For Primary Service)	Yes
G0659	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (AN	No
G0660	Team Remote E/M New Pt 10 Mins	Yes
G0661	Team Remote E/M New Pt 20 Mins	Yes
G0662	Team Remote E/M New Pt 30 Mins	Yes
G0663	Team Remote E/M New Pt 45 Mins	Yes
G0664	Team Remote E/M New Pt 60 Mins	Yes
G0665	Team Remote E/M Est. Pt 10 Mins	Yes
G0666	Team Remote E/M Est. Pt 15 Mins	Yes
G0667	Team Remote E/M Est. Pt 25 Mins	Yes
G0668	Team Remote E/M Est. Pt 40 Mins	Yes
G0680	Detection And Quantification Of Coronary Artery Calcium And/Or Aortic Valve Calcification From Algorithmic Analysis Of Computed Tomography Of The Chest With Report (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
G0681	Application Of A Premarket Approval (Pma), 510(K), 361 Human Cells, Tissues Or Cellular And Tissue-Based Products (Hct/P) Non-Sheet Form Skin Substitute For A Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Of Wound Surface Area	Yes
G0682	Application Of A Premarket Approval (Pma), 510(K), 361 Human Cells, Tissues Or Cellular And Tissue-Based Products (Hct/P) Non-Sheet Form Skin Substitute For A Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof	Yes
G0683	Application Of A Premarket Approval (Pma), 510(K), 361 Human Cells, Tissues Or Cellular And Tissue-Based Products (Hct/P) Non-Sheet Form Skin Substitute Graft For A Wound Surface Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1	Yes
G0684	Application Of A Premarket Approval (Pma), 510(K), 361 Human Cells, Tissues Or Cellular And Tissue-Based Products (Hct/P) Non-Sheet Form Skin Substitute Graft For A Wound Surface Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface	Yes
G0913	Improvement In Visual Function Achieved Within 90 Days Following Cataract Surgery	Yes
G0914	Patient Care Survey Was Not Completed By Patient	Yes
G0915	Improvement In Visual Function Not Achieved Within 90 Days Following Cataract Surgery	Yes

Procedure Code	Description	Prior Auth Required
G0916	Satisfaction With Care Achieved Within 90 Days Following Cataract Surgery	Yes
G0917	Patient Care Survey Was Not Completed By Patient	Yes
G0918	Satisfaction With Care Not Achieved Within 90 Days Following Cataract Surgery	Yes
G1025	Patient-Months Where There Are More Than One Medicare Capitated Payment (Mcp) Provider Listed For The Month	Yes
G1026	The Number Of Adult Patient-Months In The Denominator Who Were On Maintenance Hemodialysis Using A Catheter Continuously For Three Months Or Longer Under The Care Of The Same Practitioner Or Group Partner As Of The Last Hemodialysis Session Of The Reporti	Yes
G1027	The Number Of Adult Patient-Months In The Denominator Who Were On Maintenance Hemodialysis Under The Care Of The Same Practitioner Or Group Partner As Of The Last Hemodialysis Session Of The Reporting Month Using A Catheter Continuously For Less Than Thre	Yes
G1028	Take-Home Supply Of Nasal Naloxone; 2-Pack Of 8Mg Per 0.1 Ml Nasal Spray (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code For Primary Procedure	Yes
G2000	Blinded Administration Of Convulsive Therapy Procedure, Either Electroconvulsive Therapy (Ect, Current Covered Gold Standard) Or Magnetic Seizure Therapy (Mst, Non-Covered Experimental Therapy), Performed In An Approved Ide-Based Clinical Trial, Per Treat	Yes
G2001	Brief (20 Minutes) In-Home Visit For A New Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90 Days Foll	Yes
G2002	Limited (30 Minutes) In-Home Visit For A New Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90 Days Fo	Yes
G2003	Moderate (45 Minutes) In-Home Visit For A New Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90 Days F	Yes
G2004	Comprehensive (60 Minutes) In-Home Visit For A New Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90 D	Yes
G2005	Extensive (75 Minutes) In-Home Visit For A New Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90 Days	Yes
G2006	Brief (20 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90 Day	Yes
G2007	Limited (30 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90 D	Yes
G2008	Moderate (45 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90	Yes
G2009	Comprehensive (60 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Withi	Yes
G2010	Remote Evaluation Of Recorded Video And/Or Images Submitted By An Established Patient (E.G., Store And Forward), Including Interpretation With Follow-Up With The Patient Within 24 Business Hours, Not Originating From A Related E/M Service Provided Within	No
G2011	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G., Audit, Dast), And Brief Intervention, 5-14 Minutes	Yes
G2013	Extensive (75 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90	Yes
G2014	Limited (30 Minutes) Care Plan Oversight. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90 Days Following Discharge From An I	Yes
G2015	Comprehensive (60 Mins) Home Care Plan Oversight. For Use Only In A Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90 Days Following Discharge F	Yes
G2020	Services For High Intensity Clinical Services Associated With The Initial Engagement And Outreach Of Beneficiaries Assigned To The Sip Component Of The Pcf Model (Do Not Bill With Chronic Care Management Codes)	Yes
G2021	Health Care Practitioners Rendering Treatment In Place (Tip)	Yes
G2022	A Model Participant (Ambulance Supplier/Provider), The Beneficiary Refuses Services Covered Under The Model (Transport To An Alternate Destination/Treatment In Place)	Yes
G2025	Payment For A Telehealth Distant Site Service Furnished By A Rural Health Clinic (Rhc) Or Federally Qualified Health Center (Fqhc) Only	Yes
G2067	Medication Assisted Treatment, Methadone; Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing, If Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treat	Yes

Procedure Code	Description	Prior Auth Required
G2068	Medication Assisted Treatment, Buprenorphine (Oral); Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services By A Medicare-Enrolled Op	Yes
G2069	Medication Assisted Treatment, Buprenorphine (Injectable) Administered On A Monthly Basis; Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Ser	Yes
G2073	Medication Assisted Treatment, Naltrexone; Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treat	Yes
G2074	Medication Assisted Treatment, Weekly Bundle Not Including The Drug, Including Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program)	Yes
G2075	Medication Assisted Treatment, Medication Not Otherwise Specified; Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing, If Performed (Provision Of The Services By A Medic	Yes
G2076	Intake Activities, Including Initial Medical Examination That Is Conducted By An Appropriately Licensed Practitioner And Preparation Of A Care Plan, Which May Be Informed By Administration Of A Standardized, Evidence-Based Assessment, And That Includes Th	Yes
G2077	Periodic Assessment; Assessing Periodically By An Otp Practitioner And Includes A Review Of Moud Dosing, Treatment Response, Other Substance Use Disorder Treatment Needs, Responses And Patient-Identified Goals, And Other Relevant Physical, Nutrition And	Yes
G2078	Take-Home Supply Of Methadone; Up To 7 Additional Day Supply (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code For Primary Procedure	Yes
G2079	Take-Home Supply Of Buprenorphine (Oral); Up To 7 Additional Day Supply (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code For Primary Procedure	Yes
G2080	Each Additional 30 Minutes Of Counseling In A Week Of Medication Assisted Treatment, (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code For Primary Procedure	Yes
G2081	Patients Age 66 And Older In Institutional Special Needs Plans (Snp) Or Residing In Long-Term Care With A Pos Code 32, 33, 34, 54 Or 56 For More Than 90 Consecutive Days During The Measurement Period	Yes
G2082	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient That Requires The Supervision Of A Physician Or Other Qualified Health Care Professional And Provision Of Up To 56 Mg Of Esketamine Nasal Self-Administration, Inc	Yes
G2083	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient That Requires The Supervision Of A Physician Or Other Qualified Health Care Professional And Provision Of Greater Than 56 Mg Esketamine Nasal Self-Administration	Yes
G2086	Office-Based Treatment For Opioid Use Disorder, Including Development Of The Treatment Plan, Care Coordination, Individual Therapy And Group Therapy And Counseling; At Least 70 Minutes In The First Calendar Month	No
G2087	Office-Based Treatment For Opioid Use Disorder, Including Care Coordination, Individual Therapy And Group Therapy And Counseling; At Least 60 Minutes In A Subsequent Calendar Month	No
G2088	Office-Based Treatment For Opioid Use Disorder, Including Care Coordination, Individual Therapy And Group Therapy And Counseling; Each Additional 30 Minutes Beyond The First 120 Minutes (List Separately In Addition To Code For Primary Procedure)	No
G2090	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And A Dispensed Medication For Dementia During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2091	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And An Advanced Illness Diagnosis During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2092	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Or Angiotensin Receptor-Neprilysin Inhibitor (Arni) Therapy Prescribed Or Currently Being Taken	Yes
G2093	Documentation Of Medical Reason(S) For Not Prescribing Ace Inhibitor Or Arb Or Arni Therapy (E.G., Hypotensive Patients Who Are At Immediate Risk Of Cardiogenic Shock, Hospitalized Patients Who Have Experienced Marked Azotemia, Allergy, Intolerance, Other	Yes
G2094	Documentation Of Patient Reason(S) For Not Prescribing Ace Inhibitor Or Arb Or Arni Therapy (E.G., Patient Declined, Other Patient Reasons)	Yes
G2096	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Or Angiotensin Receptor-Neprilysin Inhibitor (Arni) Therapy Was Not Prescribed, Reason Not Given	Yes
G2097	Episodes Where The Patient Had A Competing Diagnosis On Or Within Three Days After The Episode Date (E.G., Intestinal Infection, Pertussis, Bacterial Infection, Lyme Disease, Otitis Media, Acute Sinusitis, Chronic Sinusitis, Infection Of The Adenoids, Pro	Yes
G2098	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And A Dispensed Medication For Dementia During The Measurement Period Or The Year Prior To The Measurement Period	Yes

Procedure Code	Description	Prior Auth Required
G2099	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And An Advanced Illness Diagnosis During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2100	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And A Dispensed Medication For Dementia During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2101	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And An Advanced Illness Diagnosis During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2105	Patient Age 66 Or Older In Institutional Special Needs Plans (Snp) Or Residing In Long-Term Care With Pos Code 32, 33, 34, 54 Or 56 For More Than 90 Consecutive Days During The Measurement Period	Yes
G2106	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And A Dispensed Medication For Dementia During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2107	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And An Advanced Illness Diagnosis During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2112	Patient Receiving <=5 Mg Daily Prednisone (Or Equivalent), Or Ra Activity Is Worsening, Or Glucocorticoid Use Is For Less Than 6 Months	Yes
G2113	Patient Receiving >5 Mg Daily Prednisone (Or Equivalent) For Longer Than 6 Months, And Improvement Or No Change In Disease Activity	Yes
G2115	Patients 66 - 80 Years Of Age With At Least One Claim/Encounter For Frailty During The Measurement Period And A Dispensed Medication For Dementia During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2116	Patients 66 - 80 Years Of Age With At Least One Claim/Encounter For Frailty During The Measurement Period And An Advanced Illness Diagnosis During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2118	Patients 81 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period	Yes
G2121	Depression, Anxiety, Apathy, And Psychosis Assessed	Yes
G2122	Depression, Anxiety, Apathy, And Psychosis Not Assessed	Yes
G2125	Patients 81 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Six Months Prior To The Measurement Period Through December 31 Of The Measurement Period	Yes
G2126	Patients 66-80 Years Of Age With At Least One Claim/Encounter For Frailty During The Measurement Period And An Advanced Illness Diagnosis During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2127	Patients 66-80 Years Of Age With At Least One Claim/Encounter For Frailty During The Measurement Period And A Dispensed Medication For Dementia During The Measurement Period Or The Year Prior To The Measurement Period	Yes
G2128	Documentation Of Medical Reason(S) For Not On A Daily Aspirin Or Other Antiplatelet (E.G. History Of Gastrointestinal Bleed, Intra-Cranial Bleed, Blood Disorders, Idiopathic Thrombocytopenic Purpura (Itp), Gastric Bypass Or Documentation Of Active Anticoa	Yes
G2129	Procedure-Related Bp's Not Taken During An Outpatient Visit. Examples Include Same Day Surgery, Ambulatory Service Center, G.I. Lab, Dialysis, Infusion Center, Chemotherapy	Yes
G2136	Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20 Weeks) Postoperatively Was Less Than Or Equal To 3.0 Or Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale Within Three Months Preoper	Yes
G2137	Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20 Weeks) Postoperatively Was Greater Than 3.0 And Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale Within Three Months Preoperatively	Yes
G2138	Back Pain As Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15 Months) Postoperatively Was Less Than Or Equal To 3.0 Or Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale Within Three Months Preope	Yes
G2139	Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15 Months) Postoperatively Was Greater Than 3.0 And Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale Within Three Months Preoperatively An	Yes
G2140	Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20 Weeks) Postoperatively Was Less Than Or Equal To 3.0 Or Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale Within Three Months Preoperat	Yes
G2141	Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20 Weeks) Postoperatively Was Greater Than 3.0 And Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale Within Three Months Preoperatively An	Yes
G2142	Functional Status Measured By The Oswestry Disability Index (Odi Version 2.1A) At One Year (9 To 15 Months) Postoperatively Was Less Than Or Equal To 22 Or Functional Status Measured By The Odi Version 2.1A Within Three Months Preoperatively And At One Ye	Yes
G2143	Functional Status Measured By The Oswestry Disability Index (Odi Version 2.1A) At One Year (9 To 15 Months) Postoperatively Was Greater Than 22 And Functional Status Measured By The Odi Version 2.1A Within Three Months Preoperatively And At One Year (9 To	Yes

Procedure Code	Description	Prior Auth Required
G2144	Functional Status Measured By The Oswestry Disability Index (Odi Version 2.1A) At Three Months (6-20 Weeks) Postoperatively Was Less Than Or Equal To 22 Or Functional Status Measured By The Odi Version 2.1A Within Three Months Preoperatively And At Three	Yes
G2145	Functional Status Measured By The Oswestry Disability Index (Odi Version 2.1A) At Three Months (6 - 20 Weeks) Postoperatively Was Greater Than 22 And Functional Status Measured By The Odi Version 2.1A Within Three Months Preoperatively And At Three Months	Yes
G2146	Leg Pain As Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15 Months) Postoperatively Was Less Than Or Equal To 3.0 Or Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale Within Three Months Preopera	Yes
G2147	Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15 Months) Postoperatively Was Greater Than 3.0 And Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale Within Three Months Preoperatively And	Yes
G2148	Multimodal Pain Management was used	Yes
G2149	Documentation Of Medical Reason(S) For Not Using Multimodal Pain Management (E.G., Allergy To Multiple Classes Of Analgesics, Intubated Patient, Hepatic Failure, Patient Reports No Pain During Pacu Stay, Other Medical Reason(S))	Yes
G2150	Multimodal Pain Management Was Not Used	Yes
G2151	Documentation Stating Patient Has A Diagnosis Of A Degenerative Neurological Condition Such As Als, Ms, Or Parkinson'S Diagnosed At Any Time Before Or During The Episode Of Care	Yes
G2152	Residual Score For The Neck Impairment Successfully Calculated And The Score Was Equal To Zero (0) Or Greater Than Zero (> 0)	Yes
G2167	Residual Score For The Neck Impairment Successfully Calculated And The Score Was Less Than Zero (< 0)	Yes
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	Yes
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	Yes
G2172	All Inclusive Payment For Services Related To Highly Coordinated And Integrated Opioid Use Disorder (Oud) Treatment Services Furnished For The Demonstration Project	Yes
G2173	Uri Episodes Where The Patient Had A Comorbid Condition During The 12 Months Prior To Or On The Episode Date (E.G., Tuberculosis, Neutropenia, Cystic Fibrosis, Chronic Bronchitis, Pulmonary Edema, Respiratory Failure, Rheumatoid Lung Disease)	Yes
G2174	Uri Episodes Where The Patient Is Taking Antibiotics (Table 1) In The 30 Days Prior To The Episode Date	Yes
G2175	Episodes Where The Patient Had A Comorbid Condition During The 12 Months Prior To Or On The Episode Date (E.G., Tuberculosis, Neutropenia, Cystic Fibrosis, Chronic Bronchitis, Pulmonary Edema, Respiratory Failure, Rheumatoid Lung Disease)	Yes
G2176	Outpatient, Ed, Or Observation Visits That Result In An Inpatient Admission	Yes
G2177	Acute Bronchitis/Bronchiolitis Episodes When The Patient Had A New Or Refill Prescription Of Antibiotics (Table 1) In The 30 Days Prior To The Episode Date	Yes
G2178	Clinician Documented That Patient Was Not An Eligible Candidate For Lower Extremity Neurological Exam Measure, For Example Patient Bilateral Amputee; Patient Has Condition That Would Not Allow Them To Accurately Respond To A Neurological Exam (Dementia, A	Yes
G2179	Clinician Documented That Patient Had Medical Reason For Not Performing Lower Extremity Neurological Exam	Yes
G2180	Clinician Documented That Patient Was Not An Eligible Candidate For Evaluation Of Footwear As Patient Is Bilateral Lower Extremity Amputee	Yes
G2181	Bmi Not Documented Due To Medical Reason Or Patient Refusal Of Height Or Weight Measurement	Yes
G2182	Patient Receiving First-Time Biologic And/Or Immune Response Modifier Therapy	Yes
G2183	Documentation Patient Unable To Communicate And Informant Not Available	Yes
G2184	Patient Does Not Have A Caregiver	Yes
G2185	Documentation Caregiver Is Trained And Certified In Dementia Care	Yes
G2186	Patient /Caregiver Dyad Has Been Referred To Appropriate Resources And Connection To Those Resources Is Confirmed	Yes
G2187	Patients With Clinical Indications For Imaging Of The Head: Head Trauma	Yes
G2188	Patients With Clinical Indications For Imaging Of The Head: New Or Change In Headache Above 50 Years Of Age	Yes
G2189	Patients With Clinical Indications For Imaging Of The Head: Abnormal Neurologic Exam	Yes
G2190	Patients With Clinical Indications For Imaging Of The Head: Headache Radiating To The Neck	Yes
G2191	Patients With Clinical Indications For Imaging Of The Head: Positional Headaches	Yes
G2192	Patients With Clinical Indications For Imaging Of The Head: Temporal Headaches In Patients Over 55 Years Of Age	Yes
G2193	Patients With Clinical Indications For Imaging Of The Head: New Onset Headache In Pre-School Children Or Younger (<6 Years Of Age)	Yes
G2194	Patients With Clinical Indications For Imaging Of The Head: New Onset Headache In Pediatric Patients With Disabilities For Which Headache Is A Concern As Inferred From Behavior	Yes
G2195	Patients With Clinical Indications For Imaging Of The Head: Occipital Headache In Children	Yes
G2196	Patient Identified As An Unhealthy Alcohol User When Screened For Unhealthy Alcohol Use Using A Systematic Screening Method	Yes
G2197	Patient Screened For Unhealthy Alcohol Use Using A Systematic Screening Method And Not Identified As An Unhealthy Alcohol User	Yes

Procedure Code	Description	Prior Auth Required
G2199	Patient Not Screened For Unhealthy Alcohol Use Using A Systematic Screening Method	Yes
G2200	Patient Identified As An Unhealthy Alcohol User Received Brief Counseling	Yes
G2202	Patient Did Not Receive Brief Counseling If Identified As An Unhealthy Alcohol User	Yes
G2204	Patients Between 45 And 85 Years Of Age Who Received A Screening Colonoscopy During The Performance Period	Yes
G2205	Patients With Pregnancy During Adjuvant Treatment Course	Yes
G2206	Patient Received Adjuvant Treatment Course Including Both Chemotherapy And Her2-Targeted Therapy	Yes
G2207	Reason For Not Administering Adjuvant Treatment Course Including Both Chemotherapy And Her2-Targeted Therapy (E.G. Poor Performance Status (Ecog 3-4; Karnofsky <=50), Cardiac Contraindications, Insufficient Renal Function, Insufficient Hepatic Function, O	Yes
G2208	Patient Did Not Receive Adjuvant Treatment Course Including Both Chemotherapy And Her2-Targeted Therapy	Yes
G2209	Patient Refused To Participate	Yes
G2210	Residual Score For The Neck Impairment Not Measured Because The Patient Did Not Complete The Neck Fs Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	Yes
G2211	Visit Complexity Inherent To Evaluation And Management Associated With Medical Care Services That Serve As The Continuing Focal Point For All Needed Health Care Services And/Or With Medical Care Services That Are Part Of Ongoing Care Related To A Patient'	Yes
G2212	Prolonged Office Or Other Outpatient Evaluation And Management Service(S) Beyond The Maximum Required Time Of The Primary Procedure Which Has Been Selected Using Total Time On The Date Of The Primary Service; Each Additional 15 Minutes By The Physician Or	Yes
G2213	Initiation Of Medication For The Treatment Of Opioid Use Disorder In The Emergency Department Setting, Including Assessment, Referral To Ongoing Care, And Arranging Access To Supportive Services (List Separately In Addition To Code For Primary Procedure)	No
G2214	Initial Or Subsequent Psychiatric Collaborative Care Management, First 30 Minutes In A Month Of Behavioral Health Care Manager Activities, In Consultation With A Psychiatric Consultant, And Directed By The Treating Physician Or Other Qualified Health Care	Yes
G2215	Take-Home Supply Of Nasal Naloxone; 2-Pack Of 4Mg Per 0.1 Ml Nasal Spray (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code For Primary Procedure	Yes
G2216	Take-Home Supply Of Injectable Naloxone (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code For Primary Procedure	Yes
G2250	Remote Assessment Of Recorded Video And/Or Images Submitted By An Established Patient (E.G., Store And Forward), Including Interpretation With Follow-Up With The Patient Within 24 Business Hours, Not Originating From A Related Service Provided Within The	Yes
G2251	Brief Communication Technology-Based Service, E.G. Virtual Check-In, By A Qualified Health Care Professional Who Cannot Report Evaluation And Management Services, Provided To An Established Patient, Not Originating From A Related Service Provided Within T	Yes
G2252	Brief Communication Technology-Based Service, E.G. Virtual Check-In, By A Physician Or Other Qualified Health Care Professional Who Can Report Evaluation And Management Services, Provided To An Established Patient, Not Originating From A Related E/M Servi	Yes
G3002	Chronic Pain Management And Treatment, Monthly Bundle Including, Diagnosis; Assessment And Monitoring; Administration Of A Validated Pain Rating Scale Or Tool; The Development, Implementation, Revision, And/Or Maintenance Of A Person-Centered Care Plan Th	Yes
G3003	Each Additional 15 Minutes Of Chronic Pain Management And Treatment By A Physician Or Other Qualified Health Care Professional, Per Calendar Month. (List Separately In Addition To Code For G3002. When Using G3003, 15 Minutes Must Be Met Or Exceeded.)	Yes
G4000	Dermatology Mips Specialty Set	Yes
G4001	Diagnostic Radiology Mips Specialty Set	Yes
G4002	Electrophysiology Cardiac Specialist Mips Specialty Set	Yes
G4003	Emergency Medicine Mips Specialty Set	Yes
G4004	Endocrinology Mips Specialty Set	Yes
G4005	Family Medicine Mips Specialty Set	Yes
G4006	Gastro-Enterology Mips Specialty Set	Yes
G4007	General Surgery Mips Specialty Set	Yes
G4008	Geriatrics Mips Specialty Set	Yes
G4009	Hospitalists Mips Specialty Set	Yes
G4010	Infectious Disease Mips Specialty Set	Yes
G4011	Internal Medicine Mips Specialty Set	Yes
G4012	Interventional Radiology Mips Specialty Set	Yes
G4013	Mental/Behavioral And Psychiatry Mips Specialty Set	Yes
G4014	Nephrology Mips Specialty Set	Yes
G4015	Neurology Mips Specialty Set	Yes
G4016	Neurosurgical Mips Specialty Set	Yes
G4017	Nutrition/Dietician Mips Specialty Set	Yes
G4018	Obstetrics/Gynecology Mips Specialty Set	Yes
G4019	Oncology/Hematology Mips Specialty Set	Yes
G4020	Ophthalmology/Optometry Mips Specialty Set	Yes
G4021	Orthopedic Surgery Mips Specialty Set	Yes
G4022	Otolaryngology Mips Specialty Set	Yes
G4023	Pathology Mips Specialty Set	Yes

Procedure Code	Description	Prior Auth Required
G4024	Pediatrics Mips Specialty Set	Yes
G4025	Physical Medicine Mips Specialty Set	Yes
G4026	Physical Therapy/Occupational Therapy Mips Specialty Set	Yes
G4027	Plastic Surgery Mips Specialty Set	Yes
G4028	Podiatry Mips Specialty Set	Yes
G4029	Preventive Medicine Mips Specialty Set	Yes
G4030	Pulmonology Mips Specialty Set	Yes
G4031	Radiation Oncology Mips Specialty Set	Yes
G4032	Rheumatology Mips Specialty Set	Yes
G4033	Skilled Nursing Facility Mips Specialty Set	Yes
G4034	Speech Language Pathology Mips Specialty Set	Yes
G4035	Thoracic Surgery Mips Specialty Set	Yes
G4036	Urgent Care Mips Specialty Set	Yes
G4037	Urology Mips Specialty Set	Yes
G4038	Vascular Surgery Mips Specialty Set	Yes
G8395	Left Ventricular Ejection Fraction (Lvef) >= 40% Or Documentation As Normal Or Mildly Depressed Left Ventricular Systolic Function	Yes
G8396	Left Ventricular Ejection Fraction (Lvef) Not Performed Or Documented	Yes
G8397	Dilated Macular Or Fundus Exam Performed, Including Documentation Of The Presence Or Absence Of Macular Edema And Level Of Severity Of Retinopathy	Yes
G8399	Patient With Documented Results Of A Central Dual-Energy X-Ray Absorptiometry (Dxa) Ever Being Performed	Yes
G8400	Patient With Central Dual-Energy X-Ray Absorptiometry (Dxa) Results Not Documented, Reason Not Given	Yes
G8404	Lower Extremity Neurological Exam Performed And Documented	Yes
G8405	Lower Extremity Neurological Exam Not Performed	Yes
G8410	Footwear Evaluation Performed And Documented	Yes
G8415	Footwear Evaluation Was Not Performed	Yes
G8416	Clinician Documented That Patient Was Not An Eligible Candidate For Footwear Evaluation Measure	Yes
G8417	Bmi Is Documented Above Normal Parameters And A Follow-Up Plan Is Documented	Yes
G8418	Bmi Is Documented Below Normal Parameters And A Follow-Up Plan Is Documented	Yes
G8419	Bmi Documented Outside Normal Parameters, No Follow-Up Plan Documented, No Reason Given	Yes
G8420	Bmi Is Documented Within Normal Parameters And No Follow-Up Plan Is Required	Yes
G8421	Bmi Not Documented And No Reason Is Given	Yes
G8427	ELIGIBLE CLINICIAN ATTESTS TO DOCUMENTING IN THE MEDICAL RECORD THEY OBTAINED, UPDATED, OR REVIEWED THE PATIENT'S CURRENT MEDICATIONS	Yes
G8428	CURRENT LIST OF MEDICATIONS NOT DOCUMENTED AS OBTAINED, UPDATED, OR REVIEWED BY THE ELIGIBLE CLINICIAN, REASON NOT GIVEN	Yes
G8430	Documentation Of A Medical Reason(S) For Not Documenting, Updating, Or Reviewing The Patient'S Current Medications List (E.G., Patient Is In An Acute Health Crisis Where Time Is Of The Essence And Delay Of Treatment Would Jeopardize The Patient'S Health S	Yes
G8431	SCREENING FOR DEPRESSION IS DOCUMENTED AS BEING POSITIVE AND A FOLLOW-UP PLAN IS DOCUMENTED	No
G8432	DEPRESSION SCREENING NOT DOCUMENTED, REASON NOT GIVEN	Yes
G8433	Screening For Depression Not Completed, Documented Patient Or Medical Reason	No
G8450	Beta-Blocker Therapy Prescribed	Yes
G8451	Beta-Blocker Therapy For Lvef <=40% Not Prescribed For Reasons Documented By The Clinician (E.G., Low Blood Pressure, Fluid Overload, Asthma, Patients Recently Treated With An Intravenous Positive Inotropic Agent, Allergy, Intolerance, Other Medical Reaso	Yes
G8452	Beta-Blocker Therapy Not Prescribed	Yes
G8465	High Or Very High Risk Of Recurrence Of Prostate Cancer	Yes
G8473	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Therapy Prescribed	Yes
G8474	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Therapy Not Prescribed For Reasons Documented By The Clinician (E.G., Allergy, Intolerance, Pregnancy, Renal Failure Due To Ace Inhibitor, Diseases Of The Aortic Or Mitral	Yes
G8475	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Therapy Not Prescribed, Reason Not Given	Yes
G8476	Most Recent Blood Pressure Has A Systolic Measurement Of < 140 Mmhg And A Diastolic Measurement Of < 90 Mmhg	Yes
G8477	Most Recent Blood Pressure Has A Systolic Measurement Of >= 140 Mmhg And/Or A Diastolic Measurement Of >= 90 Mmhg	Yes
G8478	Blood Pressure Measurement Not Performed Or Documented, Reason Not Given	Yes
G8510	SCREENING FOR DEPRESSION IS DOCUMENTED AS NEGATIVE, A FOLLOW-UP PLAN IS NOT REQUIRED	No
G8511	SCREENING FOR DEPRESSION DOCUMENTED AS POSITIVE, FOLLOW-UP PLAN NOT DOCUMENTED, REASON NOT GIVEN	Yes
G8535	Elder Maltreatment Screen Not Documented; Documentation That Patient Is Not Eligible For The Elder Maltreatment Screen At The Time Of The Encounter Related To One Of The Following Reasons: (1) Patient Refuses To Participate In The Screening And Has Reason	Yes

Procedure Code	Description	Prior Auth Required
G8536	No Documentation Of An Elder Maltreatment Screen, Reason Not Given	Yes
G8539	Functional Outcome Assessment Documented As Positive Using A Standardized Tool And A Care Plan Based On Identified Deficiencies Is Documented Within Two Days Of The Functional Outcome Assessment	Yes
G8540	Functional Outcome Assessment Not Documented As Being Performed, Documentation The Patient Is Not Eligible For A Functional Outcome Assessment Using A Standardized Tool At The Time Of The Encounter	Yes
G8541	Functional Outcome Assessment Using A Standardized Tool Not Documented, Reason Not Given	Yes
G8542	Functional Outcome Assessment Using A Standardized Tool Is Documented; No Functional Deficiencies Identified, Care Plan Not Required	Yes
G8543	Documentation Of A Positive Functional Outcome Assessment Using A Standardized Tool; Care Plan Not Documented Within Two Days Of Assessment, Reason Not Given	Yes
G8559	Patient Referred To A Physician (Preferably A Physician With Training In Disorders Of The Ear) For An Otologic Evaluation	Yes
G8560	Patient Has A History Of Active Drainage From The Ear Within The Previous 90 Days	Yes
G8561	Patient Is Not Eligible For The Referral For Otologic Evaluation For Patients With A History Of Active Drainage Measure	Yes
G8562	Patient Does Not Have A History Of Active Drainage From The Ear Within The Previous 90 Days	Yes
G8563	Patient Not Referred To A Physician (Preferably A Physician With Training In Disorders Of The Ear) For An Otologic Evaluation, Reason Not Given	Yes
G8564	Patient Was Referred To A Physician (Preferably A Physician With Training In Disorders Of The Ear) For An Otologic Evaluation, Reason Not Specified)	Yes
G8565	Verification And Documentation Of Sudden Or Rapidly Progressive Hearing Loss	Yes
G8566	PATIENT IS NOT ELIGIBLE FOR THE ''REFERRAL FOR OTOLOGIC EVALUATION FOR SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS'' MEASURE	Yes
G8567	Patient Does Not Have Verification And Documentation Of Sudden Or Rapidly Progressive Hearing Loss	Yes
G8568	Patient Was Not Referred To A Physician (Preferably A Physician With Training In Disorders Of The Ear) For An Otologic Evaluation, Reason Not Given	Yes
G8569	Prolonged Postoperative Intubation (> 24 Hrs) Required	Yes
G8570	Prolonged Postoperative Intubation (> 24 Hrs) Not Required	Yes
G8575	Developed Postoperative Renal Failure Or Required Dialysis	Yes
G8576	No Postoperative Renal Failure/Dialysis Not Required	Yes
G8577	Re-Exploration Required Due To Mediastinal Bleeding With Or Without Tamponade, Unplanned Coronary Artery Intervention (Native, Vessel, Graft, Or Both), Valve Dysfunction, Aortic Reintervention, Or Other Cardiac Reason	Yes
G8578	Re-Exploration Not Required Due To Mediastinal Bleeding With Or Without Tamponade, Unplanned Coronary Artery Intervention (Native, Vessel, Graft, Or Both), Valve Dysfunction, Aortic Reintervention, Or Other Cardiac Reason	Yes
G8598	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED	Yes
G8599	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY NOT USED, REASON NOT GIVEN	Yes
G8600	Iv Thrombolytic Therapy Initiated Within 4.5 Hours (<= 270 Minutes) Of Time Last Known Well	Yes
G8601	Iv Thrombolytic Therapy Not Initiated Within 4.5 Hours (<= 270 Minutes) Of Time Last Known Well For Reasons Documented By Clinician (E.G. Patient Enrolled In Clinical Trial For Stroke, Patient Admitted For Elective Carotid Intervention)	Yes
G8602	Iv Thrombolytic Therapy Not Initiated Within 4.5 Hours (<= 270 Minutes) Of Time Last Known Well, Reason Not Given	Yes
G8633	Pharmacologic Therapy (Other Than Minerals/Vitamins) For Osteoporosis Prescribed	Yes
G8635	Pharmacologic Therapy For Osteoporosis Was Not Prescribed, Reason Not Given	Yes
G8647	Residual Score For The Knee Impairment Successfully Calculated And The Score Was Equal To Zero (0) Or Greater Than Zero (> 0)	Yes
G8648	Residual Score For The Knee Impairment Successfully Calculated And The Score Was Less Than Zero (< 0)	Yes
G8650	Residual Score For The Knee Impairment Not Measured Because The Patient Did Not Complete The Lepf Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	Yes
G8651	Residual Score For The Hip Impairment Successfully Calculated And The Score Was Equal To Zero (0) Or Greater Than Zero (> 0)	Yes
G8652	Residual Score For The Hip Impairment Successfully Calculated And The Score Was Less Than Zero (< 0)	Yes
G8654	Residual Score For The Hip Impairment Not Measured Because The Patient Did Not Complete The Lepf Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	Yes
G8655	Residual Score For The Lower Leg, Foot Or Ankle Impairment Successfully Calculated And The Score Was Equal To Zero (0) Or Greater Than Zero (> 0)	Yes
G8656	Residual Score For The Lower Leg, Foot Or Ankle Impairment Successfully Calculated And The Score Was Less Than Zero (< 0)	Yes
G8658	Residual Score For The Lower Leg, Foot Or Ankle Impairment Not Measured Because The Patient Did Not Complete The Lepf Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	Yes
G8659	Residual Score For The Low Back Impairment Successfully Calculated And The Score Was Equal To Zero (0) Or Greater Than Zero (> 0)	Yes
G8660	Residual Score For The Low Back Impairment Successfully Calculated And The Score Was Less Than Zero (< 0)	Yes

Procedure Code	Description	Prior Auth Required
G8661	Risk-Adjusted Functional Status Change Residual Score For The Low Back Impairment Not Measured Because The Patient Did Not Complete The Fs Status Survey Near Discharge, Patient Not Appropriate	Yes
G8662	Residual Score For The Low Back Impairment Not Measured Because The Patient Did Not Complete The Low Back Fs Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	Yes
G8663	Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Equal To Zero (0) Or Greater Than Zero (> 0)	Yes
G8664	Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than Zero (< 0)	Yes
G8666	Residual Score For The Shoulder Impairment Not Measured Because The Patient Did Not Complete The Shoulder Fs Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	Yes
G8667	Residual Score For The Elbow, Wrist Or Hand Impairment Successfully Calculated And The Score Was Equal To Zero (0) Or Greater Than Zero (> 0)	Yes
G8668	Residual Score For The Elbow, Wrist Or Hand Impairment Successfully Calculated And The Score Was Less Than Zero (< 0)	Yes
G8670	Residual Score For The Elbow, Wrist Or Hand Impairment Not Measured Because The Patient Did Not Complete The Elbow/Wrist/Hand Fs Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	Yes
G8694	Current Or Prior Left Ventricular Ejection Fraction (Lvef) < = 40% Or Documentation Of Moderate Or Severe Lvsd	Yes
G8708	Patient Not Prescribed Antibiotic	Yes
G8709	Uri Episodes When The Patient Had Competing Diagnoses On Or Three Days After The Episode Date (E.G., Intestinal Infection, Pertussis, Bacterial Infection, Lyme Disease, Otitis Media, Acute Sinusitis, Acute Pharyngitis, Acute Tonsillitis, Chronic Sinusitis	Yes
G8710	Patient Prescribed Antibiotic	Yes
G8711	Prescribed Antibiotic On Or Within 3 Days After The Episode Date	Yes
G8712	Antibiotic Not Prescribed Or Dispensed	Yes
G8721	Pt Category (Primary Tumor), Pn Category (Regional Lymph Nodes), And Histologic Grade Were Documented In Pathology Report	Yes
G8722	Documentation Of Medical Reason(s) For Not Including The Pt Category, The Pn Category Or The Histologic Grade In The Pathology Report (E.G., Re-Excision Without Residual Tumor; Non-Carcinomasanal Canal)	Yes
G8723	Specimen Site Is Other Than Anatomic Location Of Primary Tumor	Yes
G8724	Pt Category, Pn Category And Histologic Grade Were Not Documented In The Pathology Report, Reason Not Given	Yes
G8733	Elder Maltreatment Screen Documented As Positive And A Follow-Up Plan Is Documented	Yes
G8734	Elder Maltreatment Screen Documented As Negative, Follow-Up Is Not Required	Yes
G8735	Elder Maltreatment Screen Documented As Positive, Follow-Up Plan Not Documented, Reason Not Given	Yes
G8749	Absence Of Signs Of Melanoma (Tenderness, Jaundice, Localized Neurologic Signs Such As Weakness, Or Any Other Sign Suggesting Systemic Spread) Or Absence Of Symptoms Of Melanoma (Cough, Dyspnea, Pain, Paresthesia, Or Any Other Symptom Suggesting The Possi	Yes
G8752	Most Recent Systolic Blood Pressure < 140 Mmhg	Yes
G8753	Most Recent Systolic Blood Pressure >= 140 Mmhg	Yes
G8754	Most Recent Diastolic Blood Pressure < 90 Mmhg	Yes
G8755	Most Recent Diastolic Blood Pressure >= 90 Mmhg	Yes
G8756	No Documentation Of Blood Pressure Measurement, Reason Not Given	Yes
G8783	Normal Blood Pressure Reading Documented, Follow-Up Not Required	Yes
G8785	Blood Pressure Reading Not Documented, Reason Not Given	Yes
G8797	Specimen Site Other Than Anatomic Location Of Esophagus	Yes
G8798	Specimen Site Other Than Anatomic Location Of Prostate	Yes
G8806	Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented	Yes
G8807	Trans-Abdominal Or Trans-Vaginal Ultrasound Not Performed For Reasons Documented By Clinician (E.G., Patient Has A Documented Intrauterine Pregnancy [Iup])	Yes
G8808	Trans-Abdominal Or Trans-Vaginal Ultrasound Not Performed, Reason Not Given	Yes
G8815	DOCUMENTED REASON IN THE MEDICAL RECORDS FOR WHY THE STATIN THERAPY WAS NOT PRESCRIBED (I.E., LOWER EXTREMITY BYPASS WAS FOR A PATIENT WITH NON-ARTHEROSCLEROTIC DISEASE)	Yes
G8816	Statin Medication Prescribed At Discharge	Yes
G8817	Statin Therapy Not Prescribed At Discharge, Reason Not Given	Yes
G8826	Patient Discharged To Home No Later Than Post-Operative Day #2 Following Evar	Yes
G8833	Patient Not Discharged To Home By Post-Operative Day #2 Following Evar	Yes
G8834	Patient Discharged To Home No Later Than Post-Operative Day #2 Following Cea	Yes
G8838	Patient Not Discharged To Home By Post-Operative Day #2 Following Cea	Yes
G8839	Sleep Apnea Symptoms Assessed, Including Presence Or Absence Of Snoring And Daytime Sleepiness	Yes
G8840	Documentation Of Reason(s) For Not Documenting An Assessment Of Sleep Symptoms (E.G., Patient Didn'T Have Initial Daytime Sleepiness, Patient Visited Between Initial Testing And Initiation Of Therapy)	Yes
G8841	Sleep Apnea Symptoms Not Assessed, Reason Not Given	Yes

Procedure Code	Description	Prior Auth Required
G8842	Apnea Hypopnea Index (Ahi), Respiratory Disturbance Index (Rdi) Or Respiratory Event Index (Rei) Documented Or Measured Within 2 Months After Initial Evaluation For Suspected Obstructive Sleep Apnea	Yes
G8843	Documentation Of Reason(S) For Not Measuring An Apnea Hypopnea Index (Ahi), A Respiratory Disturbance Index (Rdi), Or A Respiratory Event Index (Rei) Within 2 Months After Initial Evaluation For Suspected Obstructive Sleep Apnea (E.G., Medical, Neurologic	Yes
G8844	Apnea Hypopnea Index (Ahi), Respiratory Disturbance Index (Rdi), Or Respiratory Event Index (Rei) Not Documented Or Measured Within 2 Months After Initial Evaluation For Suspected Obstructive Sleep Apnea, Reason Not Given	Yes
G8845	Positive Airway Pressure Therapy Prescribed	Yes
G8846	Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater)	Yes
G8849	Documentation Of Reason(S) For Not Prescribing Positive Airway Pressure Therapy (E.G., Patient Unable To Tolerate, Alternative Therapies Use, Patient Declined, Financial, Insurance Coverage)	Yes
G8850	Positive Airway Pressure Therapy Not Prescribed, Reason Not Given	Yes
G8851	Adherence To Therapy Was Assessed At Least Annually Through An Objective Informatics System Or Through Self-Reporting (If Objective Reporting Is Not Available, Documented)	Yes
G8854	Documentation Of Reason(S) For Not Objectively Reporting Adherence To Evidence-Based Therapy (E.G., Patients Who Have Been Diagnosed With A Terminal Or Advanced Disease With An Expected Life Span Of Less Than 6 Months, Patients Who Decline Therapy, Patien	Yes
G8855	Adherence To Therapy Was Not Assessed At Least Annually Through An Objective Informatics System Or Through Self-Reporting (If Objective Reporting Is Not Available), Reason Not Given	Yes
G8856	Referral To A Physician For An Otologic Evaluation Performed	Yes
G8857	Patient Is Not Eligible For The Referral For Otologic Evaluation Measure (E.G., Patients Who Are Already Under The Care Of A Physician For Acute Or Chronic Dizziness)	Yes
G8858	Referral To A Physician For An Otologic Evaluation Not Performed, Reason Not Given	Yes
G8863	Patients Not Assessed For Risk Of Bone Loss, Reason Not Given	Yes
G8864	Pneumococcal Vaccine Administered Or Previously Received	Yes
G8865	Documentation Of Medical Reason(s) For Not Administering Or Previously Receiving Pneumococcal Vaccine (E.G., Patient Allergic Reaction, Potential Adverse Drug Reaction)	Yes
G8866	Documentation Of Patient Reason(s) For Not Administering Or Previously Receiving Pneumococcal Vaccine (E.G., Patient Refusal)	Yes
G8867	Pneumococcal Vaccine Not Administered Or Previously Received, Reason Not Given	Yes
G8869	Patient Has Documented Immunity To Hepatitis B And Initiating Anti-Tnf Therapy	Yes
G8875	Clinician Diagnosed Breast Cancer Preoperatively By A Minimally Invasive Biopsy Method	Yes
G8876	Documentation Of Reason(S) For Not Performing Minimally Invasive Biopsy To Diagnose Breast Cancer Preoperatively (E.G., Lesion Too Close To Skin, Implant, Chest Wall, Etc., Lesion Could Not Be Adequately Visualized For Needle Biopsy, Patient Condition Pre	Yes
G8877	Clinician Did Not Attempt To Achieve The Diagnosis Of Breast Cancer Preoperatively By A Minimally Invasive Biopsy Method, Reason Not Given	Yes
G8878	Sentinel Lymph Node Biopsy Procedure Performed	Yes
G8880	Documentation Of Reason(S) Sentinel Lymph Node Biopsy Not Performed (E.G., Reasons Could Include But Not Limited To; Non-Invasive Cancer, Incidental Discovery Of Breast Cancer On Prophylactic Mastectomy, Incidental Discovery Of Breast Cancer On Reduction	Yes
G8881	Stage Of Breast Cancer Is Greater Than T1n0m0 Or T2n0m0	Yes
G8882	Sentinel Lymph Node Biopsy Procedure Not Performed, Reason Not Given	Yes
G8907	Patient Documented Not To Have Experienced Any Of The Following Events: A Burn Prior To Discharge; A Fall Within The Facility; Wrong Site/Side/Patient/Procedure/Implant Event; Or A Hospital Transfer Or Hospital Admission Upon Discharge From The Facility	Yes
G8908	Patient Documented To Have Received A Burn Prior To Discharge	Yes
G8909	Patient Documented Not To Have Received A Burn Prior To Discharge	Yes
G8910	Patient Documented To Have Experienced A Fall Within Asc	Yes
G8911	Patient Documented Not To Have Experienced A Fall Within Ambulatory Surgical Center	Yes
G8912	Patient Documented To Have Experienced A Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure Or Wrong Implant Event	Yes
G8913	Patient Documented Not To Have Experienced A Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure Or Wrong Implant Event	Yes
G8914	Patient Documented To Have Experienced A Hospital Transfer Or Hospital Admission Upon Discharge From Asc	Yes
G8915	Patient Documented Not To Have Experienced A Hospital Transfer Or Hospital Admission Upon Discharge From Asc	Yes
G8916	Patient With Preoperative Order For Iv Antibiotic Surgical Site Infection (Ssi) Prophylaxis, Antibiotic Initiated On Time	Yes
G8917	Patient With Preoperative Order For Iv Antibiotic Surgical Site Infection (Ssi) Prophylaxis, Antibiotic Not Initiated On Time	Yes
G8918	Patient Without Preoperative Order For Iv Antibiotic Surgical Site Infection (Ssi) Prophylaxis	Yes
G8923	Current Or Prior Left Ventricular Ejection Fraction (Lvef) <= 40% Or Documentation Of Moderately Or Severely Depressed Left Ventricular Systolic Function	Yes
G8924	Spirometry Results Documented (Fev1/Fvc < 70%)	Yes
G8934	Current Or Prior Left Ventricular Ejection Fraction (Lvef) <=40% Or Documentation Of Moderately Or Severely Depressed Left Ventricular Systolic Function	Yes

Procedure Code	Description	Prior Auth Required
G8935	Clinician Prescribed Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Therapy	Yes
G8936	Clinician Documented That Patient Was Not An Eligible Candidate For Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Therapy (Eg, Allergy, Intolerance, Pregnancy, Renal Failure Due To Ace Inhibitor, Diseases Of The Aorti	Yes
G8937	Clinician Did Not Prescribe Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Therapy, Reason Not Given	Yes
G8942	Functional Outcome Assessment Using A Standardized Tool Is Documented Within The Previous 30 Days And A Care Plan, Based On Identified Deficiencies Is Documented Within Two Days Of The Functional Outcome Assessment	Yes
G8944	Ajcc Melanoma Cancer Stage 0 Through Iic Melanoma	Yes
G8946	MINIMALLY INVASIVE BIOPSY METHOD ATTEMPTED BUT NOT DIAGNOSTIC OF BREAST CANCER (E.G., HIGH RISK LESION OF BREAST SUCH AS ATYPICAL DUCTAL HYPERPLASIA, LOBULAR NEOPLASIA, ATYPICAL LOBULAR HYPERPLASIA, LOBULAR CARCINOMA IN SITU, ATYPICAL COLUMNAR HYPERPLASIA	Yes
G8950	Elevated Or Hypertensive Blood Pressure Reading Documented, And The Indicated Follow-Up Is Documented	Yes
G8952	Elevated Or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up Not Documented, Reason Not Given	Yes
G8955	Most Recent Assessment Of Adequacy Of Volume Management Documented	Yes
G8956	Patient Receiving Maintenance Hemodialysis In An Outpatient Dialysis Facility	Yes
G8958	Assessment Of Adequacy Of Volume Management Not Documented, Reason Not Given	Yes
G8961	Cardiac Stress Imaging Test Primarily Performed On Low-Risk Surgery Patient For Preoperative Evaluation Within 30 Days Preceding This Surgery	Yes
G8962	Cardiac Stress Imaging Test Performed On Patient For Any Reason Including Those Who Did Not Have Low Risk Surgery Or Test That Was Performed More Than 30 Days Preceding Low Risk Surgery	Yes
G8967	Fda Approved Oral Anticoagulant Is Prescribed	Yes
G8968	Documentation Of Medical Reason(S) For Not Prescribing An Fda-Approved Anticoagulant (E.G., Present Or Planned Atrial Appendage Occlusion Or Ligation Or Patient Being Currently Enrolled In A Clinical Trial Related To Af/Atrial Flutter Treatment)	Yes
G8969	Documentation Of Patient Reason(S) For Not Prescribing An Oral Anticoagulant That Is Fda Approved For The Prevention Of Thromboembolism (E.G., Patient Preference For Not Receiving Anticoagulation)	Yes
G8970	No Risk Factors Or One Moderate Risk Factor For Thromboembolism	Yes
G9001	Coordinated Care Fee, Initial Rate (Special Coverage Instructions Apply)	Yes
G9002	Coordinated Care Fee, Maintenance Rate (Special Coverage Instructions Apply)	Yes
G9003	Coordinated Care Fee, Risk Adjusted High, Initial (Special Coverage Instructions Apply)	Yes
G9004	Coordinated Care Fee, Risk Adjusted Low, Initial (Special Coverage Instructions Apply)	Yes
G9005	Coordinated Care Fee, Risk Adjusted Maintenance (Special Coverage Instructions Apply)	Yes
G9006	Coordinated Care Fee, Home Monitoring (Special Coverage Instructions Apply)	Yes
G9007	Coordinated Care Fee, Scheduled Team Conference (Special Coverage Instructions Apply)	Yes
G9008	Coordinated Care Fee, Physician Coordinated Care Oversight Services (Special Coverage Instructions Apply)	Yes
G9009	Coordinated Care Fee, Risk Adjusted Maintenance, Level 3 (Special Coverage Instructions Apply)	Yes
G9010	Coordinated Care Fee, Risk Adjusted Maintenance, Level 4 (Special Coverage Instructions Apply)	Yes
G9011	Coordinated Care Fee, Risk Adjusted Maintenance, Level 5 (Special Coverage Instructions Apply)	Yes
G9012	Other Specified Case Management Service Not Elsewhere Classified (Special Coverage Instructions Apply)	Yes
G9013	Esrd Demo Basic Bundle Level I (Non-Covered By Medicare)	Yes
G9014	Esrd Demo Expanded Bundle Including Venous Access And Related Services (Non-Covered By Medicare)	Yes
G9016	Smoking Cessation Counseling, Individual, In The Absence Of Or In Addition To Any Other Evaluation And Management Service, Per Session (6-10 Minutes) [Demo Project Code Only] (Non-Covered By Medicare)	Yes
G9038	Co-Management Services With The Following Elements: New Diagnosis Or Acute Exacerbation And Stabilization Of Existing Condition; Condition Which May Benefit From Joint Care Planning; Condition For Which Specialist Is Taking A Co-Management Role; Condition	Yes
G9050	Oncology; Primary Focus Of Visit; Work-Up, Evaluation, Or Staging At The Time Of Cancer Diagnosis Or Recurrence (For Use In A Medicare-Approved Demonstration Project) (Not Payable By Medicare)	Yes
G9051	Oncology; Primary Focus Of Visit; Treatment Decision-Making After Disease Is Staged Or Restaged, Discussion Of Treatment Options, Supervising/Coordinating Active Cancer Directed Therapy Or Managing Consequences Of Cancer Directed Therapy (For Use In A Med	Yes
G9052	Oncology; Primary Focus Of Visit; Surveillance For Disease Recurrence For Patient Who Has Completed Definitive Cancer-Directed Therapy And Currently Lacks Evidence Of Recurrent Disease; Cancer Directed Therapy Might Be Considered In The Future (For Use In	Yes

Procedure Code	Description	Prior Auth Required
G9053	Oncology; Primary Focus Of Visit; Expectant Management Of Patient With Evidence Of Cancer For Whom No Cancer Directed Therapy Is Being Administered Or Arranged At Present; Cancer Directed Therapy Might Be Considered In The Future (For Use In A Medicare-Ap	Yes
G9054	Oncology; Primary Focus Of Visit; Supervising, Coordinating Or Managing Care Of Patient With Terminal Cancer Or For Whom Other Medical Illness Prevents Further Cancer Treatment; Includes Symptom Management, End-Of-Life Care Planning, Management Of Palliat	Yes
G9055	Oncology; Primary Focus Of Visit; Other, Unspecified Service Not Otherwise Listed (For Use In A Medicare-Approved Demonstration Project) (Not Payable By Medicare)	Yes
G9056	Oncology; Practice Guidelines; Management Adheres To Guidelines (For Use In A Medicare-Approved Demonstration Project) (Not Payable By Medicare)	Yes
G9057	Oncology; Practice Guidelines; Management Differs From Guidelines As A Result Of Patient Enrollment In An Institutional Review Board Approved Clinical Trial (For Use In A Medicare-Approved Demonstration Project) (Not Payable By Medicare)	Yes
G9058	Oncology; Practice Guidelines; Management Differs From Guidelines Because The Treating Physician Disagrees With Guideline Recommendations (For Use In A Medicare-Approved Demonstration Project) (Not Payable By Medicare)	Yes
G9059	Oncology; Practice Guidelines; Management Differs From Guidelines Because The Patient, After Being Offered Treatment Consistent With Guidelines, Has Opted For Alternative Treatment Or Management, Including No Treatment (For Use In A Medicare-Approved Demo	Yes
G9060	Oncology; Practice Guidelines; Management Differs From Guidelines For Reason(S) Associated With Patient Comorbid Illness Or Performance Status Not Factored Into Guidelines (For Use In A Medicare-Approved Demonstration Project) (Not Payable By Medicare)	Yes
G9061	Oncology; Practice Guidelines; Patient'S Condition Not Addressed By Available Guidelines (For Use In A Medicare-Approved Demonstration Project) (Not Payable By Medicare)	Yes
G9062	Oncology; Practice Guidelines; Management Differs From Guidelines For Other Reason(S) Not Listed (For Use In A Medicare-Approved Demonstration Project) (Not Payable By Medicare)	Yes
G9063	Oncology; Disease Status; Limited To Non-Small Cell Lung Cancer; Extent Of Disease Initially Established As Stage I (Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved	Yes
G9064	Oncology; Disease Status; Limited To Non-Small Cell Lung Cancer; Extent Of Disease Initially Established As Stage Ii (Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved	Yes
G9065	Oncology; Disease Status; Limited To Non-Small Cell Lung Cancer; Extent Of Disease Initially Established As Stage Iii A (Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Appro	Yes
G9066	Oncology; Disease Status; Limited To Non-Small Cell Lung Cancer; Stage Iii B- Iv At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-Approved Demonstration Project)	Yes
G9067	Oncology; Disease Status; Limited To Non-Small Cell Lung Cancer; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9068	Oncology; Disease Status; Limited To Small Cell And Combined Small Cell/Non-Small Cell; Extent Of Disease Initially Established As Limited With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved Demonstration Pro	Yes
G9069	Oncology; Disease Status; Small Cell Lung Cancer, Limited To Small Cell And Combined Small Cell/Non-Small Cell; Extensive Stage At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-Approved Demonstration Project)	Yes
G9070	Oncology; Disease Status; Small Cell Lung Cancer, Limited To Small Cell And Combined Small Cell/Non-Small; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9071	Oncology; Disease Status; Invasive Female Breast Cancer (Does Not Include Ductal Carcinoma In Situ); Adenocarcinoma As Predominant Cell Type; Stage I Or Stage Iia-Iib; Or T3, N1, M0; And Er And/Or Pr Positive; With No Evidence Of Disease Progression, Recu	Yes
G9072	Oncology; Disease Status; Invasive Female Breast Cancer (Does Not Include Ductal Carcinoma In Situ); Adenocarcinoma As Predominant Cell Type; Stage I, Or Stage Iia-Iib; Or T3, N1, M0; And Er And Pr Negative; With No Evidence Of Disease Progression, Recurr	Yes
G9073	Oncology; Disease Status; Invasive Female Breast Cancer (Does Not Include Ductal Carcinoma In Situ); Adenocarcinoma As Predominant Cell Type; Stage Iiia-Iiib; And Not T3, N1, M0; And Er And/Or Pr Positive; With No Evidence Of Disease Progression, Recurren	Yes
G9074	Oncology; Disease Status; Invasive Female Breast Cancer (Does Not Include Ductal Carcinoma In Situ); Adenocarcinoma As Predominant Cell Type; Stage Iiia-Iiib; And Not T3, N1, M0; And Er And Pr Negative; With No Evidence Of Disease Progression, Recurrence,	Yes
G9075	Oncology; Disease Status; Invasive Female Breast Cancer (Does Not Include Ductal Carcinoma In Situ); Adenocarcinoma As Predominant Cell Type; M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-Approved Demonstration Proj	Yes
G9077	Oncology; Disease Status; Prostate Cancer, Limited To Adenocarcinoma As Predominant Cell Type; T1-T2C And Gleason 2-7 And Psa < Or Equal To 20 At Diagnosis With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved	Yes
G9078	Oncology; Disease Status; Prostate Cancer, Limited To Adenocarcinoma As Predominant Cell Type; T2 Or T3A Gleason 8-10 Or Psa > 20 At Diagnosis With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved Demonstration	Yes

Procedure Code	Description	Prior Auth Required
G9079	Oncology; Disease Status; Prostate Cancer, Limited To Adenocarcinoma As Predominant Cell Type; T3B-T4, Any N; Any T, N1 At Diagnosis With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved Demonstration Project)	Yes
G9080	Oncology; Disease Status; Prostate Cancer, Limited To Adenocarcinoma; After Initial Treatment With Rising Psa Or Failure Of Psa Decline (For Use In A Medicare-Approved Demonstration Project)	Yes
G9083	Oncology; Disease Status; Prostate Cancer, Limited To Adenocarcinoma; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9084	Oncology; Disease Status; Colon Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T1-3, N0, M0 With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-	Yes
G9085	Oncology; Disease Status; Colon Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T4, N0, M0 With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Ap	Yes
G9086	Oncology; Disease Status; Colon Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T1-4, N1-2, M0 With No Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicar	Yes
G9087	Oncology; Disease Status; Colon Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive With Current Clinical, Radiologic, Or Biochemical Evidence Of Disease (For Use In A	Yes
G9088	Oncology; Disease Status; Colon Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive Without Current Clinical, Radiologic, Or Biochemical Evidence Of Disease (For Use I	Yes
G9089	Oncology; Disease Status; Colon Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9090	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T1-2, N0, M0 (Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease Progression, Recurren	Yes
G9091	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T3, N0, M0 (Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease Progression, Recurrence	Yes
G9092	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T1-3, N1-2, M0 (Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease Progression, Recurr	Yes
G9093	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T4, Any N, M0 (Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease Progression, Recurre	Yes
G9094	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-Approved Demonstration Project)	Yes
G9095	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant Cell Type; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9096	Oncology; Disease Status; Esophageal Cancer, Limited To Adenocarcinoma Or Squamous Cell Carcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T1-T3, N0-N1 Or Nx (Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease P	Yes
G9097	Oncology; Disease Status; Esophageal Cancer, Limited To Adenocarcinoma Or Squamous Cell Carcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T4, Any N, M0 (Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease Progre	Yes
G9098	Oncology; Disease Status; Esophageal Cancer, Limited To Adenocarcinoma Or Squamous Cell Carcinoma As Predominant Cell Type; M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-Approved Demonstration Project)	Yes
G9099	Oncology; Disease Status; Esophageal Cancer, Limited To Adenocarcinoma Or Squamous Cell Carcinoma As Predominant Cell Type; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9100	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type; Post R0 Resection (With Or Without Neoadjuvant Therapy) With No Evidence Of Disease Recurrence, Progression, Or Metastases (For Use In A Medicare-Approved Demons	Yes
G9101	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type; Post R1 Or R2 Resection (With Or Without Neoadjuvant Therapy) With No Evidence Of Disease Progression, Or Metastases (For Use In A Medicare-Approved Demonstratio	Yes
G9102	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type; Clinical Or Pathologic M0, Unresectable With No Evidence Of Disease Progression, Or Metastases (For Use In A Medicare-Approved Demonstration Project)	Yes
G9103	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type; Clinical Or Pathologic M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-Approved Demonstration Project)	Yes
G9104	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes

Procedure Code	Description	Prior Auth Required
G9105	Oncology; Disease Status; Pancreatic Cancer, Limited To Adenocarcinoma As Predominant Cell Type; Post R0 Resection Without Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved Demonstration Project)	Yes
G9106	Oncology; Disease Status; Pancreatic Cancer, Limited To Adenocarcinoma; Post R1 Or R2 Resection With No Evidence Of Disease Progression, Or Metastases (For Use In A Medicare-Approved Demonstration Project)	Yes
G9107	Oncology; Disease Status; Pancreatic Cancer, Limited To Adenocarcinoma; Unresectable At Diagnosis, M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-Approved Demonstration Project)	Yes
G9108	Oncology; Disease Status; Pancreatic Cancer, Limited To Adenocarcinoma; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9109	Oncology; Disease Status; Head And Neck Cancer, Limited To Cancers Of Oral Cavity, Pharynx And Larynx With Squamous Cell As Predominant Cell Type; Extent Of Disease Initially Established As T1-T2 And N0, M0 (Prior To Neo-Adjuvant Therapy, If Any) With No	Yes
G9110	Oncology; Disease Status; Head And Neck Cancer, Limited To Cancers Of Oral Cavity, Pharynx And Larynx With Squamous Cell As Predominant Cell Type; Extent Of Disease Initially Established As T3-4 And/Or N1-3, M0 (Prior To Neo-Adjuvant Therapy, If Any) With	Yes
G9111	Oncology; Disease Status; Head And Neck Cancer, Limited To Cancers Of Oral Cavity, Pharynx And Larynx With Squamous Cell As Predominant Cell Type; M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-Approved Demonstration	Yes
G9112	Oncology; Disease Status; Head And Neck Cancer, Limited To Cancers Of Oral Cavity, Pharynx And Larynx With Squamous Cell As Predominant Cell Type; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration	Yes
G9113	Oncology; Disease Status; Ovarian Cancer, Limited To Epithelial Cancer; Pathologic Stage Ia-B (Grade 1) Without Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved Demonstration Project)	Yes
G9114	Oncology; Disease Status; Ovarian Cancer, Limited To Epithelial Cancer; Pathologic Stage Ia-B (Grade 2-3); Or Stage Ic (All Grades); Or Stage Ii; Without Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved Demonstrat	Yes
G9115	Oncology; Disease Status; Ovarian Cancer, Limited To Epithelial Cancer; Pathologic Stage Iii-Iv; Without Evidence Of Progression, Recurrence, Or Metastases (For Use In A Medicare-Approved Demonstration Project)	Yes
G9116	Oncology; Disease Status; Ovarian Cancer, Limited To Epithelial Cancer; Evidence Of Disease Progression, Or Recurrence, And/Or Platinum Resistance (For Use In A Medicare-Approved Demonstration Project)	Yes
G9117	Oncology; Disease Status; Ovarian Cancer, Limited To Epithelial Cancer; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9123	Oncology; Disease Status; Chronic Myelogenous Leukemia, Limited To Philadelphia Chromosome Positive And/Or Bcr-Abl Positive; Chronic Phase Not In Hematologic, Cytogenetic, Or Molecular Remission (For Use In A Medicare-Approved Demonstration Project)	Yes
G9124	Oncology; Disease Status; Chronic Myelogenous Leukemia, Limited To Philadelphia Chromosome Positive And/Or Bcr-Abl Positive; Accelerated Phase Not In Hematologic Cytogenetic, Or Molecular Remission (For Use In A Medicare-Approved Demonstration Project)	Yes
G9125	Oncology; Disease Status; Chronic Myelogenous Leukemia, Limited To Philadelphia Chromosome Positive And/Or Bcr-Abl Positive; Blast Phase Not In Hematologic, Cytogenetic, Or Molecular Remission (For Use In A Medicare-Approved Demonstration Project)	Yes
G9126	Oncology; Disease Status; Chronic Myelogenous Leukemia, Limited To Philadelphia Chromosome Positive And/Or Bcr-Abl Positive; In Hematologic, Cytogenetic, Or Molecular Remission (For Use In A Medicare-Approved Demonstration Project)	Yes
G9128	Oncology; Disease Status; Limited To Multiple Myeloma, Systemic Disease; Smoldering, Stage I (For Use In A Medicare-Approved Demonstration Project)	Yes
G9129	Oncology; Disease Status; Limited To Multiple Myeloma, Systemic Disease; Stage Ii Or Higher (For Use In A Medicare-Approved Demonstration Project)	Yes
G9130	Oncology; Disease Status; Limited To Multiple Myeloma, Systemic Disease; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9131	Oncology; Disease Status; Invasive Female Breast Cancer (Does Not Include Ductal Carcinoma In Situ); Adenocarcinoma As Predominant Cell Type; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration Proje	Yes
G9132	Oncology; Disease Status; Prostate Cancer, Limited To Adenocarcinoma; Hormone-Refractory/Androgen-Independent (E.G., Rising Psa On Anti-Androgen Therapy Or Post-Orchiectomy); Clinical Metastases (For Use In A Medicare-Approved Demonstration Project)	Yes
G9133	Oncology; Disease Status; Prostate Cancer, Limited To Adenocarcinoma; Hormone-Responsive; Clinical Metastases Or M1 At Diagnosis (For Use In A Medicare-Approved Demonstration Project)	Yes
G9134	Oncology; Disease Status; Non-Hodgkin'S Lymphoma, Any Cellular Classification; Stage I, Ii At Diagnosis, Not Relapsed, Not Refractory (For Use In A Medicare-Approved Demonstration Project)	Yes
G9135	Oncology; Disease Status; Non-Hodgkin'S Lymphoma, Any Cellular Classification; Stage Iii, Iv, Not Relapsed, Not Refractory (For Use In A Medicare-Approved Demonstration Project)	Yes

Procedure Code	Description	Prior Auth Required
G9136	Oncology; Disease Status; Non-Hodgkin'S Lymphoma, Transformed From Original Cellular Diagnosis To A Second Cellular Classification (For Use In A Medicare-Approved Demonstration Project)	Yes
G9137	Oncology; Disease Status; Non-Hodgkin'S Lymphoma, Any Cellular Classification; Relapsed/Refractory (For Use In A Medicare-Approved Demonstration Project)	Yes
G9138	Oncology; Disease Status; Non-Hodgkin'S Lymphoma, Any Cellular Classification; Diagnostic Evaluation, Stage Not Determined, Evaluation Of Possible Relapse Or Non-Response To Therapy, Or Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9139	Oncology; Disease Status; Chronic Myelogenous Leukemia, Limited To Philadelphia Chromosome Positive And/Or Bcr-Abl Positive; Extent Of Disease Unknown, Staging In Progress, Not Listed (For Use In A Medicare-Approved Demonstration Project)	Yes
G9140	Frontier Extended Stay Clinic Demonstration; For A Patient Stay In A Clinic Approved For The Cms Demonstration Project; The Following Measures Should Be Present: The Stay Must Be Equal To Or Greater Than 4 Hours; Weather Or Other Conditions Must Prevent T	Yes
G9143	Warfarin Responsiveness Testing By Genetic Technique Using Any Method, Any Number Of Specimen(s)	Yes
G9147	Outpatient Intravenous Insulin Treatment (Oivit) Either Pulsatile Or Continuous, By Any Means, Guided By The Results Of Measurements For: Respiratory Quotient; And/Or, Urine Urea Nitrogen (Uun); And/Or, Arterial, Venous Or Capillary Glucose; And/Or Potass	Yes
G9148	National Committee For Quality Assurance - Level 1 Medical Home	Yes
G9149	National Committee For Quality Assurance - Level 2 Medical Home	Yes
G9150	National Committee For Quality Assurance - Level 3 Medical Home	Yes
G9151	Mapcp Demonstration - State Provided Services	Yes
G9152	Mapcp Demonstration - Community Health Teams	Yes
G9153	Mapcp Demonstration - Physician Incentive Pool	Yes
G9156	Evaluation For Wheelchair Requiring Face To Face Visit With Physician	Yes
G9157	Transesophageal Doppler Measurement Of Cardiac Output (Including Probe Placement, Image Acquisition, And Interpretation Per Course Of Treatment) For Monitoring Purposes	Yes
G9187	Bundled Payments For Care Improvement Initiative Home Visit For Patient Assessment Performed By A Qualified Health Care Professional For Individuals Not Considered Homebound Including, But Not Limited To, Assessment Of Safety, Falls, Clinical Status, Flui	Yes
G9188	Beta-Blocker Therapy Not Prescribed, Reason Not Given	Yes
G9189	Beta-Blocker Therapy Prescribed Or Currently Being Taken	Yes
G9190	Documentation Of Medical Reason(s) For Not Prescribing Beta-Blocker Therapy (eg, Allergy, Intolerance, Other Medical Reasons)	Yes
G9191	Documentation Of Patient Reason(s) For Not Prescribing Beta-Blocker Therapy (eg, Patient Declined, Other Patient Reasons)	Yes
G9212	Dsm-Ivtm Criteria For Major Depressive Disorder Documented At The Initial Evaluation	Yes
G9213	Dsm-Iv-Tr Criteria For Major Depressive Disorder Not Documented At The Initial Evaluation, Reason Not Otherwise Specified	Yes
G9223	Pneumocystis Jiroveci Pneumonia Prophylaxis Prescribed Within 3 Months Of Low Cd4+ Cell Count Below 500 Cells/Mm3 Or A Cd4 Percentage Below 15%	Yes
G9225	Foot Exam Was Not Performed, Reason Not Given	Yes
G9226	Foot Examination Performed (Includes Examination Through Visual Inspection, Sensory Exam With 10-G Monofilament Plus Testing Any One Of The Following: Vibration Using 128-Hz Tuning Fork, Pinprick Sensation, Ankle Reflexes, Or Vibration Perception Threshol	Yes
G9227	Functional Outcome Assessment Documented, Care Plan Not Documented, Documentation The Patient Is Not Eligible For A Care Plan At The Time Of The Encounter	Yes
G9228	Chlamydia, Gonorrhea And Syphilis Screening Results Documented (Report When Results Are Present For All Of The 3 Screenings)	Yes
G9230	Chlamydia, Gonorrhea, And Syphilis Not Screened, Reason Not Given	Yes
G9231	DOCUMENTATION OF END STAGE RENAL DISEASE (ESRD), DIALYSIS, RENAL TRANSPLANT BEFORE OR DURING THE MEASUREMENT PERIOD OR PREGNANCY DURING THE MEASUREMENT PERIOD	Yes
G9242	Documentation Of Viral Load Equal To Or Greater Than 200 Copies/Ml Or Viral Load Not Performed	Yes
G9243	Documentation Of Viral Load Less Than 200 Copies/Ml	Yes
G9246	Patient Did Not Have Two Eligible Encounters At Least 90 Days Apart Or One Eligible Encounter And One Hiv Viral Load Test At Least 90 Days Apart	Yes
G9247	Patient Had Two Eligible Encounters At Least 90 Days Apart Or One Eligible Encounter And One Hiv Viral Load Test At Least 90 Days Apart	Yes
G9254	Documentation Of Patient Discharged To Home Later Than Post-Operative Day 2 Following Cea Or Cas	Yes
G9255	Documentation Of Patient Discharged To Home No Later Than Post Operative Day 2 Following Cea Or Cas	Yes
G9273	Blood Pressure Has A Systolic Value Of < 140 And A Diastolic Value Of < 90	Yes
G9274	Blood Pressure Has A Systolic Value Of =140 And A Diastolic Value Of = 90 Or Systolic Value < 140 And Diastolic Value = 90 Or Systolic Value = 140 And Diastolic Value < 90	Yes
G9275	Documentation That Patient Is A Current Non-Tobacco User	Yes
G9276	Documentation That Patient Is A Current Tobacco User	Yes
G9277	Documentation That The Patient Is On Daily Aspirin Or Anti-Platelet Or Has Documentation Of A Valid Contraindication Or Exception To Aspirin/Anti-Platelet; Contraindications/Exceptions Include Anti-Coagulant Use, Allergy To Aspirin Or Anti-Platelets, Hist	Yes

Procedure Code	Description	Prior Auth Required
G9278	Documentation That The Patient Is Not On Daily Aspirin Or Anti-Platelet Regimen	Yes
G9279	Pneumococcal Screening Performed And Documentation Of Vaccination Received Prior To Discharge	Yes
G9280	Pneumococcal Vaccination Not Administered Prior To Discharge, Reason Not Specified	Yes
G9281	Screening Performed And Documentation That Vaccination Not Indicated/Patient Refusal	Yes
G9282	Documentation Of Medical Reason(S) For Not Reporting The Histological Type Or Nsclc-Nos Classification With An Explanation (E.G., Biopsy Taken For Other Purposes In A Patient With A History Of Non-Small Cell Lung Cancer Or Other Documented Medical Reasons	Yes
G9283	Non Small Cell Lung Cancer Biopsy And Cytology Specimen Report Documents Classification Into Specific Histologic Type Or Classified As Nsclc-Nos With An Explanation	Yes
G9284	Non Small Cell Lung Cancer Biopsy And Cytology Specimen Report Does Not Document Classification Into Specific Histologic Type Or Classified As Nsclc-Nos With An Explanation	Yes
G9285	Specimen Site Other Than Anatomic Location Of Lung Or Is Not Classified As Non Small Cell Lung Cancer	Yes
G9286	Antibiotic Regimen Prescribed Within 10 Days After Onset Of Symptoms	Yes
G9287	Antibiotic Regimen Not Prescribed Within 10 Days After Onset Of Symptoms	Yes
G9288	Documentation Of Medical Reason(S) For Not Reporting The Histological Type Or Nsclc-Nos Classification With An Explanation (E.G., A Solitary Fibrous Tumor In A Person With A History Of Non-Small Cell Carcinoma Or Other Documented Medical Reasons)	Yes
G9289	Non Small Cell Lung Cancer Biopsy And Cytology Specimen Report Documents Classification Into Specific Histologic Type Or Classified As Nsclc-Nos With An Explanation	Yes
G9290	Non Small Cell Lung Cancer Biopsy And Cytology Specimen Report Does Not Document Classification Into Specific Histologic Type Or Classified As Nsclc-Nos With An Explanation	Yes
G9291	Specimen Site Other Than Anatomic Location Of Lung, Is Not Classified As Non Small Cell Lung Cancer Or Classified As Nsclc-Nos	Yes
G9292	Documentation Of Medical Reason(s) For Not Reporting Pt Category And A Statement On Thickness And Ulceration And For Pt1, Mitotic Rate (E.G., Negative Skin Biopsies In A Patient With A History Of Melanoma Or Other Documented Medical Reasons)	Yes
G9293	Pathology Report Does Not Include The Pt Category And A Statement On Thickness And Ulceration And For Pt1, Mitotic Rate	Yes
G9294	Pathology Report Includes The Pt Category And A Statement On Thickness And Ulceration And For Pt1, Mitotic Rate	Yes
G9295	Specimen Site Other Than Anatomic Cutaneous Location	Yes
G9296	Patients With Documented Shared Decision-Making Including Discussion Of Conservative (Non-Surgical) Therapy (E.G., Nsaids, Analgesics, Weight Loss, Exercise, Injections) Prior To The Procedure	Yes
G9297	Shared Decision-Making Including Discussion Of Conservative (Non-Surgical) Therapy (E.G., Nsaids, Analgesics, Weight Loss, Exercise, Injections) Prior To The Procedure, Not Documented, Reason Not Given	Yes
G9298	PATIENTS WHO ARE EVALUATED FOR VENOUS THROMBOEMBOLIC AND CARDIOVASCULAR RISK FACTORS WITHIN 30 DAYS PRIOR TO THE PROCEDURE (E.G., HISTORY OF DVT, PE, MI, ARRHYTHMIA AND STROKE)	Yes
G9299	Patients Who Are Not Evaluated For Venous Thromboembolic And Cardiovascular Risk Factors Within 30 Days Prior To The Procedure (E.G., History Of Dvt, Pe, Mi, Arrhythmia And Stroke, Reason Not Given)	Yes
G9305	Intervention For Presence Of Leak Of Endoluminal Contents Through An Anastomosis Not Required	Yes
G9306	Intervention For Presence Of Leak Of Endoluminal Contents Through An Anastomosis Required	Yes
G9307	NO RETURN TO THE OPERATING ROOM FOR A SURGICAL PROCEDURE, FOR COMPLICATIONS OF THE PRINCIPAL OPERATIVE PROCEDURE, WITHIN 30 DAYS OF THE PRINCIPAL OPERATIVE PROCEDURE	Yes
G9308	UNPLANNED RETURN TO THE OPERATING ROOM FOR A SURGICAL PROCEDURE, FOR COMPLICATIONS OF THE PRINCIPAL OPERATIVE PROCEDURE, WITHIN 30 DAYS OF THE PRINCIPAL OPERATIVE PROCEDURE	Yes
G9309	No Unplanned Hospital Readmission Within 30 Days Of Principal Procedure	Yes
G9310	Unplanned Hospital Readmission Within 30 Days Of Principal Procedure	Yes
G9311	No Surgical Site Infection	Yes
G9312	Surgical Site Infection	Yes
G9313	Amoxicillin, With Or Without Clavulanate, Not Prescribed As First Line Antibiotic At The Time Of Diagnosis For Documented Reason	Yes
G9314	Amoxicillin, With Or Without Clavulanate, Not Prescribed As First Line Antibiotic At The Time Of Diagnosis, Reason Not Given	Yes
G9315	Amoxicillin, With Or Without Clavulanate, Prescribed As A First Line Antibiotic At The Time Of Diagnosis	Yes
G9316	Documentation Of Patient-Specific Risk Assessment With A Risk Calculator Based On Multi-Institutional Clinical Data, The Specific Risk Calculator Used, And Communication Of Risk Assessment From Risk Calculator With The Patient Or Family	Yes
G9317	Documentation Of Patient-Specific Risk Assessment With A Risk Calculator Based On Multi-Institutional Clinical Data, The Specific Risk Calculator Used, And Communication Of Risk Assessment From Risk Calculator With The Patient Or Family Not Completed	Yes
G9318	Imaging Study Named According To Standardized Nomenclature	Yes
G9319	Imaging Study Not Named According To Standardized Nomenclature, Reason Not Given	Yes

Procedure Code	Description	Prior Auth Required
G9321	Count Of Previous Ct (Any Type Of Ct) And Cardiac Nuclear Medicine (Myocardial Perfusion Or Infarct Avid Imaging) Studies Documented In The 12-Month Period Prior To The Current Study	Yes
G9322	Count Of Previous Ct And Cardiac Nuclear Medicine (Myocardial Perfusion Or Infarct Avid Imaging) Studies Not Documented In The 12-Month Period Prior To The Current Study, Reason Not Given	Yes
G9341	Search Conducted For Prior Patient Ct Studies Completed At Non-Affiliated External Healthcare Facilities Or Entities Within The Past 12-Months And Are Available Through A Secure, Authorized, Media-Free, Shared Archive Prior To An Imaging Study Being Perfo	Yes
G9342	Search Not Conducted Prior To An Imaging Study Being Performed For Prior Patient Ct Studies Completed At Non-Affiliated External Healthcare Facilities Or Entities Within The Past 12-Months And Are Available Through A Secure, Authorized, Media-Free, Shared	Yes
G9344	Due To System Reasons Search Not Conducted For Dicom Format Images For Prior Patient Ct Imaging Studies Completed At Non-Affiliated External Healthcare Facilities Or Entities Within The Past 12 Months That Are Available Through A Secure, Authorized, Media	Yes
G9345	Follow-Up Recommendations Documented According To Recommended Guidelines For Incidentally Detected Pulmonary Nodules (E.G., Follow-Up CT Imaging Studies Needed Or That No Follow-Up Is Needed) Based At A Minimum On Nodule Size And Patient Risk Factors	Yes
G9347	Follow-Up Recommendations Not Documented According To Recommended Guidelines For Incidentally Detected Pulmonary Nodules, Reason Not Given	Yes
G9351	More Than One CT Scan Of The Paranasal Sinuses Ordered Or Received Within 90 Days After Diagnosis	Yes
G9352	More Than One CT Scan Of The Paranasal Sinuses Ordered Or Received Within 90 Days After The Date Of Diagnosis, Reason Not Given	Yes
G9353	More Than One CT Scan Of The Paranasal Sinuses Ordered Or Received Within 90 Days After The Date Of Diagnosis For Documented Reasons (eg, Patients With Complications, Second CT Obtained Prior To Surgery, Other Medical Reasons)	Yes
G9354	One Ct Scan Or No Ct Scan Of The Paranasal Sinuses Ordered Within 90 Days After The Date Of Diagnosis	Yes
G9355	Elective Delivery (Without Medical Indication) By Cesarean Birth Or Induction Of Labor Not Performed (<39 Weeks Of Gestation)	Yes
G9356	Elective Delivery (Without Medical Indication) By Cesarean Birth Or Induction Of Labor Performed (<39 Weeks Of Gestation)	Yes
G9357	Post-Partum Screenings, Evaluations And Education Performed	Yes
G9358	Post-Partum Screenings, Evaluations And Education Not Performed	Yes
G9361	Medical Indication For Delivery By Cesarean Birth Or Induction Of Labor (<39 Weeks Of Gestation) [Documentation Of Reason(S) For Elective Delivery (E.G., Hemorrhage And Placental Complications, Hypertension, Preeclampsia And Eclampsia, Rupture Of Membrane	Yes
G9364	Sinusitis Caused By, Or Presumed To Be Caused By, Bacterial Infection	Yes
G9367	At Least Two Orders For High-Risk Medications From The Same Drug Class	Yes
G9368	At Least Two Orders For High-Risk Medications From The Same Drug Class Not Ordered	Yes
G9380	Patient Offered Assistance With End Of Life Issues Or Existing End Of Life Plan Was Reviewed Or Updated During The Measurement Period	Yes
G9382	Patient Not Offered Assistance With End Of Life Issues Or Existing End Of Life Plan Was Not Reviewed Or Updated During The Measurement Period	Yes
G9383	Patient Received Screening For HCV Infection Within The 12 Month Reporting Period	Yes
G9384	Documentation Of Medical Reason(S) For Not Receiving Annual Screening For Hcv Infection (E.G., Decompensated Cirrhosis Indicating Advanced Disease [I.E., Ascites, Esophageal Variceal Bleeding, Hepatic Encephalopathy], Hepatocellular Carcinoma, Waitlist Fo	Yes
G9385	Documentation Of Patient Reason(s) For Not Receiving Annual Screening For HCV Infection (E.G., Patient Declined, Other Patient Reasons)	Yes
G9386	Screening For HCV Infection Not Received Within The 12 Month Reporting Period, Reason Not Given	Yes
G9393	Patient With An Initial Phq-9 Score Greater Than Nine Who Achieves Remission At Twelve Months As Demonstrated By A Twelve Month (+/- 30 Days) Phq-9 Score Of Less Than Five	Yes
G9394	Patient Who Had A Diagnosis Of Bipolar Disorder Or Personality Disorder, Death, Permanent Nursing Home Resident Or Receiving Hospice Or Palliative Care Any Time During The Measurement Or Assessment Period	Yes
G9395	Patient With An Initial Phq-9 Score Greater Than Nine Who Did Not Achieve Remission At Twelve Months As Demonstrated By A Twelve Month (+/- 30 Days) Phq-9 Score Greater Than Or Equal To Five	Yes
G9396	Patient With An Initial Phq-9 Score Greater Than Nine Who Was Not Assessed For Remission At Twelve Months (+/- 30 Days)	Yes
G9408	Patients With Cardiac Tamponade And/Or Pericardiocentesis Occurring Within 30 Days	Yes
G9409	Patients Without Cardiac Tamponade And/Or Pericardiocentesis Occurring Within 30 Days	Yes
G9410	Patient Admitted Within 180 Days, Status Post Cied Implantation, Replacement, Or Revision With An Infection Requiring Device Removal Or Surgical Revision	Yes
G9411	Patient Not Admitted Within 180 Days, Status Post Cied Implantation, Replacement, Or Revision With An Infection Requiring Device Removal Or Surgical Revision	Yes
G9412	Patient Admitted Within 180 Days, Status Post Cied Implantation, Replacement, Or Revision With An Infection Requiring Device Removal Or Surgical Revision	Yes
G9413	Patient Not Admitted Within 180 Days, Status Post Cied Implantation, Replacement, Or Revision With An Infection Requiring Device Removal Or Surgical Revision	Yes

Procedure Code	Description	Prior Auth Required
G9414	Patient Had One Dose Of Meningococcal Vaccine (Serogroups A, C, W, Y Or A, C, W, Y, B) On Or Between The Patient'S 10Th And 13Th Birthdays	Yes
G9415	Patient Did Not Have One Dose Of Meningococcal Vaccine (Serogroups A, C, W, Y Or A, C, W, Y, B), On Or Between The Patient'S 10Th And 13Th Birthdays	Yes
G9416	PATIENT HAD ONE TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) ON OR BETWEEN THE PATIENT'S 10TH AND 13TH BIRTHDAYS	Yes
G9417	PATIENT DID NOT HAVE ONE TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) ON OR BETWEEN THE PATIENT'S 10TH AND 13TH BIRTHDAYS	Yes
G9418	Primary Non-Small Cell Lung Cancer Lung Biopsy And Cytology Specimen Report Documents Classification Into Specific Histologic Type Following Iaslc Guidance Or Classified As Nsclc-Nos With An Explanation	Yes
G9419	Documentation Of Medical Reason(S) For Not Including The Histological Type Or Nsclc-Nos Classification With An Explanation (E.G. Specimen Insufficient Or Non-Diagnostic, Specimen Does Not Contain Cancer, Or Other Documented Medical Reasons)	Yes
G9420	Specimen Site Other Than Anatomic Location Of Lung Or Is Not Classified As Primary Non-Small Cell Lung Cancer	Yes
G9421	Primary Non-Small Cell Lung Cancer Lung Biopsy And Cytology Specimen Report Does Not Document Classification Into Specific Histologic Type Or Histologic Type Does Not Follow Iaslc Guidance Or Is Classified As Nsclc-Nos But Without An Explanation	Yes
G9422	Primary Lung Carcinoma Resection Report Documents Pt Category, Pn Category And For Non-Small Cell Lung Cancer, Histologic Type (E.G., Squamous Cell Carcinoma, Adenocarcinoma And Not Nsclc-Nos)	Yes
G9423	Documentation Of Medical Reason For Not Including Pt Category, Pn Category And Histologic Type [For Patient With Appropriate Exclusion Criteria (E.G., Metastatic Disease, Benign Tumors, Malignant Tumors Other Than Carcinomas, Inadequate Surgical Specimens	Yes
G9424	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG, OR CLASSIFIED AS NSCLC-NOS	Yes
G9425	Primary Lung Carcinoma Resection Report Does Not Document Pt Category, Pn Category And For Non-Small Cell Lung Cancer, Histologic Type (E.G., Squamous Cell Carcinoma, Adenocarcinoma)	Yes
G9426	Improvement In Median Time From Ed Arrival To Initial Ed Oral Or Parenteral Pain Medication Administration Performed For Ed Admitted Patients	Yes
G9427	Improvement In Median Time From Ed Arrival To Initial Ed Oral Or Parenteral Pain Medication Administration Not Performed For Ed Admitted Patients	Yes
G9428	Pathology Report Includes The Pt Category, Thickness, Ulceration And Mitotic Rate, Peripheral And Deep Margin Status And Presence Or Absence Of Microsatellitosis For Invasive Tumors	Yes
G9429	Documentation Of Medical Reason(S) For Not Including Pt Category, Thickness, Ulceration And Mitotic Rate, Peripheral And Deep Margin Status And Presence Or Absence Of Microsatellitosis For Invasive Tumors (E.G., Negative Skin Biopsies, Insufficient Tissue	Yes
G9430	Specimen Site Other Than Anatomic Cutaneous Location	Yes
G9431	Pathology Report Does Not Include The Pt Category, Thickness, Ulceration And Mitotic Rate, Peripheral And Deep Margin Status And Presence Or Absence Of Microsatellitosis For Invasive Tumors	Yes
G9432	Asthma Well-Controlled Based On The Act, C-Act, Acq, Or Ataq Score And Results Documented	Yes
G9434	Asthma Not Well-Controlled Based On The Act, C-Act, Acq, Or Ataq Score, Or Specified Asthma Control Tool Not Used, Reason Not Given	Yes
G9452	Documentation Of Medical Reason(S) For Not Receiving Hcv Antibody Test Due To Limited Life Expectancy	Yes
G9455	Patient Underwent Abdominal Imaging With Ultrasound, Contrast Enhanced CT Or Contrast MRI For Hcc	Yes
G9456	Documentation Of Medical Or Patient Reason(S) For Not Ordering Or Performing Screening For Hcc. Medical Reason: Comorbid Medical Conditions With Expected Survival < 5 Years, Hepatic Decompensation And Not A Candidate For Liver Transplantation, Or Other Me	Yes
G9457	Patient Did Not Undergo Abdominal Imaging And Did Not Have A Documented Reason For Not Undergoing Abdominal Imaging In The Submission Period	Yes
G9468	Patient Not Receiving Corticosteroids Greater Than Or Equal To 10 Mg/Day Of Prednisone Equivalents For 60 Or Greater Consecutive Days Or A Single Prescription Equating To 600 Mg Prednisone Or Greater For All Fills	Yes
G9470	Patients Not Receiving Corticosteroids Greater Than Or Equal To 10 Mg/Day Of Prednisone Equivalents For 60 Or Greater Consecutive Days Or A Single Prescription Equating To 600 Mg Prednisone Or Greater For All Fills	Yes
G9471	Within The Past 2 Years, Central Dual-Energy X-Ray Absorptiometry (Dxa) Not Ordered Or Documented	Yes
G9473	Services Performed By Chaplain In The Hospice Setting, Each 15 Minutes	Yes
G9474	Services Performed By Dietary Counselor In The Hospice Setting, Each 15 Minutes	Yes
G9475	Services Performed By Other Counselor In The Hospice Setting, Each 15 Minutes	Yes
G9476	Services Performed By Volunteer In The Hospice Setting, Each 15 Minutes	Yes
G9477	Services Performed By Care Coordinator In The Hospice Setting, Each 15 Minutes	Yes
G9478	Services Performed By Other Qualified Therapist In The Hospice Setting, Each 15 Minutes	Yes
G9479	Services Performed By Qualified Pharmacist In The Hospice Setting, Each 15 Minutes	Yes
G9480	Admission To Medicare Care Choice Model Program (Mccm)	Yes
G9481	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a problem focused history; a problem focused examination; and	Yes

Procedure Code	Description	Prior Auth Required
G9482	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: an expanded problem focused history; an expanded problem focuse	Yes
G9483	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a detailed history; a detailed examination; medical decision ma	Yes
G9484	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical d	Yes
G9485	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved cms innovation center demonstration project, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical d	Yes
G9486	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: a problem focused history; a pro	Yes
G9487	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: an expanded problem focused hist	Yes
G9488	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved cms innovation center demonstration project, which requires at least 2 of the following 3 key components: a detailed history; a detailed e	Yes
G9489	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved coms innovation center demonstration project, which requires at least 2 of the following 3 key components: a comprehensive history; a comp	Yes
G9490	Cms Innovation Center Models, Home Visit For Patient Assessment Performed By Clinical Staff For An Individual Not Considered Homebound, Including, But Not Necessarily Limited To Patient Assessment Of Clinical Status, Safety/Fall Prevention, Functional Sta	Yes
G9497	RECEIVED INSTRUCTION FROM THE ANESTHESIOLOGIST OR PROXY PRIOR TO THE DAY OF SURGERY TO ABSTAIN FROM SMOKING ON THE DAY OF SURGERY	Yes
G9498	Antibiotic Regimen Prescribed	Yes
G9500	Radiation Exposure Indices Documented In Final Report For Procedure Using Fluoroscopy	Yes
G9501	Radiation Exposure Indices Not Documented In Final Report For Procedure Using Fluoroscopy, Reason Not Given	Yes
G9502	Documentation Of Medical Reason For Not Performing Foot Exam (I.E., Patients Who Have Had Either A Bilateral Amputation Above Or Below The Knee, Or Both A Left And Right Amputation Above Or Below The Knee Before Or During The Measurement Period)	Yes
G9504	Documented Reason For Not Assessing Hepatitis B Virus (Hbv) Status (E.G., Patient Not Initiating Anti-Tnf Therapy, Patient Declined) Prior To Initiating Anti-Tnf Therapy	Yes
G9505	Antibiotic Regimen Prescribed Within 10 Days After Onset Of Symptoms For Documented Medical Reason	Yes
G9507	Documentation That The Patient Is On A Statin Medication Or Has Documentation Of A Valid Contraindication Or Exception To Statin Medications; Contraindications/Exceptions That Can Be Defined By Diagnosis Codes Include Pregnancy During The Measurement Peri	Yes
G9508	Documentation That The Patient Is Not On A Statin Medication	Yes
G9509	Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) phq-9 or phq-9m score of less than 5	Yes
G9510	Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) phq-9 or phq-9m score of less than 5. either phq- 9 or phq-9m score was not assessed or	Yes
G9511	Index Event Date Phq-9 Or Phq-9M Score Greater Than 9 Documented During The Twelve Month Denominator Identification Period	Yes
G9512	Individual Had A Pdc Of 0.8 Or Greater	Yes
G9513	Individual Did Not Have A Pdc Of 0.8 Or Greater	Yes
G9514	Patient Required A Return To The Operating Room Within 90 Days Of Surgery	Yes
G9515	Patient Did Not Require A Return To The Operating Room Within 90 Days Of Surgery	Yes
G9516	Patient Achieved An Improvement In Visual Acuity, From Their Preoperative Level, Within 90 Days Of Surgery	Yes
G9517	Patient Did Not Achieve An Improvement In Visual Acuity, From Their Preoperative Level, Within 90 Days Of Surgery, Reason Not Given	Yes
G9518	Documentation Of Active Injection Drug Use	Yes
G9519	Patient Achieves Final Refraction (Spherical Equivalent) +/- 1.0 Diopters Of Their Planned Refraction Within 90 Days Of Surgery	Yes
G9520	Patient Does Not Achieve Final Refraction (Spherical Equivalent) +/- 1.0 Diopters Of Their Planned Refraction Within 90 Days Of Surgery	Yes
G9521	Total Number Of Emergency Department Visits And Inpatient Hospitalizations Less Than Two In The Past 12 Months	Yes
G9522	Total Number Of Emergency Department Visits And Inpatient Hospitalizations Equal To Or Greater Than Two In The Past 12 Months Or Patient Not Screened, Reason Not Given	Yes
G9529	Patient With Minor Blunt Head Trauma Had An Appropriate Indication(s) For A Head Ct	Yes
G9530	Patient presented with a minor blunt head trauma and had a head ct ordered for trauma by an emergency care provider	Yes

Procedure Code	Description	Prior Auth Required
G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, or is currently taking an antiplatelet medication including: abciximab, anagrelide, cangrelor, cilostazol, clopidogrel, dipyridamole, eptifibatide, prasugrel, ticlopidine, ti	Yes
G9533	Patient With Minor Blunt Head Trauma Did Not Have An Appropriate Indication(s) For A Head Ct	Yes
G9537	Imaging Needed As Part Of A Clinical Trial; Or Other Clinician Ordered The Study	Yes
G9539	Intent For Potential Removal At Time Of Placement	Yes
G9540	Patient Alive 3 Months Post Procedure	Yes
G9541	Filter Removed Within 3 Months Of Placement	Yes
G9542	Documented Re-Assessment For The Appropriateness Of Filter Removal Within 3 Months Of Placement	Yes
G9543	Documentation Of At Least Two Attempts To Reach The Patient To Arrange A Clinical Re-Assessment For The Appropriateness Of Filter Removal Within 3 Months Of Placement	Yes
G9544	Patients That Do Not Have The Filter Removed, Documented Re-Assessment For The Appropriateness Of Filter Removal, Or Documentation Of At Least Two Attempts To Reach The Patient To Arrange A Clinical Re-Assessment For The Appropriateness Of Filter Removal	Yes
G9547	Cystic renal lesion that is simple appearing (bosniak i or ii) , or adrenal lesion less than or equal to 1.0 cm or adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced ct or washout protocol ct, or	Yes
G9548	Final Reports For Imaging Studies Stating No Follow-Up Imaging Is Recommended	Yes
G9549	Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s))	Yes
G9550	Final Reports For Imaging Studies With Follow-Up Imaging Recommended, Or Final Reports That Do Not Include A Specific Recommendation Of No Follow-Up	Yes
G9551	Final reports for imaging studies without an incidentally found lesion noted	Yes
G9552	Incidental Thyroid Nodule < 1.0 Cm Noted In Report	Yes
G9553	Prior Thyroid Disease Diagnosis	Yes
G9554	Final Reports For Ct, Cta, Mri Or Mra Of The Chest Or Neck With Follow-Up Imaging Recommended	Yes
G9555	DOCUMENTATION OF MEDICAL REASON(S) FOR RECOMMENDING FOLLOW UP IMAGING (E.G., PATIENT HAS MULTIPLE ENDOCRINE NEOPLASIA, PATIENT HAS CERVICAL LYMPHADENOPATHY, OTHER MEDICAL REASON(S))	Yes
G9556	Final Reports For Ct, Cta, Mri Or Mra Of The Chest Or Neck With Follow-Up Imaging Not Recommended	Yes
G9557	Final Reports For Ct, Cta, Mri Or Mra Studies Of The Chest Or Neck Without An Incidentally Found Thyroid Nodule < 1.0 Cm Noted Or No Nodule Found	Yes
G9580	Door To Puncture Time Of 90 Minutes Or Less	Yes
G9582	Door To Puncture Time Of Greater Than 90 Minutes, No Reason Given	Yes
G9593	Pediatric Patient With Minor Blunt Head Trauma Classified As Low Risk According To The Pecarn Prediction Rules	Yes
G9594	Patient presented with a minor blunt head trauma and had a head ct ordered for trauma by an emergency care provider	Yes
G9595	Patient has documentation of ventricular shunt, brain tumor, or coagulopathy	Yes
G9597	Pediatric Patient With Minor Blunt Head Trauma Not Classified As Low Risk According To The Pecarn Prediction Rules	Yes
G9598	Aortic Aneurysm 5.5 - 5.9 Cm Maximum Diameter On Centerline Formatted CT Or Minor Diameter On Axial Formatted Ct	Yes
G9599	Aortic Aneurysm 6.0 Cm Or Greater Maximum Diameter On Centerline Formatted CT Or Minor Diameter On Axial Formatted Ct	Yes
G9603	Patient Survey Score Improved From Baseline Following Treatment	Yes
G9605	Patient Survey Score Did Not Improve From Baseline Following Treatment	Yes
G9606	Intraoperative Cystoscopy Performed To Evaluate For Lower Tract Injury	Yes
G9607	Documented Medical Reasons For Not Performing Intraoperative Cystoscopy (E.G., Urethral Pathology Precluding Cystoscopy, Any Patient Who Has A Congenital Or Acquired Absence Of The Urethra) Or In The Case Of Patient Death	Yes
G9608	Intraoperative Cystoscopy Not Performed To Evaluate For Lower Tract Injury	Yes
G9609	DOCUMENTATION OF AN ORDER FOR ANTI-PLATELET AGENTS	Yes
G9610	DOCUMENTATION OF MEDICAL REASON(S) IN THE PATIENT'S RECORD FOR NOT ORDERING ANTI-PLATELET AGENTS	Yes
G9611	ORDER FOR ANTI-PLATELET AGENTS WAS NOT DOCUMENTED IN THE PATIENT'S RECORD, REASON NOT GIVEN	Yes
G9621	Patient Identified As An Unhealthy Alcohol User When Screened For Unhealthy Alcohol Use Using A Systematic Screening Method And Received Brief Counseling	Yes
G9622	Patient Not Identified As An Unhealthy Alcohol User When Screened For Unhealthy Alcohol Use Using A Systematic Screening Method	Yes
G9624	Patient Not Screened For Unhealthy Alcohol Use Using A Systematic Screening Method Or Patient Did Not Receive Brief Counseling If Identified As An Unhealthy Alcohol User	Yes
G9625	Patient Sustained Bladder Injury At The Time Of Surgery Or Discovered Subsequently Up To 30 Days Post-Surgery	Yes
G9626	Documented Medical Reason For Not Reporting Bladder Injury (E.G., Gynecologic Or Other Pelvic Malignancy Documented, Concurrent Surgery Involving Bladder Pathology, Injury That Occurs During A Urinary Incontinence Procedure, Patient Death From Non-Medical	Yes

Procedure Code	Description	Prior Auth Required
G9627	Patient Did Not Sustain Bladder Injury At The Time Of Surgery Nor Discovered Subsequently Up To 30 Days Post-Surgery	Yes
G9628	Patient Sustained Bowel Injury At The Time Of Surgery Or Discovered Subsequently Up To 30 Days Post-Surgery	Yes
G9629	DOCUMENTED MEDICAL REASONS FOR NOT REPORTING BOWEL INJURY (E.G., GYNECOLOGIC OR OTHER PELVIC MALIGNANCY DOCUMENTED, PLANNED (E.G., NOT DUE TO AN UNEXPECTED BOWEL INJURY) RESECTION AND/OR RE-ANASTOMOSIS OF BOWEL, OR PATIENT DEATH FROM NON-MEDICAL CAUSES NO	Yes
G9630	Patient Did Not Sustain A Bowel Injury At The Time Of Surgery Nor Discovered Subsequently Up To 30 Days Post-Surgery	Yes
G9637	Final Reports With Documentation Of One Or More Dose Reduction Techniques (E.G., Automated Exposure Control, Adjustment Of The Ma And/Or Kv According To Patient Size, Use Of Iterative Reconstruction Technique)	Yes
G9638	Final Reports Without Documentation Of One Or More Dose Reduction Techniques (E.G., Automated Exposure Control, Adjustment Of The Ma And/Or Kv According To Patient Size, Use Of Iterative Reconstruction Technique)	Yes
G9642	Current Smoker (E.G., Cigarette, Cigar, Pipe, E-Cigarette Or Marijuana)	Yes
G9643	Elective Surgery	Yes
G9644	Patients Who Abstained From Smoking Prior To Anesthesia On The Day Of Surgery Or Procedure	Yes
G9645	Patients Who Did Not Abstain From Smoking Prior To Anesthesia On The Day Of Surgery Or Procedure	Yes
G9646	Patients With 90 Day Mrs Score Of 0 To 2	Yes
G9648	Patients With 90 Day Mrs Score Greater Than 2	Yes
G9649	Psoriasis Assessment Tool Documented Meeting Any One Of The Specified Benchmarks (E.G., (Pga; 5-Point Or 6-Point Scale), Body Surface Area (Bsa), Psoriasis Area And Severity Index (Pasi) And/Or Dermatology Life Quality Index) (Dlqi))	Yes
G9651	Psoriasis Assessment Tool Documented Not Meeting Any One Of The Specified Benchmarks (E.G., (Pga; 5-Point Or 6-Point Scale), Body Surface Area (Bsa), Psoriasis Area And Severity Index (Pasi) And/Or Dermatology Life Quality Index) (Dlqi)) Or Psoriasis Asse	Yes
G9654	Monitored Anesthesia Care (Mac)	No
G9655	A Transfer Of Care Protocol Or Handoff Tool/Checklist That Includes The Required Key Handoff Elements Is Used	Yes
G9656	Patient Transferred Directly From Anesthetizing Location To Pacu Or Other Non-Icu Location	Yes
G9658	A Transfer Of Care Protocol Or Handoff Tool/Checklist That Includes The Required Key Handoff Elements Is Not Used	Yes
G9659	Patients Greater Than Or Equal To 86 Years Of Age Who Underwent A Screening Colonoscopy And Did Not Have A History Of Colorectal Cancer Or Other Valid Medical Reason For The Colonoscopy, Including: Iron Deficiency Anemia, Lower Gastrointestinal Bleeding,	Yes
G9660	Documentation Of Medical Reason(S) For A Colonoscopy Performed On A Patient Greater Than Or Equal To 86 Years Of Age (E.G., Iron Deficiency Anemia, Lower Gastrointestinal Bleeding, Familial History Of Adenomatous Polyposis, Lynch Syndrome (I.E., Hereditar	Yes
G9661	Patients Greater Than Or Equal To 86 Years Of Age Who Received A Colonoscopy For An Assessment Of Signs/Symptoms Of Gi Tract Illness, And/Or Because The Patient Meets High Risk Criteria, And/Or To Follow-Up On Previously Diagnosed Advanced Lesions	Yes
G9662	Previously Diagnosed Or Have A Diagnosis Of Clinical Ascvd, Including Ascvd Procedure	Yes
G9663	Any Ldl-C Laboratory Result >= 190 Mg/Dl	Yes
G9664	Patients Who Are Currently Statin Therapy Users Or Received An Order (Prescription) For Statin Therapy	Yes
G9665	Patients Who Are Not Currently Statin Therapy Users Or Did Not Receive An Order (Prescription) For Statin Therapy	Yes
G9674	Patients With Clinical Ascvd Diagnosis	Yes
G9675	Patients Who Have Ever Had A Fasting Or Direct Laboratory Result Of Ldl-C = 190 Mg/Dl	Yes
G9676	Patients Aged 40 To 75 Years At The Beginning Of The Measurement Period With Type 1 Or Type 2 Diabetes And With An Ldl-C Result Of 70-189 Mg/Dl Recorded As The Highest Fasting Or Direct Laboratory Test Result In The Measurement Year Or During The Two Year	Yes
G9679	This Code Is For Onsite Acute Care Treatment Of A Nursing Facility Resident With Pneumonia; May Only Be Billed Once Per Day Per Beneficiary	Yes
G9680	This Code Is For Onsite Acute Care Treatment Of A Nursing Facility Resident With Chf; May Only Be Billed Once Per Day Per Beneficiary	Yes
G9681	This Code Is For Onsite Acute Care Treatment Of A Resident With Copd Or Asthma; May Only Be Billed Once Per Day Per Beneficiary	Yes
G9682	This Code Is For The Onsite Acute Care Treatment A Nursing Facility Resident With A Skin Infection; May Only Be Billed Once Per Day Per Beneficiary	Yes
G9683	Facility service(s) for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder. (may only be billed once per day per beneficiary). This service is for a demonstration project	Yes
G9684	This Code Is For The Onsite Acute Care Treatment Of A Nursing Facility Resident For A Uti; May Only Be Billed Once Per Day Per Beneficiary	Yes
G9685	Physician Service Or Other Qualified Health Care Professional For The Evaluation And Management Of A Beneficiary'S Acute Change In Condition In A Nursing Facility. This Service Is For A Demonstration Project	Yes
G9687	Hospice Services Provided To Patient Any Time During The Measurement Period	Yes

Procedure Code	Description	Prior Auth Required
G9688	Patients Using Hospice Services Any Time During The Measurement Period	Yes
G9689	Patient Admitted For Performance Of Elective Carotid Intervention	Yes
G9690	Patient Receiving Hospice Services Any Time During The Measurement Period	Yes
G9691	Patient Had Hospice Services Any Time During The Measurement Period	Yes
G9692	Hospice Services Received By Patient Any Time During The Measurement Period	Yes
G9693	Patient Use Of Hospice Services Any Time During The Measurement Period	Yes
G9694	Hospice Services Utilized By Patient Any Time During The Measurement Period	Yes
G9695	Long-Acting Inhaled Bronchodilator Prescribed	Yes
G9696	Documentation Of Medical Reason(S) For Not Prescribing A Long-Acting Inhaled Bronchodilator (E.G., Patient Intolerance Or History Of Side Effects)	Yes
G9698	Documentation Of System Reason(S) For Not Prescribing A Long-Acting Inhaled Bronchodilator (E.G., Cost Of Treatment Or Lack Of Insurance)	Yes
G9699	Long-Acting Inhaled Bronchodilator Not Prescribed, Reason Not Otherwise Specified	Yes
G9700	Patients Who Use Hospice Services Any Time During The Measurement Period	Yes
G9702	Patients Who Use Hospice Services Any Time During The Measurement Period	Yes
G9703	Episodes Where The Patient Is Taking Antibiotics (Table 1) In The 30 Days Prior To The Episode Date	Yes
G9704	Ajcc Breast Cancer Stage I: T1 Mic Or T1a Documented	Yes
G9705	Ajcc Breast Cancer Stage I: T1b (Tumor > 0.5 Cm But <= 1 Cm In Greatest Dimension) Documented	Yes
G9706	Low (Or Very Low) Risk Of Recurrence, Prostate Cancer	Yes
G9708	Women Who Had A Bilateral Mastectomy Or Who Have A History Of A Bilateral Mastectomy Or For Whom There Is Evidence Of A Right And A Left Unilateral Mastectomy	Yes
G9709	Hospice Services Used By Patient Any Time During The Measurement Period	Yes
G9710	Patient Was Provided Hospice Services Any Time During The Measurement Period	Yes
G9711	Patients With A Diagnosis Or Past History Of Total Colectomy Or Colorectal Cancer	Yes
G9712	Documentation Of Medical Reason(S) For Prescribing Or Dispensing Antibiotic (E.G., Intestinal Infection, Pertussis, Bacterial Infection, Lyme Disease, Otitis Media, Acute Sinusitis, Acute Pharyngitis, Acute Tonsillitis, Chronic Sinusitis, Infection Of T	Yes
G9713	Patients Who Use Hospice Services Any Time During The Measurement Period	Yes
G9714	Patient Is Using Hospice Services Any Time During The Measurement Period	Yes
G9716	Bmi Is Documented As Being Outside Of Normal Parameters, Follow-Up Plan Is Not Completed For Documented Medical Reason	Yes
G9717	Documentation Stating The Patient Has Had A Diagnosis Of Bipolar Disorder	Yes
G9719	Patient Is Not Ambulatory, Bed Ridden, Immobile, Confined To Chair, Wheelchair Bound, Dependent On Helper Pushing Wheelchair, Independent In Wheelchair Or Minimal Help In Wheelchair	Yes
G9720	Hospice Services For Patient Occurred Any Time During The Measurement Period	Yes
G9721	Patient Not Ambulatory, Bed Ridden, Immobile, Confined To Chair, Wheelchair Bound, Dependent On Helper Pushing Wheelchair, Independent In Wheelchair Or Minimal Help In Wheelchair	Yes
G9722	Documented History Of Renal Failure Or Baseline Serum Creatinine >= 4.0 Mg/Dl; Renal Transplant Recipients Are Not Considered To Have Preoperative Renal Failure, Unless, Since Transplantation The Cr Has Been Or Is 4.0 Or Higher	Yes
G9723	Hospice Services For Patient Received Any Time During The Measurement Period	Yes
G9724	Patients Who Had Documentation Of Use Of Anticoagulant Medications Overlapping The Measurement Year	Yes
G9726	Patient Refused To Participate	Yes
G9727	Patient Unable To Complete The Lepf Prom At Initial Evaluation And/Or Discharge Due To Blindness, Illiteracy, Severe Mental Incapacity Or Language Incompatibility And An Adequate Proxy Is Not Available	Yes
G9728	Patient Refused To Participate	Yes
G9729	Patient Unable To Complete The Lepf Prom At Initial Evaluation And/Or Discharge Due To Blindness, Illiteracy, Severe Mental Incapacity Or Language Incompatibility And An Adequate Proxy Is Not Available	Yes
G9730	Patient Refused To Participate	Yes
G9731	Patient Unable To Complete The Lepf Prom At Initial Evaluation And/Or Discharge Due To Blindness, Illiteracy, Severe Mental Incapacity Or Language Incompatibility And An Adequate Proxy Is Not Available	Yes
G9732	Patient Refused To Participate	Yes
G9733	Patient unable to complete the low back fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Yes
G9734	Patient Refused To Participate	Yes
G9735	Patient unable to complete the shoulder fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Yes
G9736	Patient Refused To Participate	Yes
G9737	Patient unable to complete the elbow/wrist/hand fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Yes
G9740	Hospice Services Given To Patient Any Time During The Measurement Period	Yes
G9741	Patients Who Use Hospice Services Any Time During The Measurement Period	Yes

Procedure Code	Description	Prior Auth Required
G9744	Patient Not Eligible Due To Active Diagnosis Of Hypertension	Yes
G9745	Documented Reason For Not Screening Or Recommending A Follow-Up For High Blood Pressure	Yes
G9746	Patient Has Mitral Stenosis Or Prosthetic Heart Valves Or Patient Has Transient Or Reversible Cause Of Af (E.G., Pneumonia, Hyperthyroidism, Pregnancy, Cardiac Surgery)	Yes
G9752	Emergency Surgery	Yes
G9753	Documentation Of Medical Reason For Not Conducting A Search For Dicom Format Images For Prior Patient Ct Imaging Studies Completed At Non-Affiliated External Healthcare Facilities Or Entities Within The Past 12 Months That Are Available Through A Secure,	Yes
G9754	A Finding Of An Incidental Pulmonary Nodule	Yes
G9755	Documentation Of Medical Reason(S) For Not Including A Recommended Interval And Modality For Follow-Up Or For No Follow-Up, And Source Of Recommendations (E.G., Patients With Unexplained Fever, Immunocompromised Patients Who Are At Risk For Infection)	Yes
G9756	Surgical Procedures That Included The Use Of Silicone Oil	Yes
G9757	Surgical Procedures That Included The Use Of Silicone Oil	Yes
G9758	Patient In Hospice At Any Time During The Measurement Period	Yes
G9761	Patients Who Use Hospice Services Any Time During The Measurement Period	Yes
G9762	Patient Had At Least Two Hpv Vaccines (With At Least 146 Days Between The Two) Or Three Hpv Vaccines On Or Between The Patient'S 9Th And 13Th Birthdays	Yes
G9763	Patient Did Not Have At Least Two Hpv Vaccines (With At Least 146 Days Between The Two) Or Three Hpv Vaccines On Or Between The Patient'S 9Th And 13Th Birthdays	Yes
G9764	Patient Has Been Treated With A Systemic Medication For Psoriasis Vulgaris	Yes
G9765	Documentation That The Patient Declined Change In Medication Or Alternative Therapies Were Unavailable, Has Documented Contraindications, Or Has Not Been Treated With A Systemic Medication For At Least Six Consecutive Months (E.G., Experienced Adverse Eff	Yes
G9766	Patients Who Are Transferred From One Institution To Another With A Known Diagnosis Of Cva For Endovascular Stroke Treatment	Yes
G9767	Hospitalized Patients With Newly Diagnosed Cva Considered For Endovascular Stroke Treatment	Yes
G9768	Patients Who Utilize Hospice Services Any Time During The Measurement Period	Yes
G9769	Patient Had A Bone Mineral Density Test In The Past Two Years Or Received Osteoporosis Medication Or Therapy In The Past 12 Months	Yes
G9770	Peripheral Nerve Block (Pnb)	Yes
G9771	At Least 1 Body Temperature Measurement Equal To Or Greater Than 35.5 Degrees Celsius (Or 95.9 Degrees Fahrenheit) Achieved Within The 30 Minutes Immediately Before Or 15 Minutes Immediately After Anesthesia End Time	Yes
G9772	Documentation Of Medical Reason(S) For Not Achieving At Least 1 Body Temperature Measurement Equal To Or Greater Than 35.5 Degrees Celsius (Or 95.9 Degrees Fahrenheit) Within The 30 Minutes Immediately Before Or 15 Minutes Immediately After Anesthesia End	Yes
G9773	At Least 1 Body Temperature Measurement Equal To Or Greater Than 35.5 Degrees Celsius (Or 95.9 Degrees Fahrenheit) Not Achieved Within The 30 Minutes Immediately Before Or 15 Minutes Immediately After Anesthesia End Time, Reason Not Given	Yes
G9775	Patient Received At Least 2 Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes Preoperatively And/Or Intraoperatively	Yes
G9776	Documentation Of Medical Reason For Not Receiving At Least 2 Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes Preoperatively And/Or Intraoperatively (E.G., Intolerance Or Other Medical Reason)	Yes
G9777	Patient Did Not Receive At Least 2 Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes Preoperatively And/Or Intraoperatively	Yes
G9779	Patients Who Are Breastfeeding At Any Time During The Performance Period	Yes
G9780	Patients Who Have A Diagnosis Of Rhabdomyolysis At Any Time During The Performance Period	Yes
G9781	Documentation Of Medical Reason(S) For Not Currently Being A Statin Therapy User Or Receiving An Order (Prescription) For Statin Therapy (E.G., Patients With Statin-Associated Muscle Symptoms Or An Allergy To Statin Medication Therapy, Patients Who Are Re	Yes
G9782	History Of Or Active Diagnosis Of Familial Hypercholesterolemia	Yes
G9784	Pathologists/Dermatopathologists Providing A Second Opinion On A Biopsy	Yes
G9785	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue s	Yes
G9786	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the pathologist/ dermatopathologist to the biopsying clinician for review within 7 days from the time when the	Yes
G9787	Patient Alive As Of The Last Day Of The Measurement Year	Yes
G9788	Most Recent Bp Is Less Than Or Equal To 130/80 Mm Hg	Yes
G9789	Blood Pressure Recorded During Inpatient Stays, Emergency Room Visits, Or Urgent Care Visits	Yes
G9790	Most Recent Bp Is Greater Than 130/80 Mm Hg, Or Blood Pressure Not Documented	Yes
G9791	Most Recent Tobacco Status Is Tobacco Free	Yes
G9792	Most Recent Tobacco Status Is Not Tobacco Free	Yes
G9793	Patient Is Currently On A Daily Aspirin Or Other Antiplatelet	Yes
G9794	Documentation Of Medical Reason(S) For Not On A Daily Aspirin Or Other Antiplatelet (E.G., History Of Gastrointestinal Bleed, Intra-Cranial Bleed, Idiopathic Thrombocytopenic Purpura (Itp), Gastric Bypass Or Documentation Of Active Anticoagulant Use Durin	Yes
G9795	Patient Is Not Currently On A Daily Aspirin Or Other Antiplatelet	Yes

Procedure Code	Description	Prior Auth Required
G9796	Patient Is Currently On A High Intensity Statin Therapy	Yes
G9797	Patient Is Not On A High Intensity Statin Therapy	Yes
G9805	Patients Who Use Hospice Services Any Time During The Measurement Period	Yes
G9806	Patients Who Received Cervical Cytology Or An HPV Test	Yes
G9807	Patients Who Did Not Receive Cervical Cytology Or An HPV Test	Yes
G9812	Patient Died Including All Deaths Occurring During The Hospitalization In Which The Operation Was Performed, Even If After 30 Days, And Those Deaths Occurring After Discharge From The Hospital, But Within 30 Days Of The Procedure	Yes
G9813	Patient Did Not Die Within 30 Days Of The Procedure Or During The Index Hospitalization	Yes
G9818	Documentation Of Sexual Activity	Yes
G9819	Patients Who Use Hospice Services Any Time During The Measurement Period	Yes
G9820	Documentation Of A Chlamydia Screening Test With Proper Follow-Up	Yes
G9821	No Documentation Of A Chlamydia Screening Test With Proper Follow-Up	Yes
G9822	Patients Who Had An Endometrial Ablation Procedure During The 12 Months Prior To The Index Date (Exclusive Of The Index Date)	Yes
G9823	Endometrial Sampling Or Hysteroscopy With Biopsy And Results Documented During The 12 Months Prior To The Index Date (Exclusive Of The Index Date) Of The Endometrial Ablation	Yes
G9824	Endometrial Sampling Or Hysteroscopy With Biopsy And Results Not Documented During The 12 Months Prior To The Index Date (Exclusive Of The Index Date) Of The Endometrial Ablation	Yes
G9830	Her-2/Neu Positive	Yes
G9831	Ajcc Stage At Breast Cancer Diagnosis = Ii Or Iii	Yes
G9832	Ajcc Stage At Breast Cancer Diagnosis = I (Ia Or Ib) And T-Stage At Breast Cancer Diagnosis = T1C	Yes
G9838	Patient Has Metastatic Disease At Diagnosis	Yes
G9839	Anti-Egfr Monoclonal Antibody Therapy	Yes
G9840	Ras (Kras And Nras) Gene Mutation Testing Performed Before Initiation Of Anti-Egfr Moab	Yes
G9841	Ras (Kras And Nras) Gene Mutation Testing Not Performed Before Initiation Of Anti-Egfr Moab	Yes
G9842	Patient Has Metastatic Disease At Diagnosis	Yes
G9843	Ras (Kras Or Nras) Gene Mutation	Yes
G9844	Patient Did Not Receive Anti-Egfr Monoclonal Antibody Therapy	Yes
G9845	Patient Received Anti-Egfr Monoclonal Antibody Therapy	Yes
G9846	Patients Who Died From Cancer	Yes
G9847	Patient Received Systemic Cancer-Directed Therapy In The Last 14 Days Of Life	Yes
G9848	Patient Did Not Receive Systemic Cancer-Directed Therapy In The Last 14 Days Of Life	Yes
G9858	Patient Enrolled In Hospice	Yes
G9859	Patients Who Died From Cancer	Yes
G9860	Patient Spent Less Than Three Days In Hospice Care	Yes
G9861	Patient Spent Greater Than Or Equal To Three Days In Hospice Care	Yes
G9862	Documentation Of Medical Reason(S) For Not Recommending At Least A 10 Year Follow-Up Interval (E.G., Inadequate Prep, Familial Or Personal History Of Colonic Polyps, Patient Had No Adenoma And Age Is = 66 Years Old, Or Life Expectancy < 10 Years Old, Othe	Yes
G9868	Receipt And Analysis Of Remote, Asynchronous Images For Dermatologic And/Or Ophthalmologic Evaluation, For Use Only In A Medicare-Approved Cmmi Model, Less Than 10 Minutes	Yes
G9869	Receipt And Analysis Of Remote, Asynchronous Images For Dermatologic And/Or Ophthalmologic Evaluation, For Use Only In A Medicare-Approved Cmmi Model, 10-20 Minutes	Yes
G9870	Receipt And Analysis Of Remote, Asynchronous Images For Dermatologic And/Or Ophthalmologic Evaluation, For Use Only In A Medicare-Approved Cmmi Model, More Than 20 Minutes	Yes
G9871	Behavioral Counseling For Diabetes Prevention, Online, 60 Minutes	No
G9873	First Medicare Diabetes Prevention Program (Mdpp) Core Session Was Attended By An Mdpp Beneficiary Under The Mdpp Expanded Model (Em). A Core Session Is An Mdpp Service That: (1) Is Furnished By An Mdpp Supplier During Months 1 Through 6 Of The Mdpp Ser	No
G9874	Four Total Medicare Diabetes Prevention Program (Mdpp) Core Sessions Were Attended By An Mdpp Beneficiary Under The Mdpp Expanded Model (Em). A Core Session Is An Mdpp Service That: (1) Is Furnished By An Mdpp Supplier During Months 1 Through 6 Of The M	No
G9875	Nine Total Medicare Diabetes Prevention Program (Mdpp) Core Sessions Were Attended By An Mdpp Beneficiary Under The Mdpp Expanded Model (Em). A Core Session Is An Mdpp Service That: (1) Is Furnished By An Mdpp Supplier During Months 1 Through 6 Of The M	No
G9876	Two Medicare Diabetes Prevention Program (Mdpp) Core Maintenance Sessions (Ms) Were Attended By An Mdpp Beneficiary In Months (Mo) 7-9 Under The Mdpp Expanded Model (Em). A Core Maintenance Session Is An Mdpp Service That: (1) Is Furnished By An Mdpp Sup	No
G9877	Two Medicare Diabetes Prevention Program (Mdpp) Core Maintenance Sessions (Ms) Were Attended By An Mdpp Beneficiary In Months (Mo) 10-12 Under The Mdpp Expanded Model (Em). A Core Maintenance Session Is An Mdpp Service That: (1) Is Furnished By An Mdpp S	No
G9878	Two Medicare Diabetes Prevention Program (Mdpp) Core Maintenance Sessions (Ms) Were Attended By An Mdpp Beneficiary In Months (Mo) 7-9 Under The Mdpp Expanded Model (Em). A Core Maintenance Session Is An Mdpp Service That: (1) Is Furnished By An Mdpp Sup	No
G9879	Two Medicare Diabetes Prevention Program (Mdpp) Core Maintenance Sessions (Ms) Were Attended By An Mdpp Beneficiary In Months (Mo) 10-12 Under The Mdpp Expanded Model (Em). A Core Maintenance Session Is An Mdpp Service That: (1) Is Furnished By An Mdpp S	No

Procedure Code	Description	Prior Auth Required
G9880	The Mdpp Beneficiary Achieved At Least 5% Weight Loss (Wl) From His/Her Baseline Weight In Months 1-12 Of The Mdpp Services Period Under The Mdpp Expanded Model (Em). This Is A One-Time Payment Available When A Beneficiary First Achieves At Least 5% Weig	No
G9881	The Mdpp Beneficiary Achieved At Least 9% Weight Loss (Wl) From His/Her Baseline Weight In Months 1-24 Under The Mdpp Expanded Model (Em). This Is A One-Time Payment Available When A Beneficiary First Achieves At Least 9% Weight Loss From Baseline As Mea	No
G9882	Two Medicare Diabetes Prevention Program (Mdpp) Ongoing Maintenance Sessions (Ms) Were Attended By An Mdpp Beneficiary In Months (Mo) 13-15 Under The Mdpp Expanded Model (Em). An Ongoing Maintenance Session Is An Mdpp Service That: (1) Is Furnished By An	No
G9883	Two Medicare Diabetes Prevention Program (Mdpp) Ongoing Maintenance Sessions (Ms) Were Attended By An Mdpp Beneficiary In Months (Mo) 16-18 Under The Mdpp Expanded Model (Em). An Ongoing Maintenance Session Is An Mdpp Service That: (1) Is Furnished By An	No
G9884	Two Medicare Diabetes Prevention Program (Mdpp) Ongoing Maintenance Sessions (Ms) Were Attended By An Mdpp Beneficiary In Months (Mo) 19-21 Under The Mdpp Expanded Model (Em). An Ongoing Maintenance Session Is An Mdpp Service That: (1) Is Furnished By An	No
G9885	Two Medicare Diabetes Prevention Program (Mdpp) Ongoing Maintenance Sessions (Ms) Were Attended By An Mdpp Beneficiary In Months (Mo) 22-24 Under The Mdpp Expanded Model (Em). An Ongoing Maintenance Session Is An Mdpp Service That: (1) Is Furnished By An	No
G9886	Behavioral Counseling For Diabetes Prevention, In-Person, Group, 60 Minutes	Yes
G9887	Behavioral Counseling For Diabetes Prevention, Distance Learning, 60 Minutes	Yes
G9888	Maintenance 5% Wl From Baseline Weight In Months 7-12	Yes
G9890	Bridge Payment: A One-Time Payment For The First Medicare Diabetes Prevention Program (Mdpp) Core Session, Core Maintenance Session, Or Ongoing Maintenance Session Furnished By An Mdpp Supplier To An Mdpp Beneficiary During Months 1-24 Of The Mdpp Expande	No
G9891	Mdpp Session Reported As A Line-Item On A Claim For A Payable Mdpp Expanded Model (Em) Hcpcs Code For A Session Furnished By The Billing Supplier Under The Mdpp Expanded Model And Counting Toward Achievement Of The Attendance Performance Goal For The Pay	Yes
G9894	Androgen Deprivation Therapy Prescribed/Administered In Combination With External Beam Radiotherapy To The Prostate	Yes
G9895	Documentation Of Medical Reason(s) For Not Prescribing/Administering Androgen Deprivation Therapy In Combination With External Beam Radiotherapy To The Prostate (E.G., Salvage Therapy)	Yes
G9896	Documentation Of Patient Reason(s) For Not Prescribing/Administering Androgen Deprivation Therapy In Combination With External Beam Radiotherapy To The Prostate	Yes
G9897	Patients Who Were Not Prescribed/Administered Androgen Deprivation Therapy In Combination With External Beam Radiotherapy To The Prostate, Reason Not Given	Yes
G9898	Patients Age 66 Or Older In Institutional Special Needs Plans (Snp) Or Residing In Long-Term Care With Pos Code 32, 33, 34, 54, Or 56 For More Than 90 Consecutive Days During The Measurement Period	Yes
G9899	Screening, Diagnostic, Film, Digital Or Digital Breast Tomosynthesis (3d) Mammography Results Documented And Reviewed	Yes
G9900	Screening, Diagnostic, Film, Digital Or Digital Breast Tomosynthesis (3d) Mammography Results Were Not Documented And Reviewed, Reason Not Otherwise Specified	Yes
G9901	Patient Age 66 Or Older In Institutional Special Needs Plans (Snp) Or Residing In Long-Term Care With Pos Code 32, 33, 34, 54, Or 56 For More Than 90 Consecutive Days During The Measurement Period	Yes
G9902	Patient Screened For Tobacco Use And Identified As A Tobacco User	Yes
G9903	Patient Screened For Tobacco Use And Identified As A Tobacco Non-User	Yes
G9905	Patient Not Screened For Tobacco Use	Yes
G9906	Patient Identified As A Tobacco User Received Tobacco Cessation Intervention During The Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling And/Or Pharmacotherapy)	Yes
G9908	Patient Identified As Tobacco User Did Not Receive Tobacco Cessation Intervention During The Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling And/Or Pharmacotherapy)	Yes
G9910	Patients Age 66 Or Older In Institutional Special Needs Plans (Snp) Or Residing In Long-Term Care With Pos Code 32, 33, 34, 54 Or 56 For More Than 90 Consecutive Days During The Measurement Period	Yes
G9911	Clinically Node Negative (T1n0m0 Or T2n0m0) Invasive Breast Cancer Before Or After Neoadjuvant Systemic Therapy	Yes
G9912	Hepatitis B Virus (Hbv) Status Assessed And Results Interpreted Prior To Initiating Anti-Tnf (Tumor Necrosis Factor) Therapy	Yes
G9913	Hepatitis B Virus (Hbv) Status Not Assessed And Results Interpreted Prior To Initiating Anti-Tnf (Tumor Necrosis Factor) Therapy, Reason Not Otherwise Specified	Yes
G9914	Patient Initiated An Anti-Tnf Agent	Yes
G9915	No Record Of Hbv Results Documented	Yes
G9916	Functional Status Performed Once In The Last 12 Months	Yes
G9917	Documentation of advanced stage dementia and caregiver knowledge is limited	Yes
G9918	Functional Status Not Performed, Reason Not Otherwise Specified	Yes
G9919	Screening performed and positive and provision of recommendations (Not payable by Medicare)	No
G9920	Screening performed and negative (Not payable by Medicare)	No

Procedure Code	Description	Prior Auth Required
G9922	Safety Concerns Screen Provided And If Positive Then Documented Mitigation Recommendations	Yes
G9923	Safety Concerns Screen Provided And Negative	Yes
G9925	Safety Concerns Screening Not Provided, Reason Not Otherwise Specified	Yes
G9926	Safety Concerns Screening Positive Screen Is Without Provision Of Mitigation Recommendations, Including But Not Limited To Referral To Other Resources	Yes
G9928	Fda-Approved Anticoagulant Not Prescribed, Reason Not Given	Yes
G9929	Patient With Transient Or Reversible Cause Of Af (E.G., Pneumonia, Hyperthyroidism, Pregnancy, Cardiac Surgery)	Yes
G9930	Patients Who Are Receiving Comfort Care Only	Yes
G9931	Documentation Of Cha2Ds2-Vasc Risk Score Of 0 Or 1 For Men; Or 0, 1, Or 2 For Women	Yes
G9938	Patients Aged 66 Or Older In Institutional Special Needs Plans (Snp) Or Residing In Long-Term Care With Pos Code 32, 33, 34, 54, Or 56 For More Than 90 Consecutive Days During The Six Months Prior To The Measurement Period Through December 31 Of The Measu	Yes
G9939	Pathologists/Dermatopathologists Is The Same Clinician Who Performed The Biopsy	Yes
G9940	Documentation Of Medical Reason(s) For Not On A Statin (E.G., Pregnancy, In Vitro Fertilization, Clomiphene Rx, Esrd, Cirrhosis, Muscular Pain And Disease During The Measurement Period Or Prior Year)	Yes
G9943	Back Pain Was Not Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20 Weeks) Postoperatively	Yes
G9945	Patient Had Cancer, Acute Fracture Or Infection Related To The Lumbar Spine Or Patient Had Neuromuscular, Idiopathic Or Congenital Lumbar Scoliosis	Yes
G9946	Back Pain Was Not Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15 Months) Postoperatively	Yes
G9949	Leg Pain Was Not Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20 Weeks) Postoperatively	Yes
G9954	Patient Exhibits 2 Or More Risk Factors For Post-Operative Vomiting	Yes
G9955	Cases In Which An Inhalational Anesthetic Is Used Only For Induction	Yes
G9956	Patient Received Combination Therapy Consisting Of At Least Two Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes Preoperatively And/Or Intraoperatively	Yes
G9957	Documentation Of Medical Reason For Not Receiving Combination Therapy Consisting Of At Least Two Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes Preoperatively And/Or Intraoperatively (E.G., Intolerance Or Other Medical Reason)	Yes
G9958	Patient Did Not Receive Combination Therapy Consisting Of At Least Two Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes Preoperatively And/Or Intraoperatively	Yes
G9959	Systemic Antimicrobials Not Prescribed	Yes
G9960	Documentation Of Medical Reason(s) For Prescribing Systemic Antimicrobials	Yes
G9961	Systemic Antimicrobials Prescribed	Yes
G9962	Embolization Endpoints Are Documented Separately For Each Embolized Vessel And Ovarian Artery Angiography Or Embolization Performed In The Presence Of Variant Uterine Artery Anatomy	Yes
G9963	Embolization Endpoints Are Not Documented Separately For Each Embolized Vessel Or Ovarian Artery Angiography Or Embolization Not Performed In The Presence Of Variant Uterine Artery Anatomy	Yes
G9964	Patient Received At Least One Well-Child Visit With A Pcp During The Performance Period	Yes
G9965	Patient Did Not Receive At Least One Well-Child Visit With A Pcp During The Performance Period	Yes
G9968	Patient Was Referred To Another Clinician Or Specialist During The Measurement Period	No
G9969	Clinician Who Referred The Patient To Another Clinician Received A Report From The Clinician To Whom The Patient Was Referred	Yes
G9970	Clinician Who Referred The Patient To Another Clinician Did Not Receive A Report From The Clinician To Whom The Patient Was Referred	Yes
G9976	Documentation Of Patient Reason(s) For Not Performing A Dilated Macular Examination	Yes
G9977	Dilated Macular Exam Was Not Performed, Reason Not Otherwise Specified	Yes
G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused hist	Yes
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: an expanded problem fo	Yes
G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a detailed history; a	Yes
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a comprehensive histor	Yes
G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a comprehensive histor	Yes
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key com	Yes

Procedure Code	Description	Prior Auth Required
G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key com	Yes
G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key com	Yes
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key com	Yes
G9987	Bundled payments for care improvement advanced (bpci advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status,	Yes
G9988	Palliative Care Services Provided To Patient Any Time During The Measurement Period	Yes
G9992	Palliative Care Services Used By Patient Any Time During The Measurement Period	Yes
G9993	Patient Was Provided Palliative Care Services Any Time During The Measurement Period	Yes
G9994	Patient Is Using Palliative Care Services Any Time During The Measurement Period	Yes
G9996	Documentation Stating The Patient Has Received Or Is Currently Receiving Palliative Or Hospice Care	Yes
G9997	Documentation Of Patient Pregnancy Anytime During The Measurement Period Prior To And Including The Current Encounter	Yes
G9998	Documentation Of Medical Reason(S) For An Interval Of Less Than 3 Years Since The Last Colonoscopy (E.G., Last Colonoscopy Incomplete, Last Colonoscopy Had Inadequate Prep, Piecemeal Removal Of Adenomas, Or Sessile Serrated Polyps >= 20 Mm In Size, Last C	Yes
G9999	Documentation Of System Reason(S) For An Interval Of Less Than 3 Years Since The Last Colonoscopy (E.G., Unable To Locate Previous Colonoscopy Report, Patient Cannot Provide Precise Date Or Details From Previous Colonoscopy, Previous Colonoscopy Report Wa	Yes
GAAA0	HIPPS Code GAAA0	No
GAAA1	HIPPS Code GAAA1	No
GAAB0	HIPPS Code GAAB0	No
GAAB1	HIPPS Code GAAB1	No
GAAC0	HIPPS Code GAAC0	No
GAAC1	HIPPS Code GAAC1	No
GAAD0	HIPPS Code GAAD0	No
GAAD1	HIPPS Code GAAD1	No
GAAE0	HIPPS Code GAAE0	No
GAAE1	HIPPS Code GAAE1	No
GAAF0	HIPPS Code GAAF0	No
GAAF1	HIPPS Code GAAF1	No
GABA0	HIPPS Code GABA0	No
GABA1	HIPPS Code GABA1	No
GABB0	HIPPS Code GABB0	No
GABB1	HIPPS Code GABB1	No
GABC0	HIPPS Code GABC0	No
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GADE0	HIPPS Code GADE0	No
GADE1	HIPPS Code GADE1	No

Procedure Code	Description	Prior Auth Required
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GADF1	HIPPS Code GADF1	No
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GAEA1	HIPPS Code GAEA1	No
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GAJD1	HIPPS Code GAJD1	No
GAJE0	HIPPS Code GAJE0	No
GAJE1	HIPPS Code GAJE1	No

Procedure Code	Description	Prior Auth Required
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GAJF1	HIPPS Code GAJF1	No
GAKA0	HIPPS Code GAKA0	No
GAKA1	HIPPS Code GAKA1	No
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Procedure Code	Description	Prior Auth Required
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GAVE1	HIPPS Code GAVE1	No

Procedure Code	Description	Prior Auth Required
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GAVF1	HIPPS Code GAVF1	No
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Procedure Code	Description	Prior Auth Required
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GBDA1	HIPPS Code GBDA1	No
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GBIC1	HIPPS Code GBIC1	No
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GBID1	HIPPS Code GBID1	No
GBIE0	HIPPS Code GBIE0	No
GBIE1	HIPPS Code GBIE1	No

Procedure Code	Description	Prior Auth Required
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GBIF1	HIPPS Code GBIF1	No
GBJA0	HIPPS Code GBJA0	No
GBJA1	HIPPS Code GBJA1	No
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GBMD1	HIPPS Code GBMD1	No
GBME0	HIPPS Code GBME0	No
GBME1	HIPPS Code GBME1	No
GBMF0	HIPPS Code GBMF0	No
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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GIYF1	HIPPS Code GIYF1	No
H0001	Alcohol And/Or Drug Assessment (Not Payable By Medicare)	Yes
H0002	Behavioral Health Screening To Determine Eligibility For Admission To Treatment Program (Not Payable By Medicare)	Yes
H0003	Alcohol And/Or Drug Screening; Laboratory Analysis Of Specimens For Presence Of Alcohol And/Or Drugs (Not Payable By Medicare)	Yes
H0004	Behavioral Health Counseling And Therapy, Per 15 Minutes (Not Payable By Medicare)	Yes
H0005	Alcohol And/Or Drug Services; Group Counseling By A Clinician (Not Payable By Medicare)	Yes
H0006	Alcohol And/Or Drug Services; Case Management (Not Payable By Medicare)	Yes
H0007	Alcohol And/Or Drug Services; Crisis Intervention (Outpatient) (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
H0008	Alcohol And/Or Drug Services; Sub-Acute Detoxification (Hospital Inpatient) (Not Payable By Medicare)	Yes
H0009	Alcohol And/Or Drug Services; Acute Detoxification (Hospital Inpatient) (Not Payable By Medicare)	Yes
H0010	Alcohol And/Or Drug Services; Sub-Acute Detoxification (Residential Addiction Program Inpatient) (Not Payable By Medicare)	Yes
H0011	Alcohol And/Or Drug Services; Acute Detoxification (Residential Addiction Program Inpatient) (Not Payable By Medicare)	Yes
H0012	Alcohol And/Or Drug Services; Sub-Acute Detoxification (Residential Addiction Program Outpatient) (Not Payable By Medicare)	Yes
H0013	Alcohol And/Or Drug Services; Acute Detoxification (Residential Addiction Program Outpatient) (Not Payable By Medicare)	Yes
H0014	Alcohol And/Or Drug Services; Ambulatory Detoxification (Not Payable By Medicare)	No
H0015	Alcohol And/Or Drug Services; Intensive Outpatient (Treatment Program That Operates At Least 3 Hours/Day And At Least 3 Days/Week And Is Based On An Individualized Treatment Plan), Including Assessment, Counseling; Crisis Intervention, And Activity Therap	Yes
H0016	Alcohol And/Or Drug Services; Medical/Somatic (Medical Intervention In Ambulatory Setting) (Not Payable By Medicare)	Yes
H0017	Behavioral Health; Residential (Hospital Residential Treatment Program), Without Room And Board, Per Diem (Not Payable By Medicare)	Yes
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without Room And Board, Per Diem (Not Payable By Medicare)	Yes
H0019	Behavioral Health; Long-Term Residential (Non-Medical, Non-Acute Care In A Residential Treatment Program Where Stay Is Typically Longer Than 30 Days), Without Room And Board, Per Diem (Not Payable By Medicare)	Yes
H0020	Alcohol And/Or Drug Services; Methadone Administration And/Or Service (Provision Of The Drug By A Licensed Program) (Not Payable By Medicare)	Yes
H0021	Alcohol And/Or Drug Training Service (For Staff And Personnel Not Employed By Providers) (Not Payable By Medicare)	Yes
H0022	Alcohol And/Or Drug Intervention Service (Planned Facilitation) (Not Payable By Medicare)	Yes
H0023	Behavioral Health Outreach Service (Planned Approach To Reach A Targeted Population) (Not Payable By Medicare)	Yes
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct Or Non-Direct Contact With Service Audiences To Affect Knowledge And Attitude) (Not Payable By Medicare)	Yes
H0025	Behavioral Health Prevention Education Service (Delivery Of Services With Target Population To Affect Knowledge, Attitude And/Or Behavior) (Not Payable By Medicare)	Yes
H0026	Alcohol And/Or Drug Prevention Process Service, Community-Based (Delivery Of Services To Develop Skills Of Impactors) (Not Payable By Medicare)	Yes
H0027	Alcohol And/Or Drug Prevention Environmental Service (Broad Range Of External Activities Geared Toward Modifying Systems In Order To Mainstream Prevention Through Policy And Law) (Not Payable By Medicare)	Yes
H0028	Alcohol And/Or Drug Prevention Problem Identification And Referral Service (E.G., Student Assistance And Employee Assistance Programs), Does Not Include Assessment (Not Payable By Medicare)	Yes
H0029	Alcohol And/Or Drug Prevention Alternatives Service (Services For Populations That Exclude Alcohol And Other Drug Use E.G., Alcohol Free Social Events) (Not Payable By Medicare)	Yes
H0030	Behavioral Health Hotline Service (Not Payable By Medicare)	Yes
H0031	Mental Health Assessment, By Non-Physician (Not Payable By Medicare)	Yes
H0032	Mental Health Service Plan Development By Non-Physician (Not Payable By Medicare)	Yes
H0033	Oral Medication Administration, Direct Observation (Not Payable By Medicare)	Yes
H0034	Medication Training And Support, Per 15 Minutes (Not Payable By Medicare)	Yes
H0035	Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours (Not Payable By Medicare)	Yes
H0036	Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes (Not Payable By Medicare)	Yes
H0037	Community Psychiatric Supportive Treatment Program, Per Diem (Not Payable By Medicare)	Yes
H0038	Self-Help/Peer Services, Per 15 Minutes (Not Payable By Medicare)	Yes
H0039	Assertive Community Treatment, Face-To-Face, Per 15 Minutes (Not Payable By Medicare)	Yes
H0040	Assertive Community Treatment Program, Per Diem (Not Payable By Medicare)	Yes
H0041	Foster Care, Child, Non-Therapeutic, Per Diem (Not Payable By Medicare)	Yes
H0042	Foster Care, Child, Non-Therapeutic, Per Month (Not Payable By Medicare)	Yes
H0043	Supported Housing, Per Diem (Not Payable By Medicare)	Yes
H0044	Supported Housing, Per Month (Not Payable By Medicare)	Yes
H0045	Respite Care Services, Not In The Home, Per Diem (Not Payable By Medicare)	Yes
H0046	Mental Health Services, Not Otherwise Specified (Not Payable By Medicare)	Yes
H0047	Alcohol And/Or Other Drug Abuse Services, Not Otherwise Specified (Not Payable By Medicare)	No
H0048	Alcohol And/Or Other Drug Testing: Collection And Handling Only, Specimens Other Than Blood (Not Payable By Medicare)	Yes
H0049	Alcohol And/Or Drug Screening (Not Payable By Medicare)	No
H0050	Alcohol And/Or Drug Services, Brief Intervention, Per 15 Minutes (Not Payable By Medicare)	No
H0051	Traditional Healing Service (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
H0052	Missing And Murdered Indigenous Persons (Mmip) Mental Health And Clinical Care (Not Payable By Medicare)	Yes
H0053	Historical Trauma (Ht) Mental Health And Clinical Care For Indigenous Persons (Not Payable By Medicare)	Yes
H1000	Prenatal Care, At-Risk Assessment (Not Payable By Medicare)	Yes
H1001	Prenatal Care, At-Risk Enhanced Service; Antepartum Management (Not Payable By Medicare)	Yes
H1002	Prenatal Care, At Risk Enhanced Service; Care Coordination (Not Payable By Medicare)	Yes
H1003	Prenatal Care, At-Risk Enhanced Service; Education (Not Payable By Medicare)	Yes
H1004	Prenatal Care, At-Risk Enhanced Service; Follow-Up Home Visit (Not Payable By Medicare)	Yes
H1005	Prenatal Care, At-Risk Enhanced Service Package (Includes H1001-H1004) (Not Payable By Medicare)	Yes
H1010	Non-Medical Family Planning Education, Per Session (Not Payable By Medicare)	Yes
H1011	Family Assessment By Licensed Behavioral Health Professional For State Defined Purposes (Not Payable By Medicare)	No
H2000	Comprehensive Multidisciplinary Evaluation (Not Payable By Medicare)	No
H2001	Rehabilitation Program, Per 1/2 Day (Not Payable By Medicare)	Yes
H2010	Comprehensive Medication Services, Per 15 Minutes (Not Payable By Medicare)	Yes
H2011	Crisis Intervention Service, Per 15 Minutes (Not Payable By Medicare)	Yes
H2012	Behavioral Health Day Treatment, Per Hour (Not Payable By Medicare)	Yes
H2013	Psychiatric Health Facility Service, Per Diem (Not Payable By Medicare)	Yes
H2014	Skills Training And Development, Per 15 Minutes (Not Payable By Medicare)	Yes
H2015	Comprehensive Community Support Services, Per 15 Minutes (Not Payable By Medicare)	No
H2016	Comprehensive Community Support Services, Per Diem (Not Payable By Medicare)	Yes
H2017	Psychosocial Rehabilitation Services, Per 15 Minutes (Not Payable By Medicare)	Yes
H2018	Psychosocial Rehabilitation Services, Per Diem (Not Payable By Medicare)	Yes
H2019	Therapeutic Behavioral Services, Per 15 Minutes (Not Payable By Medicare)	Yes
H2020	Therapeutic Behavioral Services, Per Diem (Not Payable By Medicare)	Yes
H2021	Community-Based Wrap-Around Services, Per 15 Minutes (Not Payable By Medicare)	Yes
H2022	Community-Based Wrap-Around Services, Per Diem (Not Payable By Medicare)	Yes
H2023	Supported Employment, Per 15 Minutes (Not Payable By Medicare)	Yes
H2024	Supported Employment, Per Diem (Not Payable By Medicare)	Yes
H2025	Ongoing Support To Maintain Employment, Per 15 Minutes (Not Payable By Medicare)	Yes
H2026	Ongoing Support To Maintain Employment, Per Diem (Not Payable By Medicare)	Yes
H2027	Psychoeducational Service, Per 15 Minutes (Not Payable By Medicare)	No
H2028	Sexual Offender Treatment Service, Per 15 Minutes (Not Payable By Medicare)	Yes
H2029	Sexual Offender Treatment Service, Per Diem (Not Payable By Medicare)	Yes
H2030	Mental Health Clubhouse Services, Per 15 Minutes (Not Payable By Medicare)	Yes
H2031	Mental Health Clubhouse Services, Per Diem (Not Payable By Medicare)	Yes
H2032	Activity Therapy, Per 15 Minutes (Not Payable By Medicare)	Yes
H2033	Multisystemic Therapy For Juveniles, Per 15 Minutes (Not Payable By Medicare)	Yes
H2034	Alcohol And/Or Drug Abuse Halfway House Services, Per Diem (Not Payable By Medicare)	Yes
H2035	Alcohol And/Or Other Drug Treatment Program, Per Hour (Not Payable By Medicare)	Yes
H2036	Alcohol And/Or Other Drug Treatment Program, Per Diem (Not Payable By Medicare)	Yes
H2037	Developmental Delay Prevention Activities, Dependent Child Of Client, Per 15 Minutes (Not Payable By Medicare)	Yes
H2038	Skills Training And Development, Per Diem (Not Payable By Medicare)	Yes
H2040	Coordinated Specialty Care, Team-Based, For First Episode Psychosis, Per Month (Not Payable By Medicare)	Yes
H2041	Coordinated Specialty Care, Team-Based, For First Episode Psychosis, Per Encounter (Not Payable By Medicare)	Yes
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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IHUD0	HIPPS Code IHUD0	No
IHUD1	HIPPS Code IHUD1	No
IHUE0	HIPPS Code IHUE0	No
IHUE1	HIPPS Code IHUE1	No
IHUF0	HIPPS Code IHUF0	No
IHUF1	HIPPS Code IHUF1	No
IIAA0	HIPPS Code IIAA0	No
IIAA1	HIPPS Code IIAA1	No
IIAB0	HIPPS Code IIAB0	No
IIAB1	HIPPS Code IIAB1	No
IIAC0	HIPPS Code IIAC0	No
IIAC1	HIPPS Code IIAC1	No
IIAD0	HIPPS Code IIAD0	No
IIAD1	HIPPS Code IIAD1	No
IIAE0	HIPPS Code IIAE0	No
IIAE1	HIPPS Code IIAE1	No
IIAF0	HIPPS Code IIAF0	No
IIAF1	HIPPS Code IIAF1	No
IIBA0	HIPPS Code IIBA0	No
IIBA1	HIPPS Code IIBA1	No
IIBB0	HIPPS Code IIBB0	No
IIBB1	HIPPS Code IIBB1	No
IIBC0	HIPPS Code IIBC0	No
IIBC1	HIPPS Code IIBC1	No
IIBD0	HIPPS Code IIBD0	No
IIBD1	HIPPS Code IIBD1	No
IIBE0	HIPPS Code IIBE0	No
IIBE1	HIPPS Code IIBE1	No
IIBF0	HIPPS Code IIBF0	No
IIBF1	HIPPS Code IIBF1	No
IICA0	HIPPS Code IICA0	No
IICA1	HIPPS Code IICA1	No
IICB0	HIPPS Code IICB0	No
IICB1	HIPPS Code IICB1	No
IICC0	HIPPS Code IICC0	No
IICC1	HIPPS Code IICC1	No
IICD0	HIPPS Code IICD0	No
IICD1	HIPPS Code IICD1	No
IICE0	HIPPS Code IICE0	No
IICE1	HIPPS Code IICE1	No
IICF0	HIPPS Code IICF0	No
IICF1	HIPPS Code IICF1	No
IIDA0	HIPPS Code IIDA0	No
IIDA1	HIPPS Code IIDA1	No
IIDB0	HIPPS Code IIDB0	No
IIDB1	HIPPS Code IIDB1	No
IIDC0	HIPPS Code IIDC0	No
IIDC1	HIPPS Code IIDC1	No
IIDD0	HIPPS Code IIDD0	No
IIDD1	HIPPS Code IIDD1	No
IIDE0	HIPPS Code IIDE0	No
IIDE1	HIPPS Code IIDE1	No

Procedure Code	Description	Prior Auth Required
IIDF0	HIPPS Code IIDF0	No
IIDF1	HIPPS Code IIDF1	No
IIEA0	HIPPS Code IIEA0	No
IIEA1	HIPPS Code IIEA1	No
IIEB0	HIPPS Code IIEB0	No
IIEB1	HIPPS Code IIEB1	No
IIEC0	HIPPS Code IIEC0	No
IIEC1	HIPPS Code IIEC1	No
IIED0	HIPPS Code IIED0	No
IIED1	HIPPS Code IIED1	No
IIEE0	HIPPS Code IIEE0	No
IIEE1	HIPPS Code IIEE1	No
IIEF0	HIPPS Code IIEF0	No
IIEF1	HIPPS Code IIEF1	No
IIHA0	HIPPS Code IIHA0	No
IIHA1	HIPPS Code IIHA1	No
IIHB0	HIPPS Code IIHB0	No
IIHB1	HIPPS Code IIHB1	No
IIHC0	HIPPS Code IIHC0	No
IIHC1	HIPPS Code IIHC1	No
IIHD0	HIPPS Code IIHD0	No
IIHD1	HIPPS Code IIHD1	No
IIHE0	HIPPS Code IIHE0	No
IIHE1	HIPPS Code IIHE1	No
IIHF0	HIPPS Code IIHF0	No
IIHF1	HIPPS Code IIHF1	No
IIIA0	HIPPS Code IIIA0	No
IIIA1	HIPPS Code IIIA1	No
IIIB0	HIPPS Code IIIB0	No
IIIB1	HIPPS Code IIIB1	No
IIIC0	HIPPS Code IIIC0	No
IIIC1	HIPPS Code IIIC1	No
IIID0	HIPPS Code IIID0	No
IIID1	HIPPS Code IIID1	No
IIIE0	HIPPS Code IIIE0	No
IIIE1	HIPPS Code IIIE1	No
IIIF0	HIPPS Code IIIF0	No
IIIF1	HIPPS Code IIIF1	No
IILA0	HIPPS Code IILA0	No
IILA1	HIPPS Code IILA1	No
IILB0	HIPPS Code IILB0	No
IILB1	HIPPS Code IILB1	No
IILC0	HIPPS Code IILC0	No
IILC1	HIPPS Code IILC1	No
IILD0	HIPPS Code IILD0	No
IILD1	HIPPS Code IILD1	No
IILE0	HIPPS Code IILE0	No
IILE1	HIPPS Code IILE1	No
IILF0	HIPPS Code IILF0	No
IILF1	HIPPS Code IILF1	No
IIMA0	HIPPS Code IIMA0	No
IIMA1	HIPPS Code IIMA1	No
IIMB0	HIPPS Code IIMB0	No
IIMB1	HIPPS Code IIMB1	No
IIMC0	HIPPS Code IIMC0	No
IIMC1	HIPPS Code IIMC1	No
IIMD0	HIPPS Code IIMD0	No
IIMD1	HIPPS Code IIMD1	No
IIME0	HIPPS Code IIME0	No
IIME1	HIPPS Code IIME1	No
IIMF0	HIPPS Code IIMF0	No
IIMF1	HIPPS Code IIMF1	No
IITA0	HIPPS Code IITA0	No
IITA1	HIPPS Code IITA1	No
IITB0	HIPPS Code IITB0	No
IITB1	HIPPS Code IITB1	No
IITC0	HIPPS Code IITC0	No
IITC1	HIPPS Code IITC1	No
IITD0	HIPPS Code IITD0	No
IITD1	HIPPS Code IITD1	No
IITE0	HIPPS Code IITE0	No
IITE1	HIPPS Code IITE1	No

Procedure Code	Description	Prior Auth Required
IITF0	HIPPS Code IITF0	No
IITF1	HIPPS Code IITF1	No
IIUA0	HIPPS Code IIUA0	No
IIUA1	HIPPS Code IIUA1	No
IIUB0	HIPPS Code IIUB0	No
IIUB1	HIPPS Code IIUB1	No
IIUC0	HIPPS Code IIUC0	No
IIUC1	HIPPS Code IIUC1	No
IIUD0	HIPPS Code IIUD0	No
IIUD1	HIPPS Code IIUD1	No
IIUE0	HIPPS Code IIUE0	No
IIUE1	HIPPS Code IIUE1	No
IIUF0	HIPPS Code IIUF0	No
IIUF1	HIPPS Code IIUF1	No
J0013	Esketamine, Nasal Spray, 1 Mg (Not Payable By Medicare)	Yes
J0120	Injection, Tetracycline, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0121	Injection, Omadacycline, 1 Mg	Yes
J0122	Injection, Eravacycline, 1 Mg	Yes
J0129	Injection, Abatacept, 10 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered)	Yes
J0130	Injection Abciximab, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0131	Injection, Acetaminophen, Not Otherwise Specified,10 Mg	No
J0132	Injection, Acetylcysteine, 100 Mg	No
J0133	Injection, Acyclovir, 5 Mg	No
J0134	Injection, Acetaminophen (Fresenius Kabi), Not Therapeutically Equivalent To J0131, 10 Mg	No
J0136	Injection, Acetaminophen (B Braun), Not Therapeutically Equivalent To J0131, 10 Mg	No
J0137	Injection, Acetaminophen (Hikma), Not Therapeutically Equivalent To J0131, 10 Mg	No
J0138	Injection, Acetaminophen 10 Mg And Ibuprofen 3 Mg	No
J0139	Injection, Adalimumab, 1 Mg	No
J0153	Injection, Adenosine, 1 Mg (Not To Be Used To Report Any Adenosine Phosphate Compounds) (Special Coverage Instructions Apply)	No
J0162	Injection, Epinephrine (Fresenius), Not Therapeutically Equivalent To J0165, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0163	Injection, Epinephrine In Sodium Chloride (Endo), 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0164	Injection, Epinephrine In Sodium Chloride (Baxter), 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0165	Injection, Epinephrine, Not Otherwise Specified, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0166	Injection, Epinephrine (Bpi), Not Therapeutically Equivalent To J0165, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0167	Injection, Epinephrine (Hospira), Not Therapeutically Equivalent To J0165, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0168	Injection, Epinephrine (International Medication Systems), Not Therapeutically Equivalent To J0165, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0169	Injection, Epinephrine (Adrenalin), Not Therapeutically Equivalent To J0165, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0173	Injection, Epinephrine (Belcher), Not Therapeutically Equivalent To J0171, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0174	Lecanemab-Irmb, For Intravenous Injection, 1 Mg	Yes
J0175	Injection, Donanemab-Azbt, 2 Mg	Yes
J0177	Injection, Aflibercept Hd, 1 Mg	Yes
J0178	Injection, Aflibercept, 1 Mg	Yes
J0179	Injection, Brolucizumab-Dbll, 1 Mg	Yes
J0180	Injection, Agalsidase Beta, 1 Mg	Yes
J0184	Injection, Amisulpride, 1 Mg	Yes
J0185	Injection, Aprepitant, 1 Mg	No
J0202	Injection, Alemtuzumab, 1 Mg	Yes
J0206	Injection, Allopurinol Sodium, 1 Mg	Yes
J0207	Injection, Amifostine, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0208	Injection, Sodium Thiosulfate (Pedmark), 100 Mg	Yes
J0209	Injection, Sodium Thiosulfate (Hope), 100 Mg	Yes
J0210	Injection, Methyldopate Hcl, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0211	Injection, Sodium Nitrite 3 Mg And Sodium Thiosulfate 125 Mg (Nithiodote)	Yes
J0216	Injection, Alfentanil Hydrochloride, 500 Micrograms	Yes
J0217	Injection, Velmanase Alfa-Tycv, 1 Mg	Yes
J0218	Injection, Olipudase Alfa-Rpcp, 1 Mg	Yes
J0219	Injection, Avalglucosidase Alfa-Ngpt, 4 Mg	Yes
J0220	Injection, Alglucosidase Alfa, 10 Mg, Not Otherwise Specified	Yes
J0221	Injection, Alglucosidase Alfa, (Lumizyme), 10 Mg	Yes
J0222	Injection, Patisiran, 0.1 Mg	Yes
J0223	Injection, Givosiran, 0.5 Mg	Yes

Procedure Code	Description	Prior Auth Required
J0224	Injection, Lumasiran, 0.5 Mg	Yes
J0225	Injection, Vutrisiran, 1 Mg	Yes
J0248	Injection, Remdesivir, 1 Mg	No
J0256	Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0257	Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0270	Injection, Alprostadil, 1.25 Mcg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered) (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0275	Alprostadil Urethral Suppository (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered) (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0278	Injection, Amikacin Sulfate, 100 Mg	No
J0280	Injection, Aminophyllin, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0281	Injection, Aminocaproic Acid, 1 Gram	No
J0282	Injection, Amiodarone Hydrochloride, 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0283	Injection, Amiodarone Hydrochloride (Nexterone), 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0285	Injection, Amphotericin B, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0287	Injection, Amphotericin B Lipid Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0289	Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0290	Injection, Ampicillin Sodium, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0291	Injection, Plazomicin, 5 Mg	Yes
J0295	Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0300	Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0330	Injection, Succinylcholine Chloride, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0348	Injection, Anidulafungin, 1 Mg	No
J0349	Injection, Rezafungin, 1 Mg	Yes
J0360	Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0364	Injection, Apomorphine Hydrochloride, 1 Mg	Yes
J0390	Injection, Chloroquine Hydrochloride, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0391	Injection, Artesunate, 1 Mg	Yes
J0400	Injection, Aripiprazole, Intramuscular, 0.25 Mg	Yes
J0401	Injection, Aripiprazole (Abilify Maintena), 1 Mg	Yes
J0402	Injection, Aripiprazole (Abilify Asimtufii), 1 Mg	Yes
J0456	Injection, Azithromycin, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	No
J0457	Injection, Aztreonam, 100 Mg	No
J0458	Injection, Aztreonam/Avibactam, 7.5 Mg/2.5 Mg (10 Mg)	Yes
J0461	Injection, Atropine Sulfate, 0.01 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0462	Injection, Atropine Sulfate, Not Therapeutically Equivalent To J0461, 0.01 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0463	Injection, Atropine Sulfate (Fresenius And Therapeutically Equivalent), 0.01 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0470	Injection, Dimercaprol, Per 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0475	Injection, Baclofen, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0476	Injection, Baclofen, 50 Mcg For Intrathecal Trial (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0480	Injection, Basiliximab, 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0485	Injection, Belatacept, 1 Mg	Yes
J0490	Injection, Belimumab, 10 Mg	Yes
J0491	Injection, Anifrolumab-Fnia, 1 Mg	Yes
J0500	Injection, Dicyclomine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0515	Injection, Benztropine Mesylate, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0517	Injection, Benralizumab, 1 Mg	Yes
J0520	Injection, Bethanechol Chloride, Myotonachol Or Urecholine, Up To 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0525	Injection, Cefotetan Disodium, 10 Mg	No
J0558	Injection, Penicillin G Benzathine And Penicillin G Procaine, 100,000 Units	No
J0561	Injection, Penicillin G Benzathine, 100,000 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0565	Injection, Bezlotoxumab, 10 Mg	No
J0567	Injection, Cerliponase Alfa, 1 Mg	Yes
J0570	Buprenorphine Implant, 74.2 Mg	Yes
J0571	Buprenorphine, Oral, 1 Mg (Special Coverage Instructions Apply)	Yes

Procedure Code	Description	Prior Auth Required
J0572	Buprenorphine/Naloxone, Oral, Less Than Or Equal To 3 Mg Buprenorphine (Special Coverage Instructions Apply)	Yes
J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG BUPRENORPHINE (SPECIAL COVERAGE INSTRUCTIONS APPLY)	Yes
J0574	Buprenorphine/Naloxone, Oral, Greater Than 6 Mg, But Less Than Or Equal To 10 Mg Buprenorphine (Special Coverage Instructions Apply)	Yes
J0575	Buprenorphine/Naloxone, Oral, Greater Than 10 Mg Buprenorphine (Special Coverage Instructions Apply)	Yes
J0577	Injection, Buprenorphine Extended-Release (Brixadi), Less Than Or Equal To 7 Days Of Therapy	Yes
J0578	Injection, Buprenorphine Extended Release (Brixadi), Greater Than 7 Days And Up To 28 Days Of Therapy	Yes
J0582	Injection, Bivalirudin (Endo), Not Therapeutically Equivalent To J0583, 1 Mg	Yes
J0583	Injection, Bivalirudin, 1 Mg	Yes
J0584	Injection, Burosumab-Twza 1 Mg	Yes
J0585	Injection, Onabotulinumtoxina, 1 Unit (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0586	Injection, Abobotulinumtoxina, 5 Units	Yes
J0587	Injection, Rimabotulinumtoxinb, 100 Units (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0588	Injection, Incobotulinumtoxin A, 1 Unit	Yes
J0589	Injection, Daxibotulinumtoxina-Lanm, 1 Unit	Yes
J0591	Injection, Deoxycholic Acid, 1 Mg	Yes
J0592	Injection, Buprenorphine Hydrochloride, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0593	Injection, Lanadelumab-Flyo, 1 Mg (Code May Be Used For Medicare When Drug Administered Under Direct Supervision Of A Physician, Not For Use When Drug Is Self-Administered)	Yes
J0594	Injection, Busulfan, 1 Mg	Yes
J0595	Injection, Butorphanol Tartrate, 1 Mg	No
J0596	Injection, C1 Esterase Inhibitor (Recombinant), Ruconest, 10 Units	No
J0597	Injection, C-1 Esterase Inhibitor (Human), Berinert, 10 Units	No
J0598	Injection, C-1 Esterase Inhibitor (Human), Cinryze, 10 Units	No
J0599	Injection, C-1 Esterase Inhibitor (Human), (Haegarda), 10 Units	Yes
J0600	Injection, Edetate Calcium Disodium, Up To 1000 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0601	Sevelamer Carbonate (Renvela Or Therapeutically Equivalent), Oral, 20 Mg (For Esrd On Dialysis)	No
J0602	Sevelamer Carbonate (Renvela Or Therapeutically Equivalent), Oral, Powder, 20 Mg (For Esrd On Dialysis)	Yes
J0603	Sevelamer Hydrochloride (Renagel Or Therapeutically Equivalent), Oral, 20 Mg (For Esrd On Dialysis)	Yes
J0604	Cinacalcet, Oral, 1 Mg, (For Esrd On Dialysis) (Special Coverage Instructions Apply)	Yes
J0605	Sucroferric Oxyhydroxide, Oral, 5 Mg (For Esrd On Dialysis)	Yes
J0606	Injection, Etelcalcetide, 0.1 Mg (Special Coverage Instructions Apply)	Yes
J0607	Lanthanum Carbonate, Oral, 5 Mg (For Esrd On Dialysis)	Yes
J0608	Lanthanum Carbonate, Oral, Powder, 5 Mg, Not Therapeutically Equivalent To J0607 (For Esrd On Dialysis)	Yes
J0609	Ferric Citrate, Oral, 3 Mg Ferric Iron, (For Esrd On Dialysis)	Yes
J0612	Injection, Calcium Gluconate, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0613	Injection, Calcium Gluconate (Wg Critical Care), Not Therapeutically Equivalent To J0612, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0614	Injection, Treosulfan, 50 Mg	Yes
J0615	Calcium Acetate, Oral, 23 Mg (For Esrd On Dialysis)	No
J0616	Injection, Metoprolol Tartrate, 1 Mg	No
J0618	Injection, Calcium Chloride, 2 Mg	No
J0620	Injection, Calcium Glycerophosphate And Calcium Lactate, Per 10 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0630	Injection, Calcitonin Salmon, Up To 400 Units (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0636	Injection, Calcitriol, 0.1 Mcg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0637	Injection, Caspofungin Acetate, 5 Mg	Yes
J0638	Injection, Canakinumab, 1 Mg	Yes
J0640	Injection, Leucovorin Calcium, Per 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0641	Injection, Levoleucovorin, Not Otherwise Specified, 0.5 Mg (Special Coverage Instructions Apply)	No
J0642	Injection, Levoleucovorin (Khapzory), 0.5 Mg	Yes
J0650	Injection, Levothyroxine Sodium, Not Otherwise Specified, 10 Mcg	No
J0651	Injection, Levothyroxine Sodium (Fresenius Kabi), Not Therapeutically Equivalent To J0650, 10 Mcg	No
J0652	Injection, Levothyroxine Sodium (Hikma), Not Therapeutically Equivalent To J0650, 10 Mcg	No
J0654	Injection, Liothyronine, 1 Mcg	No
J0665	Injection, Bupivicaine, Not Otherwise Specified, 0.5 Mg	No
J0666	Injection, Bupivacaine Liposome, 1 Mg	No
J0668	Instillation, Bupivacaine And Meloxicam, 1 Mg/0.03 Mg	Yes

Procedure Code	Description	Prior Auth Required
J0670	Injection, Mepivacaine Hydrochloride, Per 10 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0675	Injection, Carboprost Tromethamine, 0.1 Mg	Yes
J0681	Injection, Ceftobiprole Medocaril Sodium, 3 Mg	Yes
J0687	Injection, Cefazolin Sodium (Wg Critical Care), Not Therapeutically Equivalent To J0690, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0688	Injection, Cefazolin Sodium (Hikma), Not Therapeutically Equivalent To J0690, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0689	Injection, Cefazolin Sodium (Baxter), Not Therapeutically Equivalent To J0690, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0690	Injection, Cefazolin Sodium, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0691	Injection, Lefamulin, 1 Mg	Yes
J0692	Injection, Cefepime Hydrochloride, 500 Mg	Yes
J0694	Injection, Cefoxitin Sodium, 1 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0695	Injection, Ceftolozane 50 Mg And Tazobactam 25 Mg	Yes
J0696	Injection, Ceftriaxone Sodium, Per 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0697	Injection, Sterile Cefuroxime Sodium, Per 750 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0698	Injection, Cefotaxime Sodium, Per Gm (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0699	Injection, Cefiderocol, 10 Mg	Yes
J0701	Injection, Cefepime Hydrochloride (Baxter), Not Therapeutically Equivalent To Maxipime, 500 Mg	No
J0702	Injection, Betamethasone Acetate 3 Mg And Betamethasone Sodium Phosphate 3 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0703	Injection, Cefepime Hydrochloride (B Braun), Not Therapeutically Equivalent To Maxipime, 500 Mg	No
J0706	Injection, Caffeine Citrate, 5 Mg	Yes
J0712	Injection, Ceftaroline Fosamil, 10 Mg	No
J0713	Injection, Ceftazidime, Per 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0714	Injection, Ceftazidime And Avibactam, 0.5 G/0.125 G	No
J0716	Injection, Centruroides Immune F(Ab)2, Up To 120 Milligrams	No
J0717	Injection, Certolizumab Pegol, 1 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered)	Yes
J0720	Injection, Chloramphenicol Sodium Succinate, Up To 1 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0725	Injection, Chorionic Gonadotropin, Per 1,000 Usp Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0735	Injection, Clonidine Hydrochloride, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0736	Injection, Clindamycin Phosphate, 300 Mg	No
J0737	Injection, Clindamycin Phosphate (Baxter), Not Therapeutically Equivalent To J0736, 300 Mg	No
J0738	Injection, Lenacapavir, 1 Mg, Fda Approved Prescription, Only For Use As Hiv Pre-Exposure Prophylaxis (Not For Use As Treatment For Hiv) (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861 Ddd)	Yes
J0739	Injection, Cabotegravir, 1Mg, Fda Approved Prescription, Only For Use As Hiv Pre-Exposure Prophylaxis (Not For Use As Treatment For Hiv) (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861(Ddd))	Yes
J0740	Injection, Cidofovir, 375 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0741	Injection, Cabotegravir And Rilpivirine, 2Mg/3Mg	Yes
J0742	Injection, Imipenem 4 Mg, Cilastatin 4 Mg And Relebactam 2 Mg	Yes
J0743	Injection, Cilastatin Sodium; Imipenem, Per 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0744	Injection, Ciprofloxacin For Intravenous Infusion, 200 Mg	Yes
J0745	Injection, Codeine Phosphate, Per 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0750	Emtricitabine 200Mg And Tenofovir Disoproxil Fumarate 300Mg, Oral, Fda Approved Prescription, Only For Use As Hiv Pre-Exposure Prophylaxis (Not For Use As Treatment Of Hiv) (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861(Ddd))	Yes
J0751	Emtricitabine 200Mg And Tenofovir Alafenamide 25Mg, Oral, Fda Approved Prescription, Only For Use As Hiv Pre-Exposure Prophylaxis (Not For Use As Treatment Of Hiv) (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861(Ddd))	Yes
J0752	Oral, Lenacapavir, 300 Mg, Fda Approved Prescription, Only For Use As Hiv Pre-Exposure Prophylaxis (Not For Use As Treatment For Hiv) (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861 Ddd)	Yes
J0759	Injection, Clevidipine Butyrate, 1 Mg	Yes
J0770	Injection, Colistimethate Sodium, Up To 150 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0775	Injection, Collagenase, Clostridium Histolyticum, 0.01 Mg	Yes
J0780	Injection, Prochlorperazine, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0791	Injection, Crizanlizumab-Tmca, 5 Mg	Yes
J0799	Fda Approved Prescription Drug, Only For Use As Hiv Pre-Exposure Prophylaxis (Not For Use As Treatment Of Hiv), Not Otherwise Classified (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861(Ddd))	Yes
J0801	Injection, Corticotropin (Acthar Gel), Up To 40 Units	Yes

Procedure Code	Description	Prior Auth Required
J0802	Injection, Corticotropin (Ani), Up To 40 Units	Yes
J0834	Injection, Cosyntropin, 0.25 Mg	No
J0840	Injection, Crotalidae Polyvalent Immune Fab (Ovine), Up To 1 Gram	No
J0841	Injection, Crotalidae Immune F(Ab')2 (Equine), 120 Mg	No
J0850	Injection, Cytomegalovirus Immune Globulin Intravenous (Human), Per Vial (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0870	Injection, Imetelstat, 1 Mg	Yes
J0872	Injection, Daptomycin (Xellia), Unrefrigerated, Not Therapeutically Equivalent To J0878 Or J0873, 1 Mg	Yes
J0873	Injection, Daptomycin (Xellia), Not Therapeutically Equivalent To J0878 Or J0872, 1 Mg	No
J0874	Injection, Daptomycin (Baxter), Not Therapeutically Equivalent To J0878, 1 Mg	No
J0875	Injection, Dalbavancin, 5 Mg	No
J0877	Injection, Daptomycin (Hospira), Not Therapeutically Equivalent To J0878, 1 Mg	No
J0878	Injection, Daptomycin, 1 Mg	No
J0879	Injection, Difelikefalin, 0.1 Microgram, (For Esrd On Dialysis)	Yes
J0881	Injection, Darbepoetin Alfa, 1 Microgram (Non-Esrd Use) (Special Coverage Instructions Apply)	No
J0882	Injection, Darbepoetin Alfa, 1 Microgram (For Esrd On Dialysis) (Special Coverage Instructions Apply. See Mcm: 4273.1)	No
J0883	Injection, Argatroban, 1 Mg (For Non-Esrd Use) (Special Coverage Instructions Apply. See Mcm: 2049, 4273.1)	Yes
J0884	Injection, Argatroban, 1 Mg (For Esrd On Dialysis) (Special Coverage Instructions Apply. See Mcm: 2049, 4273.1)	Yes
J0885	Injection, Epoetin Alfa, (For Non-Esrd Use), 1000 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0887	Injection, Epoetin Beta, 1 Microgram, (For Esrd On Dialysis) (Special Coverage Instructions Apply)	No
J0888	Injection, Epoetin Beta, 1 Microgram, (For Non Esrd Use) (Special Coverage Instructions Apply)	No
J0890	Injection, Peginesatide, 0.1 Mg (For Esrd On Dialysis)	Yes
J0891	Injection, Argatroban (Accord), Not Therapeutically Equivalent To J0883, 1 Mg (For Non-Esrd Use) (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0892	Injection, Argatroban (Accord), Not Therapeutically Equivalent To J0884, 1 Mg (For Esrd On Dialysis) (Special Coverage Instructions Apply. See Mcm: 2049, 4273.1)	No
J0893	Injection, Decitabine (Sun Pharma), Not Therapeutically Equivalent To J0894, 1 Mg	No
J0894	Injection, Decitabine, 1 Mg	No
J0895	Injection, Deferoxamine Mesylate, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0896	Injection, Luspatercept-Aamt, 0.25 Mg	Yes
J0897	Injection, Denosumab, 1 Mg	Yes
J0898	Injection, Argatroban (Auromedics), Not Therapeutically Equivalent To J0883, 1 Mg (For Non-Esrd Use) (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0899	Injection, Argatroban (Auromedics), Not Therapeutically Equivalent To J0884, 1 Mg (For Esrd On Dialysis) (Special Coverage Instructions Apply. See Mcm: 2049, 4273.1)	No
J0901	Vadadustat, Oral, 1 Mg (For Esrd On Dialysis)	Yes
J0911	Instillation, Taurolidine 1.35 Mg And Heparin Sodium 100 Units (Central Venous Catheter Lock For Adult Patients Receiving Chronic Hemodialysis)	No
J0945	Injection, Brompheniramine Maleate, Per 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1000	Injection, Depo-Estradiol Cypionate, Up To 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1010	Injection, Methylprednisolone Acetate, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1050	Injection, Medroxyprogesterone Acetate, 1 Mg	No
J1071	Injection, Testosterone Cypionate, 1 Mg (Special Coverage Instructions Apply)	No
J1072	Injection, Testosterone Cypionate (Azmiro), 1 Mg (Special Coverage Instructions Apply)	Yes
J1073	Testosterone Pellet, Implant, 75 Mg (Special Coverage Instructions Apply)	Yes
J1095	Injection, dexamethasone 9 percent, intraocular, 1 microgram (Special coverage instructions apply. Statute reference: 1833T)	No
J1096	Dexamethasone, Lacrimal Ophthalmic Insert, 0.1 Mg	Yes
J1097	Phenylephrine 10.16 Mg/Ml And Ketorolac 2.88 Mg/Ml Ophthalmic Irrigation Solution, 1 Ml	No
J1098	Articaine Ophthalmic, 8% Solution, 0.4 Ml	Yes
J1100	Injection, Dexamethasone Sodium Phosphate, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1105	Dexmedetomidine, Oral, 1 Mcg (Not Payable By Medicare)	Yes
J1110	Injection, Dihydroergotamine Mesylate, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1120	Injection, Acetazolamide Sodium, Up To 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1130	Injection, Diclofenac Sodium, 0.5 Mg	Yes
J1160	Injection, Digoxin, Up To 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1162	Injection, Digoxin Immune Fab (Ovine), Per Vial (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1163	Injection, Diltiazem Hydrochloride, 0.5 Mg	No

Procedure Code	Description	Prior Auth Required
J1164	Injection, Diltiazem Hydrochloride In 0.72% Sodium Chloride, 0.5 Mg	No
J1165	Injection, Phenytoin Sodium, Per 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1171	Injection, Hydromorphone, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1180	Injection, Dyphylline, Up To 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1190	Injection, Dexrazoxane Hydrochloride, Per 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1200	Injection, Diphenhydramine Hcl, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1201	Injection, Cetirizine Hydrochloride, 0.5 Mg	No
J1202	Miglustat, Oral, 65 Mg (Not Payable By Medicare)	Yes
J1203	Injection, Cipaglucosidase Alfa-Atga, 5 Mg	Yes
J1205	Injection, Chlorothiazide Sodium, Per 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1212	Injection, Dmso, Dimethyl Sulfoxide, 50%, 50 Ml (Special Coverage Instructions Apply. See Cim: 45-23 And Mcm: 2049)	Yes
J1230	Injection, Methadone Hcl, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1240	Injection, Dimenhydrinate, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1245	Injection, Dipyridamole, Per 10 Mg (Special Coverage Instructions Apply. See Mcm: 15030, 2049)	Yes
J1250	Injection, Dobutamine Hydrochloride, Per 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1260	Injection, Dolasetron Mesylate, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1265	Injection, Dopamine Hcl, 40 Mg	No
J1270	Injection, Doxercalciferol, 1 Mcg	No
J1271	Injection, Doxycycline Hyclate, 1 Mg	No
J1290	Injection, Ecallantide, 1 Mg	No
J1299	Injection, Eculizumab, 2 Mg	Yes
J1301	Injection, Edaravone, 1 Mg	Yes
J1302	Injection, Sutimlimab-Jome, 10 Mg	Yes
J1303	Injection, Ravulizumab-Cwvz, 10 Mg	Yes
J1304	Injection, Tofersen, 1 Mg	Yes
J1305	Injection, Evinacumab-Dgnb, 5Mg	Yes
J1306	Injection, Inclisiran, 1 Mg	Yes
J1307	Injection, Crovalimab-Akkz, 10 Mg	Yes
J1308	Injection, Famotidine, 0.25 Mg	No
J1320	Injection, Amitriptyline Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1322	Injection, Elosulfase Alfa, 1 Mg	Yes
J1323	Injection, Elranatamab-Bcmm, 1 Mg	No
J1324	Injection, Enfuvirtide, 1 Mg	Yes
J1325	Injection, Epoprostenol, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1326	Injection, Zolbetuximab-Clzb, 2 Mg	No
J1327	Injection, Eptifibatide, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1335	Injection, Ertapenem Sodium, 500 Mg	Yes
J1364	Injection, Erythromycin Lactobionate, Per 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1370	Injection, Esomeprazole Sodium, 1 Mg	Yes
J1380	Injection, Estradiol Valerate, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1410	Injection, Estrogen Conjugated, Per 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1411	Injection, Etranacogene Dezaparvovec-Drlb, Per Therapeutic Dose	Yes
J1412	Injection, Valoctocogene Roxaparvovec-Rvox, Per Ml, Containing Nominal 2 X 10^13 Vector Genomes	Yes
J1413	Injection, Delandistrogene Moxeparvovec-Rokl, Per Therapeutic Dose	Yes
J1414	Injection, Fidanacogene Elaparvovec-Dzkt, Per Therapeutic Dose	Yes
J1426	Injection, Casimersen, 10 Mg	Yes
J1427	Injection, Viltolarsen, 10 Mg	Yes
J1428	Injection, Eteplirsen, 10 Mg	Yes
J1429	Injection, Golodirsen, 10 Mg	Yes
J1430	Injection, Ethanolamine Oleate, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1434	Injection, Fosaprepitant (Focinvez), 1 Mg	Yes
J1435	Injection, Estrone, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1436	Injection, Etidronate Disodium, Per 300 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1437	Injection, Ferric Derisomaltose, 10 Mg	Yes
J1438	Injection, Etanercept, 25 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered) (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1439	Injection, Ferric Carboxymaltose, 1 Mg	Yes
J1440	Fecal Microbiota, live - jslm, 1 ml	Yes
J1442	Injection, Filgrastim (G-Csf), Excludes Biosimilars, 1 Microgram (Special Coverage Instructions Apply)	Yes
J1447	Injection, Tbo-Filgrastim, 1 Microgram (Special Coverage Instructions Apply. See Mcm: 2049.5)	No
J1448	Injection, Trilaciclib, 1Mg	Yes
J1449	Injection, Eflapegrastim-Xnst, 0.1 Mg	Yes

Procedure Code	Description	Prior Auth Required
J1450	Injection Fluconazole, 200 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J1451	Injection, Fomepizole, 15 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1453	Injection, Fosaprepitant, 1 Mg	No
J1454	Injection, Fosnetupitant 235 Mg And Palonosetron 0.25 Mg (Special Coverage Instructions Apply)	No
J1455	Injection, Foscarnet Sodium, Per 1000 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1456	Injection, Fosaprepitant (Teva), Not Therapeutically Equivalent To J1453, 1 Mg	No
J1458	Injection, Galsulfase, 1 Mg	Yes
J1459	Injection, Immune Globulin (Privigen), Intravenous, Non-Lyophilized (E.G., Liquid), 500 Mg	Yes
J1460	Injection, Gamma Globulin, Intramuscular, 1 Cc (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1551	Injection, Immune Globulin (Cutaquig), 100 Mg	Yes
J1552	Injection, Immune Globulin (Alyglo), 500 Mg	Yes
J1553	Injection, Immune Globulin (Yimmugo), 100 Mg	Yes
J1554	Injection, Immune Globulin (Asceniv), 500 Mg	Yes
J1555	Injection, Immune Globulin (Cuvitru), 100 Mg	Yes
J1556	Injection, Immune Globulin (Bivigam), 500 Mg	Yes
J1557	Injection, Immune Globulin, (Gammaplex), Intravenous, Non-Lyophilized (E.G., Liquid), 500 Mg	Yes
J1558	Injection, Immune Globulin (Xembify), 100 Mg	Yes
J1559	Injection, Immune Globulin (Hizentra), 100 Mg	Yes
J1560	Injection, Gamma Globulin, Intramuscular, Over 10 Cc (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1561	Injection, Immune Globulin, (Gamunex-C/Gammaked), Non-Lyophilized (E.G., Liquid), 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1566	Injection, Immune Globulin, Intravenous, Lyophilized (E.G., Powder), Not Otherwise Specified, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1568	Injection, Immune Globulin, (Octagam), Intravenous, Non-Lyophilized (E.G., Liquid), 500 Mg	Yes
J1569	Injection, Immune Globulin, (Gammagard Liquid), Non-Lyophilized, (E.G., Liquid), 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1570	Injection, Ganciclovir Sodium, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1571	Injection, Hepatitis B Immune Globulin (Hepagam B), Intramuscular, 0.5 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1572	Injection, Immune Globulin, (Flebogamma/Flebogamma Dif), Intravenous, Non-Lyophilized (E.G., Liquid), 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1573	Injection, Hepatitis B Immune Globulin (Hepagam B), Intravenous, 0.5 Ml	No
J1574	Injection, Ganciclovir Sodium (Exela), Not Therapeutically Equivalent To J1570, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1575	Injection, Immune Globulin/Hyaluronidase, (Hyqvia), 100 Mg Immunoglobulin	Yes
J1576	Injection, Immune Globulin (Panzyga), Intravenous, Non-Lyophilized (E.G., Liquid), 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1580	Injection, Garamycin, Gentamicin, Up To 80 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1595	Injection, Glatiramer Acetate, 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1596	Injection, Glycopyrrolate, 0.1 Mg	No
J1597	Injection, Glycopyrrolate (Glyrx-Pf), 0.1 Mg	No
J1598	Injection, Glycopyrrolate (Fresenius Kabi), Not Therapeutically Equivalent To J1596, 0.1 Mg	No
J1599	Injection, Immune Globulin, Intravenous, Non-Lyophilized (E.G., Liquid), Not Otherwise Specified, 500 Mg	Yes
J1600	Injection, Gold Sodium Thiomalate, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1602	Injection, Golimumab, 1 Mg, For Intravenous Use	Yes
J1610	Injection, Glucagon Hydrochloride, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1611	Injection, Glucagon Hydrochloride (Fresenius Kabi), Not Therapeutically Equivalent To J1610, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1612	Injection, Glucagon (Gvoke), 0.01 Mg	No
J1626	Injection, Granisetron Hydrochloride, 100 Mcg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1627	Injection, Granisetron, Extended-Release, 0.1 Mg	Yes
J1628	Injection, Guselkumab, 1 Mg	Yes
J1630	Injection, Haloperidol, Up To 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1631	Injection, Haloperidol Decanoate, Per 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1632	Injection, Brexanolone, 1 Mg	Yes
J1640	Injection, Hemin, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1642	Injection, Heparin Sodium, (Heparin Lock Flush), Per 10 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1643	Injection, Heparin Sodium (Pfizer), Not Therapeutically Equivalent To J1644, Per 1000 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1644	Injection, Heparin Sodium, Per 1000 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1645	Injection, Dalteparin Sodium, Per 2500 Iu (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1650	Injection, Enoxaparin Sodium, 10 Mg	No

Procedure Code	Description	Prior Auth Required
J1652	Injection, Fondaparinux Sodium, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1670	Injection, Tetanus Immune Globulin, Human, Up To 250 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1675	Injection, Histrelin Acetate, 10 Micrograms (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1700	Injection, Hydrocortisone Acetate, Up To 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1720	Injection, Hydrocortisone Sodium Succinate, Up To 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1726	Injection, Hydroxyprogesterone Caproate, (Makena), 10 Mg	Yes
J1729	Injection, Hydroxyprogesterone Caproate, Not Otherwise Specified, 10 Mg	No
J1730	Injection, Diazoxide, Up To 300 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1736	Injection, Meloxicam (Delova), 1 Mg	Yes
J1737	Injection, Meloxicam (Azurity), 1 Mg	Yes
J1738	Injection, Meloxicam, 1 Mg	Yes
J1740	Injection, Ibandronate Sodium, 1 Mg	No
J1741	Injection, Ibuprofen, 100 Mg	No
J1742	Injection, Ibutilide Fumarate, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1743	Injection, Idursulfase, 1 Mg	Yes
J1744	Injection, Icatibant, 1 Mg	Yes
J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE MCM: 2049)	Yes
J1746	Injection, Ibalizumab-Uiyk, 10 Mg	Yes
J1747	Injection, Spesolimab-Sbzo, 1 Mg	Yes
J1748	Injection, Infliximab-Dyyb (Zymfentra), 10 Mg	Yes
J1749	Injection, Iloprost, 0.1 Mcg	Yes
J1750	Injection, Iron Dextran, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	No
J1756	Injection, Iron Sucrose, 1 Mg	No
J1786	Injection, Imiglucerase, 10 Units (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1790	Injection, Droperidol, Up To 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1800	Injection, Propranolol Hcl, Up To 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1805	Injection, Esmolol Hydrochloride, 10 Mg	No
J1806	Injection, Esmolol Hydrochloride (Wg Critical Care), Not Therapeutically Equivalent To J1805, 10 Mg	No
J1807	Injection, Ethacrynate Sodium, 1 Mg	Yes
J1808	Injection, Folic Acid, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1809	Injection, Fosdenopterin, 0.1 Mg	No
J1811	Insulin (Fiasp) For Administration Through Dme (I.E., Insulin Pump) Per 50 Units	No
J1812	Insulin (Fiasp), Per 5 Units (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J1813	Insulin (Lyumjev) For Administration Through Dme (I.E., Insulin Pump) Per 50 Units	Yes
J1814	Insulin (Lyumjev), Per 5 Units (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	Yes
J1815	Injection, Insulin, Per 5 Units (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J1817	Insulin For Administration Through Dme (I.E., Insulin Pump) Per 50 Units	Yes
J1823	Injection, Inebilizumab-Cdon, 1 Mg	Yes
J1826	Injection, Interferon Beta-1a, 30 Mcg	Yes
J1830	INJECTION, INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE MCM: 2049)	Yes
J1833	Injection, Isavuconazonium, 1 Mg	Yes
J1834	Injection, Isoniazid, 1 Mg	No
J1835	Injection, Itraconazole, 50 Mg	Yes
J1836	Injection, Metronidazole, 10 Mg	No
J1837	Injection, Posaconazole, 1 Mg	Yes
J1885	Injection, Ketorolac Tromethamine, Per 15 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1920	Injection, Labetalol Hydrochloride, 5 Mg	No
J1921	Injection, Labetalol Hydrochloride (Hikma), Not Therapeutically Equivalent To J1920, 5 Mg	No
J1930	Injection, Lanreotide, 1 Mg	Yes
J1931	Injection, Laronidase, 0.1 Mg	Yes
J1932	Injection, Lanreotide, (Cipla), 1 Mg	Yes
J1938	Injection, Furosemide, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1939	Injection, Bumetanide, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1941	Injection, Furosemide (Furoscix), 20 Mg	Yes
J1943	Injection, Aripiprazole Lauroxil, (Aristada Initio), 1 Mg	Yes
J1944	Injection, Aripiprazole Lauroxil, (Aristada), 1 Mg	Yes
J1950	Injection, Leuprolide Acetate (For Depot Suspension), Per 3.75 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1951	Injection, Leuprolide Acetate For Depot Suspension (Fensolvi), 0.25 Mg	Yes
J1952	Leuprolide Injectable, Camcevi, 1 Mg	Yes
J1953	Injection, Levetiracetam, 10 Mg	No

Procedure Code	Description	Prior Auth Required
J1954	Injection, Leuprolide Acetate For Depot Suspension (Lutrate Depot), 7.5 Mg	Yes
J1955	Injection, Levocarnitine, Per 1 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1956	Injection, Levofloxacin, 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1960	Injection, Levorphanol Tartrate, Up To 2 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1961	Injection, Lenacapavir (Only For Use As Hiv Treatment), 1 Mg	Yes
J1980	Injection, Hyoscyamine Sulfate, Up To 0.25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1990	Injection, Chlordiazepoxide Hcl, Up To 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2002	Injection, Lidocaine Hcl In 5% Dextrose, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2003	Injection, Lidocaine Hydrochloride, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2004	Injection, Lidocaine Hcl With Epinephrine, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2010	Injection, Lincomycin Hcl, Up To 300 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2020	Injection, Linezolid, 200 Mg	No
J2021	Injection, Linezolid (Hospira), Not Therapeutically Equivalent To J2020, 200 Mg	No
J2060	Injection, Lorazepam, 2 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2062	Loxapine For Inhalation, 1 Mg	No
J2151	Injection, Mannitol, 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2170	Injection, Mecasermin, 1 Mg	Yes
J2175	Injection, Meperidine Hydrochloride, Per 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2180	Injection, Meperidine And Promethazine Hcl, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2182	Injection, Mepolizumab, 1 Mg	Yes
J2183	Injection, Meropenem (Wg Critical Care), Not Therapeutically Equivalent To J2185, 100 Mg	No
J2184	Injection, Meropenem (B. Braun), Not Therapeutically Equivalent To J2185, 100 Mg	No
J2185	Injection, Meropenem, 100 Mg	Yes
J2186	Injection, meropenem and vaborbactam, 10mg/10mg (20mg)	Yes
J2210	Injection, Methylergonovine Maleate, Up To 0.2 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2212	Injection, Methylnaltrexone, 0.1 Mg	Yes
J2246	Injection, Micafungin In Sodium (Baxter), Not Therapeutically Equivalent To J2248, 1 Mg	No
J2247	Injection, Micafungin Sodium (Par Pharm) Not Thereapeutically Equivalent To J2248, 1 Mg	No
J2248	Injection, Micafungin Sodium, 1 Mg	No
J2249	Injection, Remimazolam, 1 Mg	Yes
J2250	Injection, Midazolam Hydrochloride, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2251	Injection, Midazolam In 0.9% Sodium Chloride, Intravenous, Not Therapeutically Equivalent To J2250, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2252	Injection, Midazolam In 0.8% Sodium Chloride, Intravenous, Not Therapeutically Equivalent To J2250, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2253	Injection, Midazolam (Seizalam), 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2260	Injection, Milrinone Lactate, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2265	Injection, Minocycline Hydrochloride, 1 Mg	No
J2267	Injection, Mirikizumab-Mrkz, 1 Mg	Yes
J2270	Injection, Morphine Sulfate, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2272	Injection, Morphine Sulfate (Fresenius Kabi), Not Therapeutically Equivalent To J2270, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2274	Injection, Morphine Sulfate, Preservative-Free For Epidural Or Intrathecal Use, 10 Mg (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J2277	Injection, Motixafortide, 0.25 Mg	Yes
J2278	Injection, Ziconotide, 1 Microgram (Special Coverage Instructions Apply)	No
J2280	Injection, Moxifloxacin, 100 Mg	Yes
J2281	Injection, Moxifloxacin (Fresenius Kabi), Not Therapeutically Equivalent To J2280, 100 Mg	No
J2290	Injection, Nafcillin Sodium, 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2291	Injection, Nafcillin Sodium (Baxter), 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2300	Injection, Nalbuphine Hydrochloride, Per 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2305	Injection, Nitroglycerin, 5 Mg	No
J2312	Injection, Naloxone Hydrochloride, Not Otherwise Specified, 0.01 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2313	Injection, Naloxone Hydrochloride (Zimhi), 0.01 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2315	Injection, Naltrexone, Depot Form, 1 Mg	Yes
J2320	Injection, Nandrolone Decanoate, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2323	Injection, Natalizumab, 1 Mg	Yes
J2325	Injection, Nesiritide, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2326	Injection, Nusinersen, 0.1 Mg	Yes

Procedure Code	Description	Prior Auth Required
J2327	Injection, Risankizumab-Rzaa, Intravenous, 1 Mg	Yes
J2329	Injection, Ublituximab-Xiiy, 1Mg	Yes
J2350	Injection, Ocrelizumab, 1 mg	Yes
J2351	Injection, Ocrelizumab, 1 Mg And Hyaluronidase-Ocsq	Yes
J2353	Injection, Octreotide, Depot Form For Intramuscular Injection, 1 Mg	Yes
J2354	Injection, Octreotide, Non-Depot Form For Subcutaneous Or Intravenous Injection, 25 Mcg	No
J2355	Injection, Oprelvekin, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2356	Injection, Tezepelumab-Ekko, 1 Mg	Yes
J2357	Injection, Omalizumab, 5 Mg	Yes
J2358	Injection, Olanzapine, Long-Acting, 1 Mg	Yes
J2359	Injection, Olanzapine, 0.5 Mg	Yes
J2360	Injection, Orphenadrine Citrate, Up To 60 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2371	Injection, Phenylephrine Hydrochloride, 20 Micrograms	No
J2372	Injection, Phenylephrine Hydrochloride (Biorphen), 20 Micrograms	No
J2373	Injection, Phenylephrine Hydrochloride (Immphentiv), 20 Micrograms	No
J2401	Injection, Chloroprocaine Hydrochloride, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2402	Injection, Chloroprocaine Hydrochloride (Clorotekal), Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2403	Chloroprocaine Hcl Ophthalmic, 3% Gel, 1 Mg	Yes
J2404	Injection, Nicardipine, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2405	Injection, Ondansetron Hydrochloride, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2406	Injection, Oritavancin (Kimyrsa), 10 Mg	Yes
J2407	Injection, Oritavancin (Orbactiv), 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2410	Injection, Oxymorphone Hcl, Up To 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2425	Injection, Palifermin, 50 Micrograms	No
J2426	Injection, Paliperidone Palmitate Extended Release (Invega Sustenna), 1 Mg	Yes
J2427	Injection, Paliperidone Palmitate Extended Release (Invega Hafyera, Or Invega Trinza), 1 Mg	Yes
J2428	Injection, Paliperidone Palmitate Extended Release (Erzofri), 1 Mg	Yes
J2430	Injection, Pamidronate Disodium, Per 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2440	Injection, Papaverine Hcl, Up To 60 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2460	Injection, Oxytetracycline Hcl, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2468	Injection, Palonosetron Hydrochloride (Posfrea), 25 Micrograms	No
J2469	Injection, Palonosetron Hcl, 25 Mcg	No
J2470	Injection, Pantoprazole Sodium, 40 Mg	No
J2471	Injection, Pantoprazole (Hikma), Not Therapeutically Equivalent To J2470, 40 Mg	No
J2472	Injection, Pantoprazole Sodium In Sodium Chloride (Baxter), 40 Mg	No
J2501	Injection, Paricalcitol, 1 Mcg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2502	Injection, Pasireotide Long Acting, 1 Mg	Yes
J2506	Injection, Pegfilgrastim, Excludes Biosimilar, 0.5 Mg	No
J2507	Injection, Pegloticase, 1 Mg	Yes
J2508	Injection, Pegunigalsidase Alfa-Iwxj, 1 Mg	Yes
J2510	Injection, Penicillin G Procaine, Aqueous, Up To 600,000 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2515	Injection, Pentobarbital Sodium, Per 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2516	Injection, Pentamidine Isethionate, 1 Mg	No
J2540	Injection, Penicillin G Potassium, Up To 600,000 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2543	Injection, Piperacillin Sodium/Tazobactam Sodium, 1 Gram/0.125 Grams (1.125 Grams) (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2545	Pentamidine Isethionate, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per 300 Mg (Special Coverage Instructions Apply)	Yes
J2547	Injection, Peramivir, 1 Mg	No
J2550	Injection, Promethazine Hcl, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2560	Injection, Phenobarbital Sodium, Up To 120 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2561	Injection, Phenobarbital Sodium (Sezaby), 1 Mg	No
J2562	Injection, Plerixafor, 1 Mg	Yes
J2590	Injection, Oxytocin, Up To 10 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2596	Injection, Vasopressin (Long Grove), Not Therapeutically Equivalent To J2598, 1 Unit	No
J2597	Injection, Desmopressin Acetate, Per 1 Mcg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2598	Injection, Vasopressin, 1 Unit	No
J2599	Injection, Vasopressin (American Regent), Not Therapeutically Equivalent To J2598, 1 Unit	No
J2601	Injection, Vasopressin (Baxter), 1 Unit	No
J2650	Injection, Prednisolone Acetate, Up To 1 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	Yes

Procedure Code	Description	Prior Auth Required
J2670	Injection, Tolazoline Hcl, Up To 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2675	Injection, Progesterone, Per 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2679	Injection, Fluphenazine Hcl, 1.25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2680	Injection, Fluphenazine Decanoate, Up To 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2690	Injection, Procainamide Hcl, Up To 1 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2700	Injection, Oxacillin Sodium, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2704	Injection, Propofol, 10 Mg	No
J2710	Injection, Neostigmine Methylsulfate, Up To 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2711	Injection, Neostigmine Methylsulfate 0.1 Mg And Glycopyrrolate 0.02 Mg	Yes
J2720	Injection, Protamine Sulfate, Per 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2724	Injection, Protein C Concentrate, Intravenous, Human, 10 Iu	No
J2725	Injection, Protirelin, Per 250 Mcg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2730	Injection, Pralidoxime Chloride, Up To 1 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2760	Injection, Phentolamine Mesylate, Up To 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2765	Injection, Metoclopramide Hcl, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2770	Injection, Quinupristin/Dalfopristin, 500 Mg (150/350) (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2777	Injection, Faricimab-Svoa, 0.1 Mg	Yes
J2778	Injection, Ranibizumab, 0.1 Mg	Yes
J2779	Injection, Ranibizumab, Via Intravitreal Implant (Susvimo), 0.1 Mg	Yes
J2781	Injection, Pegcetacoplan, Intravitreal, 1 Mg	Yes
J2782	Injection, Avacincaptad Pegol, 0.1 Mg	Yes
J2783	Injection, Rasburicase, 0.5 Mg	Yes
J2785	Injection, Regadenoson, 0.1 Mg	No
J2786	Injection, Reslizumab, 1 Mg	Yes
J2787	Riboflavin 5'-Phosphate, Ophthalmic Solution, Up To 3 Ml	Yes
J2788	Injection, Rho D Immune Globulin, Human, Minidose, 50 Micrograms (250 I.U.) (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2790	Injection, Rho D Immune Globulin, Human, Full Dose, 300 Micrograms (1500 I.U.) (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2791	Injection, Rho(D) Immune Globulin (Human), (Rhophylac), Intramuscular Or Intravenous, 100 Iu (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2792	Injection, Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 Iu (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2793	Injection, Rilonacept, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2794	Injection, Risperidone (Risperdal Consta), 0.5 Mg	Yes
J2795	Injection, Ropivacaine Hydrochloride, 1 Mg	Yes
J2797	Injection, Rolapitant, 0.5 Mg (Special Coverage Instructions Apply)	No
J2798	Injection, Risperidone, (Perseris), 0.5 Mg	Yes
J2799	Injection, Risperidone (Uzedy), 1 Mg	Yes
J2800	Injection, Methocarbamol, Up To 10 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2801	Injection, Risperidone (Rykindo), 0.5 Mg	Yes
J2802	Injection, Romiplostim, 1 Microgram	No
J2804	Injection, Rifampin, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2805	Injection, Sincalide, 5 Micrograms	No
J2810	Injection, Theophylline, Per 40 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2820	Injection, Sargramostim (Gm-Csf), 50 Mcg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2840	Injection, Sebelipase Alfa, 1 Mg	No
J2850	Injection, Secretin, Synthetic, Human, 1 Microgram (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2860	Injection, siltuximab, 10 mg	Yes
J2865	Injection, Sulfamethoxazole 5 Mg And Trimethoprim 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2916	Injection, Sodium Ferric Gluconate Complex In Sucrose Injection, 12.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049.2, 2049.4)	No
J2919	Injection, Methylprednisolone Sodium Succinate, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2941	Injection, Somatropin, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861S2B)	Yes
J2950	Injection, Promazine Hcl, Up To 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2993	Injection, Reteplase, 18.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2997	Injection, Alteplase Recombinant, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2998	Injection, Plasminogen, Human-Tvmh, 1 Mg	Yes
J3000	Injection, Streptomycin, Up To 1 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3010	Injection, Fentanyl Citrate, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No

Procedure Code	Description	Prior Auth Required
J3030	Injection, Sumatriptan Succinate, 6 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered) (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3031	Injection, Fremanezumab-Vfrm, 1 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self-Administered)	Yes
J3032	Injection, Eptinezumab-Jjmr, 1 Mg	Yes
J3055	Injection, Talquetamab-Tgvs, 0.25 Mg	Yes
J3060	Injection, Taliglucerase Alfa, 10 Units	Yes
J3070	Injection, Pentazocine, 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3090	Injection, Tedizolid Phosphate, 1 Mg	No
J3095	Injection, Telavancin, 10 Mg	No
J3101	Injection, Tenecteplase, 1 Mg	Yes
J3105	Injection, Terbutaline Sulfate, Up To 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3110	Injection, Teriparatide, 10 Mcg (Special Coverage Instructions Apply)	Yes
J3111	Injection, Romosozumab-Aqqg, 1 Mg	Yes
J3121	Injection, Testosterone Enanthate, 1 Mg (Special Coverage Instructions Apply)	Yes
J3145	Injection, Testosterone Undecanoate, 1 Mg (Special Coverage Instructions Apply)	No
J3230	Injection, Chlorpromazine Hcl, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3240	Injection, Thyrotropin Alpha, 0.9 Mg, Provided In 1.1 Mg Vial (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3241	Injection, Teprotumumab-Trbw, 10 Mg	Yes
J3243	Injection, Tigecycline, 1 Mg	No
J3244	Injection, Tigecycline (Accord), Not Therapeutically Equivalent To J3243, 1 Mg	No
J3245	Injection, tildrakizumab, 1 mg	Yes
J3246	Injection, Tirofiban Hcl, 0.25 Mg	Yes
J3247	Injection, Secukinumab, Intravenous, 1 Mg	Yes
J3250	Injection, Trimethobenzamide Hcl, Up To 200 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3260	Injection, Tobramycin Sulfate, Up To 80 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3262	Injection, Tocilizumab, 1 Mg	Yes
J3263	Injection, Toripalimab-Tpzi, 1 Mg	No
J3265	Injection, Torsemide, 10 Mg/Ml (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3285	Injection, Treprostinil, 1 Mg	Yes
J3290	Injection, Tranexamic Acid, 5 Mg (Not Payable By Medicare)	No
J3291	Injection, Tranexamic Acid In Sodium Chloride, 5 Mg (Not Payable By Medicare)	No
J3299	Injection, Triamcinolone Acetonide (Xipere), 1 Mg	Yes
J3300	Injection, Triamcinolone Acetonide, Preservative Free, 1 Mg (Special Coverage Instructions Apply)	No
J3301	Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3302	Injection, Triamcinolone Diacetate, Per 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3303	Injection, Triamcinolone Hexacetonide, Per 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3304	Injection, Triamcinolone Acetonide, Preservative-Free, Extended-Release, Microsphere Formulation, 1 Mg (Special Coverage Instructions Apply)	Yes
J3315	Injection, Triptorelin Pamoate, 3.75 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3316	Injection, Triptorelin, Extended-Release, 3.75 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3350	Injection, Urea, Up To 40 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Yes
J3358	Ustekinumab, For Intravenous Injection, 1 Mg	Yes
J3360	Injection, Diazepam, Up To 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3373	Injection, Vancomycin Hydrochloride, 10 Mg (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J3374	Injection, Vancomycin Hydrochloride (Mylan) Not Therapeutically Equivalent To J3373, 10 Mg (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J3375	Injection, Vancomycin Hydrochloride (Xellia), Not Therapeutically Equivalent To J3373, 10 Mg (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J3376	Injection, Vancomycin Hcl (Hikma), Not Therapeutically Equivalent To J3373, 10 Mg (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J3379	Injection, Valproate Sodium, 5 Mg	No
J3380	Injection, Vedolizumab, Intravenous, 1 Mg (Special Coverage Instructions Apply)	Yes
J3385	Injection, Velaglucerase Alfa, 100 Units	Yes
J3387	Injection, Elivaldogene Autotemcel, Per Treatment	Yes
J3389	Topical Administration, Prademagene Zamikeracel, Per Treatment	Yes
J3391	Injection, Atidarsagene Autotemcel, Per Treatment	Yes
J3392	Injection, Exagamglogene Autotemcel, Per Treatment	Yes
J3393	Injection, Betibeglogene Autotemcel, Per Treatment	Yes

Procedure Code	Description	Prior Auth Required
J3394	Injection, Lovotibeglogene Autotemcel, Per Treatment	Yes
J3396	Injection, Verteporfin, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 35-100, 45-30)	No
J3397	Injection, Vestronidase Alfa-Vjbk, 1 Mg	Yes
J3398	Injection, Voretigene Neparvovec-Rzyl, 1 Billion Vector Genomes	Yes
J3399	Injection, Onasemnogene Abeparvovec-Xioi, Per Treatment, Up To 5X10^15 Vector Genomes	Yes
J3401	Beremagene Geperpavec-Svdt For Topical Administration, Containing Nominal 5 X 10^9 Pfu/Ml Vector Genomes, Per 0.1 Ml	Yes
J3402	Injection, Remestemcel-L-Rknd, Per Therapeutic Dose	Yes
J3403	Revakinagene Taroretcel-Lwey, Per Implant	Yes
J3404	Injection, Zopapogene Imadenovec-Drba Suspension, Per Therapeutic Dose	Yes
J3410	Injection, Hydroxyzine Hcl, Up To 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3411	Injection, Thiamine Hcl, 100 Mg	Yes
J3415	Injection, Pyridoxine Hcl, 100 Mg	Yes
J3420	Injection, Vitamin B-12 Cyanocobalamin, Up To 1000 Mcg (Special Coverage Instructions Apply. See Cim: 45-4 And Mcm: 2049)	No
J3424	Injection, Hydroxocobalamin, Intravenous, 25 Mg	No
J3425	Injection, Hydroxocobalamin, Intramuscular, 10 Mcg (Special Coverage Instructions Apply. See Cim: 45-4 And Mcm: 2049)	No
J3430	Injection, Phytonadione (Vitamin K), Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3465	Injection, Voriconazole, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3470	Injection, Hyaluronidase, Up To 150 Units (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3471	Injection, Hyaluronidase, Ovine, Preservative Free, Per 1 Usp Unit (Up To 999 Usp Units) (Special Coverage Instructions Apply)	Yes
J3472	Injection, Hyaluronidase, Ovine, Preservative Free, Per 1000 Usp Units (Special Coverage Instructions Apply)	Yes
J3473	Injection, Hyaluronidase, Recombinant, 1 Usp Unit (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3475	Injection, Magnesium Sulfate, Per 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3480	Injection, Potassium Chloride, Per 2 Meq (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3485	Injection, Zidovudine, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3486	Injection, Ziprasidone Mesylate, 10 Mg	Yes
J3489	Injection, Zoledronic Acid, 1 Mg	No
J3490	Unclassified Drugs (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3520	Edetate Disodium, Per 150 Mg (Non-Covered By Medicare. See Cim: 35-64, 45-20)	Yes
J3530	Nasal Vaccine Inhalation (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3535	Drug Administered Through A Metered Dose Inhaler (Non-Covered By Medicare. See Mcm: 2050.5)	Yes
J3570	Laetrile, Amygdalin, Vitamin B17 (Non-Covered By Medicare. See Cim: 45-10)	Yes
J3590	Unclassified Biologics	Yes
J3591	Unclassified Drug Or Biological Used For Esrd On Dialysis	No
J7030	Infusion, Normal Saline Solution , 1000 Cc (Special Coverage Instructions Apply. See Mcm: 2049)	No
J7040	Infusion, Normal Saline Solution, Sterile (500 Ml = 1 Unit) (Special Coverage Instructions Apply. See Mcm: 2049)	No
J7042	5% Dextrose/Normal Saline (500 Ml = 1 Unit) (Special Coverage Instructions Apply. See Mcm: 2049)	No
J7050	Infusion, Normal Saline Solution, 250 Cc (Special Coverage Instructions Apply. See Mcm: 2049)	No
J7060	5% Dextrose/Water (500 Ml = 1 Unit) (Special Coverage Instructions Apply. See Mcm: 2049)	No
J7070	Infusion, D5W, 1000 Cc (Special Coverage Instructions Apply. See Mcm: 2049)	No
J7100	Infusion, Dextran 40, 500 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7110	Infusion, Dextran 75, 500 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7120	Ringers Lactate Infusion, Up To 1000 Cc (Special Coverage Instructions Apply. See Mcm: 2049)	No
J7121	5% Dextrose In Lactated Ringers Infusion, Up To 1000 Cc (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7131	Hypertonic Saline Solution, 1 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7165	Injection, Prothrombin Complex Concentrate, Human-Lans, Per I.U. Of Factor Ix Activity	No
J7168	Prothrombin Complex Concentrate (Human), Kcentra, Per I.U. Of Factor Ix Activity	Yes
J7169	Injection, Coagulation Factor Xa (Recombinant), Inactivated-Zhzo (Andexxa), 10 Mg	Yes
J7170	Injection, Emicizumab-Kxwh, 0.5 Mg	Yes
J7171	Injection, Adamts13, Recombinant-Krhn, 10 Iu	No
J7172	Injection, Marstacimab-Hncq, 0.5 Mg	Yes
J7173	Injection, Concizumab-Mtci, 0.5 Mg	Yes
J7174	Injection, Fitusiran, 0.04 Mg	Yes
J7175	Injection, Factor X, (Human), 1 I.U.	Yes
J7177	Injection, Human Fibrinogen Concentrate (Fibryga), 1 Mg	Yes
J7178	Injection, Human Fibrinogen Concentrate, Not Otherwise Specified, 1 Mg	No
J7179	Injection, Von Willebrand Factor (Recombinant), (Vonvendi), 1 I.U. Vwf:Rco (Special Coverage Instructions Apply)	Yes
J7180	Injection, Factor Xiii (Antihemophilic Factor, Human), 1 I.U.	Yes
J7181	Injection, Factor Xiii A-Subunit, (Recombinant), Per Iu	Yes
J7182	Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Novoeight), Per Iu	Yes

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J7183	Injection, Von Willebrand Factor Complex (Human), Wilate, 1 I.U. Vwf:Rco (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7185	Injection, Factor Viii (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.	Yes
J7186	Injection, Antihemophilic Factor Viii/Von Willebrand Factor Complex (Human), Per Factor Viii I.U. (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7187	Injection, Von Willebrand Factor Complex (Humate-P), Per Iu Vwf:Rco (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7188	Injection, Factor Viii (Antihemophilic Factor, Recombinant), (Obizur), Per I.U. (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7189	Factor Viia (Antihemophilic Factor, Recombinant), (Novoseven Rt), 1 Microgram (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7190	Factor Viii (Antihemophilic Factor, Human) Per I.U. (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7191	Factor Viii (Antihemophilic Factor (Porcine)), Per I.U. (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7192	Factor Viii (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7193	Factor Ix (Antihemophilic Factor, Purified, Non-Recombinant) Per I.U. (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7194	Factor Ix, Complex, Per I.U. (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7195	Injection, Factor Ix (Antihemophilic Factor, Recombinant) Per Iu, Not Otherwise Specified (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7196	Injection, Antithrombin Recombinant, 50 I.U.	Yes
J7197	Antithrombin Iii (Human), Per I.U. (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7198	Anti-Inhibitor, Per I.U. (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049)	Yes
J7199	Hemophilia Clotting Factor, Not Otherwise Classified (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049)	Yes
J7200	Injection, Factor Ix, (Antihemophilic Factor, Recombinant), Rixubis, Per Iu (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE MCM: 2049)	Yes
J7202	Injection, Factor Ix, Albumin Fusion Protein, (Recombinant), Idelvion, 1 I.U. (Special Coverage Instructions Apply)	Yes
J7203	Injection Factor Ix, (Antihemophilic Factor, Recombinant), Glycopegylated, (Rebinyn), 1 Iu (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7204	Injection, Factor Viii, Antihemophilic Factor (Recombinant), (Esperoct), Glycopegylated-Exei, Per Iu	Yes
J7205	INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE INSTRUCTIONS APPLY)	Yes
J7207	Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Pegylated, 1 I.U. (Special Coverage Instructions Apply)	Yes
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u. (special coverage instructions apply)	Yes
J7209	Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Nuwiq), 1 I.U.	Yes
J7210	Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Afstyla), 1 I.U.	Yes
J7211	Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1 I.U.	Yes
J7212	Factor Viia (Antihemophilic Factor, Recombinant)-Jncw (Sevenfact), 1 Microgram	Yes
J7213	Injection, Coagulation Factor Ix (Recombinant), Ixinity, 1 I.U. (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049)	Yes
J7214	Injection, Factor Viii/Von Willebrand Factor Complex, Recombinant (Altuviiio), Per Factor Viii I.U.	Yes
J7294	Segesterone Acetate And Ethinyl Estradiol 0.15Mg, 0.013Mg Per 24 Hours; Yearly Vaginal System, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))	No
J7295	Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))	No
J7296	Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))	No
J7297	Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))	No
J7298	Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))	No
J7299	Intrauterine Copper Contraceptive (Miudella) (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))	No
J7300	Intrauterine Copper Contraceptive (Paragard) (Non-Covered By Medicare Statute. Statute Reference: 1862A1)	No
J7301	Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))	No
J7304	Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)	No
J7306	Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
J7307	Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)	No
J7308	Aminolevulinic Acid Hcl For Topical Administration, 20%, Single Unit Dosage Form (354 Mg)	Yes
J7311	Injection, Fluocinolone Acetonide, Intravitreal Implant (Retisert), 0.01 Mg	Yes
J7312	Injection, Dexamethasone, Intravitreal Implant, 0.1 Mg	Yes
J7313	Injection, Fluocinolone Acetonide, Intravitreal Implant (Iluvien), 0.01 Mg	Yes
J7314	Injection, Fluocinolone Acetonide, Intravitreal Implant (Yutiq), 0.01 Mg	Yes
J7315	Mitomycin, Ophthalmic, 0.2 Mg	No
J7316	Injection, Ocriplasmin, 0.125 Mg	Yes
J7318	Hyaluronan Or Derivative, Durolane, For Intra-Articular Injection, 1 Mg	Yes
J7320	HYALURONAN OR DERIVITIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes
J7321	Hyaluronan Or Derivative, Hyalgan, Supartz Or Visco-3, For Intra-Articular Injection, Per Dose	Yes
J7322	Hyaluronan Or Derivative, Hymovis Or Hymovis One, For Intra-Articular Injection, 1 Mg	Yes
J7323	Hyaluronan Or Derivative, Euflexxa, For Intra-Articular Injection, Per Dose	Yes
J7324	Hyaluronan Or Derivative, Orthovisc, For Intra-Articular Injection, Per Dose	Yes
J7325	Hyaluronan Or Derivative, Synvisc Or Synvisc-One, For Intra-Articular Injection, 1 Mg	Yes
J7326	Hyaluronan Or Derivative, Gel-One, For Intra-Articular Injection, Per Dose	Yes
J7327	Hyaluronan Or Derivative, Monovisc, For Intra-Articular Injection, Per Dose	Yes
J7328	Hyaluronan Or Derivative, Gelsyn-3, For Intra-Articular Injection, 0.1 Mg	Yes
J7329	Hyaluronan Or Derivative, Trivisc, For Intra-Articular Injection, 1 Mg	Yes
J7330	Autologous Cultured Chondrocytes, Implant	Yes
J7331	Hyaluronan Or Derivative, Synojoynt, For Intra-Articular Injection, 1 Mg	Yes
J7332	Hyaluronan Or Derivative, Triluron, For Intra-Articular Injection, 1 Mg	Yes
J7336	Capsaicin 8% Patch, Per Square Centimeter	Yes
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	Yes
J7342	Instillation, Ciprofloxacin Otic Suspension, 6 Mg	Yes
J7345	Aminolevulinic Acid Hcl For Topical Administration, 10% Gel, 10 Mg (Special Coverage Instructions Apply)	Yes
J7351	Injection, Bimatoprost, Intracameral Implant, 1 Microgram	Yes
J7352	Afamelanotide Implant, 1 Mg	Yes
J7353	Anacaulase-Bcdb, 8.8% Gel, 1 Gram	Yes
J7354	Cantharidin For Topical Administration, 0.7%, Single Unit Dose Applicator (3.2 Mg)	Yes
J7355	Injection, Travoprost, Intracameral Implant, 1 Microgram	Yes
J7356	Injection, Foscarbidopa 0.25 Mg/Foslevodopa 5 Mg	Yes
J7402	Mometasone Furoate Sinus Implant, (Sinuva), 10 Micrograms	Yes
J7500	Azathioprine, Oral, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7501	Azathioprine, Parenteral, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7502	Cyclosporine, Oral, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7503	Tacrolimus, Extended Release, (Envarsus Xr), Oral, 0.25 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7504	Lymphocyte Immune Globulin, Antithymocyte Globulin, Equine, Parenteral, 250 Mg (Special Coverage Instructions Apply. See Cim: 45-22 And Mcm: 2049)	Yes
J7507	Tacrolimus, Immediate Release, Oral, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7508	Tacrolimus, Extended Release, (Astagraf Xl), Oral, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7509	Methylprednisolone Oral, Per 4 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7510	Prednisolone Oral, Per 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7511	Lymphocyte Immune Globulin, Antithymocyte Globulin, Rabbit, Parenteral, 25 Mg	Yes
J7512	Prednisone, Immediate Release Or Delayed Release, Oral, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7514	Mycophenolate Mofetil (Myhibbin), Oral Suspension, 100 Mg	Yes
J7515	Cyclosporine, Oral, 25 Mg	Yes
J7516	Injection, Cyclosporine, 250 Mg	Yes
J7517	Mycophenolate Mofetil, Oral, 250 Mg	Yes
J7518	Mycophenolic Acid, Oral, 180 Mg (Special Coverage Instructions Apply. See Mcm: 2050.5, 4471, 5249)	Yes
J7519	Injection, Mycophenolate Mofetil, 10 Mg	No
J7520	Sirolimus, Oral, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7521	Tacrolimus, Granules, Oral Suspension, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7525	Tacrolimus, Parenteral, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7527	Everolimus, Oral, 0.25 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7528	Mycophenolate Mofetil, For Suspension, Oral, 100 Mg	No
J7599	Immunosuppressive Drug, Not Otherwise Classified (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7601	Ensifentrine, Inhalation Suspension, Fda Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, 3 Mg	Yes
J7604	Acetylcysteine, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Gram	Yes
J7605	Arformoterol, Inhalation Solution, Fda Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, 15 Micrograms	No

Procedure Code	Description	Prior Auth Required
J7606	Formoterol Fumarate, Inhalation Solution, Fda Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, 20 Micrograms	No
J7607	Levalbuterol, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, 0.5 Mg	Yes
J7608	Acetylcysteine, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per Gram (Special Coverage Instructions Apply)	Yes
J7609	Albuterol, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose, 1 Mg	Yes
J7610	Albuterol, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, 1 Mg	Yes
J7611	Albuterol, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Concentrated Form, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2100.5)	No
J7612	Levalbuterol, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Concentrated Form, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2100.5)	Yes
J7613	Albuterol, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2100.5)	No
J7614	Levalbuterol, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2100.5)	Yes
J7615	Levalbuterol, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose, 0.5 Mg	Yes
J7620	Albuterol, Up To 2.5 Mg And Ipratropium Bromide, Up To 0.5 Mg, Fda-Approved Final Product, Non-Compounded, Administered Through Dme (Special Coverage Instructions Apply)	Yes
J7622	Beclomethasone, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram	Yes
J7624	Betamethasone, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram	Yes
J7626	Budesonide, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up To 0.5 Mg	Yes
J7627	Budesonide, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Up To 0.5 Mg	Yes
J7628	Bitolterol Mesylate, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7629	Bitolterol Mesylate, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7631	Cromolyn Sodium, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per 10 Milligrams (Special Coverage Instructions Apply)	Yes
J7632	Cromolyn Sodium, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per 10 Milligrams	Yes
J7633	Budesonide, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Concentrated Form, Per 0.25 Milligram	Yes
J7634	Budesonide, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per 0.25 Milligram	Yes
J7635	Atropine, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7636	Atropine, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7637	Dexamethasone, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7638	Dexamethasone, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7639	Dornase Alfa, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	No
J7640	Formoterol, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, 12 Micrograms	Yes
J7641	Flunisolide, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose, Per Milligram	Yes
J7642	Glycopyrrolate, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7643	Glycopyrrolate, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7644	Ipratropium Bromide, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7645	Ipratropium Bromide, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram	Yes
J7647	Isoetharine Hcl, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per Milligram	Yes

Procedure Code	Description	Prior Auth Required
J7648	Isoetharine Hcl, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Concentrated Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7649	Isoetharine Hcl, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7650	Isoetharine Hcl, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram	Yes
J7657	Isoproterenol Hcl, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per Milligram	Yes
J7658	Isoproterenol Hcl, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Concentrated Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7659	Isoproterenol Hcl, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7660	Isoproterenol Hcl, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram	Yes
J7665	Mannitol, Administered Through An Inhaler, 5 Mg	Yes
J7667	Metaproterenol Sulfate, Inhalation Solution, Compounded Product, Concentrated Form, Per 10 Milligrams	Yes
J7668	Metaproterenol Sulfate, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Concentrated Form, Per 10 Milligrams (Special Coverage Instructions Apply)	Yes
J7669	Metaproterenol Sulfate, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Per 10 Milligrams (Special Coverage Instructions Apply)	Yes
J7670	Metaproterenol Sulfate, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per 10 Milligrams	Yes
J7674	Methacholine Chloride Administered As Inhalation Solution Through A Nebulizer, Per 1 Mg	Yes
J7676	Pentamidine Isethionate, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per 300 Mg	Yes
J7677	Revefenacin Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, 1 Microgram	Yes
J7680	Terbutaline Sulfate, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7681	Terbutaline Sulfate, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7682	Tobramycin, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Unit Dose Form, Administered Through Dme, Per 300 Milligrams (Special Coverage Instructions Apply)	Yes
J7683	Triamcinolone, Inhalation Solution, Compounded Product, Administered Through Dme, Concentrated Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7684	Triamcinolone, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per Milligram (Special Coverage Instructions Apply)	Yes
J7685	Tobramycin, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form, Per 300 Milligrams	Yes
J7686	Treprostinil, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, 1.74 Mg	Yes
J7699	Noc Drugs, Inhalation Solution Administered Through Dme (Special Coverage Instructions Apply)	Yes
J7799	Noc Drugs, Other Than Inhalation Drugs, Administered Through Dme (Special Coverage Instructions Apply. See Mcm: 2100.5)	Yes
J7999	Compounded Drug, Not Otherwise Classified (Special Coverage Instructions Apply)	Yes
J8498	Antiemetic Drug, Rectal/Suppository, Not Otherwise Specified (Special Coverage Instructions Apply. Statute Reference: 1861S2T)	Yes
J8499	Prescription Drug, Oral, Non Chemotherapeutic, Nos (Non-Covered By Medicare. See Mcm: 2049)	No
J8501	Aprepitant, Oral, 5 Mg (Special Coverage Instructions Apply)	Yes
J8502	Injection, Aprepitant (Aponvie), 1 Mg	No
J8510	Busulfan; Oral, 2 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J8515	Cabergoline, Oral, 0.25 Mg (Non-Covered By Medicare. See Mcm: 2049.5)	Yes
J8522	Capecitabine, Oral, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J8530	Cyclophosphamide; Oral, 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J8540	Dexamethasone, Oral, 0.25 Mg (Special Coverage Instructions Apply. Statute Reference: 1861(S)2T)	Yes
J8541	Dexamethasone (Hemady), Oral, 0.25 Mg	No
J8560	Etoposide; Oral, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J8565	Gefitinib, Oral, 250 Mg (Special Coverage Instructions Apply)	Yes
J8597	Antiemetic Drug, Oral, Not Otherwise Specified (Special Coverage Instructions Apply. Statute Reference: 1861S2T)	Yes
J8600	Melphalan; Oral, 2 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J8610	Methotrexate; Oral, 2.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes

Procedure Code	Description	Prior Auth Required
J8611	Methotrexate (Jylamvo), Oral, 2.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	No
J8612	Methotrexate (Xatmep), Oral, 2.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	No
J8655	Netupitant 300 Mg And Palonosetron 0.5 Mg, Oral (Special Coverage Instructions Apply)	Yes
J8670	Rolapitant, Oral, 1 Mg (Special Coverage Instructions Apply)	No
J8700	Temozolomide, Oral, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5C)	Yes
J8705	Topotecan, Oral, 0.25 Mg	Yes
J8999	Prescription Drug, Oral, Chemotherapeutic, Nos (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J9000	Injection, Doxorubicin Hydrochloride, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9003	Leuprolide Injectable (Camcevi Etm), 1 Mg	No
J9011	Injection, Datopotamab Deruxtecan-Dlnk, 1 Mg	No
J9015	Injection, Aldesleukin, Per Single Use Vial (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9017	Injection, Arsenic Trioxide, 1 Mg	No
J9021	Injection, Asparaginase, Recombinant, (Rylaze), 0.1 Mg	No
J9022	Injection, Atezolizumab, 10 Mg	Yes
J9023	Injection, Avelumab, 10 Mg	Yes
J9024	Injection, Atezolizumab, 5 Mg And Hyaluronidase-Tqjs	No
J9025	Injection, Azacitidine, 1 Mg	No
J9026	Injection, Tarlatamab-Dlle, 1 Mg	Yes
J9027	Injection, Clofarabine, 1 Mg	Yes
J9028	Injection, Nogapendekin Alfa Inbakicept-Pmln, For Intravesical Use, 1 Microgram	Yes
J9029	Intravesical Instillation, Nadofaragene Firadenovec-Vncg, Per Therapeutic Dose	Yes
J9030	Bcg Live Intravesical Instillation, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9032	Injection, Belinostat, 10 Mg	Yes
J9033	Injection, Bendamustine Hydrochloride, 1 Mg	No
J9034	Injection, Bendamustine Hcl (Bendeka), 1 Mg	No
J9035	Injection, Bevacizumab, 10 Mg	Yes
J9036	Injection, Bendamustine Hydrochloride, (Belrapzo/Bendamustine), 1 Mg	Yes
J9038	Injection, Axatilimab-Csfr, 0.1 Mg	Yes
J9039	Injection, Blinatumomab, 1 Microgram	Yes
J9040	Injection, Bleomycin Sulfate, 15 Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9041	Injection, Bortezomib, 0.1 Mg	Yes
J9042	Injection, Brentuximab Vedotin, 1 Mg	Yes
J9043	Injection, Cabazitaxel, 1 Mg	No
J9045	Injection, Carboplatin, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9046	Injection, Bortezomib (Dr. Reddy'S), Not Therapeutically Equivalent To J9041, 0.1 Mg	No
J9047	Injection, Carfilzomib, 1 Mg	Yes
J9048	Injection, Bortezomib (Fresenius Kabi), Not Therapeutically Equivalent To J9041, 0.1 Mg	No
J9049	Injection, Bortezomib (Hospira), Not Therapeutically Equivalent To J9041, 0.1 Mg	No
J9050	Injection, Carmustine, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9051	Injection, Bortezomib (Maia), Not Therapeutically Equivalent To J9041, 0.1 Mg	No
J9052	Injection, Carmustine (Accord), Not Therapeutically Equivalent To J9050, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9054	Injection, Bortezomib (Boruzu), 0.1 Mg	No
J9055	Injection, Cetuximab, 10 Mg	Yes
J9056	Injection, Bendamustine Hydrochloride (Vivimusta), 1 Mg	Yes
J9057	Injection, Copanlisib, 1 Mg	Yes
J9060	Injection, Cisplatin, Powder Or Solution, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9061	Injection, Amivantamab-Vmjw, 2 Mg	No
J9063	Injection, Mirvetuximab Soravtansine-Gynx, 1 Mg	Yes
J9064	Injection, Cabazitaxel (Sandoz), Not Therapeutically Equivalent To J9043, 1 Mg	No
J9065	Injection, Cladribine, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9071	Injection, Cyclophosphamide (Auromedics), 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9072	Injection, Cyclophosphamide (Frindovyx), 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9073	Injection, cyclophosphamide (dr. reddy's), 5 mg (Special coverage instructions apply. See MCM: 2049)	No
J9074	Injection, Cyclophosphamide (Sandoz), 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9075	Injection, Cyclophosphamide, Not Otherwise Specified, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9076	Injection, Cyclophosphamide (Baxter), 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9100	Injection, Cytarabine, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9118	Injection, Calaspargase Pegol-Mknl, 10 Units	Yes
J9119	Injection, Cemiplimab-Rwlc, 1 Mg	Yes
J9120	Injection, Dactinomycin, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9130	Dacarbazine, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9144	Injection, Daratumumab, 10 Mg And Hyaluronidase-Fihj	Yes

Procedure Code	Description	Prior Auth Required
J9145	Injection, Daratumumab, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9150	Injection, Daunorubicin, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9153	Injection, Liposomal, 1 Mg Daunorubicin And 2.27 Mg Cytarabine	Yes
J9155	Injection, Degarelix, 1 Mg	No
J9161	Injection, Denileukin Diftitox-Cxdl, 1 Mcg	Yes
J9171	Injection, Docetaxel, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9172	Injection, Docetaxel (Docivyx), 1 Mg	No
J9173	Injection, Durvalumab, 10 Mg	No
J9174	Injection, Docetaxel (Beizray), 1 Mg	Yes
J9175	Injection, Elliotts' B Solution, 1 Ml (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9176	Injection, Elotuzumab, 1 Mg	No
J9177	Injection, Enfortumab Vedotin-Ejfv, 0.25 Mg	Yes
J9178	Injection, Epirubicin Hcl, 2 Mg	No
J9179	Injection, Eribulin Mesylate, 0.1 Mg	Yes
J9181	Injection, Etoposide, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9183	Gemcitabine Intravesical System, 225 Mg	No
J9184	Injection, Gemcitabine Hydrochloride (Avyxa), 200 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9185	Injection, Fludarabine Phosphate, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9190	Injection, Fluorouracil, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9196	Injection, Gemcitabine Hydrochloride (Accord), Not Therapeutically Equivalent To J9201, 200 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9198	Injection, Gemcitabine Hydrochloride, (Infugem), 100 Mg	Yes
J9200	Injection, Floxuridine, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg (Special coverage instructions apply. See MCM: 2049)	No
J9202	Goserelin Acetate Implant, Per 3.6 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9203	Injection, Gemtuzumab Ozogamicin, 0.1 Mg	No
J9204	Injection, Mogamulizumab-Kpkc, 1 Mg	Yes
J9205	Injection, Irinotecan Liposome, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9206	Injection, Irinotecan, 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9207	Injection, Ixabepilone, 1 Mg	No
J9208	Injection, Ifosfamide, 1 Gram (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9209	Injection, Mesna, 200 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9210	Injection, Emapalumab-Lzsg, 1 Mg	Yes
J9211	Injection, Idarubicin Hydrochloride, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9213	Injection, Interferon, Alfa-2A, Recombinant, 3 Million Units (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9214	Injection, Interferon, Alfa-2B, Recombinant, 1 Million Units (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9215	Injection, Interferon, Alfa-N3, (Human Leukocyte Derived), 250,000 Iu (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9216	Injection, Interferon, Gamma 1-B, 3 Million Units (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9217	Leuprolide Acetate (For Depot Suspension), 7.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9218	Leuprolide Acetate, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9219	Leuprolide Acetate Implant, 65 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9220	Injection, Indigotindisulfonate Sodium, 1 Mg	No
J9223	Injection, Lurbinectedin, 0.1 Mg	Yes
J9225	Histrelin Implant (Vantas), 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9226	Histrelin Implant (Supprelin La), 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9227	Injection, Isatuximab-Irfc, 10 Mg	Yes
J9228	Injection, Ipilimumab, 1 Mg	Yes
J9229	Injection, Inotuzumab Ozogamicin, 0.1 Mg	Yes
J9230	Injection, Mechlorethamine Hydrochloride, (Nitrogen Mustard), 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9245	Injection, Melphalan Hydrochloride, Not Otherwise Specified, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9246	Injection, Melphalan (Evomela), 1 Mg	Yes
J9248	Injection, Melphalan (Hepzato), 1 Mg	Yes
J9249	Injection, Melphalan (Apotex), 1 Mg	Yes
J9255	Injection, Methotrexate (Accord), Not Therapeutically Equivalent To J9260, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9256	Injection, Nipocalimab-Aahu, 3 Mg	Yes
J9260	Injection, Methotrexate Sodium, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9261	Injection, Nelarabine, 50 Mg	No
J9262	Injection, Omacetaxine Mepesuccinate, 0.01 Mg	Yes
J9263	Injection, Oxaliplatin, 0.5 Mg	No
J9264	Injection, Paclitaxel Protein-Bound Particles, 1 Mg	Yes
J9266	Injection, Pegaspargase, Per Single Dose Vial (Special Coverage Instructions Apply. See Mcm: 2049)	Yes

Procedure Code	Description	Prior Auth Required
J9267	Injection, Paclitaxel, 1 Mg (Special Coverage Instructions Apply)	No
J9268	Injection, Pentostatin, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9269	Injection, Tagraxofusp-Erzs, 10 Micrograms	Yes
J9271	Injection, Pembrolizumab, 1 Mg	No
J9272	Injection, Dostarlimab-Gxly, 10 Mg	No
J9273	Injection, Tisotumab Vedotin-Tftv, 1 Mg	No
J9274	Injection, Tebentafusp-Tebn, 1 Microgram	Yes
J9275	Injection, Cosibelimab-Ipdl, 2 Mg	Yes
J9276	Injection, Zanidatamab-Hrii, 2 Mg	Yes
J9277	Injection, Pembrolizumab, 1 Mg And Berahyaluronidase Alfa-Pmph	No
J9278	Injection, Carboplatin (Avyxa), 1 Mg	No
J9280	Injection, Mitomycin, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9281	Mitomycin Pyelocalyceal Instillation, 1 Mg	Yes
J9282	Mitomycin, Intravesical Instillation, 1 Mg	No
J9285	Injection, Olaratumab, 10 Mg	Yes
J9286	Injection, Glofitamab-Gxbm, 2.5 Mg	No
J9289	Injection, Nivolumab, 2 Mg And Hyaluronidase-Nvhy	No
J9292	Injection, Pemetrexed Dipotassium, 10 Mg	Yes
J9293	Injection, Mitoxantrone Hydrochloride, Per 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9294	Injection, Pemetrexed (Hospira), Not Therapeutically Equivalent To J9305, 10 Mg	No
J9295	Injection, Necitumumab, 1 Mg	No
J9296	Injection, Pemetrexed (Accord), Not Therapeutically Equivalent To J9305, 10 Mg	No
J9297	Injection, Pemetrexed (Sandoz), Not Therapeutically Equivalent To J9305, 10 Mg	No
J9298	Injection, Nivolumab And Relatlimab-Rmbw, 3 Mg/1 Mg	No
J9299	Injection, Nivolumab, 1 Mg (Special Coverage Instructions Apply)	No
J9301	Injection, Obinutuzumab, 10 Mg	No
J9302	Injection, Ofatumumab, 10 Mg	No
J9303	Injection, Panitumumab, 10 Mg	Yes
J9304	Injection, Pemetrexed (Pemfexy), 10 Mg	Yes
J9305	Injection, Pemetrexed, Not Otherwise Specified, 10 Mg	Yes
J9306	Injection, Pertuzumab, 1 Mg	Yes
J9307	Injection, Pralatrexate, 1 Mg	No
J9308	Injection, Ramucirumab, 5 Mg	No
J9309	Injection, Polatuzumab Vedotin-Piiq, 1 Mg	No
J9311	Injection, Rituximab 10 Mg And Hyaluronidase (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9312	Injection, Rituximab, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9313	Injection, Moxetumomab Pasudotox-Tdfk, 0.01 Mg	Yes
J9314	Injection, Pemetrexed (Teva), Not Therapeutically Equivalent To J9305, 10 Mg	No
J9316	Injection, Pertuzumab, Trastuzumab, And Hyaluronidase-Zzxf, Per 10 Mg	Yes
J9317	Injection, Sacituzumab Govitecan-Hziy, 2.5 Mg	Yes
J9318	Injection, Romidepsin, Non-Lyophilized, 0.1 Mg	Yes
J9319	Injection, Romidepsin, Lyophilized, 0.1 Mg	Yes
J9320	Injection, Streptozocin, 1 Gram (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9321	Injection, Epcoritamab-Bysp, 0.16 Mg	No
J9322	Injection, Pemetrexed (Bluepoint), Not Therapeutically Equivalent To J9305, 10 Mg	No
J9323	Injection, Pemetrexed Ditromethamine, 10 Mg	No
J9324	Injection, Pemetrexed (Pemrydi Rtu), 10 Mg	Yes
J9325	Injection, Talimogene Laherparepvec, Per 1 Million Plaque Forming Units	No
J9326	Injection, Telisotuzumab Vedotin-Tllv, 1 Mg	No
J9328	Injection, Temozolomide, 1 Mg	No
J9329	Injection, Tislelizumab-Jsgr, 1Mg	Yes
J9330	Injection, Temsirolimus, 1 Mg	No
J9331	Injection, Sirolimus Protein-Bound Particles, 1 Mg	No
J9332	Injection, Efgartigimod Alfa-Fcab, 2Mg	Yes
J9333	Injection, Rozanolixizumab-Noli, 1 Mg	Yes
J9334	Injection, Efgartigimod Alfa, 2 Mg And Hyaluronidase-Qvfc	Yes
J9341	Injection, Thiotepa (Tepylute), 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9342	Injection, Thiotepa, Not Otherwise Specified, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9345	Injection, Retifanlimab-Dlwr, 1 Mg	Yes
J9347	Injection, Tremelimumab-Actl, 1 Mg	No
J9348	Injection, Naxitamab-Gqgk, 1 Mg	Yes
J9349	Injection, Tafasitamab-Cxix, 2 Mg	Yes
J9350	Injection, Mosunetuzumab-axgb, 1 mg	No
J9351	Injection, Topotecan, 0.1 Mg	No
J9352	Injection, Trabectedin, 0.1 Mg	No
J9353	Injection, Margetuximab-Cmkb, 5 Mg	No
J9354	Injection, Ado-Trastuzumab Emtansine, 1 Mg	Yes
J9355	Injection, Trastuzumab, Excludes Biosimilar, 10 Mg	Yes
J9356	Injection, Trastuzumab, 10 Mg And Hyaluronidase-Oysk	Yes

Procedure Code	Description	Prior Auth Required
J9357	Injection, Valrubicin, Intravesical, 200 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9358	Injection, Fam-Trastuzumab Deruxtecan-Nxki, 1 Mg	Yes
J9359	Injection, Loncastuximab Tesirine-Lpyl, 0.075 Mg	No
J9360	Injection, Vinblastine Sulfate, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9361	Injection, Efbemalenograstim Alfa-Vuxw, 0.5 Mg	Yes
J9370	Vincristine Sulfate, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9376	Injection, Pozelimab-Bbfg, 1 Mg	Yes
J9380	Injection, Teclistamab-cqyv, 0.5 mg	No
J9381	Injection, Teplizumab-Mzwv, 5 Mcg	Yes
J9382	Injection, Zenocutuzumab-Zbco, 1 Mg	Yes
J9390	Injection, Vinorelbine Tartrate, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9393	Injection, Fulvestrant (Teva), Not Therapeutically Equivalent To J9395, 25 Mg	No
J9394	Injection, Fulvestrant (Fresenius Kabi) Not Therapeutically Equivalent To J9395, 25 Mg	No
J9395	Injection, Fulvestrant, 25 Mg	Yes
J9400	Injection, Ziv-Aflibercept, 1 Mg	Yes
J9600	Injection, Porfimer Sodium, 75 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9601	Injection, Linvoseltamab-Gcpt, 1 Mg	No
J9999	Not Otherwise Classified, Antineoplastic Drugs (Special Coverage Instructions Apply. See Cim: 45-16 And Mcm: 2049)	Yes
JAAA0	HIPPS Code JAAA0	No
JAAA1	HIPPS Code JAAA1	No
JAAB0	HIPPS Code JAAB0	No
JAAB1	HIPPS Code JAAB1	No
JAAC0	HIPPS Code JAAC0	No
JAAC1	HIPPS Code JAAC1	No
JAAD0	HIPPS Code JAAD0	No
JAAD1	HIPPS Code JAAD1	No
JAAE0	HIPPS Code JAAE0	No
JAAE1	HIPPS Code JAAE1	No
JAAF0	HIPPS Code JAAF0	No
JAAF1	HIPPS Code JAAF1	No
JABA0	HIPPS Code JABA0	No
JABA1	HIPPS Code JABA1	No
JABB0	HIPPS Code JABB0	No
JABB1	HIPPS Code JABB1	No
JABC0	HIPPS Code JABC0	No
JABC1	HIPPS Code JABC1	No
JABD0	HIPPS Code JABD0	No
JABD1	HIPPS Code JABD1	No
JABE0	HIPPS Code JABE0	No
JABE1	HIPPS Code JABE1	No
JABF0	HIPPS Code JABF0	No
JABF1	HIPPS Code JABF1	No
JACA0	HIPPS Code JACA0	No
JACA1	HIPPS Code JACA1	No
JACB0	HIPPS Code JACB0	No
JACB1	HIPPS Code JACB1	No
JACC0	HIPPS Code JACC0	No
JACC1	HIPPS Code JACC1	No
JACD0	HIPPS Code JACD0	No
JACD1	HIPPS Code JACD1	No
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JACE1	HIPPS Code JACE1	No
JACF0	HIPPS Code JACF0	No
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JADA0	HIPPS Code JADA0	No
JADA1	HIPPS Code JADA1	No
JADB0	HIPPS Code JADB0	No
JADB1	HIPPS Code JADB1	No
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JADC1	HIPPS Code JADC1	No
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JADD1	HIPPS Code JADD1	No
JADE0	HIPPS Code JADE0	No
JADE1	HIPPS Code JADE1	No
JADF0	HIPPS Code JADF0	No
JADF1	HIPPS Code JADF1	No
JAEA0	HIPPS Code JAEA0	No
JAEA1	HIPPS Code JAEA1	No
JAEB0	HIPPS Code JAEB0	No
JAEB1	HIPPS Code JAEB1	No
JAEC0	HIPPS Code JAEC0	No

Procedure Code	Description	Prior Auth Required
JAEC1	HIPPS Code JAEC1	No
JAED0	HIPPS Code JAED0	No
JAED1	HIPPS Code JAED1	No
JAEE0	HIPPS Code JAEE0	No
JAEE1	HIPPS Code JAEE1	No
JAEF0	HIPPS Code JAEF0	No
JAEF1	HIPPS Code JAEF1	No
JAFA0	HIPPS Code JAFA0	No
JAFA1	HIPPS Code JAFA1	No
JAFB0	HIPPS Code JAFB0	No
JAFB1	HIPPS Code JAFB1	No
JAFC0	HIPPS Code JAFC0	No
JAFC1	HIPPS Code JAFC1	No
JAFD0	HIPPS Code JAFD0	No
JAFD1	HIPPS Code JAFD1	No
JAFE0	HIPPS Code JAFE0	No
JAFE1	HIPPS Code JAFE1	No
JAFF0	HIPPS Code JAFF0	No
JAFF1	HIPPS Code JAFF1	No
JAGA0	HIPPS Code JAGA0	No
JAGA1	HIPPS Code JAGA1	No
JAGB0	HIPPS Code JAGB0	No
JAGB1	HIPPS Code JAGB1	No
JAGC0	HIPPS Code JAGC0	No
JAGC1	HIPPS Code JAGC1	No
JAGD0	HIPPS Code JAGD0	No
JAGD1	HIPPS Code JAGD1	No
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JAGE1	HIPPS Code JAGE1	No
JAGF0	HIPPS Code JAGF0	No
JAGF1	HIPPS Code JAGF1	No
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JAHA1	HIPPS Code JAHA1	No
JAHB0	HIPPS Code JAHB0	No
JAHB1	HIPPS Code JAHB1	No
JAHC0	HIPPS Code JAHC0	No
JAHC1	HIPPS Code JAHC1	No
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JAHD1	HIPPS Code JAHD1	No
JAHE0	HIPPS Code JAHE0	No
JAHE1	HIPPS Code JAHE1	No
JAHF0	HIPPS Code JAHF0	No
JAHF1	HIPPS Code JAHF1	No
JAIA0	HIPPS Code JAIA0	No
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JAID1	HIPPS Code JAID1	No
JAIE0	HIPPS Code JAIE0	No
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JAJA0	HIPPS Code JAJA0	No
JAJA1	HIPPS Code JAJA1	No
JAJB0	HIPPS Code JAJB0	No
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JAJC0	HIPPS Code JAJC0	No
JAJC1	HIPPS Code JAJC1	No
JAJD0	HIPPS Code JAJD0	No
JAJD1	HIPPS Code JAJD1	No
JAJE0	HIPPS Code JAJE0	No
JAJE1	HIPPS Code JAJE1	No
JAJF0	HIPPS Code JAJF0	No
JAJF1	HIPPS Code JAJF1	No
JAKA0	HIPPS Code JAKA0	No
JAKA1	HIPPS Code JAKA1	No
JAKB0	HIPPS Code JAKB0	No
JAKB1	HIPPS Code JAKB1	No
JAKC0	HIPPS Code JAKC0	No

Procedure Code	Description	Prior Auth Required
JAKC1	HIPPS Code JAKC1	No
JAKD0	HIPPS Code JAKD0	No
JAKD1	HIPPS Code JAKD1	No
JAKE0	HIPPS Code JAKE0	No
JAKE1	HIPPS Code JAKE1	No
JAKF0	HIPPS Code JAKF0	No
JAKF1	HIPPS Code JAKF1	No
JALA0	HIPPS Code JALA0	No
JALA1	HIPPS Code JALA1	No
JALB0	HIPPS Code JALB0	No
JALB1	HIPPS Code JALB1	No
JALC0	HIPPS Code JALC0	No
JALC1	HIPPS Code JALC1	No
JALD0	HIPPS Code JALD0	No
JALD1	HIPPS Code JALD1	No
JALE0	HIPPS Code JALE0	No
JALE1	HIPPS Code JALE1	No
JALF0	HIPPS Code JALF0	No
JALF1	HIPPS Code JALF1	No
JAMA0	HIPPS Code JAMA0	No
JAMA1	HIPPS Code JAMA1	No
JAMB0	HIPPS Code JAMB0	No
JAMB1	HIPPS Code JAMB1	No
JAMC0	HIPPS Code JAMC0	No
JAMC1	HIPPS Code JAMC1	No
JAMD0	HIPPS Code JAMD0	No
JAMD1	HIPPS Code JAMD1	No
JAME0	HIPPS Code JAME0	No
JAME1	HIPPS Code JAME1	No
JAMF0	HIPPS Code JAMF0	No
JAMF1	HIPPS Code JAMF1	No
JANA0	HIPPS Code JANA0	No
JANA1	HIPPS Code JANA1	No
JANB0	HIPPS Code JANB0	No
JANB1	HIPPS Code JANB1	No
JANC0	HIPPS Code JANC0	No
JANC1	HIPPS Code JANC1	No
JAND0	HIPPS Code JAND0	No
JAND1	HIPPS Code JAND1	No
JANE0	HIPPS Code JANE0	No
JANE1	HIPPS Code JANE1	No
JANF0	HIPPS Code JANF0	No
JANF1	HIPPS Code JANF1	No
JAPA0	HIPPS Code JAPA0	No
JAPA1	HIPPS Code JAPA1	No
JAPB0	HIPPS Code JAPB0	No
JAPB1	HIPPS Code JAPB1	No
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JAPD0	HIPPS Code JAPD0	No
JAPD1	HIPPS Code JAPD1	No
JAPE0	HIPPS Code JAPE0	No
JAPE1	HIPPS Code JAPE1	No
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JATB1	HIPPS Code JATB1	No
JATC0	HIPPS Code JATC0	No
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JATD0	HIPPS Code JATD0	No
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JATE0	HIPPS Code JATE0	No
JATE1	HIPPS Code JATE1	No
JATF0	HIPPS Code JATF0	No
JATF1	HIPPS Code JATF1	No
JAUA0	HIPPS Code JAUA0	No
JAUA1	HIPPS Code JAUA1	No
JAUB0	HIPPS Code JAUB0	No
JAUB1	HIPPS Code JAUB1	No
JAUC0	HIPPS Code JAUC0	No

Procedure Code	Description	Prior Auth Required
JAUC1	HIPPS Code JAUC1	No
JAUD0	HIPPS Code JAUD0	No
JAUD1	HIPPS Code JAUD1	No
JAUE0	HIPPS Code JAUE0	No
JAUE1	HIPPS Code JAUE1	No
JAUF0	HIPPS Code JAUF0	No
JAUF1	HIPPS Code JAUF1	No
JAVA0	HIPPS Code JAVA0	No
JAVA1	HIPPS Code JAVA1	No
JAVB0	HIPPS Code JAVB0	No
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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JIXF0	HIPPS Code JIXF0	No
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K0001	Standard Wheelchair	No
K0002	Standard Hemi (Low Seat) Wheelchair	No
K0003	Lightweight Wheelchair	No
K0004	High Strength, Lightweight Wheelchair	No
K0005	Ultralightweight Wheelchair	No
K0006	Heavy Duty Wheelchair	No
K0007	Extra Heavy Duty Wheelchair	No
K0008	Custom Manual Wheelchair/Base (Special Coverage Instructions Apply)	No
K0009	Other Manual Wheelchair/Base	No
K0010	Standard - Weight Frame Motorized/Power Wheelchair	No
K0011	Standard - Weight Frame Motorized/Power Wheelchair With Programmable Control Parameters For Speed Adjustment, Tremor Dampening, Acceleration Control And Braking	No
K0012	Lightweight Portable Motorized/Power Wheelchair	No
K0013	Custom Motorized/Power Wheelchair Base (Special Coverage Instructions Apply)	No
K0014	Other Motorized/Power Wheelchair Base	Yes
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH	No
K0017	Detachable, Adjustable Height Armrest, Base, Replacement Only, Each	No

Procedure Code	Description	Prior Auth Required
K0018	Detachable, Adjustable Height Armrest, Upper Portion, Replacement Only, Each	No
K0019	ARM PAD, REPLACEMENT ONLY, EACH	No
K0020	Fixed, Adjustable Height Armrest, Pair	No
K0037	High mount flip-up footrest, each	No
K0038	Leg Strap, Each	No
K0039	Leg Strap, H Style, Each	No
K0040	Adjustable Angle Footplate, Each	No
K0041	Large Size Footplate, Each	No
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	No
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	No
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	No
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	No
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	No
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	No
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	No
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	No
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH	No
K0053	Elevating Footrests, Articulating (Telescoping), Each	No
K0056	SEAT HEIGHT LESS THAN 17'' OR EQUAL TO OR GREATER THAN 21'' FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	No
K0065	Spoke Protectors, Each	Yes
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	No
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	No
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	No
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	No
K0073	Caster Pin Lock, Each	No
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	No
K0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	No
K0105	Iv Hanger, Each	No
K0108	Wheelchair Component Or Accessory, Not Otherwise Specified	Yes
K0195	Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base) (Special Coverage Instructions Apply. See Cim: 60-9)	No
K0455	Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication, (E.G., Epoprostenol Or Treprostinol) (Special Coverage Instructions Apply. See Cim: 60-14)	Yes
K0462	Temporary Replacement For Patient Owned Equipment Being Repaired, Any Type (Special Coverage Instructions Apply. See Mcm: 5102.3)	Yes
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE CIM: 60-14)	No
K0601	Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 1.5 Volt, Each	No
K0602	Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 3 Volt, Each	No
K0603	Replacement Battery For External Infusion Pump Owned By Patient, Alkaline, 1.5 Volt, Each	No
K0604	Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each	No
K0605	Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Each	No
K0606	Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type	Yes
K0607	Replacement Battery For Automated External Defibrillator, Garment Type Only, Each	Yes
K0608	Replacement Garment For Use With Automated External Defibrillator, Each	Yes
K0609	Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Only, Each	Yes
K0669	Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Criteria Or No Written Coding Verification From Dme Pdac	No
K0672	Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only, Each	Yes
K0730	Controlled Dose Inhalation Drug Delivery System	Yes
K0733	Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)	No
K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing	Yes
K0739	Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes	No
K0740	Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes (Non-Covered By Medicare)	No
K0743	Suction Pump, Home Model, Portable, For Use On Wounds	No
K0744	Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches Or Less	No
K0745	Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches	No
K0746	Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches	No

Procedure Code	Description	Prior Auth Required
K0800	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds	No
K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds	No
K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds	No
K0806	Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds	No
K0807	Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds	No
K0808	Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds	No
K0812	Power Operated Vehicle, Not Otherwise Classified	No
K0813	Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0814	Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0815	Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0816	Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0820	Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0821	Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0822	Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0823	Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0824	Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	No
K0825	Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	No
K0826	Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	No
K0827	Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds	No
K0828	Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	No
K0829	Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight 601 Pounds Or More	No
K0830	Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0831	Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0835	Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0836	Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0837	Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	No
K0838	Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	No
K0839	Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	No
K0840	Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	No
K0841	Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0842	Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0843	Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	No
K0848	Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0849	Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0850	Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	No
K0851	Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	No
K0852	Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	No
K0853	Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds	No

Procedure Code	Description	Prior Auth Required
K0854	Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	No
K0855	Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More	No
K0856	Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0857	Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0858	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 301 To 450 Pounds	No
K0859	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	No
K0860	Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	No
K0861	Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0862	Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	No
K0863	Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	No
K0864	Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	No
K0868	Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0869	Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0870	Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	No
K0871	Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	No
K0877	Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0878	Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0879	Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	No
K0880	Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds	No
K0884	Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
K0885	Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
K0886	Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	No
K0890	Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	No
K0891	Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds	No
K0898	Power Wheelchair, Not Otherwise Classified	No
K0899	Power Mobility Device, Not Coded By Dme Pdac Or Does Not Meet Criteria	Yes
K0900	Customized Durable Medical Equipment, Other Than Wheelchair (Special Coverage Instructions Apply)	Yes
K1004	Low Frequency Ultrasonic Diathermy Treatment Device For Home Use (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
K1007	Bilateral Hip, Knee, Ankle, Foot Device, Powered, Includes Pelvic Component, Single Or Double Upright(S), Knee Joints Any Type, With Or Without Ankle Joints Any Type, Includes All Components And Accessories, Motors, Microprocessors, Sensors	Yes
K1027	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Without Fixed Mechanical Hinge, Custom Fabricated, Includes Fitting And Adjustment	Yes
K1030	External Recharging System For Battery (Internal) For Use With Implanted Cardiac Contractility Modulation Generator, Replacement Only	Yes
K1034	Provision Of Covid-19 Test, Nonprescription Self-Administered And Self-Collected Use, Fda Approved, Authorized Or Cleared, One Test Count	No
K1035	Molecular Diagnostic Test Reader, Nonprescription Self-Administered And Self-Collected Use, Fda Approved, Authorized Or Cleared	Yes
K1036	Supplies And Accessories (E.G., Transducer) For Low Frequency Ultrasonic Diathermy Treatment Device, Per Month (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	Yes
K1037	Docking Station For Use With Oral Device/Appliance Used To Reduce Upper Airway Collapsibility	Yes
KAAA0	HIPPS Code KAAA0	No
KAAA1	HIPPS Code KAAA1	No
KAAB0	HIPPS Code KAAB0	No

Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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KAYC0	HIPPS Code KAYC0	No
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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L0112	Cranial Cervical Orthosis, Congenital Torticollis Type, With Or Without Soft Interface Material, Adjustable Range Of Motion Joint, Custom Fabricated	Yes
L0113	Cranial Cervical Orthosis, Torticollis Type, With Or Without Joint, With Or Without Soft Interface Material, Prefabricated, Includes Fitting And Adjustment	No
L0120	Cervical, Flexible, Non-Adjustable, Prefabricated, Off-The-Shelf (Foam Collar)	No
L0130	Cervical, Flexible, Thermoplastic Collar, Molded To Patient	No
L0140	Cervical, Semi-Rigid, Adjustable (Plastic Collar)	No
L0150	Cervical, Semi-Rigid, Adjustable Molded Chin Cup (Plastic Collar With Mandibular/Occipital Piece)	No
L0160	Cervical, Semi-Rigid, Wire Frame Occipital/Mandibular Support, Prefabricated, Off-The-Shelf	No
L0170	Cervical, Collar, Molded To Patient Model	No
L0172	Cervical, Collar, Semi-Rigid Thermoplastic Foam, Two-Piece, Prefabricated, Off-The-Shelf	No
L0174	Cervical, Collar, Semi-Rigid, Thermoplastic Foam, Two Piece With Thoracic Extension, Prefabricated, Off-The-Shelf	No
L0180	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable	No
L0190	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars (Somi, Guilford, Taylor Types)	No
L0200	Cervical, Multiple Post Collar, Occipital/Mandibular Supports, Adjustable Cervical Bars, And Thoracic Extension	No
L0220	Thoracic, Rib Belt, Custom Fabricated	No
L0450	Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(s), Includes Shoulder Straps And Closures, Prefabricated, Off-The-Shelf	No
L0452	Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(s), Includes Shoulder Straps And Closures, Custom Fabricated	Yes
L0454	Tlso Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To Above T-9 Vertebra, Restricts Gross Trunk Motion In The Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S),	No
L0455	Tlso, Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To Above T-9 Vertebra, Restricts Gross Trunk Motion In The Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(S)	No
L0456	Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron, Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Restricts Gross Trunk Motion In The Sagittal Plane, Produc	No
L0457	Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron, Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Restricts Gross Trunk Motion In The Sagittal Plane, Produc	No

Procedure Code	Description	Prior Auth Required
L0458	Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xiphoid, Soft Liner	No
L0460	Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Sternal Notch, Soft	No
L0462	Tlso, Triplanar Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Sternal Notch, So	No
L0464	Tlso, Triplanar Control, Modular Segmented Spinal System, Four Rigid Plastic Shells, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To The Sternal Notch, Soft Liner, Res	No
L0466	Tlso, Sagittal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Restricts Gross Trunk Motion In Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On Intervertebral Disks, Prefabricated Item Th	No
L0467	Tlso, Sagittal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Restricts Gross Trunk Motion In Sagittal Plane, Produces Intracavitary Pressure To Reduce Load On Intervertebral Disks, Prefabricated, Off-Th	No
L0468	Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction Over Scapulae, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Restrict	No
L0469	Tlso, Sagittal-Coronal Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction Over Scapulae, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Restrict	No
L0470	Tlso, Triplanar Control, Rigid Posterior Frame And Flexible Soft Anterior Apron With Straps, Closures And Padding, Extends From Sacrococcygeal Junction To Scapula, Lateral Strength Provided By Pelvic, Thoracic, And Lateral Frame Pieces, Rotational Strengt	No
L0472	Tlso, Triplanar Control, Hyperextension, Rigid Anterior And Lateral Frame Extends From Symphysis Pubis To Sternal Notch With Two Anterior Components (One Pubic And One Sternal), Posterior And Lateral Pads With Straps And Closures, Limits Spinal Flexion, R	No
L0480	Tlso, Triplanar Control, One Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Ster	No
L0482	Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notc	No
L0484	Tlso, Triplanar Control, Two Piece Rigid Plastic Shell Without Interface Liner, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Ster	No
L0486	Tlso, Triplanar Control, Two Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notc	No
L0488	Tlso, Triplanar Control, One Piece Rigid Plastic Shell With Interface Liner, Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates Just Inferior To Scapular Spine, Anterior Extends From Symphysis Pubis To Sternal Notc	No
L0490	Tlso, Sagittal-Coronal Control, One Piece Rigid Plastic Shell, With Overlapping Reinforced Anterior, With Multiple Straps And Closures, Posterior Extends From Sacrococcygeal Junction And Terminates At Or Before The T-9 Vertebra, Anterior Extends From Symp	No
L0491	Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xiphoid, Sof	No
L0492	Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Three Rigid Plastic Shells, Posterior Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior Extends From The Symphysis Pubis To The Xiphoid, S	No
L0621	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Prefabricated, Off-The-Shelf	No
L0622	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Custom Fabricated	No
L0623	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Prefabricated, Off-The-Shelf	Yes
L0624	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid Panels Placed Over The Sacrum And Abdomen, Reduces Motion About The Sacroiliac Joint, Includes Straps, Closures, May Include Pendulous Abdomen Design, Custom Fabricated	Yes
L0625	Lumbar Orthosis, Flexible, Provides Lumbar Support, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Pendulous Abdomen Design, Shoulder Str	No
L0626	Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays, Shoulder	No

Procedure Code	Description	Prior Auth Required
L0627	Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shou	No
L0628	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Stays, Shou	No
L0629	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Stays, Shou	Yes
L0630	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Pad	No
L0631	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May	No
L0632	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May	Yes
L0633	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load	No
L0634	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Loa	Yes
L0635	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panel(S), Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Late	No
L0636	Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panels, Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Latera	No
L0637	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To R	No
L0638	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To R	No
L0639	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebr	No
L0640	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebr	No
L0641	Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Stays, Shoulder	No
L0642	Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shou	No
L0643	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Pad	No
L0648	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May	No
L0649	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load	No
L0650	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure	No
L0651	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebr	No
L0700	Cervical-Thoracic-Lumbar-Sacral-Orthoses (Ctlso), Anterior-Posterior-Lateral Control, Molded To Patient Model, (Minerva Type)	No
L0710	Ctlso, Anterior-Posterior-Lateral-Control, Molded To Patient Model, With Interface Material, (Minerva Type)	No
L0720	Cervical-Thoracic-Lumbar-Sacral-Orthoses (Ctlso), Anterior-Posterior-Lateral Control, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	Yes
L0810	Halo Procedure, Cervical Halo Incorporated Into Jacket Vest	No
L0820	Halo Procedure, Cervical Halo Incorporated Into Plaster Body Jacket	No

Procedure Code	Description	Prior Auth Required
L0830	Halo Procedure, Cervical Halo Incorporated Into Milwaukee Type Orthosis	No
L0859	Addition To Halo Procedure, Magnetic Resonance Image Compatible Systems, Rings And Pins, Any Material	No
L0861	Addition To Halo Procedure, Replacement Liner/Interface Material	No
L0970	Tlso, Corset Front	No
L0972	Lso, Corset Front	No
L0974	Tlso, Full Corset	No
L0976	Lso, Full Corset	No
L0978	Axillary Crutch Extension	No
L0980	Peroneal Straps, Prefabricated, Off-The-Shelf, Pair	No
L0982	Stocking Supporter Grips, Prefabricated, Off-The-Shelf, Set Of Four (4)	No
L0984	Protective Body Sock, Prefabricated, Off-The-Shelf, Each	No
L0999	Addition To Spinal Orthosis, Not Otherwise Specified	Yes
L1000	Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) (Milwaukee), Inclusive Of Furnishing Initial Orthosis, Including Model	No
L1001	Cervical Thoracic Lumbar Sacral Orthosis, Immobilizer, Infant Size, Prefabricated, Includes Fitting And Adjustment	Yes
L1005	Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment	No
L1006	Scoliosis Orthosis, Sagittal-Coronal Control Provided By A Rigid Lateral Frame, Extends From Axilla To Trochanter, Includes All Accessory Pads, Straps And Interface, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customize	Yes
L1007	Injection, Datopotamab Deruxtecan-Dlnk, 1 Mg	Yes
L1010	Addition To Cervical-Thoracic-Lumbar-Sacral Orthosis (Ctlso) Or Scoliosis Orthosis, Axilla Sling	No
L1020	Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad	No
L1025	Addition To Ctlso Or Scoliosis Orthosis, Kyphosis Pad, Floating	No
L1030	Addition To Ctlso Or Scoliosis Orthosis, Lumbar Bolster Pad	No
L1040	Addition To Ctlso Or Scoliosis Orthosis, Lumbar Or Lumbar Rib Pad	No
L1050	Addition To Ctlso Or Scoliosis Orthosis, Sternal Pad	No
L1060	Addition To Ctlso Or Scoliosis Orthosis, Thoracic Pad	No
L1070	Addition To Ctlso Or Scoliosis Orthosis, Trapezius Sling	No
L1080	Addition To Ctlso Or Scoliosis Orthosis, Outrigger	No
L1085	Addition To Ctlso Or Scoliosis Orthosis, Outrigger, Bilateral With Vertical Extensions	No
L1090	Addition To Ctlso Or Scoliosis Orthosis, Lumbar Sling	No
L1100	Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather	No
L1110	Addition To Ctlso Or Scoliosis Orthosis, Ring Flange, Plastic Or Leather, Molded To Patient Model	No
L1120	Addition To Ctlso, Scoliosis Orthosis, Cover For Upright, Each	No
L1200	Thoracic-Lumbar-Sacral-Orthosis (Tlso), Inclusive Of Furnishing Initial Orthosis Only	No
L1210	Addition To Tlso, (Low Profile), Lateral Thoracic Extension	No
L1220	Addition To Tlso, (Low Profile), Anterior Thoracic Extension	No
L1230	Addition To Tlso, (Low Profile), Milwaukee Type Superstructure	No
L1240	Addition To Tlso, (Low Profile), Lumbar Derotation Pad	No
L1250	Addition To Tlso, (Low Profile), Anterior Asis Pad	No
L1260	Addition To Tlso, (Low Profile), Anterior Thoracic Derotation Pad	No
L1270	Addition To Tlso, (Low Profile), Abdominal Pad	No
L1280	Addition To Tlso, (Low Profile), Rib Gusset (Elastic), Each	No
L1290	Addition To Tlso, (Low Profile), Lateral Trochanteric Pad	No
L1300	Other Scoliosis Procedure, Body Jacket Molded To Patient Model	No
L1310	Other Scoliosis Procedure, Post-Operative Body Jacket	No
L1320	Thoracic, Pectus Carinatum Orthosis, Sternal Compression, Rigid Circumferential Frame With Anterior And Posterior Rigid Pads, Custom Fabricated	Yes
L1499	Spinal Orthosis, Not Otherwise Specified	Yes
L1600	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Inidividual With Expertise	No
L1610	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Frejka Cover Only), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L1620	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Pavlik Harness), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L1630	Hip Orthosis, Abduction Control Of Hip Joints, Semi-Flexible (Von Rosen Type), Custom Fabricated	No
L1640	Hip Orthosis, Abduction Control Of Hip Joints, Static, Pelvic Band Or Spreader Bar, Thigh Cuffs, Custom Fabricated	No
L1650	Hip Orthosis, Abduction Control Of Hip Joints, Static, Adjustable, (Ilfled Type), Prefabricated, Includes Fitting And Adjustment	No
L1652	Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size, Prefabricated, Includes Fitting And Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By	No
L1653	Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size, Prefabricated, Off The Shelf	Yes

Procedure Code	Description	Prior Auth Required
L1660	Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes Fitting And Adjustment	No
L1680	Hip Orthosis, Abduction Control Of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated	No
L1681	Hip Orthosis, Bilateral Hip Joints And Thigh Cuffs, Adjustable Flexion, Extension, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specif	Yes
L1685	Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated	No
L1686	Hip Orthosis, Abduction Control Of Hip Joint, Postoperative Hip Abduction Type, Prefabricated, Includes Fitting And Adjustment	No
L1690	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction And Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment	No
L1700	Legg Perthes Orthosis, (Toronto Type), Custom Fabricated	No
L1710	Legg Perthes Orthosis, (Newington Type), Custom Fabricated	No
L1720	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom Fabricated	No
L1730	Legg Perthes Orthosis, (Scottish Rite Type), Custom Fabricated	No
L1755	Legg Perthes Orthosis, (Patten Bottom Type), Custom Fabricated	No
L1810	Knee Orthosis, Elastic With Joints, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L1812	Knee Orthosis, Elastic With Joints, Prefabricated, Off-The-Shelf	No
L1820	Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L1821	Knee Orthosis, Elastic With Condylar Pads And Joints, With Or Without Patellar Control, Prefabricated, Off The Shelf	Yes
L1830	Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, Off-The-Shelf	No
L1831	Knee Orthosis, Locking Knee Joint(s), Positional Orthosis, Prefabricated, Includes Fitting And Adjustment	No
L1832	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf	No
L1834	Knee Orthosis, Without Knee Joint, Rigid, Custom Fabricated	No
L1836	Knee Orthosis, Rigid, Without Joint(s), Includes Soft Interface Material, Prefabricated, Off-The-Shelf	No
L1840	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated	No
L1843	Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, A	No
L1844	Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Custom Fabricated	No
L1845	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, A	No
L1846	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Custom Fabricated	No
L1847	Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(s), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L1848	Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(s), Prefabricated, Off-The-Shelf	No
L1850	Knee Orthosis, Swedish Type, Prefabricated, Off-The-Shelf	No
L1851	Knee Orthosis (Ko), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf	No
L1852	Knee Orthosis (Ko), Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf	No
L1860	Knee Orthosis, Modification Of Supracondylar Prosthetic Socket, Custom Fabricated (Sk)	No
L1900	Ankle Foot Orthosis, Spring Wire, Dorsiflexion Assist Calf Band, Custom Fabricated	No
L1902	Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Prefabricated, Off-The-Shelf	Yes
L1904	Ankle Orthosis, Ankle Gauntlet Or Similar, With Or Without Joints, Custom Fabricated	No
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	No
L1907	Ankle Orthosis, Supramalleolar With Straps, With Or Without Interface/Pads, Custom Fabricated	No
L1910	Ankle Foot Orthosis, Posterior, Single Bar, Clasp Attachment To Shoe Counter, Prefabricated, Includes Fitting And Adjustment	No
L1920	Ankle Foot Orthosis, Single Upright With Static Or Adjustable Stop (Phelps Or Perlstein Type), Custom Fabricated	No

Procedure Code	Description	Prior Auth Required
L1930	Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment	No
L1932	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No
L1933	Ankle Foot Orthosis, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated, Off-The-Shelf	Yes
L1940	Ankle Foot Orthosis, Plastic Or Other Material, Custom Fabricated	No
L1945	Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom Fabricated	No
L1950	Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic, Custom Fabricated	No
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No
L1952	Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other Material, Prefabricated, Off-The-Shelf	Yes
L1960	Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom Fabricated	No
L1970	Ankle Foot Orthosis, Plastic With Ankle Joint, Custom Fabricated	No
L1971	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment	No
L1980	Ankle Foot Orthosis, Single Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Single Bar 'Bk' Orthosis), Custom Fabricated	No
L1990	Ankle Foot Orthosis, Double Upright Free Plantar Dorsiflexion, Solid Stirrup, Calf Band/Cuff (Double Bar 'Bk' Orthosis), Custom Fabricated	No
L2000	Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar 'Ak' Orthosis), Custom Fabricated	No
L2005	Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated	Yes
L2006	Knee Ankle Foot Device, Any Material, Single Or Double Upright, Swing And Stance Phase Microprocessor Control With Adjustability, Includes All Components (E.G., Sensors, Batteries, Charger), Any Type Activation, With Or Without Ankle Joint(S), Custom Fabr	Yes
L2010	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single Bar 'Ak' Orthosis), Without Knee Joint, Custom Fabricated	No
L2020	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Double Bar 'Ak' Orthosis), Custom Fabricated	No
L2030	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs, (Double Bar 'Ak' Orthosis), Without Knee Joint, Custom Fabricated	No
L2034	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, Medial Lateral Rotation Control, With Or Without Free Motion Ankle, Custom Fabricated	No
L2035	Knee Ankle Foot Orthosis, Full Plastic, Static (Pediatric Size), Without Free Motion Ankle, Prefabricated, Includes Fitting And Adjustment	No
L2036	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated	No
L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated	No
L2038	Knee Ankle Foot Orthosis, Full Plastic, With Or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated	No
L2040	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated	No
L2050	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom Fabricated	No
L2060	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/Belt, Custom Fabricated	No
L2070	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Rotation Straps, Pelvic Band/Belt, Custom Fabricated	No
L2080	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Hip Joint, Pelvic Band/Belt, Custom Fabricated	No
L2090	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Ball Bearing Hip Joint, Pelvic Band/Belt, Custom Fabricated	No
L2106	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom Fabricated	No
L2108	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom Fabricated	No
L2112	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment	No
L2114	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment	No
L2116	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment	No
L2126	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom Fabricated	No
L2128	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom Fabricated	No

Procedure Code	Description	Prior Auth Required
L2132	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment	No
L2134	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting And Adjustment	No
L2136	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting And Adjustment	No
L2180	Addition To Lower Extremity Fracture Orthosis, Plastic Shoe Insert With Ankle Joints	No
L2182	Addition To Lower Extremity Fracture Orthosis, Drop Lock Knee Joint	No
L2184	Addition To Lower Extremity Fracture Orthosis, Limited Motion Knee Joint	No
L2186	Addition To Lower Extremity Fracture Orthosis, Adjustable Motion Knee Joint, Lerman Type	No
L2188	Addition To Lower Extremity Fracture Orthosis, Quadrilateral Brim	No
L2190	Addition To Lower Extremity Fracture Orthosis, Waist Belt	No
L2192	Addition To Lower Extremity Fracture Orthosis, Hip Joint, Pelvic Band, Thigh Flange, And Pelvic Belt	No
L2200	Addition To Lower Extremity, Limited Ankle Motion, Each Joint	No
L2210	Addition To Lower Extremity, Dorsiflexion Assist (Plantar Flexion Resist), Each Joint	No
L2220	Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/Resist, Each Joint	No
L2221	Addition To Lower Extremity Orthosis, Ankle System, Microprocessor-Controlled Feature Plantarflexion And/Or Dorsiflexion, Includes Power Source	Yes
L2230	Addition To Lower Extremity, Split Flat Caliper Stirrups And Plate Attachment	No
L2232	Addition To Lower Extremity Orthosis, Rocker Bottom For Total Contact Ankle Foot Orthosis, For Custom Fabricated Orthosis Only	Yes
L2240	Addition To Lower Extremity, Round Caliper And Plate Attachment	No
L2250	Addition To Lower Extremity, Foot Plate, Molded To Patient Model, Stirrup Attachment	No
L2260	Addition To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type)	No
L2265	Addition To Lower Extremity, Long Tongue Stirrup	No
L2270	Addition To Lower Extremity, Varus/Valgus Correction ('T') Strap, Padded/Lined Or Malleolus Pad	No
L2275	Addition To Lower Extremity, Varus/Valgus Correction, Plastic Modification, Padded/Lined	No
L2280	Addition To Lower Extremity, Molded Inner Boot	No
L2300	Addition To Lower Extremity, Abduction Bar (Bilateral Hip Involvement), Jointed, Adjustable	No
L2310	Addition To Lower Extremity, Abduction Bar-Straight	No
L2320	Addition To Lower Extremity, Non-Molded Lacer, For Custom Fabricated Orthosis Only	No
L2330	Addition To Lower Extremity, Lacer Molded To Patient Model, For Custom Fabricated Orthosis Only	No
L2335	Addition To Lower Extremity, Anterior Swing Band	No
L2340	Addition To Lower Extremity, Pre-Tibial Shell, Molded To Patient Model	No
L2350	Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded To Patient Model, (Used For 'Ptb' 'Afo' Orthoses)	No
L2360	Addition To Lower Extremity, Extended Steel Shank	No
L2370	Addition To Lower Extremity, Patten Bottom	No
L2375	Addition To Lower Extremity, Torsion Control, Ankle Joint And Half Solid Stirrup	No
L2380	Addition To Lower Extremity, Torsion Control, Straight Knee Joint, Each Joint	No
L2385	Addition To Lower Extremity, Straight Knee Joint, Heavy Duty, Each Joint	No
L2387	Addition To Lower Extremity, Polycentric Knee Joint, For Custom Fabricated Knee Ankle Foot Orthosis, Each Joint	No
L2390	Addition To Lower Extremity, Offset Knee Joint, Each Joint	No
L2395	Addition To Lower Extremity, Offset Knee Joint, Heavy Duty, Each Joint	No
L2397	Addition To Lower Extremity Orthosis, Suspension Sleeve	No
L2405	Addition To Knee Joint, Drop Lock, Each	No
L2415	Addition To Knee Lock With Integrated Release Mechanism (Bail, Cable, Or Equal), Any Material, Each Joint	No
L2425	Addition To Knee Joint, Disc Or Dial Lock For Adjustable Knee Flexion, Each Joint	No
L2430	Addition To Knee Joint, Ratchet Lock For Active And Progressive Knee Extension, Each Joint	No
L2492	Addition To Knee Joint, Lift Loop For Drop Lock Ring	No
L2500	Addition To Lower Extremity, Thigh/Weight Bearing, Gluteal/ Ischial Weight Bearing, Ring	No
L2510	Addition To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Molded To Patient Model	No
L2520	Addition To Lower Extremity, Thigh/Weight Bearing, Quadri- Lateral Brim, Custom Fitted	No
L2525	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim Molded To Patient Model	No
L2526	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim, Custom Fitted	No
L2530	Addition To Lower Extremity, Thigh-Weight Bearing, Lacer, Non-Molded	No
L2540	Addition To Lower Extremity, Thigh/Weight Bearing, Lacer, Molded To Patient Model	No
L2550	Addition To Lower Extremity, Thigh/Weight Bearing, High Roll Cuff	No
L2570	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each	No
L2580	Addition To Lower Extremity, Pelvic Control, Pelvic Sling	No
L2600	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type, Or Thrust Bearing, Free, Each	No
L2610	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Or Thrust Bearing, Lock, Each	No
L2620	Addition To Lower Extremity, Pelvic Control, Hip Joint, Heavy Duty, Each	No
L2622	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Each	No

Procedure Code	Description	Prior Auth Required
L2624	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each	No
L2627	Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model, Reciprocating Hip Joint And Cables	No
L2628	Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint And Cables	No
L2630	Addition To Lower Extremity, Pelvic Control, Band And Belt, Unilateral	No
L2640	Addition To Lower Extremity, Pelvic Control, Band And Belt, Bilateral	No
L2650	Addition To Lower Extremity, Pelvic And Thoracic Control, Gluteal Pad, Each	No
L2660	Addition To Lower Extremity, Thoracic Control, Thoracic Band	No
L2670	Addition To Lower Extremity, Thoracic Control, Paraspinal Uprights	No
L2680	Addition To Lower Extremity, Thoracic Control, Lateral Support Uprights	No
L2750	Addition To Lower Extremity Orthosis, Plating Chrome Or Nickel, Per Bar	No
L2755	Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Per Segment, For Custom Fabricated Orthosis Only	No
L2760	Addition To Lower Extremity Orthosis, Extension, Per Extension, Per Bar (For Lineal Adjustment For Growth)	No
L2768	Orthotic Side Bar Disconnect Device, Per Bar	No
L2780	Addition To Lower Extremity Orthosis, Non-Corrosive Finish, Per Bar	No
L2785	Addition To Lower Extremity Orthosis, Drop Lock Retainer, Each	No
L2795	Addition To Lower Extremity Orthosis, Knee Control, Full Kneecap	No
L2800	Addition To Lower Extremity Orthosis, Knee Control, Knee Cap, Medial Or Lateral Pull, For Use With Custom Fabricated Orthosis Only	No
L2810	Addition To Lower Extremity Orthosis, Knee Control, Condylar Pad	No
L2820	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section	No
L2830	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section	No
L2840	Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture Or Equal, Each	No
L2850	Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture Or Equal, Each	No
L2861	Addition To Lower Extremity Joint, Knee Or Ankle, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics Only, Each (Not Payable By Medicare)	Yes
L2999	Lower Extremity Orthoses, Not Otherwise Specified	Yes
L3000	Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berkeley Shell, Each (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3001	Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3002	Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Equal, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3003	Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3010	Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arch Support, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3020	Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ Metatarsal Support, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3030	Foot, Insert, Removable, Formed To Patient Foot, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3031	Foot, Insert/Plate, Removable, Addition To Lower Extremity Orthosis, High Strength, Lightweight Material, All Hybrid Lamination/Prepreg Composite, Each	Yes
L3040	Foot, Arch Support, Removable, Premolded, Longitudinal, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3050	Foot, Arch Support, Removable, Premolded, Metatarsal, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3060	Foot, Arch Support, Removable, Premolded, Longitudinal/ Metatarsal, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3070	Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3080	Foot, Arch Support, Non-Removable Attached To Shoe, Metatarsal, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3090	Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal/Metatarsal, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3100	Hallus-Valgus Night Dynamic Splint, Prefabricated, Off-The-Shelf (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3140	Foot, Abduction Rotation Bar, Including Shoes (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE MCM: 2323)	No
L3160	Foot, Adjustable Shoe-Styled Positioning Device	Yes
L3161	Foot, Adductus Positioning Device, Adjustable	Yes
L3170	Foot, Plastic, Silicone Or Equal, Heel Stabilizer, Prefabricated, Off-The-Shelf, Each (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3201	Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3202	Orthopedic Shoe, Oxford With Supinator Or Pronator, Child (Special Coverage Instructions Apply. See Mcm: 2323)	No

Procedure Code	Description	Prior Auth Required
L3203	Orthopedic Shoe, Oxford With Supinator Or Pronator, Junior (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3204	Orthopedic Shoe, Hightop With Supinator Or Pronator, Infant (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3206	Orthopedic Shoe, Hightop With Supinator Or Pronator, Child (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3207	Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3208	Surgical Boot, Each, Infant (Special Coverage Instructions Apply. See Mcm: 2079)	No
L3209	Surgical Boot, Each, Child (Special Coverage Instructions Apply. See Mcm: 2079)	No
L3211	Surgical Boot, Each, Junior (Special Coverage Instructions Apply. See Mcm: 2079)	No
L3212	Benesch Boot, Pair, Infant (Special Coverage Instructions Apply. See Mcm: 2079)	No
L3213	Benesch Boot, Pair, Child (Special Coverage Instructions Apply. See Mcm: 2079)	No
L3214	Benesch Boot, Pair, Junior (Special Coverage Instructions Apply. See Mcm: 2079)	No
L3215	Orthopedic Footwear, Ladies Shoe, Oxford, Each (Non-Covered By Medicare Statute. Statute Reference: 1862A8)	No
L3216	Orthopedic Footwear, Ladies Shoe, Depth Inlay, Each (Non-Covered By Medicare Statute. Statute Reference: 1862A8)	No
L3217	Orthopedic Footwear, Ladies Shoe, Hightop, Depth Inlay, Each (Non-Covered By Medicare Statute. Statute Reference: 1862A8)	No
L3219	Orthopedic Footwear, Mens Shoe, Oxford, Each (Non-Covered By Medicare Statute. Statute Reference: 1862A8)	No
L3221	Orthopedic Footwear, Mens Shoe, Depth Inlay, Each (Non-Covered By Medicare Statute. Statute Reference: 1862A8)	No
L3222	Orthopedic Footwear, Mens Shoe, Hightop, Depth Inlay, Each (Non-Covered By Medicare Statute. Statute Reference: 1862A8)	No
L3224	Orthopedic Footwear, Woman'S Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis) (Special Coverage Instructions Apply. See Mcm: 2323D)	Yes
L3225	Orthopedic Footwear, Man'S Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis) (Special Coverage Instructions Apply. See Mcm: 2323D)	Yes
L3230	Orthopedic Footwear, Custom Shoe, Depth Inlay, Each (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3250	Orthopedic Footwear, Custom Molded Shoe, Removable Inner Mold, Prosthetic Shoe, Each (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3251	Foot, Shoe Molded To Patient Model, Silicone Shoe, Each (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3252	Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3253	Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted, Each (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3254	Non-Standard Size Or Width (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3255	Non-Standard Size Or Length (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3257	Orthopedic Footwear, Additional Charge For Split Size (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3260	Surgical Boot/Shoe, Each (Special Coverage Instructions Apply. See Mcm: 2079)	No
L3265	Plastazote Sandal, Each	No
L3300	Lift, Elevation, Heel, Tapered To Metatarsals, Per Inch (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3310	Lift, Elevation, Heel And Sole, Neoprene, Per Inch (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3320	Lift, Elevation, Heel And Sole, Cork, Per Inch (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3330	Lift, Elevation, Metal Extension (Skate) (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3332	Lift, Elevation, Inside Shoe, Tapered, Up To One-Half Inch (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3334	Lift, Elevation, Heel, Per Inch (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3340	Heel Wedge, Sach (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3350	Heel Wedge (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3360	Sole Wedge, Outside Sole (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3370	Sole Wedge, Between Sole (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3380	Clubfoot Wedge (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3390	Outflare Wedge (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3400	Metatarsal Bar Wedge, Rocker (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3410	Metatarsal Bar Wedge, Between Sole (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3420	Full Sole And Heel Wedge, Between Sole (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3430	Heel, Counter, Plastic Reinforced (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3440	Heel, Counter, Leather Reinforced (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3450	Heel, Sach Cushion Type (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3455	Heel, New Leather, Standard (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3460	Heel, New Rubber, Standard (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3465	Heel, Thomas With Wedge (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3470	Heel, Thomas Extended To Ball (Special Coverage Instructions Apply. See Mcm: 2323)	No

Procedure Code	Description	Prior Auth Required
L3480	Heel, Pad And Depression For Spur (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3485	Heel, Pad, Removable For Spur (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3500	Orthopedic Shoe Addition, Insole, Leather (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3510	Orthopedic Shoe Addition, Insole, Rubber (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3520	Orthopedic Shoe Addition, Insole, Felt Covered With Leather (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3530	Orthopedic Shoe Addition, Sole, Half (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3540	Orthopedic Shoe Addition, Sole, Full (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3550	Orthopedic Shoe Addition, Toe Tap Standard (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3560	Orthopedic Shoe Addition, Toe Tap, Horseshoe (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3570	Orthopedic Shoe Addition, Special Extension To Instep (Leather With Eyelets) (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3580	Orthopedic Shoe Addition, Convert Instep To Velcro Closure (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3590	Orthopedic Shoe Addition, Convert Firm Shoe Counter To Soft Counter (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3595	Orthopedic Shoe Addition, March Bar (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3600	Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, Existing (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3610	Transfer Of An Orthosis From One Shoe To Another, Caliper Plate, New (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3620	Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, Existing (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3630	Transfer Of An Orthosis From One Shoe To Another, Solid Stirrup, New (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3640	Transfer Of An Orthosis From One Shoe To Another, Dennis Browne Splint (Riveton), Both Shoes (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3649	Orthopedic Shoe, Modification, Addition Or Transfer, Not Otherwise Specified (Special Coverage Instructions Apply. See Mcm: 2323)	Yes
L3650	Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Prefabricated, Off-The-Shelf	No
L3660	Shoulder Orthosis, Figure Of Eight Design Abduction Restrainer, Canvas And Webbing, Prefabricated, Off-The-Shelf	No
L3670	Shoulder Orthosis, Acromio/Clavicular (Canvas And Webbing Type), Prefabricated, Off-The-Shelf	No
L3671	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3674	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, With Or Without Nontorsion Joint/Turnbuckle, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3675	Shoulder Orthosis, Vest Type Abduction Restrainer, Canvas Webbing Type Or Equal, Prefabricated, Off-The-Shelf	No
L3677	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise (Special Cov	Yes
L3678	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Prefabricated, Off-The-Shelf	Yes
L3702	Elbow Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3710	Elbow Orthosis, Elastic With Metal Joints, Prefabricated, Off-The-Shelf	No
L3720	Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Free Motion, Custom Fabricated	No
L3730	Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom Fabricated	No
L3740	Elbow Orthosis, Double Upright With Forearm/Arm Cuffs, Adjustable Position Lock With Active Control, Custom Fabricated	No
L3760	Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L3761	Elbow Orthosis (Eo), With Adjustable Position Locking Joint(s), Prefabricated, Off-The-Shelf	No
L3762	Elbow Orthosis, Rigid, Without Joints, Includes Soft Interface Material, Prefabricated, Off-The-Shelf	No
L3763	Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3764	Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3765	Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3766	Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No

Procedure Code	Description	Prior Auth Required
L3806	Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(s), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3807	Wrist Hand Finger Orthosis, Without Joint(s), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	Yes
L3808	Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interface Material; Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3809	Wrist Hand Finger Orthosis, Without Joint(s), Prefabricated, Off-The-Shelf, Any Type	No
L3891	Addition To Upper Extremity Joint, Wrist Or Elbow, Concentric Adjustable Torsion Style Mechanism For Custom Fabricated Orthotics Only, Each (Not Payable By Medicare)	Yes
L3900	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist Or Finger Driven, Custom Fabricated	No
L3901	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Cable Driven, Custom Fabricated	No
L3904	Wrist Hand Finger Orthosis, External Powered, Electric, Custom Fabricated	No
L3905	Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3906	Wrist Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3908	Wrist Hand Orthosis, Wrist Extension Control Cock-Up, Non Molded, Prefabricated, Off-The-Shelf	No
L3912	Hand Finger Orthosis (Hfo), Flexion Glove With Elastic Finger Control, Prefabricated, Off-The-Shelf	No
L3913	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3915	Wrist Hand Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Indiv	No
L3916	Wrist Hand Orthosis, Includes One Or More Nontorsion Joint(s), Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Prefabricated, Off-The-Shelf	No
L3917	Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L3918	Hand Orthosis, Metacarpal Fracture Orthosis, Prefabricated, Off-The-Shelf	No
L3919	Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3921	Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3923	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L3924	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps, Prefabricated, Off-The-Shelf	No
L3925	Finger Orthosis, Proximal Interphalangeal (Pip)/Distal Interphalangeal (Dip), Non Torsion Joint/Spring, Extension/Flexion, May Include Soft Interface Material, Prefabricated, Off-The-Shelf	No
L3927	Finger Orthosis, Proximal Interphalangeal (Pip)/Distal Interphalangeal (Dip), Without Joint/Spring, Extension/Flexion (E.G., Static Or Ring Type), May Include Soft Interface Material, Prefabricated, Off-The-Shelf	No
L3929	Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific P	No
L3930	Hand Finger Orthosis, Includes One Or More Nontorsion Joint(s), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Prefabricated, Off-The-Shelf	No
L3931	Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(s), Turnbuckles, Elastic Bands/Springs, May Include Soft Interface Material, Straps, Prefabricated, Includes Fitting And Adjustment	No
L3933	Finger Orthosis, Without Joints, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment	No
L3935	Finger Orthosis, Nontorsion Joint, May Include Soft Interface, Custom Fabricated, Includes Fitting And Adjustment	No
L3956	Addition Of Joint To Upper Extremity Orthosis, Any Material; Per Joint	Yes
L3960	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting And Adjustment	No
L3961	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3962	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erb's Palsey Design, Prefabricated, Includes Fitting And Adjustment	No
L3967	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No

Procedure Code	Description	Prior Auth Required
L3971	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3973	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting An	No
L3975	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3976	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3977	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3978	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component And Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fit	No
L3980	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Fitting And Adjustment	No
L3981	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap Design, With Or Without Joints, Forearm Section, May Include Soft Interface, Straps, Includes Fitting And Adjustments	Yes
L3982	Upper Extremity Fracture Orthosis, Radius/Ulnar, Prefabricated, Includes Fitting And Adjustment	No
L3984	Upper Extremity Fracture Orthosis, Wrist, Prefabricated, Includes Fitting And Adjustment	No
L3995	Addition To Upper Extremity Orthosis, Sock, Fracture Or Equal, Each	No
L3999	Upper Limb Orthosis, Not Otherwise Specified	Yes
L4000	Replace Girdle For Spinal Orthosis (Ctlso Or So)	No
L4002	Replacement Strap, Any Orthosis, Includes All Components, Any Length, Any Type	No
L4010	Replace Trilateral Socket Brim	No
L4020	Replace Quadrilateral Socket Brim, Molded To Patient Model	No
L4030	Replace Quadrilateral Socket Brim, Custom Fitted	No
L4040	Replace Molded Thigh Lacer, For Custom Fabricated Orthosis Only	No
L4045	Replace Non-Molded Thigh Lacer, For Custom Fabricated Orthosis Only	No
L4050	Replace Molded Calf Lacer, For Custom Fabricated Orthosis Only	No
L4055	Replace Non-Molded Calf Lacer, For Custom Fabricated Orthosis Only	No
L4060	Replace High Roll Cuff	No
L4070	Replace Proximal And Distal Upright For Kafo	No
L4080	Replace Metal Bands Kafo, Proximal Thigh	No
L4090	Replace Metal Bands Kafo-Afo, Calf Or Distal Thigh	No
L4100	Replace Leather Cuff Kafo, Proximal Thigh	No
L4110	Replace Leather Cuff Kafo-Afo, Calf Or Distal Thigh	No
L4130	Replace Pretibial Shell	No
L4205	Repair Of Orthotic Device, Labor Component, Per 15 Minutes (Special Coverage Instructions Apply. See Mcm: 2100.4)	No
L4210	Repair Of Orthotic Device, Repair Or Replace Minor Parts (Special Coverage Instructions Apply. See Mcm: 2133, 2100.4, 2130D)	Yes
L4350	Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (E.G., Pneumatic, Gel), Prefabricated, Off-The-Shelf	No
L4360	Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface Material, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L4361	Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf	No
L4370	Pneumatic Full Leg Splint, Prefabricated, Off-The-Shelf	No
L4386	Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	No
L4387	Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf	No
L4392	Replacement, Soft Interface Material, Static Afo	Yes
L4394	Replace Soft Interface Material, Foot Drop Splint	Yes
L4396	Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Positioning, May Be Used For Minimal Ambulation, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific	No
L4397	Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf	No
L4398	Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf	No
L4631	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated	No
L5000	Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323)	No

Procedure Code	Description	Prior Auth Required
L5010	Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323)	No
L5020	Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323)	No
L5050	Ankle, Symes, Molded Socket, Sach Foot	No
L5060	Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot	No
L5100	Below Knee, Molded Socket, Shin, Sach Foot	No
L5105	Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foot	No
L5150	Knee Disarticulation (Or Through Knee), Molded Socket, External Knee Joints, Shin, Sach Foot	No
L5160	Knee Disarticulation (Or Through Knee), Molded Socket, Bent Knee Configuration, External Knee Joints, Shin, Sach Foot	No
L5200	Above Knee, Molded Socket, Single Axis Constant Friction Knee, Shin, Sach Foot	No
L5210	Above Knee, Short Prosthesis, No Knee Joint ('Stubbies'), With Foot Blocks, No Ankle Joints, Each	No
L5220	Above Knee, Short Prosthesis, No Knee Joint ('Stubbies'), With Articulated Ankle/Foot, Dynamically Aligned, Each	No
L5230	Above Knee, For Proximal Femoral Focal Deficiency, Constant Friction Knee, Shin, Sach Foot	No
L5250	Hip Disarticulation, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot	No
L5270	Hip Disarticulation, Tilt Table Type; Molded Socket, Locking Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot	No
L5280	Hemipelvectomy, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, Sach Foot	No
L5301	Below Knee, Molded Socket, Shin, Sach Foot, Endoskeletal System	No
L5312	Knee Disarticulation (Or Through Knee), Molded Socket, Single Axis Knee, Pylon, Sach Foot, Endoskeletal System	No
L5321	Above Knee, Molded Socket, Open End, Sach Foot, Endoskeletal System, Single Axis Knee	No
L5331	Hip Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, Sach Foot	No
L5341	Hemipelvectomy, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, Sach Foot	No
L5400	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment, Suspension, And One Cast Change, Below Knee	No
L5410	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment And Suspension, Below Knee, Each Additional Cast Change And Realignment	No
L5420	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment And Suspension And One Cast Change 'Ak' Or Knee Disarticulation	No
L5430	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Incl. Fitting, Alignment And Supension, 'Ak' Or Knee Disarticulation, Each Additional Cast Change And Realignment	No
L5450	Immediate Post Surgical Or Early Fitting, Application Of Non-Weight Bearing Rigid Dressing, Below Knee	No
L5460	Immediate Post Surgical Or Early Fitting, Application Of Non-Weight Bearing Rigid Dressing, Above Knee	No
L5500	Initial, Below Knee 'Ptb' Type Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Plaster Socket, Direct Formed	No
L5505	Initial, Above Knee - Knee Disarticulation, Ischial Level Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Plaster Socket, Direct Formed	No
L5510	Preparatory, Below Knee 'Ptb' Type Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Plaster Socket, Molded To Model	No
L5520	Preparatory, Below Knee 'Ptb' Type Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Direct Formed	No
L5530	Preparatory, Below Knee 'Ptb' Type Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Model	No
L5535	Preparatory, Below Knee 'Ptb' Type Socket, Non-Alignable System, No Cover, Sach Foot, Prefabricated, Adjustable Open End Socket	No
L5540	Preparatory, Below Knee 'Ptb' Type Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Laminated Socket, Molded To Model	No
L5560	Preparatory, Above Knee- Knee Disarticulation, Ischial Level Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Plaster Socket, Molded To Model	No
L5570	Preparatory, Above Knee - Knee Disarticulation, Ischial Level Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Direct Formed	No
L5580	Preparatory, Above Knee - Knee Disarticulation Ischial Level Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Model	No
L5585	Preparatory, Above Knee - Knee Disarticulation, Ischial Level Socket, Non-Alignable System, Pylon, No Cover, Sach Foot, Prefabricated Adjustable Open End Socket	No
L5590	Preparatory, Above Knee - Knee Disarticulation Ischial Level Socket, Non-Alignable System, Pylon No Cover, Sach Foot, Laminated Socket, Molded To Model	No
L5595	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Thermoplastic Or Equal, Molded To Patient Model	No
L5600	Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Laminated Socket, Molded To Patient Model	No

Procedure Code	Description	Prior Auth Required
L5610	Addition To Lower Extremity, Endoskeletal System, Above Knee, Hydracadence System	No
L5611	Addition To Lower Extremity, Endoskeletal System, Above Knee - Knee Disarticulation, 4 Bar Linkage, With Friction Swing Phase Control	No
L5613	Addition To Lower Extremity, Endoskeletal System, Above Knee-Knee Disarticulation, 4 Bar Linkage, With Hydraulic Swing Phase Control	No
L5614	Addition To Lower Extremity, Exoskeletal System, Above Knee-Knee Disarticulation, 4 Bar Linkage, With Pneumatic Swing Phase Control	No
L5615	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage Or Multiaxial, Fluid Swing And Stance Phase Control	Yes
L5616	Addition To Lower Extremity, Endoskeletal System, Above Knee, Universal Multiplex System, Friction Swing Phase Control	No
L5617	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each	No
L5618	Addition To Lower Extremity, Test Socket, Symes	No
L5620	Addition To Lower Extremity, Test Socket, Below Knee	No
L5622	Addition To Lower Extremity, Test Socket, Knee Disarticulation	No
L5624	Addition To Lower Extremity, Test Socket, Above Knee	No
L5626	Addition To Lower Extremity, Test Socket, Hip Disarticulation	No
L5628	Addition To Lower Extremity, Test Socket, Hemipelvectomy	No
L5629	Addition To Lower Extremity, Below Knee, Acrylic Socket	No
L5630	Addition To Lower Extremity, Symes Type, Expandable Wall Socket	No
L5631	Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Acrylic Socket	No
L5632	Addition To Lower Extremity, Symes Type, 'Ptb' Brim Design Socket	No
L5634	Addition To Lower Extremity, Symes Type, Posterior Opening (Canadian) Socket	No
L5636	Addition To Lower Extremity, Symes Type, Medial Opening Socket	No
L5637	Addition To Lower Extremity, Below Knee, Total Contact	No
L5638	Addition To Lower Extremity, Below Knee, Leather Socket	No
L5639	Addition To Lower Extremity, Below Knee, Wood Socket	No
L5640	Addition To Lower Extremity, Knee Disarticulation, Leather Socket	No
L5642	Addition To Lower Extremity, Above Knee, Leather Socket	No
L5643	Addition To Lower Extremity, Hip Disarticulation, Flexible Inner Socket, External Frame	No
L5644	Addition To Lower Extremity, Above Knee, Wood Socket	No
L5645	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame	No
L5646	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel Or Equal, Cushion Socket	No
L5647	Addition To Lower Extremity, Below Knee Suction Socket	No
L5648	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel Or Equal, Cushion Socket	No
L5649	Addition To Lower Extremity, Ischial Containment/Narrow M-L Socket	No
L5650	Additions To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation Socket	No
L5651	Addition To Lower Extremity, Above Knee, Flexible Inner Socket, External Frame	No
L5652	Addition To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket	No
L5653	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket	No
L5654	Addition To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote Or Equal)	No
L5655	Addition To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal)	No
L5656	Addition To Lower Extremity, Socket Insert, Knee Disarticulation (Kemblo, Pelite, Aliplast, Plastazote Or Equal)	No
L5657	Addition To Lower Extremity Prosthesis, Manual/Automated Adjustable Air, Fluid, Gel Or Equal Socket Insert For Limb Volume Management, Any Materials	Yes
L5658	Addition To Lower Extremity, Socket Insert, Above Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal)	No
L5661	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes	No
L5665	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee	No
L5666	Addition To Lower Extremity, Below Knee, Cuff Suspension	No
L5668	Addition To Lower Extremity, Below Knee, Molded Distal Cushion	No
L5670	Addition To Lower Extremity, Below Knee, Molded Supracondylar Suspension ('Pts' Or Similar)	No
L5671	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard Or Equal), Excludes Socket Insert	No
L5672	Addition To Lower Extremity, Below Knee, Removable Medial Brim Suspension	No
L5673	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric, Or Equal, With Or Without Perforations, With Or Without Breathable Material, For Use With Locking Mechanis	No
L5676	Additions To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair	No
L5677	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair	No
L5678	Additions To Lower Extremity, Below Knee, Joint Covers, Pair	No
L5679	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric, Or Equal, With Or Without Perforations, With Or Without Breathable Material, Not For Use With Locking Mech	No
L5680	Addition To Lower Extremity, Below Knee, Thigh Lacer, Nonmolded	No
L5681	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Initial, Use Code	No
L5682	Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded	No

Procedure Code	Description	Prior Auth Required
L5683	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated Socket Insert For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Initia	No
L5684	Addition To Lower Extremity, Below Knee, Fork Strap	No
L5685	Addition To Lower Extremity Prosthesis, Below Knee, Suspension/Sealing Sleeve, With Or Without Valve, Any Material, Each	No
L5686	Addition To Lower Extremity, Below Knee, Back Check (Extension Control)	No
L5688	Addition To Lower Extremity, Below Knee, Waist Belt, Webbing	No
L5690	Addition To Lower Extremity, Below Knee, Waist Belt, Padded And Lined	No
L5692	Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Light	No
L5694	Addition To Lower Extremity, Above Knee, Pelvic Control Belt, Padded And Lined	No
L5695	Addition To Lower Extremity, Above Knee, Pelvic Control, Sleeve Suspension, Neoprene Or Equal, Each	No
L5696	Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Pelvic Joint	No
L5697	Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Pelvic Band	No
L5698	Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Silesian Bandage	No
L5699	All Lower Extremity Prostheses, Shoulder Harness	No
L5700	Replacement, Socket, Below Knee, Molded To Patient Model	No
L5701	Replacement, Socket, Above Knee/Knee Disarticulation, Including Attachment Plate, Molded To Patient Model	No
L5702	Replacement, Socket, Hip Disarticulation, Including Hip Joint, Molded To Patient Model	No
L5703	Ankle, Symes, Molded To Patient Model, Socket Without Solid Ankle Cushion Heel (Sach) Foot, Replacement Only	No
L5704	Custom Shaped Protective Cover, Below Knee	No
L5705	Custom Shaped Protective Cover, Above Knee	No
L5706	Custom Shaped Protective Cover, Knee Disarticulation	No
L5707	Custom Shaped Protective Cover, Hip Disarticulation	No
L5710	Addition, Exoskeletal Knee-Shin System, Single Axis, Manual Lock	No
L5711	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material	No
L5712	Addition, Exoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)	No
L5714	Addition, Exoskeletal Knee-Shin System, Single Axis, Variable Friction Swing Phase Control	No
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock	No
L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing And Stance Phase Control	No
L5722	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control	No
L5724	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control	No
L5726	Addition, Exoskeletal Knee-Shin System, Single Axis, External Joints Fluid Swing Phase Control	No
L5728	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase Control	No
L5780	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra Pneumatic Swing Phase Control	No
L5781	Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System	No
L5782	Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture Evacuation System, Heavy Duty	Yes
L5783	Addition To Lower Extremity, User Adjustable, Mechanical, Residual Limb Volume Management System (With Or Without Lamination Kit)	Yes
L5785	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	No
L5790	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	No
L5795	Addition, Exoskeletal System, Hip Disarticulation, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	No
L5810	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock	No
L5811	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material	No
L5812	Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)	No
L5814	Addition, Endoskeletal Knee-Shin System, Polycentric, Hydraulic Swing Phase Control, Mechanical Stance Phase Lock	No
L5816	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock	No
L5818	Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing, And Stance Phase Control	No
L5822	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control	No
L5824	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase Control	No
L5826	Addition, Endoskeletal Knee-Shin System, Single Axis, Hydraulic Swing Phase Control, With Miniature High Activity Frame	No
L5827	Endoskeletal Knee-Shin System, Single Axis, Electromechanical Swing And Stance Phase Control, With Or Without Shock Absorption And Stance Extension Damping	Yes
L5828	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing And Stance Phase Control	No
L5830	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/ Swing Phase Control	No
L5840	Addition, Endoskeletal Knee/Shin System, 4-Bar Linkage Or Multiaxial, Pneumatic Swing Phase Control	No

Procedure Code	Description	Prior Auth Required
L5841	Addition, Endoskeletal Knee-Shin System, Polycentric, Pneumatic Swing, And Stance Phase Control	Yes
L5845	Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable	No
L5848	Addition To Endoskeletal Knee-Shin System, Fluid Stance Extension, Dampening Feature, With Or Without Adjustability	No
L5850	Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Knee Extension Assist	No
L5855	Addition, Endoskeletal System, Hip Disarticulation, Mechanical Hip Extension Assist	No
L5856	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing And Stance Phase, Includes Electronic Sensor(s), Any Type	No
L5857	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control Feature, Swing Phase Only, Includes Electronic Sensor(s), Any Type	No
L5858	Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System, Microprocessor Control Feature, Stance Phase Only, Includes Electronic Sensor(s), Any Type	No
L5859	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered And Programmable Flexion/Extension Assist Control, Includes Any Type Motor(s)	Yes
L5910	Addition, Endoskeletal System, Below Knee, Alignable System	No
L5920	Addition, Endoskeletal System, Above Knee Or Hip Disarticulation, Alignable System	No
L5925	Addition, Endoskeletal System, Above Knee, Knee Disarticulation Or Hip Disarticulation, Manual Lock	No
L5926	Addition To Lower Extremity Prosthesis, Endoskeletal, Knee Disarticulation, Above Knee, Hip Disarticulation, Positional Rotation Unit, Any Type	Yes
L5930	Addition, Endoskeletal System, High Activity Knee Control Frame	No
L5940	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	No
L5950	Addition, Endoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	No
L5960	Addition, Endoskeletal System, Hip Disarticulation, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)	No
L5961	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hydraulic Control, Rotation Control, With Or Without Flexion And/Or Extension Control	Yes
L5962	Addition, Endoskeletal System, Below Knee, Flexible Protective Outer Surface Covering System	No
L5964	Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface Covering System	No
L5966	Addition, Endoskeletal System, Hip Disarticulation, Flexible Protective Outer Surface Covering System	No
L5968	Addition To Lower Limb Prosthesis, Multiaxial Ankle With Swing Phase Active Dorsiflexion Feature	No
L5969	Addition, Endoskeletal Ankle-Foot Or Ankle System, Power Assist, Includes Any Type Motor(s)	Yes
L5970	All Lower Extremity Prostheses, Foot, External Keel, Sach Foot	No
L5971	All Lower Extremity Prosthesis, Solid Ankle Cushion Heel (Sach) Foot, Replacement Only	No
L5972	All Lower Extremity Prostheses, Foot, Flexible Keel	No
L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion And/Or Plantar Flexion Control, Includes Power Source	No
L5974	All Lower Extremity Prostheses, Foot, Single Axis Ankle/Foot	No
L5975	All Lower Extremity Prosthesis, Combination Single Axis Ankle And Flexible Keel Foot	No
L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy Ii Or Equal)	No
L5978	All Lower Extremity Prostheses, Foot, Multiaxial Ankle/Foot	No
L5979	All Lower Extremity Prosthesis, Multi-Axial Ankle, Dynamic Response Foot, One Piece System	No
L5980	All Lower Extremity Prostheses, Flex Foot System	No
L5981	All Lower Extremity Prostheses, Flex-Walk System Or Equal	No
L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit	No
L5984	All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability	No
L5985	All Endoskeletal Lower Extremity Prostheses, Dynamic Prosthetic Pylon	No
L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit ('Mcp' Or Equal)	No
L5987	All Lower Extremity Prosthesis, Shank Foot System With Vertical Loading Pylon	No
L5988	Addition To Lower Limb Prosthesis, Vertical Shock Reducing Pylon Feature	No
L5990	Addition To Lower Extremity Prosthesis, User Adjustable Heel Height	No
L5991	Addition To Lower Extremity Prostheses, Osseointegrated External Prosthetic Connector	Yes
L5992	All Lower Extremity Prosthesis, Foot Shell For Modular Foot/Non-Solid Ankle Cushion Heel (Sach) Replacement Only	No
L5999	Lower Extremity Prosthesis, Not Otherwise Specified	Yes
L6026	Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended, Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger, Myoelectric Control Of Terminal Device, Excludes Terminal Device	Yes
L6028	Partial Hand, Finger, And Thumb Prosthesis Without Prosthetic Digit(S) /Thumb, Amputation At Metacarpal Level, Including Flexible Or Non-Flexible Interface, Molded To Patient Model, For Use Without External Power And/Or Passive Prosthetic Digit/Thumb, Not	Yes
L6029	Upper Extremity Addition, Test Socket/Interface, Partial Hand Including Fingers	Yes
L6030	Upper Extremity Addition, External Frame, Partial Hand Including Fingers	Yes
L6031	Replacement Socket/Interface, Partial Hand Including Fingers, Molded To Patient Model, For Use With Or Without External Power	Yes
L6032	Addition To Upper Extremity Prosthesis, Partial Hand Including Fingers, Ultralight Material (Titanium, Carbon Fiber Or Equal)	Yes

Procedure Code	Description	Prior Auth Required
L6033	Addition To Upper Extremity Prosthesis, Partial Hand Including Fingers, Acrylic Material	Yes
L6034	Partial Hand, Finger, And Thumb Prosthesis Without Prosthetic Digit(S)/Thumb, Amputation At Distal To Metacarpal Joint, Including Flexible Or Non-Flexible Interface, Molded To Patient Model, For Use Without External Power And/Or Passive Prosthetic Digit/T	Yes
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,	Yes
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	Yes
L6037	Immediate Post-Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting Alignment And Suspension Of Components, And One Cast Change, Partial Hand Including Fingers	Yes
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	Yes
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	Yes
L6050	Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad	No
L6055	Wrist Disarticulation, Molded Socket With Expandable Interface, Flexible Elbow Hinges, Triceps Pad	No
L6100	Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad	No
L6110	Below Elbow, Molded Socket, (Muenster Or Northwestern Suspension Types)	No
L6120	Below Elbow, Molded Double Wall Split Socket, Step-Up Hinges, Half Cuff	No
L6130	Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking Hinge, Half Cuff	No
L6200	Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm	No
L6205	Elbow Disarticulation, Molded Socket With Expandable Interface, Outside Locking Hinges, Forearm	No
L6250	Above Elbow, Molded Double Wall Socket, Internal Locking Elbow, Forearm	No
L6300	Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal Locking Elbow, Forearm	No
L6310	Shoulder Disarticulation, Passive Restoration (Complete Prosthesis)	No
L6320	Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only)	No
L6350	Interscapular Thoracic, Molded Socket, Shoulder Bulkhead, Humeral Section, Internal Locking Elbow, Forearm	No
L6360	Interscapular Thoracic, Passive Restoration (Complete Prosthesis)	No
L6370	Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)	No
L6380	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting Alignment And Suspension Of Components, And One Cast Change, Wrist Disarticulation Or Below Elbow	No
L6382	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including Fitting Alignment And Suspension Of Components, And One Cast Change, Elbow Disarticulation Or Above Elbow	No
L6384	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including Fitting Alignment And Suspension Of Components, And One Cast Change, Shoulder Disarticulation Or Interscapular Thoracic	No
L6386	Immediate Post Surgical Or Early Fitting, Each Additional Cast Change And Realignment	No
L6388	Immediate Post Surgical Or Early Fitting, Application Of Rigid Dressing Only	No
L6400	Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	No
L6450	Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	No
L6500	Above Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	No
L6550	Shoulder Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	No
L6570	Interscapular Thoracic, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	No
L6580	Preparatory, Wrist Disarticulation Or Below Elbow, Single Wall Plastic Socket, Friction Wrist, Flexible Elbow Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable Control, Usmc Or Equal Pylon, No Cover, Molded To Patient Model	No
L6582	Preparatory, Wrist Disarticulation Or Below Elbow, Single Wall Socket, Friction Wrist, Flexible Elbow Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed	No
L6584	Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Plastic Socket, Friction Wrist, Locking Elbow, Figure Of Eight Harness, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Molded To Patient Model	No
L6586	Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Socket, Friction Wrist, Locking Elbow, Figure Of Eight Harness, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed	No
L6588	Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Plastic Socket, Shoulder Joint, Locking Elbow, Friction Wrist, Chest Strap, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Molded To Patient Model	No

Procedure Code	Description	Prior Auth Required
L6590	Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Socket, Shoulder Joint, Locking Elbow, Friction Wrist, Chest Strap, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed	No
L6600	Upper Extremity Additions, Polycentric Hinge, Pair	No
L6605	Upper Extremity Additions, Single Pivot Hinge, Pair	No
L6610	Upper Extremity Additions, Flexible Metal Hinge, Pair	No
L6611	Addition To Upper Extremity Prosthesis, External Powered, Additional Switch, Any Type	Yes
L6615	Upper Extremity Addition, Disconnect Locking Wrist Unit	No
L6616	Upper Extremity Addition, Additional Disconnect Insert For Locking Wrist Unit, Each	No
L6620	Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction	No
L6621	Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction, For Use With External Powered Terminal Device	No
L6623	Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release	No
L6624	Upper Extremity Addition, Flexion/Extension And Rotation Wrist Unit	Yes
L6625	Upper Extremity Addition, Rotation Wrist Unit With Cable Lock	No
L6628	Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal	No
L6629	Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Otto Bock Or Equal	No
L6630	Upper Extremity Addition, Stainless Steel, Any Wrist	No
L6632	Upper Extremity Addition, Latex Suspension Sleeve, Each	No
L6635	Upper Extremity Addition, Lift Assist For Elbow	No
L6637	Upper Extremity Addition, Nudge Control Elbow Lock	No
L6638	Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Manually Powered Elbow	No
L6640	Upper Extremity Additions, Shoulder Abduction Joint, Pair	No
L6641	Upper Extremity Addition, Excursion Amplifier, Pulley Type	No
L6642	Upper Extremity Addition, Excursion Amplifier, Lever Type	No
L6645	Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each	No
L6646	Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable Abduction Friction Control, For Use With Body Powered Or External Powered System	No
L6647	Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator	No
L6648	Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator	No
L6650	Upper Extremity Addition, Shoulder Universal Joint, Each	No
L6655	Upper Extremity Addition, Standard Control Cable, Extra	No
L6660	Upper Extremity Addition, Heavy Duty Control Cable	No
L6665	Upper Extremity Addition, Teflon, Or Equal, Cable Lining	No
L6670	Upper Extremity Addition, Hook To Hand, Cable Adapter	No
L6672	Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type	No
L6675	Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Single Cable Design	No
L6676	Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Dual Cable Design	No
L6677	Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Terminal Device And Elbow	No
L6680	Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow	No
L6682	Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow	No
L6684	Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoracic	No
L6686	Upper Extremity Addition, Suction Socket	No
L6687	Upper Extremity Addition, Frame Type Socket, Below Elbow Or Wrist Disarticulation	No
L6688	Upper Extremity Addition, Frame Type Socket, Above Elbow Or Elbow Disarticulation	No
L6689	Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation	No
L6690	Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic	No
L6691	Upper Extremity Addition, Removable Insert, Each	No
L6692	Upper extremity addition, silicone gel insert or equal, with or without locking mechanism, each	No
L6693	Upper Extremity Addition, Locking Elbow, Forearm Counterbalance	No
L6694	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, For Use With Locking Mechanism	Yes
L6695	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated From Existing Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, Not For Use With Locking Mechanism	Yes
L6696	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated Socket Insert For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Other Than Init	Yes
L6697	Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated Socket Insert For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For Use With Or Without Locking Mechanism, Initial Only (For Othe	Yes
L6698	Addition to upper extremity prosthesis, lock mechanism, excludes socket insert	Yes
L6703	Terminal Device, Passive Hand/Mitt, Any Material, Any Size	No
L6704	Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size	No
L6706	Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined	No
L6707	Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined	No
L6708	Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size	No

Procedure Code	Description	Prior Auth Required
L6709	Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size	No
L6711	Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined, Pediatric	No
L6712	Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined, Pediatric	No
L6713	Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size, Pediatric	No
L6714	Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size, Pediatric	No
L6715	Terminal Device, Multiple Articulating Digit, Includes Motor(s), Initial Issue Or Replacement	Yes
L6721	Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Opening, Any Material, Any Size, Lined Or Unlined	No
L6722	Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Closing, Any Material, Any Size, Lined Or Unlined	No
L6805	Addition To Terminal Device, Modifier Wrist Unit (Special Coverage Instructions Apply. See Mcm: 2133)	No
L6810	Addition To Terminal Device, Precision Pinch Device (Special Coverage Instructions Apply. See Mcm: 2133)	No
L6880	Electric Hand, Switch Or Myoelectric Controlled, Independently Articulating Digits, Any Grasp Pattern Or Combination Of Grasp Patterns, Includes Motor(s)	Yes
L6881	Automatic Grasp Feature, Addition To Upper Limb Electric Prosthetic Terminal Device	Yes
L6882	Microprocessor Control Feature, Addition To Upper Limb Prosthetic Terminal Device (Special Coverage Instructions Apply. See Mcm: 2133)	Yes
L6883	Replacement Socket, Below Elbow/Wrist Disarticulation, Molded To Patient Model, For Use With Or Without External Power	No
L6884	Replacement Socket, Above Elbow/Elbow Disarticulation, Molded To Patient Model, For Use With Or Without External Power	No
L6885	Replacement Socket, Shoulder Disarticulation/Interscapular Thoracic, Molded To Patient Model, For Use With Or Without External Power	No
L6890	Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Prefabricated, Includes Fitting And Adjustment	No
L6895	Addition To Upper Extremity Prosthesis, Glove For Terminal Device, Any Material, Custom Fabricated	No
L6900	Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, Thumb Or One Finger Remaining	No
L6905	Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, Multiple Fingers Remaining	No
L6910	Hand Restoration (Casts, Shading And Measurements Included), Partial Hand, With Glove, No Fingers Remaining	No
L6915	Hand Restoration (Shading, And Measurements Included), Replacement Glove For Above	No
L6920	Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal, Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	No
L6925	Wrist Disarticulation, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device	No
L6930	Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	No
L6935	Below Elbow, External Power, Self-Suspended Inner Socket, Removable Forearm Shell, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device	No
L6940	Elbow Disarticulation, External Power, Molded Inner Socket, Removable Humeral Shell, Outside Locking Hinges, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	No
L6945	Elbow Disarticulation, External Power, Molded Inner Socket, Removable Humeral Shell, Outside Locking Hinges, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device	No
L6950	Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	No
L6955	Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal Device	No
L6960	Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	No
L6965	Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal	No
L6970	Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control Of Terminal Device	No

Procedure Code	Description	Prior Auth Required
L6975	Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger, Myoelectronic Control Of Terminal D	No
L7007	Electric Hand, Switch Or Myoelectric Controlled, Adult	No
L7008	Electric Hand, Switch Or Myoelectric, Controlled, Pediatric	No
L7009	Electric Hook, Switch Or Myoelectric Controlled, Adult	No
L7040	Prehensile Actuator, Switch Controlled	No
L7045	Electric Hook, Switch Or Myoelectric Controlled, Pediatric	No
L7170	Electronic Elbow, Hosmer Or Equal, Switch Controlled	No
L7180	Electronic Elbow, Microprocessor Sequential Control Of Elbow And Terminal Device	No
L7181	Electronic Elbow, Microprocessor Simultaneous Control Of Elbow And Terminal Device	Yes
L7185	Electronic Elbow, Adolescent, Variety Village Or Equal, Switch Controlled	No
L7186	Electronic Elbow, Child, Variety Village Or Equal, Switch Controlled	No
L7190	Electronic Elbow, Adolescent, Variety Village Or Equal, Myoelectronically Controlled	No
L7191	Electronic Elbow, Child, Variety Village Or Equal, Myoelectronically Controlled	No
L7259	Electronic Wrist Rotator, Any Type	Yes
L7360	Six Volt Battery, Each	No
L7362	Battery Charger, Six Volt, Each	No
L7364	Twelve Volt Battery, Each	No
L7366	Battery Charger, Twelve Volt, Each	No
L7367	Lithium Ion Battery, Rechargeable, Replacement	No
L7368	Lithium Ion Battery Charger, Replacement Only	No
L7400	Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Ultralight Material (Titanium, Carbon Fiber Or Equal)	No
L7401	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Ultralight Material (Titanium, Carbon Fiber Or Equal)	No
L7402	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic, Ultralight Material (Titanium, Carbon Fiber Or Equal)	No
L7403	Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Acrylic Material	No
L7404	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Acrylic Material	No
L7405	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic, Acrylic Material	No
L7406	Addition To Upper Extremity Prosthesis, User Adjustable, Mechanical, Residual Limb Volume Management System (With Or Without Lamination Kit)	Yes
L7499	Upper Extremity Prosthesis, Not Otherwise Specified	Yes
L7510	Repair Of Prosthetic Device, Repair Or Replace Minor Parts (Special Coverage Instructions Apply. See Mcm: 2100.4, 2130D, 2133)	Yes
L7520	Repair Prosthetic Device, Labor Component, Per 15 Minutes	No
L7600	Prosthetic Donning Sleeve, Any Material, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(1)(A))	Yes
L7700	Gasket Or Seal, For Use With Prosthetic Socket Insert, Any Type, Each	No
L7900	Male Vacuum Erection System (Non-Covered By Medicare Statute. Statute Reference: 1834A)	Yes
L7902	Tension Ring, For Vacuum Erection Device, Any Type, Replacement Only, Each (Non-Covered By Medicare Statute. Statute Reference: 1834A)	Yes
L8000	Breast Prosthesis, Mastectomy Bra, Without Integrated Breast Prosthesis Form, Any Size, Any Type (Special Coverage Instructions Apply. See Mcm: 2130 A)	No
L8001	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Unilateral, Any Size, Any Type (Special Coverage Instructions Apply. See Mcm: 2130A)	No
L8002	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Bilateral, Any Size, Any Type (Special Coverage Instructions Apply. See Mcm: 2130A)	No
L8015	External Breast Prosthesis Garment, With Mastectomy Form, Post Mastectomy (Special Coverage Instructions Apply. See Mcm: 2130)	No
L8020	Breast Prosthesis, Mastectomy Form (Special Coverage Instructions Apply. See Mcm: 2130 A)	No
L8030	Breast Prosthesis, Silicone Or Equal, Without Integral Adhesive (Special Coverage Instructions Apply. See Mcm: 2130 A)	No
L8031	Breast Prosthesis, Silicone Or Equal, With Integral Adhesive (Special Coverage Instructions Apply. See Mcm: 2130 A)	Yes
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	Yes
L8033	Nipple Prosthesis, Custom Fabricated, Reusable, Any Material, Any Type, Each	Yes
L8035	Custom Breast Prosthesis, Post Mastectomy, Molded To Patient Model (Special Coverage Instructions Apply. See Mcm: 2130)	No
L8039	Breast Prosthesis, Not Otherwise Specified	Yes
L8040	Nasal Prosthesis, Provided By A Non-Physician	Yes
L8041	Midfacial Prosthesis, Provided By A Non-Physician	Yes
L8042	Orbital Prosthesis, Provided By A Non-Physician	Yes
L8043	Upper Facial Prosthesis, Provided By A Non-Physician	Yes
L8044	Hemi-Facial Prosthesis, Provided By A Non-Physician	Yes
L8045	Auricular Prosthesis, Provided By A Non-Physician	Yes
L8046	Partial Facial Prosthesis, Provided By A Non-Physician	Yes
L8047	Nasal Septal Prosthesis, Provided By A Non-Physician	Yes
L8048	Unspecified Maxillofacial Prosthesis, By Report, Provided By A Non-Physician	Yes

Procedure Code	Description	Prior Auth Required
L8049	Repair Or Modification Of Maxillofacial Prosthesis, Labor Component, 15 Minute Increments, Provided By A Non-Physician	Yes
L8300	Truss, Single With Standard Pad (Special Coverage Instructions Apply. See Cim: 70-1, 70-2 And Mcm: 2133)	No
L8310	Truss, Double With Standard Pads (Special Coverage Instructions Apply. See Cim: 70-1, 70-2 And Mcm: 2133)	No
L8320	Truss, Addition To Standard Pad, Water Pad (Special Coverage Instructions Apply. See Cim: 70-1, 70-2 And Mcm: 2133)	No
L8330	Truss, Addition To Standard Pad, Scrotal Pad (Special Coverage Instructions Apply. See Cim: 70-1, 70-2 And Mcm: 2133)	No
L8400	Prosthetic Sheath, Below Knee, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8410	Prosthetic Sheath, Above Knee, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8415	Prosthetic Sheath, Upper Limb, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8417	Prosthetic Sheath/Sock, Including A Gel Cushion Layer, Below Knee Or Above Knee, Each	No
L8420	Prosthetic Sock, Multiple Ply, Below Knee, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8430	Prosthetic Sock, Multiple Ply, Above Knee, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8435	Prosthetic Sock, Multiple Ply, Upper Limb, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8440	Prosthetic Shrinker, Below Knee, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8460	Prosthetic Shrinker, Above Knee, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8465	Prosthetic Shrinker, Upper Limb, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8470	Prosthetic Sock, Single Ply, Fitting, Below Knee, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8480	Prosthetic Sock, Single Ply, Fitting, Above Knee, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8485	Prosthetic Sock, Single Ply, Fitting, Upper Limb, Each (Special Coverage Instructions Apply. See Mcm: 2133)	No
L8499	Unlisted Procedure For Miscellaneous Prosthetic Services	Yes
L8500	Artificial Larynx, Any Type (Special Coverage Instructions Apply. See Cim: 65-5 And Mcm: 2130)	Yes
L8501	Tracheostomy Speaking Valve (Special Coverage Instructions Apply. See Cim: 65-16)	Yes
L8505	Artificial Larynx Replacement Battery / Accessory, Any Type	Yes
L8507	Tracheo-Esophageal Voice Prosthesis, Patient Inserted, Any Type, Each	No
L8509	Tracheo-Esophageal Voice Prosthesis, Inserted By A Licensed Health Care Provider, Any Type	No
L8510	Voice Amplifier (Special Coverage Instructions Apply. See Cim: 65-5)	No
L8511	Insert For Indwelling Tracheoesophageal Prosthesis, With Or Without Valve, Replacement Only, Each	Yes
L8512	Gelatin Capsules Or Equivalent, For Use With Tracheoesophageal Voice Prosthesis, Replacement Only, Per 10	Yes
L8513	Cleaning Device Used With Tracheoesophageal Voice Prosthesis, Pipet, Brush, Or Equal, Replacement Only, Each	Yes
L8514	Tracheoesophageal Puncture Dilator, Replacement Only, Each	Yes
L8515	Gelatin Capsule, Application Device For Use With Tracheoesophageal Voice Prosthesis, Each	Yes
L8600	Implantable Breast Prosthesis, Silicone Or Equal (Special Coverage Instructions Apply. See Cim: 35-47 And Mcm: 2130)	Yes
L8603	Injectable Bulking Agent, Collagen Implant, Urinary Tract, 2.5 Ml Syringe, Includes Shipping And Necessary Supplies (Special Coverage Instructions Apply. See Cim: 65.9)	No
L8604	Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, Urinary Tract, 1 Ml, Includes Shipping And Necessary Supplies	Yes
L8605	Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, Anal Canal, 1 Ml, Includes Shipping And Necessary Supplies	No
L8606	Injectable Bulking Agent, Synthetic Implant, Urinary Tract, 1 Ml Syringe, Includes Shipping And Necessary Supplies (Special Coverage Instructions Apply. See Cim: 65.9)	No
L8607	Injectable Bulking Agent For Vocal Cord Medialization, 0.1 Ml, Includes Shipping And Necessary Supplies (Special Coverage Instructions Apply. See Mcm: 65.9)	No
L8608	Miscellaneous External Component, Supply Or Accessory For Use With The Argus Ii Retinal Prosthesis System	No
L8609	Artificial Cornea	Yes
L8610	Ocular Implant (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
L8612	Aqueous Shunt (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
L8613	Ossicula Implant (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
L8614	Cochlear Device, Includes All Internal And External Components (Special Coverage Instructions Apply. See Cim: 65-14 And Mcm: 2130)	Yes
L8615	Headset/Headpiece For Use With Cochlear Implant Device, Replacement (Special Coverage Instructions Apply. See Cim: 65-14)	No
L8616	Microphone For Use With Cochlear Implant Device, Replacement (Special Coverage Instructions Apply. See Cim: 65-14)	No
L8617	Transmitting Coil For Use With Cochlear Implant Device, Replacement (Special Coverage Instructions Apply. See Cim: 65-14)	No
L8618	Transmitter Cable For Use With Cochlear Implant Device Or Auditory Osseointegrated Device, Replacement (Special Coverage Instructions Apply. See Cim: 65-14)	No

Procedure Code	Description	Prior Auth Required
L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement (Special Coverage Instructions Apply. See Cim: 65-14)	Yes
L8621	Zinc Air Battery For Use With Cochlear Implant Device And Auditory Osseointegrated Sound Processors, Replacement, Each	No
L8622	Alkaline Battery For Use With Cochlear Implant Device, Any Size, Replacement, Each	No
L8623	Lithium Ion Battery For Use With Cochlear Implant Device Speech Processor, Other Than Ear Level, Replacement, Each	No
L8624	Lithium Ion Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device Speech Processor, Ear Level, Replacement, Each	No
L8625	External Recharging System For Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device, Replacement Only, Each (Special Coverage Instructions Apply. See Cim: 65-14)	Yes
L8627	Cochlear Implant, External Speech Processor, Component, Replacement (Special Coverage Instructions Apply. See Cim: 65-14)	No
L8628	Cochlear Implant, External Controller Component, Replacement (Special Coverage Instructions Apply. See Cim: 65-14)	No
L8629	Transmitting Coil And Cable, Integrated, For Use With Cochlear Implant Device, Replacement (Special Coverage Instructions Apply. See Cim: 65-14)	Yes
L8630	Metacarpophalangeal Joint Implant (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
L8631	Metacarpal Phalangeal Joint Replacement, Two Or More Pieces, Metal (E.G., Stainless Steel Or Cobalt Chrome), Ceramic-Like Material (E.G., Pyrocarbon), For Surgical Implantation (All Sizes, Includes Entire System) (Special Coverage Instructions Apply. See	Yes
L8641	Metatarsal Joint Implant (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
L8642	Hallux Implant (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
L8658	Interphalangeal Joint Spacer, Silicone Or Equal, Each (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
L8659	Interphalangeal Finger Joint Replacement, 2 Or More Pieces, Metal (E.G., Stainless Steel Or Cobalt Chrome), Ceramic-Like Material (E.G., Pyrocarbon) For Surgical Implantation, Any Size (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
L8670	Vascular Graft Material, Synthetic, Implant (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
L8678	Electrical Stimulator Supplies (External) For Use With Implantable Neurostimulator, Per Month	No
L8679	Implantable Neurostimulator, Pulse Generator, Any Type (Special Coverage Instructions Apply. See Cim: 65-8)	Yes
L8680	Implantable Neurostimulator Electrode, Each (Not Payable By Medicare)	No
L8681	Patient Programmer (External) For Use With Implantable Programmable Neurostimulator Pulse Generator, Replacement Only (Special Coverage Instructions Apply. See Cim: 65-8)	No
L8682	Implantable Neurostimulator Radiofrequency Receiver (Special Coverage Instructions Apply. See Cim: 65-8)	No
L8683	Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator Radiofrequency Receiver (Special Coverage Instructions Apply. See Cim: 65-8)	No
L8684	Radiofrequency Transmitter (External) For Use With Implantable Sacral Root Neurostimulator Receiver For Bowel And Bladder Management, Replacement (Special Coverage Instructions Apply. See Cim: 65-8)	Yes
L8685	Implantable Neurostimulator Pulse Generator, Single Array, Rechargeable, Includes Extension (Not Payable By Medicare)	No
L8686	Implantable Neurostimulator Pulse Generator, Single Array, Non-Rechargeable, Includes Extension (Not Payable By Medicare)	No
L8687	Implantable Neurostimulator Pulse Generator, Dual Array, Rechargeable, Includes Extension (Not Payable By Medicare)	No
L8688	Implantable Neurostimulator Pulse Generator, Dual Array, Non-Rechargeable, Includes Extension (Not Payable By Medicare)	No
L8689	External Recharging System For Battery (Internal) For Use With Implantable Neurostimulator, Replacement Only (Special Coverage Instructions Apply. See Cim: 65-8)	No
L8690	Auditory Osseointegrated Device, Includes All Internal And External Components	Yes
L8691	Auditory Osseointegrated Device, External Sound Processor, Excludes Transducer/Actuator, Replacement Only, Each	Yes
L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband Or Other Means Of External Attachment (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(7))	Yes
L8693	Auditory Osseointegrated Device Abutment, Any Length, Replacement Only	Yes
L8694	Auditory Osseointegrated Device, Transducer/Actuator, Replacement Only, Each	Yes
L8695	External Recharging System For Battery (External) For Use With Implantable Neurostimulator, Replacement Only (Special Coverage Instructions Apply. See Cim: 65-8)	Yes
L8696	Antenna (External) For Use With Implantable Diaphragmatic/Phrenic Nerve Stimulation Device, Replacement, Each (Special Coverage Instructions Apply)	Yes
L8698	Miscellaneous Component, Supply Or Accessory For Use With Total Artificial Heart System (Special Coverage Instructions Apply)	Yes
L8699	Prosthetic Implant, Not Otherwise Specified	Yes
L8701	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand With Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated	Yes

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L8702	Powered Upper Extremity Range Of Motion Assist Device, Elbow, Wrist, Hand, Finger, Single Or Double Upright(S), Includes Microprocessor, Sensors, All Components And Accessories, Custom Fabricated	Yes
L8720	External Lower Extremity Sensory Prosthetic Device, Cutaneous Stimulation Of Mechanoreceptors Proximal To The Ankle, Per Leg	Yes
L8721	Receptor Sole For Use With L8720, Replacement, Each	Yes
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	Yes
LAOA0	HIPPS Code LAOA0	No
LAOA1	HIPPS Code LAOA1	No
LAOB0	HIPPS Code LAOB0	No
LAOB1	HIPPS Code LAOB1	No
LAOC0	HIPPS Code LAOC0	No
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LAOD0	HIPPS Code LAOD0	No
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LAYB1	HIPPS Code LAYB1	No

Procedure Code	Description	Prior Auth Required
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LAYC1	HIPPS Code LAYC1	No
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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LCYC1	HIPPS Code LCYC1	No
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LDYB1	HIPPS Code LDYB1	No

Procedure Code	Description	Prior Auth Required
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LDYC1	HIPPS Code LDYC1	No
LDYD0	HIPPS Code LDYD0	No
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LEYB0	HIPPS Code LEYB0	No
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Procedure Code	Description	Prior Auth Required
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LEYC1	HIPPS Code LEYC1	No
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LFRA1	HIPPS Code LFRA1	No
LFRB0	HIPPS Code LFRB0	No
LFRB1	HIPPS Code LFRB1	No
LFRC0	HIPPS Code LFRC0	No
LFRC1	HIPPS Code LFRC1	No
LFRD0	HIPPS Code LFRD0	No
LFRD1	HIPPS Code LFRD1	No
LFRE0	HIPPS Code LFRE0	No
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LFRF0	HIPPS Code LFRF0	No
LFRF1	HIPPS Code LFRF1	No
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LFWF1	HIPPS Code LFWF1	No
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LFYB0	HIPPS Code LFYB0	No
LFYB1	HIPPS Code LFYB1	No

Procedure Code	Description	Prior Auth Required
LFYC0	HIPPS Code LFYC0	No
LFYC1	HIPPS Code LFYC1	No
LFYD0	HIPPS Code LFYD0	No
LFYD1	HIPPS Code LFYD1	No
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LFYF1	HIPPS Code LFYF1	No
LGOA0	HIPPS Code LGOA0	No
LGOA1	HIPPS Code LGOA1	No
LGOB0	HIPPS Code LGOB0	No
LGOB1	HIPPS Code LGOB1	No
LGOC0	HIPPS Code LGOC0	No
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LGOD0	HIPPS Code LGOD0	No
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LGYB0	HIPPS Code LGYB0	No
LGYB1	HIPPS Code LGYB1	No

Procedure Code	Description	Prior Auth Required
LGYC0	HIPPS Code LGYC0	No
LGYC1	HIPPS Code LGYC1	No
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Procedure Code	Description	Prior Auth Required
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LIYB1	HIPPS Code LIYB1	No

Procedure Code	Description	Prior Auth Required
LIYC0	HIPPS Code LIYC0	No
LIYC1	HIPPS Code LIYC1	No
LIYD0	HIPPS Code LIYD0	No
LIYD1	HIPPS Code LIYD1	No
LIYE0	HIPPS Code LIYE0	No
LIYE1	HIPPS Code LIYE1	No
LIYF0	HIPPS Code LIYF0	No
LIYF1	HIPPS Code LIYF1	No
M0001	Advancing Cancer Care Mips Value Pathways	Yes
M0002	Optimal Care For Kidney Health Mips Value Pathways	Yes
M0004	Quality Care For Patients With Neurological Conditions Mips Value Pathway	Yes
M0005	Value In Primary Care Mips Value Pathway	Yes
M0010	Enhancing Oncology Model (Eom) Monthly Enhanced Oncology Services (Meos) Payment For Eom Enhanced Services	Yes
M0075	Cellular Therapy (Non-Covered By Medicare. See Cim: 35-5)	Yes
M0076	Prolotherapy (Non-Covered By Medicare. See Cim: 35-13)	Yes
M0100	Intragastric Hypothermia Using Gastric Freezing (Non-Covered By Medicare. See Cim: 35-65)	Yes
M0201	Administration Of Pneumococcal, Influenza, Hepatitis B, And/Or Covid-19 Vaccine Inside A Patient'S Home; Reported Only Once Per Individual Home Per Date Of Service When Such Vaccine Administration(S) Are Performed At The Patient'S Home	Yes
M0224	Intravenous Infusion, Pemivibart, For The Pre-Exposure Prophylaxis Only, For Certain Adults And Adolescents (12 Years Of Age And Older Weighing At Least 40 Kg) With No Known Sars-Cov-2 Exposure, Who Either Have Moderate-To-Severe Immune Compromise Due To	No
M0233	Intravenous Infusion, Tocilizumab-Aazg, For Hospitalized Adult Patients With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extracorporeal Membrane Oxygenation (Ecmo	Yes
M0234	Intravenous Infusion, Tocilizumab-Aazg, For Hospitalized Adult Patients With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extracorporeal Membrane Oxygenation (Ecmo	Yes
M0235	Intravenous Infusion, Monoclonal Antibody Products With An Indication For Post-Exposure Prophylaxis Or Treatment Of Covid-19, For Hospitalized Adults And/Or Pediatric Patients Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non	Yes
M0236	Intravenous Infusion, Monoclonal Antibody Products With An Indication For Post-Exposure Prophylaxis Or Treatment Of Covid-19, For Hospitalized Adults And/Or Pediatric Patients Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non	Yes
M0237	Intravenous Infusion, Tocilizumab-Anoh, For Hospitalized Adult Patients With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extracorporeal Membrane Oxygenation (Ecmo	Yes
M0238	Intravenous Infusion, Tocilizumab-Anoh, For Hospitalized Adult Patients With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extracorporeal Membrane Oxygenation (Ecmo	Yes
M0249	Intravenous Infusion, Tocilizumab, For Hospitalized Adults And Pediatric Patients (2 Years Of Age And Older) With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extr	Yes
M0250	Intravenous Infusion, Tocilizumab, For Hospitalized Adults And Pediatric Patients (2 Years Of Age And Older) With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extr	Yes
M0300	Iv Chelation Therapy (Chemical Endarterectomy) (Non-Covered By Medicare. See Cim: 35-64)	Yes
M0301	Fabric Wrapping Of Abdominal Aneurysm (Non-Covered By Medicare. See Cim: 35-34)	Yes
M1003	Tb Screening Performed And Results Interpreted Within Twelve Months Prior To Initiation Of First-Time Biologic And/Or Immune Response Modifier Therapy	Yes
M1004	Documentation Of Medical Reason For Not Screening For Tb Or Interpreting Results (I.E., Patient Positive For Tb And Documentation Of Past Treatment; Patient Who Has Recently Completed A Course Of Anti-Tb Therapy)	Yes
M1005	Tb Screening Not Performed Or Results Not Interpreted, Reason Not Given	Yes
M1006	Disease Activity Not Assessed, Reason Not Given	Yes
M1007	>=50% Of Total Number Of A Patient's Outpatient Ra Encounters Assessed	Yes
M1008	<50% Of Total Number Of A Patient's Outpatient Ra Encounters Assessed	Yes
M1009	Discharge/discontinuation of the episode of care documented in the medical record	Yes
M1010	Discharge/discontinuation of the episode of care documented in the medical record	Yes
M1011	Discharge/discontinuation of the episode of care documented in the medical record	Yes
M1012	Discharge/discontinuation of the episode of care documented in the medical record	Yes
M1013	Discharge/discontinuation of the episode of care documented in the medical record	Yes
M1014	Discharge/discontinuation of the episode of care documented in the medical record	Yes
M1016	Female Patients Unable To Bear Children	Yes
M1018	Patients With An Active Diagnosis Or History Of Cancer (Except Basal Cell And Squamous Cell Skin Carcinoma), Patients Who Are Heavy Tobacco Smokers, Lung Cancer Screening Patients	Yes
M1019	Adolescent Patients 12 To 17 Years Of Age With Major Depression Or Dysthymia Who Reached Remission At Twelve Months As Demonstrated By A Twelve Month (+/-60 Days) Phq-9 Or Phq-9m Score Of Less Than 5	Yes

Procedure Code	Description	Prior Auth Required
M1020	Adolescent Patients 12 To 17 Years Of Age With Major Depression Or Dysthymia Who Did Not Reach Remission At Twelve Months As Demonstrated By A Twelve Month (+/-60 Days) Phq-9 Or Phq-9M Score Of Less Than 5. Either Phq-9 Or Phq-9M Score Was Not Assessed Or	Yes
M1021	Patient Had Only Urgent Care Visits During The Performance Period	Yes
M1027	Imaging Of The Head (CT Or MRI) Was Obtained	Yes
M1028	Documentation Of Patients With Primary Headache Diagnosis And Imaging Other Than CT Or MRI Obtained	Yes
M1029	Imaging Of The Head (CT Or MRI) Was Not Obtained, Reason Not Given	Yes
M1032	Adults Currently Taking Pharmacotherapy For Oud	Yes
M1034	Adults Who Have At Least 180 Days Of Continuous Pharmacotherapy With A Medication Prescribed For Oud Without A Gap Of More Than Seven Days	Yes
M1035	Adults Who Are Deliberately Phased Out Of Medication Assisted Treatment (Mat) Prior To 180 Days Of Continuous Treatment	Yes
M1036	Adults Who Have Not Had At Least 180 Days Of Continuous Pharmacotherapy With A Medication Prescribed For Oud Without A Gap Of More Than Seven Days	Yes
M1037	Patients With A Diagnosis Of Lumbar Spine Region Cancer At The Time Of The Procedure	Yes
M1038	Patients With A Diagnosis Of Lumbar Spine Region Fracture At The Time Of The Procedure	Yes
M1039	Patients With A Diagnosis Of Lumbar Spine Region Infection At The Time Of The Procedure	Yes
M1040	Patients With A Diagnosis Of Lumbar Idiopathic Or Congenital Scoliosis	Yes
M1041	Patient Had Cancer, Acute Fracture Or Infection Related To The Lumbar Spine Or Patient Had Neuromuscular, Idiopathic Or Congenital Lumbar Scoliosis	Yes
M1043	Functional status was not measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively	Yes
M1045	Functional Status Measured By The Oxford Knee Score (Oks) At One Year (9 To 15 Months) Postoperatively Was Greater Than Or Equal To 37 Or Knee Injury And Osteoarthritis Outcome Score Joint Replacement (Koos, Jr.) Was Greater Than Or Equal To 71	Yes
M1046	Functional Status Measured By The Oxford Knee Score (Oks) At One Year (9 To 15 Months) Postoperatively Was Less Than 37 Or The Knee Injury And Osteoarthritis Outcome Score Joint Replacement (Koos, Jr.) Was Less Than 71 Postoperatively	Yes
M1049	Functional status was not measured by the oswestry disability index (odi version 2.1a) at three months (6 - 20 weeks) postoperatively	Yes
M1051	Patient Had Cancer, Acute Fracture Or Infection Related To The Lumbar Spine Or Patient Had Neuromuscular, Idiopathic Or Congenital Lumbar Scoliosis	Yes
M1052	Leg Pain Was Not Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15 Months) Postoperatively	Yes
M1054	Patient Had Only Urgent Care Visits During The Performance Period	Yes
M1055	Aspirin Or Another Antiplatelet Therapy Used	Yes
M1056	Prescribed Anticoagulant Medication During The Performance Period, History Of Gi Bleeding, History Of Intracranial Bleeding, Bleeding Disorder And Specific Provider Documented Reasons: Allergy To Aspirin Or Anti-Platelets, Use Of Non-Steroidal Anti-Inflam	Yes
M1057	Aspirin Or Another Antiplatelet Therapy Not Used, Reason Not Given	Yes
M1058	Patient Was A Permanent Nursing Home Resident At Any Time During The Performance Period	Yes
M1059	Patient Was In Hospice Or Receiving Palliative Care At Any Time During The Performance Period	Yes
M1060	Patient Died Prior To The End Of The Performance Period	Yes
M1067	Hospice Services For Patient Provided Any Time During The Measurement Period	Yes
M1068	Adults Who Are Not Ambulatory	Yes
M1069	Patient Screened For Future Fall Risk	Yes
M1070	Patient Not Screened For Future Fall Risk, Reason Not Given	Yes
M1106	The Start Of An Episode Of Care Documented In The Medical Record	Yes
M1107	Documentation Stating Patient Has A Diagnosis Of A Degenerative Neurological Condition Such As Als, Ms, Or Parkinson's Diagnosed At Any Time Before Or During The Episode Of Care	Yes
M1108	Ongoing Care Not Clinically Indicated Because The Patient Needed A Home Program Only, Referral To Another Provider Or Facility, Or Consultation Only, As Documented In The Medical Record	Yes
M1109	Ongoing Care Not Medically Possible Because The Patient Was Discharged Early Due To Specific Medical Events, Documented In The Medical Record, Such As The Patient Became Hospitalized Or Scheduled For Surgery	Yes
M1110	Ongoing Care Not Possible Because The Patient Self-Discharged Early (E.G., Financial Or Insurance Reasons, Transportation Problems, Or Reason Unknown)	Yes
M1111	The Start Of An Episode Of Care Documented In The Medical Record	Yes
M1112	Documentation Stating Patient Has A Diagnosis Of A Degenerative Neurological Condition Such As Als, Ms, Or Parkinson's Diagnosed At Any Time Before Or During The Episode Of Care	Yes
M1113	Ongoing Care Not Clinically Indicated Because The Patient Needed A Home Program Only, Referral To Another Provider Or Facility, Or Consultation Only, As Documented In The Medical Record	Yes
M1114	Ongoing Care Not Medically Possible Because The Patient Was Discharged Early Due To Specific Medical Events, Documented In The Medical Record, Such As The Patient Became Hospitalized Or Scheduled For Surgery	Yes
M1115	Ongoing Care Not Possible Because The Patient Self-Discharged Early (E.G., Financial Or Insurance Reasons, Transportation Problems, Or Reason Unknown)	Yes
M1116	The Start Of An Episode Of Care Documented In The Medical Record	Yes

Procedure Code	Description	Prior Auth Required
M1117	Documentation Stating Patient Has A Diagnosis Of A Degenerative Neurological Condition Such As Als, Ms, Or Parkinson's Diagnosed At Any Time Before Or During The Episode Of Care	Yes
M1118	Ongoing Care Not Clinically Indicated Because The Patient Needed A Home Program Only, Referral To Another Provider Or Facility, Or Consultation Only, As Documented In The Medical Record	Yes
M1119	Ongoing Care Not Medically Possible Because The Patient Was Discharged Early Due To Specific Medical Events, Documented In The Medical Record, Such As The Patient Became Hospitalized Or Scheduled For Surgery	Yes
M1120	Ongoing Care Not Possible Because The Patient Self-Discharged Early (E.G., Financial Or Insurance Reasons, Transportation Problems, Or Reason Unknown)	Yes
M1121	The Start Of An Episode Of Care Documented In The Medical Record	Yes
M1122	Documentation Stating Patient Has A Diagnosis Of A Degenerative Neurological Condition Such As Als, Ms, Or Parkinson's Diagnosed At Any Time Before Or During The Episode Of Care	Yes
M1123	Ongoing Care Not Clinically Indicated Because The Patient Needed A Home Program Only, Referral To Another Provider Or Facility, Or Consultation Only, As Documented In The Medical Record	Yes
M1124	Ongoing Care Not Medically Possible Because The Patient Was Discharged Early Due To Specific Medical Events, Documented In The Medical Record, Such As The Patient Became Hospitalized Or Scheduled For Surgery	Yes
M1125	Ongoing Care Not Possible Because The Patient Self-Discharged Early (E.G., Financial Or Insurance Reasons, Transportation Problems, Or Reason Unknown)	Yes
M1126	The Start Of An Episode Of Care Documented In The Medical Record	Yes
M1127	Documentation Stating Patient Has A Diagnosis Of A Degenerative Neurological Condition Such As Als, Ms, Or Parkinson's Diagnosed At Any Time Before Or During The Episode Of Care	Yes
M1128	Ongoing Care Not Clinically Indicated Because The Patient Needed A Home Program Only, Referral To Another Provider Or Facility, Or Consultation Only, As Documented In The Medical Record	Yes
M1129	Ongoing Care Not Medically Possible Because The Patient Was Discharged Early Due To Specific Medical Events, Documented In The Medical Record, Such As The Patient Became Hospitalized Or Scheduled For Surgery	Yes
M1130	Ongoing Care Not Possible Because The Patient Self-Discharged Early (E.G., Financial Or Insurance Reasons, Transportation Problems, Or Reason Unknown)	Yes
M1131	Documentation Stating Patient Has A Diagnosis Of A Degenerative Neurological Condition Such As Als, Ms, Or Parkinson's Diagnosed At Any Time Before Or During The Episode Of Care	Yes
M1132	Ongoing Care Not Clinically Indicated Because The Patient Needed A Home Program Only, Referral To Another Provider Or Facility, Or Consultation Only, As Documented In The Medical Record	Yes
M1133	Ongoing Care Not Medically Possible Because The Patient Was Discharged Early Due To Specific Medical Events, Documented In The Medical Record, Such As The Patient Became Hospitalized Or Scheduled For Surgery	Yes
M1134	Ongoing Care Not Possible Because The Patient Self-Discharged Early (E.G., Financial Or Insurance Reasons, Transportation Problems, Or Reason Unknown)	Yes
M1135	The Start Of An Episode Of Care Documented In The Medical Record	Yes
M1141	Functional Status Was Not Measured By The Oxford Knee Score (Oks) Or The Knee Injury And Osteoarthritis Outcome Score Joint Replacement (Koos, Jr.) At One Year (9 To 15 Months) Postoperatively	Yes
M1142	Emergent Cases	Yes
M1143	Initiated Episode Of Rehabilitation Therapy, Medical, Or Chiropractic Care For Neck Impairment	Yes
M1146	Ongoing Care Not Clinically Indicated Because The Patient Needed A Home Program Only, Referral To Another Provider Or Facility, Or Consultation Only, As Documented In The Medical Record	Yes
M1147	Ongoing Care Not Medically Possible Because The Patient Was Discharged Early Due To Specific Medical Events, Documented In The Medical Record, Such As The Patient Became Hospitalized Or Scheduled For Surgery	Yes
M1148	Ongoing Care Not Possible Because The Patient Self-Discharged Early (E.G., Financial Or Insurance Reasons, Transportation Problems, Or Reason Unknown)	Yes
M1149	Patient Unable To Complete The Neck Fs Prom At Initial Evaluation And/Or Discharge Due To Blindness, Illiteracy, Severe Mental Incapacity Or Language Incompatibility, And An Adequate Proxy Is Not Available	Yes
M1150	Current Or Prior Left Ventricular Ejection Fraction (Lvef) Less Than Or Equal To 40% Or Documentation Of Moderately Or Severely Depressed Left Ventricular Systolic Function	Yes
M1151	Patients With A History Of Heart Transplant Or With A Left Ventricular Assist Device (Lvad)	Yes
M1152	Patients With A History Of Heart Transplant Or With A Left Ventricular Assist Device (Lvad)	Yes
M1153	Patient With Diagnosis Of Osteoporosis On Date Of Encounter	Yes
M1159	Hospice Services Provided To Patient Any Time During The Measurement Period	Yes
M1160	Patient Had Anaphylaxis Due To The Meningococcal Vaccine Any Time On Or Before The Patient'S 13Th Birthday	Yes
M1161	Patient Had Anaphylaxis Due To The Tetanus, Diphtheria Or Pertussis Vaccine Any Time On Or Before The Patient'S 13Th Birthday	Yes
M1162	Patient Had Encephalitis Due To The Tetanus, Diphtheria Or Pertussis Vaccine Any Time On Or Before The Patient'S 13Th Birthday	Yes

Procedure Code	Description	Prior Auth Required
M1163	Patient Had Anaphylaxis Due To The Hpv Vaccine Any Time On Or Before The Patient'S 13Th Birthday	Yes
M1164	Patients With Dementia Any Time During The Patient'S History Through The End Of The Measurement Period	Yes
M1165	Patients Who Use Hospice Services Any Time During The Measurement Period	Yes
M1166	Pathology Report For Tissue Specimens Produced From Wide Local Excisions Or Re-Excisions	Yes
M1167	In Hospice Or Using Hospice Services During The Measurement Period	Yes
M1168	Patient Received An Influenza Vaccine On Or Between July 1 Of The Year Prior To The Measurement Period And June 30 Of The Measurement Period	Yes
M1169	Documentation Of Medical Reason(S) For Not Administering Influenza Vaccine (E.G., Prior Anaphylaxis Due To The Influenza Vaccine)	Yes
M1170	Patient Did Not Receive An Influenza Vaccine On Or Between July 1 Of The Year Prior To The Measurement Period And June 30 Of The Measurement Period	Yes
M1171	Patient Received At Least One Td Vaccine Or One Tdap Vaccine Between Nine Years Prior To The Encounter And The End Of The Measurement Period	Yes
M1172	Documentation Of Medical Reason(S) For Not Administering Td Or Tdap Vaccine (E.G., Prior Anaphylaxis Due To The Td Or Tdap Vaccine Or History Of Encephalopathy Within Seven Days After A Previous Dose Of A Td-Containing Vaccine)	Yes
M1173	Patient Did Not Receive At Least One Td Vaccine Or One Tdap Vaccine Between Nine Years Prior To The Encounter And The End Of The Measurement Period	Yes
M1174	Patient Received At Least Two Doses Of The Herpes Zoster Recombinant Vaccine (At Least 28 Days Apart) On October 20, 2017, Through The End Of The Measurement Period	Yes
M1175	Documentation Of Medical Reason(S) For Not Administering Zoster Vaccine (E.G., Prior Anaphylaxis Due To The Zoster Vaccine)	Yes
M1176	Patient Did Not Receive Two Doses Of The Herpes Zoster Recombinant Vaccine (At Least 28 Days Apart) On October 20, 2017, Through The End Of The Measurement Period	Yes
M1177	Patient Received Any Pneumococcal Conjugate Or Polysaccharide Vaccine On Or After Their 19Th Birthday And Before The End Of The Measurement Period	Yes
M1178	Documentation Of Medical Reason(S) For Not Administering Pneumococcal Vaccine (E.G., Prior Anaphylaxis Due To The Pneumococcal Vaccine)	Yes
M1179	Patient Did Not Receive Any Pneumococcal Conjugate Or Polysaccharide Vaccine, On Or After Their 19Th Birthday And Before Or During Measurement Period	Yes
M1180	Patients On Immune Checkpoint Inhibitor Therapy	Yes
M1181	Grade 2 Or Above Diarrhea And/Or Grade 2 Or Above Colitis	Yes
M1182	Patients Not Eligible Due To Pre-Existing Inflammatory Bowel Disease (Ibd) (E.G., Ulcerative Colitis, Crohn'S Disease)	Yes
M1183	Documentation Of Immune Checkpoint Inhibitor Therapy Held And Corticosteroids Or Immunosuppressants Prescribed Or Administered	Yes
M1184	Documentation Of Medical Reason(S) For Not Prescribing Or Administering Corticosteroid Or Immunosuppressant Treatment (E.G., Allergy, Intolerance, Infectious Etiology, Pancreatic Insufficiency, Hyperthyroidism, Prior Bowel Surgical Interventions, Celiac D	Yes
M1185	Documentation Of Immune Checkpoint Inhibitor Therapy Not Held And/Or Corticosteroids Or Immunosuppressants Prescribed Or Administered Was Not Performed, Reason Not Given	Yes
M1186	Patients Who Have An Order For Or Are Receiving Hospice Or Palliative Care	Yes
M1187	Patients With A Diagnosis Of End Stage Renal Disease (Esrd)	Yes
M1188	Patients With A Diagnosis Of Chronic Kidney Disease (Ckd) Stage 5	Yes
M1189	Documentation Of A Kidney Health Evaluation Defined By An Estimated Glomerular Filtration Rate (Egfr) And Urine Albumin-Creatinine Ratio (Uacr) Performed	Yes
M1190	Documentation Of A Kidney Health Evaluation Was Not Performed Or Defined By An Estimated Glomerular Filtration Rate (Egfr) And Urine Albumin-Creatinine Ratio (Uacr)	Yes
M1191	Hospice Services Provided To Patient Any Time During The Measurement Period	Yes
M1192	Patients With An Existing Diagnosis Of Squamous Cell Carcinoma Of The Esophagus	Yes
M1193	Surgical Pathology Reports That Contain Impression Or Conclusion Of Or Recommendation For Testing Of Mmr By Immunohistochemistry, Msi By Dna-Based Testing Status, Or Both	Yes
M1194	Documentation Of Medical Reason(S) Surgical Pathology Reports Did Not Contain Impression Or Conclusion Of Or Recommendation For Testing Of Mmr By Immunohistochemistry, Msi By Dna-Based Testing Status, Or Both Tests Were Not Included (E.G., Patient Will No	Yes
M1195	Surgical Pathology Reports That Do Not Contain Impression Or Conclusion Of Or Recommendation For Testing Of Mmr By Immunohistochemistry, Msi By Dna-Based Testing Status, Or Both, Reason Not Given	Yes
M1196	Initial (Index Visit) Numeric Rating Scale (Nrs), Visual Rating Scale (Vrs), Or Itchyquant Assessment Score Of Greater Than Or Equal To 4	Yes
M1197	Itch Severity Assessment Score Is Reduced By 3 Or More Points From The Initial (Index) Assessment Score To The Follow-Up Visit Score	Yes
M1198	Itch Severity Assessment Score Was Not Reduced By At Least 3 Points From Initial (Index) Score To The Follow-Up Visit Score Or Assessment Was Not Completed During The Follow-Up Encounter	Yes
M1199	Patients Receiving Rrt	Yes
M1200	Ace Inhibitor (Ace-I) Or Arb Therapy Prescribed During The Measurement Period	Yes
M1201	Documentation Of Medical Reason(S) For Not Prescribing Ace Inhibitor (Ace-I) Or Arb Therapy During The Measurement Period (E.G., Pregnancy, History Of Angioedema To Ace-I, Other Allergy To Ace-I And Arb, Hyperkalemia Or History Of Hyperkalemia While On Ac	Yes

Procedure Code	Description	Prior Auth Required
M1202	Documentation Of Patient Reason(S) For Not Prescribing Ace Inhibitor Or Arb Therapy During The Measurement Period, (E.G., Patient Declined, Other Patient Reasons)	Yes
M1203	Ace Inhibitor Or Arb Therapy Not Prescribed During The Measurement Period, Reason Not Given	Yes
M1204	Initial (Index Visit) Numeric Rating Scale (Nrs), Visual Rating Scale (Vrs), Or Itchyquant Assessment Score Of Greater Than Or Equal To 4	Yes
M1205	Itch Severity Assessment Score Is Reduced By 3 Or More Points From The Initial (Index) Assessment Score To The Follow-Up Visit Score	Yes
M1206	Itch Severity Assessment Score Was Not Reduced By At Least 3 Points From Initial (Index) Score To The Follow-Up Visit Score Or Assessment Was Not Completed During The Follow-Up Encounter	Yes
M1207	Patient Is Screened For Food Insecurity, Housing Instability, Transportation Needs, Utility Difficulties, And Interpersonal Safety	Yes
M1208	Patient Is Not Screened For Food Insecurity, Housing Instability, Transportation Needs, Utility Difficulties, And Interpersonal Safety	Yes
M1209	At Least Two Orders For High-Risk Medications From The Same Drug Class, (Table 4), Without Appropriate Diagnoses	Yes
M1210	At Least Two Orders For High-Risk Medications From The Same Drug Class, (Table 4), Not Ordered	Yes
M1211	Most Recent Glycemic Status Assessment (Hba1C Or Gmi) Level > 9.0%	Yes
M1212	Glycemic Status Assessment (Hba1C Or Gmi) Level Is Missing, Or Was Not Performed During The Measurement Period	Yes
M1213	No History Of Spirometry Results With Confirmed Airflow Obstruction (Fev1/Fvc < 70%) And Present Spirometry Is >= 70%	Yes
M1214	Spirometry Results With Confirmed Airflow Obstruction (Fev1/Fvc < 70%) Documented And Reviewed	Yes
M1215	Documentation Of Medical Reason(S) For Not Documenting And Reviewing Spirometry Results (E.G., Patients With Dementia Or Tracheostomy)	Yes
M1216	No Spirometry Results With Confirmed Airflow Obstruction (Fev1/Fvc < 70%) Documented And/Or No Spirometry Performed With Results Documented During The Encounter	Yes
M1217	Documentation Of System Reason(S) For Not Documenting And Reviewing Spirometry Results (E.G., Spirometry Equipment Not Available At The Time Of The Encounter)	Yes
M1218	Patient Has Copd Symptoms (E.G., Dyspnea, Cough/Sputum, Wheezing)	Yes
M1220	Dilated Retinal Eye Exam With Interpretation By An Ophthalmologist Or Optometrist Or Artificial Intelligence (Ai) Interpretation Documented And Reviewed; With Evidence Of Retinopathy	Yes
M1221	Dilated Retinal Eye Exam With Interpretation By An Ophthalmologist Or Optometrist Or Artificial Intelligence (Ai) Interpretation Documented And Reviewed; Without Evidence Of Retinopathy	Yes
M1222	Glaucoma Plan Of Care Not Documented, Reason Not Otherwise Specified	Yes
M1223	Glaucoma Plan Of Care Documented	Yes
M1224	Intraocular Pressure (Iop) Reduced By A Value Less Than 20% From The Pre-Intervention Level	Yes
M1225	Intraocular Pressure (Iop) Reduced By A Value Of Greater Than Or Equal To 20% From The Pre-Intervention Level	Yes
M1226	Iop Measurement Not Documented, Reason Not Otherwise Specified	Yes
M1227	Evidence-Based Therapy Was Prescribed	Yes
M1228	Patient, Who Has A Reactive Hcv Antibody Test, And Has A Follow Up Hcv Viral Test That Detected Hcv Viremia, Has Hcv Treatment Initiated Within 3 Months Of The Reactive Hcv Antibody Test	Yes
M1229	Patient, Who Has A Reactive Hcv Antibody Test, And Has A Follow Up Hcv Viral Test That Detected Hcv Viremia, Is Referred Within 1 Month Of The Reactive Hcv Antibody Test To A Clinician Who Treats Hcv Infection	Yes
M1230	Patient Has A Reactive Hcv Antibody Test And Does Not Have A Follow Up Hcv Viral Test, Or Patient Has A Reactive Hcv Antibody Test And Has A Follow Up Hcv Viral Test That Detects Hcv Viremia And Is Not Referred To A Clinician Who Treats Hcv Infection With	Yes
M1231	Patient Receives Hcv Antibody Test With Nonreactive Result	Yes
M1232	Patient Receives Hcv Antibody Test With Reactive Result	Yes
M1233	Patient Does Not Receive Hcv Antibody Test Or Patient Does Receive Hcv Antibody Test But Results Not Documented, Reason Not Given	Yes
M1234	Patient Has A Reactive Hcv Antibody Test, And Has A Follow Up Hcv Viral Test That Does Not Detect Hcv Viremia	Yes
M1235	Documentation Or Patient Report Of Hcv Antibody Test Or Hcv Rna Test Which Occurred Prior To The Performance Period	Yes
M1236	Baseline Mrs > 2	Yes
M1237	Patient Reason For Not Screening For Food Insecurity, Housing Instability, Transportation Needs, Utility Difficulties, And Interpersonal Safety (E.G., Patient Declined Or Other Patient Reasons)	Yes
M1238	Documentation That Administration Of Second Recombinant Zoster Vaccine Could Not Occur During The Performance Period Due To The Recommended 2-6 Month Interval Between Doses (I.E, First Dose Received After October 31)	Yes
M1239	Patient Did Not Respond To The Question Of Patient Felt Heard And Understood By This Provider And Team	Yes

Procedure Code	Description	Prior Auth Required
M1240	Patient Did Not Respond To The Question Of Patient Felt This Provider And Team Put My Best Interests First When Making Recommendations About My Care	Yes
M1241	Patient Did Not Respond To The Question Of Patient Felt This Provider And Team Saw Me As A Person, Not Just Someone With A Medical Problem	Yes
M1242	Patient Did Not Respond To The Question Of Patient Felt This Provider And Team Understood What Is Important To Me In My Life	Yes
M1243	Patient Provided A Response Other Than ''Completely True'' For The Question Of Patient Felt Heard And Understood By This Provider And Team	Yes
M1244	Patient Provided A Response Other Than ''Completely True'' For The Question Of Patient Felt This Provider And Team Put My Best Interests First When Making Recommendations About My Care	Yes
M1245	Patient Provided A Response Other Than ''Completely True'' For The Question Of Patient Felt This Provider And Team Saw Me As A Person, Not Just Someone With A Medical Problem	Yes
M1246	Patient Provided A Response Other Than ''Completely True'' For The Question Of Patient Felt This Provider And Team Understood What Is Important To Me In My Life	Yes
M1247	Patient Responded ''Completely True'' For The Question Of Patient Felt This Provider And Team Put My Best Interests First When Making Recommendations About My Care	Yes
M1248	Patient Responded ''Completely True'' For The Question Of Patient Felt This Provider And Team Saw Me As A Person, Not Just Someone With A Medical Problem	Yes
M1249	Patient Responded ''Completely True'' For The Question Of Patient Felt This Provider And Team Understood What Is Important To Me In My Life	Yes
M1250	Patient Responded As ''Completely True'' For The Question Of Patient Felt Heard And Understood By This Provider And Team	Yes
M1251	Patients For Whom A Proxy Completed The Entire Hu Survey On Their Behalf For Any Reason (No Patient Involvement)	Yes
M1252	Patients Who Did Not Complete At Least One Of The Four Patient Experience Hu Survey Items And Return The Hu Survey Within 60 Days Of The Ambulatory Palliative Care Visit	Yes
M1253	Patients Who Respond On The Patient Experience Hu Survey That They Did Not Receive Care By The Listed Ambulatory Palliative Care Provider In The Last 60 Days (Disavowal)	Yes
M1254	Patients Who Were Deceased When The Hu Survey Reached Them	Yes
M1255	Patients Who Have Another Reason For Visiting The Clinic [Not Prenatal Or Postpartum Care] And Have A Positive Pregnancy Test But Have Not Established The Clinic As An Ob Provider (E.G., Plan To Terminate The Pregnancy Or Seek Prenatal Services Elsewhere)	Yes
M1256	Prior History Of Known Cvd	Yes
M1257	Cvd Risk Assessment Not Performed Or Incomplete (E.G., Cvd Risk Assessment Was Not Documented), Reason Not Otherwise Specified	Yes
M1258	Cvd Risk Assessment Performed, Have A Documented Calculated Risk Score	Yes
M1259	Patient Status Documented Within The First Year Of Initiating Dialysis	Yes
M1260	Patient Status Not Documented Within The First Year Of Initiating Dialysis	Yes
M1261	Patients That Were On The Kidney Or Kidney-Pancreas Waitlist Prior To Initiation Of Dialysis	Yes
M1262	Patients Who Had A Transplant Prior To Initiation Of Dialysis	Yes
M1263	Patients In Hospice On Their Initiation Of Dialysis Date Or During The Month Of Evaluation	Yes
M1265	Cms Medical Evidence Form 2728 For Dialysis Patients: Initial Form Completed	Yes
M1266	Patients Admitted To A Skilled Nursing Facility (Snf)	Yes
M1267	Patients Not Observed In Active Status On Any Kidney Or Kidney-Pancreas Transplant Waitlist As Of The Last Day Of Each Month During The Measurement Period	Yes
M1268	Patients Observed In Active Status On Any Kidney Or Kidney-Pancreas Transplant Waitlist As Of The Last Day Of Each Month During The Measurement Period	Yes
M1269	Receiving Esrd Mcp Dialysis Services By The Provider On The Last Day Of The Reporting Month	Yes
M1270	Patients Not On Any Kidney Or Kidney-Pancreas Transplant Waitlist As Of The Last Day Of Each Month During The Measurement Period	Yes
M1271	Patients With Dementia At Any Time Prior To Or During The Month	Yes
M1272	Patients Observed On Any Kidney Or Kidney-Pancreas Transplant Waitlist As Of The Last Day Of Each Month During The Measurement Period	Yes
M1273	Patients Who Were Admitted To A Skilled Nursing Facility (Snf) Within One Year Of Dialysis Initiation According To The Cms-2728 Form	Yes
M1274	Patients Who Were Admitted To A Skilled Nursing Facility (Snf) During The Month Of Evaluation Were Excluded From That Month	Yes
M1275	Patients Determined To Be In Hospice Were Excluded From Month Of Evaluation And The Remainder Of Reporting Period	Yes
M1276	Bmi Documented Outside Normal Parameters, No Follow-Up Plan Documented, No Reason Given	Yes
M1277	Colorectal Cancer Screening Results Documented And Reviewed	Yes
M1278	Elevated Or Hypertensive Blood Pressure Reading Documented, And The Indicated Follow-Up Is Documented	Yes
M1279	Elevated Or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up Not Documented, Reason Not Given	Yes
M1280	Women Who Had A Bilateral Mastectomy Or Who Have A History Of A Bilateral Mastectomy Or For Whom There Is Evidence Of A Right And A Left Unilateral Mastectomy	Yes
M1281	Blood Pressure Reading Not Documented, Reason Not Given	Yes
M1282	Patient Screened For Tobacco Use And Identified As A Tobacco Non-User	Yes
M1283	Patient Screened For Tobacco Use And Identified As A Tobacco User	Yes

Procedure Code	Description	Prior Auth Required
M1284	Patients Age 66 Or Older In Institutional Special Needs Plans (Snp) Or Residing In Long Term Care With Pos Code 32, 33, 34, 54, Or 56 For More Than 90 Consecutive Days During The Measurement Period	Yes
M1285	Screening, Diagnostic, Film, Digital Or Digital Breast Tomosynthesis (3D) Mammography Results Were Not Documented And Reviewed, Reason Not Otherwise Specified	Yes
M1286	Bmi Is Documented As Being Outside Of Normal Parameters, Follow-Up Plan Is Not Completed For Documented Medical Reason	Yes
M1287	Bmi Is Documented Below Normal Parameters And A Follow-Up Plan Is Documented	Yes
M1288	Documented Reason For Not Screening Or Recommending A Follow-Up For High Blood Pressure	Yes
M1289	Patient Identified As Tobacco User Did Not Receive Tobacco Cessation Intervention During The Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling And/Or Pharmacotherapy)	Yes
M1290	Patient Not Eligible Due To Active Diagnosis Of Hypertension	Yes
M1291	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And A Dispensed Medication For Dementia During The Measurement Period Or The Year Prior To The Measurement Period	Yes
M1292	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And An Advanced Illness Diagnosis During The Measurement Period Or The Year Prior To The Measurement Period	Yes
M1293	Bmi Is Documented Above Normal Parameters And A Follow-Up Plan Is Documented	Yes
M1294	Normal Blood Pressure Reading Documented, Follow-Up Not Required	Yes
M1295	Patients With A Diagnosis Or Past History Of Total Colectomy Or Colorectal Cancer	Yes
M1296	Bmi Is Documented Within Normal Parameters And No Follow-Up Plan Is Required	Yes
M1297	Bmi Not Documented Due To Medical Reason Or Patient Refusal Of Height Or Weight Measurement	Yes
M1298	Documentation Of Patient Pregnancy Anytime During The Measurement Period Prior To And Including The Current Encounter	Yes
M1299	Influenza Immunization Administered Or Previously Received	Yes
M1300	Influenza Immunization Was Not Administered For Reasons Documented By Clinician (E.G., Patient Allergy Or Other Medical Reasons, Patient Declined Or Other Patient Reasons, Vaccine Not Available Or Other System Reasons)	Yes
M1301	Patient Identified As A Tobacco User Received Tobacco Cessation Intervention During The Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling And/Or Pharmacotherapy)	Yes
M1302	Screening, Diagnostic, Film Digital Or Digital Breast Tomosynthesis (3D) Mammography Results Documented And Reviewed	Yes
M1303	Hospice Services Provided To Patient Any Time During The Measurement Period	Yes
M1304	Patient Did Not Receive Any Pneumococcal Conjugate Or Polysaccharide Vaccine On Or After Their 19Th Birthday And Before The End Of The Measurement Period	Yes
M1305	Patient Received Any Pneumococcal Conjugate Or Polysaccharide Vaccine On Or After Their 19Th Birthday And Before The End Of The Measurement Period	Yes
M1306	Patient Had Anaphylaxis Due To The Pneumococcal Vaccine Any Time During Or Before The Measurement Period	Yes
M1307	Documentation Stating The Patient Has Received Or Is Currently Receiving Palliative Or Hospice Care	Yes
M1308	Influenza Immunization Was Not Administered, Reason Not Given	Yes
M1309	Palliative Care Services Provided To Patient Any Time During The Measurement Period	Yes
M1310	Patient Screened For Tobacco Use And Received Tobacco Cessation Intervention During The Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling, Pharmacotherapy, Or Both), If Identified As A Tobacco User	Yes
M1311	Anaphylaxis Due To The Vaccine On Or Before The Date Of The Encounter	Yes
M1312	Patient Not Screened For Tobacco Use	Yes
M1313	Tobacco Screening Not Performed Or Tobacco Cessation Intervention Not Provided During The Measurement Period Or In The Six Months Prior To The Measurement Period	Yes
M1314	Bmi Not Documented And No Reason Is Given	Yes
M1315	Colorectal Cancer Screening Results Were Not Documented And Reviewed; Reason Not Otherwise Specified	Yes
M1316	Current Tobacco Non-User	Yes
M1317	Patients Who Are Counseled On Connection With A Csp And Explicitly Opt Out	Yes
M1318	Patients Who Did Not Have Documented Contact With A Csp For At Least One Of Their Screened Positive Hrsns Within 60 Days After Screening Or Documentation That There Was No Contact With A Csp	Yes
M1319	Patients Who Had Documented Contact With A Csp For At Least One Of Their Screened Positive Hrsns Within 60 Days After Screening	Yes
M1320	Patients Who Screened Positive For At Least 1 Of The 5 Hrsns	Yes
M1321	Patients Who Were Not Seen Within 7 Weeks Following The Date Of Injection For Follow Up Or Who Did Not Have A Documented Iop Or No Plan Of Care Documented If The Iop Was >25 Mm Hg	Yes
M1322	Patients Seen Within 7 Weeks Following The Date Of Injection And Are Screened For Elevated Intraocular Pressure (Iop) With Tonometry With Documented Iop =<25 Mm Hg For Injected Eye	Yes

Procedure Code	Description	Prior Auth Required
M1323	Patients Seen Within 7 Weeks Following The Date Of Injection And Are Screened For Elevated Intraocular Pressure (Iop) With Tonometry With Documented Iop >25 Mm Hg And A Plan Of Care Was Documented	Yes
M1324	Patients Who Had An Intravitreal Or Periocular Corticosteroid Injection (E.G., Triamcinolone, Preservative-Free Triamcinolone, Dexamethasone, Dexamethasone Intravitreal Implant, Or Fluocinolone Intravitreal Implant)	Yes
M1325	Patients Who Were Not Seen For Reasons Documented By Clinician For Patient Or Medical Reasons (E.G., Inadequate Time For Follow-Up, Patients Who Received A Prior Intravitreal Or Periocular Steroid Injection Within The Last Six (6) Months And Had A Subsequ	Yes
M1326	Patients With A Diagnosis Of Hypotony	Yes
M1327	Patients Who Were Not Appropriately Evaluated During The Initial Exam And/Or Who Were Not Re-Evaluated Within 8 Weeks	Yes
M1328	Patients With A Diagnosis Of Acute Vitreous Hemorrhage	Yes
M1329	Patients With A Post-Operative Encounter Of The Eye With The Acute Pvd Within 2 Weeks Before The Initial Encounter Or 8 Weeks After Initial Acute Pvd Encounter	Yes
M1330	Documentation Of Patient Reason(S) For Not Having A Follow Up Exam (E.G., Inadequate Time For Follow Up)	Yes
M1331	Patients Who Were Appropriately Evaluated During The Initial Exam And Were Re-Evaluated No Later Than 8 Weeks From Initial Exam	Yes
M1332	Patients Who Were Not Appropriately Evaluated During The Initial Exam And/Or Who Were Not Re-Evaluated Within 2 Weeks	Yes
M1333	Acute Vitreous Hemorrhage	Yes
M1334	Patients With A Post-Operative Encounter Of The Eye With The Acute Pvd Within 2 Weeks Before The Initial Encounter Or 2 Weeks After Initial Acute Pvd Encounter	Yes
M1335	Documentation Of Patient Reason(S) For Not Having A Follow Up Exam (E.G., Inadequate Time For Follow Up)	Yes
M1336	Patients Who Were Appropriately Evaluated During The Initial Exam And Were Re-Evaluated No Later Than 2 Weeks	Yes
M1337	Acute Pvd	Yes
M1338	Patients Who Had Follow-Up Assessment 30 To 180 Days After The Index Assessment Who Did Not Demonstrate Positive Improvement Or Maintenance Of Functioning Scores During The Performance Period	Yes
M1339	Patients Who Had Follow-Up Assessment 30 To 180 Days After The Index Assessment Who Demonstrated Positive Improvement Or Maintenance Of Functioning Scores During The Performance Period	Yes
M1340	Index Assessment Completed Using The 12-Item Whodas 2.0 Or Sds During The Denominator Identification Period	Yes
M1341	Patients Who Did Not Have A Follow-Up Assessment Or Did Not Have An Assessment Within 30 To 180 Days After The Index Assessment During The Performance Period	Yes
M1342	Patients Who Died During The Performance Period	Yes
M1343	Patients Who Are At Pam Level 4 At Baseline Or Patients Who Are Flagged With Extreme Straight Line Response Sets On The Pam Or With Excessive Missing Responses	Yes
M1344	Patients Who Did Not Have A Baseline Pam Score And/Or A Second Score Within 4 To 12 Months Of Baseline Pam Score	Yes
M1345	Patients Who Had A Baseline Pam Score And A Second Score Within 4 To 12 Month Of Baseline Pam Score	Yes
M1346	Patients Who Did Not Have A Net Increase In Pam Score Of At Least 6 Points Within A 4 To 12 Month Period	Yes
M1347	Patients Who Achieved A Net Increase In Pam Score Of At Least 3 Points In A 4 To 12 Month Period (Passing)	Yes
M1348	Patients Who Achieved A Net Increase In Pam Score Of At Least 6-Points In A 4 To 12 Month Period (Excellent)	Yes
M1349	Patients Who Did Not Have A Net Increase In Pam Score Of At Least 3 Points Within A 4 To 12 Month Period	Yes
M1350	Patients Who Had A Completed Suicide Safety Plan Initiated, Reviewed Or Updated In Collaboration With Their Clinician (Concurrent Or Within 24 Hours) Of The Index Clinical Encounter	Yes
M1351	Patients Who Had A Suicide Safety Plan Initiated, Reviewed, Or Updated And Reviewed And Updated In Collaboration With The Patient And Their Clinician Concurrent Or Within 24 Hours Of Clinical Encounter And Within 120 Days After Initiation	Yes
M1352	Suicidal Ideation And/Or Behavior Symptoms Based On The C-Ssrs Or Equivalent Assessment	Yes
M1353	Patients Who Did Not Have A Completed Suicide Safety Plan Initiated, Reviewed Or Updated In Collaboration With Their Clinician (Concurrent Or Within 24 Hours) Of The Index Clinical Encounter	Yes
M1354	Patients Who Did Not Have A Suicide Safety Plan Initiated, Reviewed, Or Updated Or Reviewed And Updated In Collaboration With The Patient And Their Clinician Concurrent Or Within 24 Hours Of Clinical Encounter And Within 120 Days After Initiation	Yes
M1355	Suicide Risk Based On Their Clinician'S Evaluation Or A Clinician-Rated Tool	Yes
M1356	Patients Who Died During The Measurement Period	Yes
M1357	Patients Who Had A Reduction In Suicidal Ideation And/Or Behavior Upon Follow-Up Assessment Within 120 Days Of Index Assessment	Yes

Procedure Code	Description	Prior Auth Required
M1358	Patients Who Did Not Have A Reduction In Suicidal Ideation And/Or Behavior Upon Follow-Up Assessment Within 120 Days Of Index Assessment	Yes
M1359	Index Assessment During The Denominator Period When The Suicidal Ideation And/Or Behavior Symptoms Or Increased Suicide Risk By Clinician Determination Occurs And A Non-Zero C-Ssrs Score Is Obtained	Yes
M1360	Suicidal Ideation And/Or Behavior Symptoms Based On The C-Ssrs	Yes
M1361	Suicide Risk Based On Their Clinician'S Evaluation Or A Clinician-Rated Tool	Yes
M1362	Patients Who Died During The Measurement Period	Yes
M1363	Patients Who Did Not Have A Follow-Up Assessment Within 120 Days Of The Index Assessment	Yes
M1364	Calculated 10-Year Ascvd Risk Score Of >= 20 Percent During The Performance Period	Yes
M1365	Patient Encounter During The Performance Period With Hospice And Palliative Care Specialty Code 17	Yes
M1366	Focusing On Women'S Health Mips Value Pathway	Yes
M1367	Quality Care For The Treatment Of Ear, Nose, And Throat Disorders Mips Value Pathway	Yes
M1368	Prevention And Treatment Of Infectious Disorders Including Hepatitis C And Hiv Mips Value Pathway	Yes
M1369	Quality Care In Mental Health And Substance Use Disorders Mips Value Pathway	Yes
M1370	Rehabilitative Support For Musculoskeletal Care Mips Value Pathway	Yes
M1371	Most Recent Glycemic Status Assessment (Hba1C Or Gmi) Level < 7.0%	Yes
M1372	Most Recent Glycemic Status Assessment (Hba1C Or Gmi) Level >= 7.0% And < 8.0%	Yes
M1373	Most Recent Glycemic Status Assessment (Hba1C Or Gmi) Level >= 8.0% And <= 9.0%	Yes
M1374	An Additional Encounter With An Ra Diagnosis During The Performance Period Or Prior Performance Period That Is At Least 90 Days Before Or After An Encounter With An Ra Diagnosis During The Performance Period	Yes
M1375	An Additional Encounter With An Ra Diagnosis During The Performance Period Or Prior Performance Period That Is At Least 90 Days Before Or After An Encounter With An Ra Diagnosis During The Performance Period	Yes
M1376	An Additional Encounter With An Ra Diagnosis During The Performance Period Or Prior Performance Period That Is At Least 90 Days Before Or After An Encounter With An Ra Diagnosis During The Performance Period	Yes
M1377	Recommended Follow-Up Interval For Repeat Colonoscopy Of 10 Years Documented In Colonoscopy Report And Communicated With Patient	Yes
M1378	Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10 years, other medical re	Yes
M1379	A 10 Year Follow-Up Interval For Colonoscopy Not Recommended, Reason Not Otherwise Specified	Yes
M1380	Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under ''denominator note'' or the long-acting injectable antipsychotic medications listed under ''denominator note'	Yes
M1381	Patients With Secondary Stroke (E.G., A Subsequent Stroke That May Occur With Vasospasm In The Setting Of Subarachnoid Hemorrhage) Within 5 Days Of The Initial Procedure	Yes
M1382	Patient Encounter During The Performance Period With Place Of Service Code 11	Yes
M1383	Acute Pvd	Yes
M1384	Patients Who Died During The Performance Period	Yes
M1385	Documentation Of Patient Reasons For Patients Who Were Not Seen For The Second Pam Survey (E.G., Less Than Four Months Between Baseline Pam Assessment And Follow-Up	Yes
M1386	Patients With An Excisional Surgery For Melanoma Or Melanoma In Situ In The Past 5 Years With An Initial Ajcc Staging Of 0, I, Or Ii At The Start Of The Performance Period	Yes
M1387	Patients Who Died During The Performance Period	Yes
M1388	Patients With Documentation Of An Exam Performed For Recurrence Of Melanoma	Yes
M1390	Patients Who Do Not Have A Documented Exam Performed For Recurrence Of Melanoma Or No Documentation Within The Performance Period	Yes
M1391	All Patients Who Were Diagnosed With Recurrent Melanoma During The Current Performance Period	Yes
M1392	Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one metho	Yes
M1393	Patients Who Were Not Diagnosed With Recurrent Melanoma During The Current Performance Period	Yes
M1394	Stages I-Iii Breast Cancer	Yes
M1395	Patients Receiving An Initial Chemotherapy Regimen With A Defined Duration With The Eligible Clinician Or Group	Yes
M1396	Patients On A Therapeutic Clinical Trial	Yes
M1397	Patients With Recurrence/Disease Progression	Yes
M1398	Patients With Baseline And Follow-Up Promis Surveys Documented In The Medical Record	Yes
M1399	Patients Who Leave The Practice During The Follow-Up Period	Yes
M1400	Patients Who Died During The Follow-Up Period	Yes
M1401	Stages I-Iii Breast Cancer	Yes
M1402	Patients Receiving An Initial Chemotherapy Regimen With A Defined Duration With The Eligible Clinician Or Group	Yes
M1403	Patients With Baseline And Follow-Up Promis Surveys Documented In The Medical Record	Yes

Procedure Code	Description	Prior Auth Required
M1404	Patients On A Therapeutic Clinical Trial	Yes
M1405	Patients With Recurrence/Disease Progression	Yes
M1406	Patients Who Leave The Practice During The Follow-Up Period	Yes
M1407	Patients Who Died During The Follow-Up Period	Yes
M1408	Patients Who Have Germline Brca Testing Completed Before Diagnosis Of Epithelial Ovarian, Fallopian Tube, Or Primary Peritoneal Cancer	Yes
M1409	Patients Who Received Germline Testing For Brca1 And Brca2 Or Genetic Counseling Completed Within 6 Months Of Diagnosis	Yes
M1410	Patients Who Did Not Have Germline Testing For Brca1 And Brca2 Or Genetic Counseling Completed Within 6 Months Of Diagnosis	Yes
M1411	Currently On First-Line Immune Checkpoint Inhibitors Without Chemotherapy	Yes
M1412	Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1 rearrangement, braf v600e mu	Yes
M1413	Patients Who Had A Positive Pd-L1 Biomarker Expression Test Result Prior To The Initiation Of First-Line Immune Checkpoint Inhibitor Therapy	Yes
M1414	Documentation of medical reason(s) for not performing the pd-l1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize	Yes
M1415	Patients Who Did Not Have A Positive Pd-L1 Biomarker Expression Test Result Prior To The Initiation Of First-Line Immune Checkpoint Inhibitor Therapy	Yes
M1416	Patient Received Hospice Services Any Time During The Performance Period	Yes
M1417	Patients Who Are Up To Date On Their Covid-19 Vaccinations As Defined By Cdc Recommendations On Current Vaccination	Yes
M1418	Patients Who Are Not Up To Date On Their Covid-19 Vaccinations As Defined By Cdc Recommendations On Current Vaccination Because Of A Medical Contraindication Documented By Clinician	Yes
M1419	Patients Who Are Not Up To Date On Their Covid-19 Vaccinations As Defined By Cdc Recommendations On Current Vaccination	Yes
M1420	Complete Ophthalmologic Care Mips Value Pathway	Yes
M1421	Dermatological Care Mips Value Pathway	Yes
M1422	Gastroenterology Care Mips Value Pathway	Yes
M1423	Optimal Care For Patients With Urologic Conditions Mips Value Pathway	Yes
M1424	Pulmonology Care Mips Value Pathway	Yes
M1425	Surgical Care Mips Value Pathway	Yes
M1426	Encounters Conducted Via Telehealth	Yes
M1427	Documentation Of Medical Reason(S) For Performing A Bone Scan (Including Documented Pain Related To Prostate Cancer, Salvage Therapy, Other Medical Reasons)	Yes
M1428	Patients Who Have Bilateral Absence Of Eyes Any Time During The Patient'S History Through The End Of The Measurement Period	Yes
M1429	Retinal Exam Finding With Evidence Of Retinopathy In Left, Right Or Both Eyes With Severity Level Documented	Yes
M1430	Retinal Exam Finding Without Evidence Of Retinopathy In Both Eyes With Severity Level Documented (In Measurement Year Or In The Prior Year)	Yes
M1431	Encounters Conducted Via Telehealth	Yes
M1432	Encounters Conducted Via Telehealth	Yes
M1433	Patient On Oral Chemotherapy On Or Within 30 Days Before Denominator Eligible Encounter	Yes
M1434	Patient On Oral Chemotherapy On Or Within 30 Days After Denominator Eligible Encounter	Yes
M1435	Patient On Oral Chemotherapy During The Performance Period	Yes
M1436	Encounters Conducted Via Telehealth	Yes
M1437	Encounters Conducted Via Telehealth	Yes
M1438	Time Last Known Well To Hospital Arrival Less Than Or Equal To 3.5 Hours (<= 210 Minutes)	Yes
M1439	Significant Ocular Conditions That Impact The Visual Outcome Of Surgery	Yes
M1440	Encounters Conducted Via Telehealth	Yes
M1441	Encounter Corresponds To Initial Diagnosis Of Sleep Apnea Or First Contact With Sleep Apnea Diagnosed Patient	Yes
M1442	Encounters Conducted Via Telehealth	Yes
M1443	Encounters Conducted Via Telehealth	Yes
M1444	Delivery At < 39 Weeks Of Gestation	Yes
M1445	Postpartum Care Visit Before Or At 12 Weeks Of Giving Birth	Yes
M1446	Patients Who Died Any Time Prior To The End Of The Measure Assessment Period	Yes
M1447	Patients With An Active Diagnosis Of Bipolar Disorder Any Time Prior To The End Of The Measure Assessment Period	Yes
M1448	Patients With An Active Diagnosis Of Personality Disorder Any Time Prior To The End Of The Measure Assessment Period	Yes
M1449	Patients With An Active Diagnosis Of Schizophrenia Or Psychotic Disorder Any Time Prior To The End Of The Measure Assessment Period	Yes
M1450	Patients Who Received Hospice Or Palliative Care Service Any Time During Denominator Identification Period Or The Measure Assessment Period	Yes
M1451	Patients With An Active Diagnosis Of Pervasive Developmental Disorder Any Time Prior To The End Of The Measure Assessment Period	Yes
M1452	Patient Ever Had A Diagnosis Of Dementia	Yes

Procedure Code	Description	Prior Auth Required
M1453	Patients With A Pre-Operative Visual Acuity Better Than 20/40	Yes
M1454	New Cied	Yes
M1455	Replaced Or Revised Cied	Yes
M1456	Patient Had A Heart Transplant	Yes
M1457	Patient Had A Diagnosis Of Asthma With Any Contact During The Current Or Prior Performance Period Or Had Asthma Present On An Active Problem List Any Time During The Performance Period	Yes
M1458	Patient Died Prior To The End Of The Performance Period	Yes
M1459	Patient Was In Hospice Or Receiving Palliative Care Services At Any Time During The Performance Period	Yes
M1460	Diagnosis For Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis, Or Acute Respiratory Failure	Yes
M1461	Patient Diagnosis For Chronic Hepatitis C	Yes
M1462	Patients With Clinical Indications For Imaging Of The Head	Yes
M1463	Documentation Of At Least Two Attempts To Follow Up With Patient Within 180 Days Of Treatment	Yes
M1464	No Documentation Of At Least Two Attempts To Follow Up With Patient Within 180 Days Of Treatment	Yes
M1465	Patient Follow Up More Than 180 Days After Treatment	Yes
M1466	Patient Had A Lumbar Fusion On The Same Date As The Discectomy/Laminectomy Procedure	Yes
M1467	Patients With An Existing Diagnosis Of Lynch Syndrome	Yes
M1468	Patient Received Recommended Doses Of Hepatitis B Vaccination Based On Age	Yes
M1469	Patient Has A History Of Hepatitis B Illness Or Received A Hepatitis B Surface Antigen, Hepatitis B Surface Antibody, Or Total Antibody To Hepatitis B Core Antigen Test With A Positive Result Any Time Before Or During The Measurement Period	Yes
M1470	Documentation Of Medical Reason(S) For Not Administering Hepatitis B Vaccine (E.G., Prior Anaphylaxis Due To The Hepatitis B Vaccine)	Yes
M1471	Documentation That Patient Is A Medicare Fee-For-Service Beneficiary And Without Additional Supplementary Insurance Coverage For Whom Hep B Vaccination Is Not Reimbursable Under Current Medicare Part B Coverage Rules	Yes
M1472	Patient Did Not Receive Recommended Doses Of Hepatitis B Vaccination Based On Age	Yes
M1473	Patient Situations, At Any Point During The Denominator Identification Period, Where The Patient'S Functional Capacity Or Motivation (Or Lack Thereof) To Improve May Impact The Accuracy Of Results Of Validated Tools, Such As Delirium, Dementia,	Yes
M1474	Patients With Diagnosis Of Dementia	Yes
M1475	Patients With Diagnosis Of Huntington'S Disease	Yes
M1476	Patients With Diagnosis Of Cognitive Impairment Or Alzheimer'S Disease	Yes
M1477	Diagnosis Of Delirium	Yes
M1478	Psychoactive Substance Abuse	Yes
M1479	Patients Whose Functional Capacity Or Motivation (Or Lack Thereof) To Improve May Impact The Accuracy Of Results Of Validated Tools Such As Delirium, Dementia, Intellectual Disabilities, And Pervasive And Specific Development Disorders	Yes
M1480	Patients Whose Functional Capacity Or Motivation (Or Lack Thereof) To Improve May Impact The Accuracy Of Results Of Validated Tools Such As Delirium, Dementia, Intellectual Disabilities, And Pervasive And Specific Development Disorders	Yes
M1481	Patients Receiving Hospice Or Palliative Care Or Who Died During The Measurement Period	Yes
M1482	Positive/Detectable Hepatitis C Virus Quantitative Or Qualitative Rna Test Result During The Denominator Identification Period	Yes
M1483	Patients Who Achieve Sustained Virological Response As Identified By An Hcv Rna Test (Cpt 87522) Or (Cpt 87521) With A Negative/Undetectable Hcv Rna Result That Occurred 20 Weeks To 12 Months After The First Positive/Detectable Hcv Rna Test Result Within	Yes
M1484	Patients Who Did Not Have A Repeat Hcv Rna Labs Performed For Medical Reasons Documented By Clinician (E.G., Patient With Limited Life Expectancy, Delay In Treatment Of Hcv Related To Treatment Of Hiv, Hbv, Hepatocellular Carcinoma,	Yes
M1485	Patients Who Did Not Achieve Sustained Virological Response As Identified By An Hcv Rna Test (Cpt 87522) Or (Cpt 87521) With A Negative/Undetectable Hcv Rna Result That Occurred 20 Weeks To 12 Months After The First Positive/Detectable Hcv Rna Test	Yes
M1486	Patients Admitted To A Skilled Nursing Facility (Snf) During The Period Of Evaluation	Yes
M1487	Patients In Hospice In The Year Before Or During The Period Of Evaluation	Yes
M1488	Patients With A Diagnosis For Dementia In The Year Before Or During The Period Of Evaluation	Yes
M1489	Patient Status Documented	Yes
M1490	Patient Status Not Documented	Yes
M1491	Receiving Esrd Mcp Dialysis Services By The Provider During The Performance Period	Yes
M1492	Patients Who Did Not Report A Fall	Yes
M1493	Documentation Of Falls Not Performed Due To Medical Reasons (E.G., Syncope, Vertigo And Related Disorders, Restless Leg Syndrome, Tourette Syndrome/Tic Disorder, Back Pain, Concussion/Mild Traumatic Brain Injury (Mtbi), Cervical Dystonia, Or Epilepsy)	Yes
M1494	Patients That Reported A Fall Since The Last Visit	Yes
M1495	Patients That Reported A Fall Occurred Who Had A Plan Of Care For Falls Documented Or Patients That Did Not Report A Fall	Yes
M1496	Patients That Had A Fall Who Did Not Have A Plan Of Care For Falls Documented Or Do Not Have Documentation Of Being Assessed For Falls	Yes

Procedure Code	Description	Prior Auth Required
M1497	Documentation Of Falls Not Performed Due To Medical Reasons (E.G., Syncope, Vertigo And Related Disorders, Restless Leg Syndrome, Tourette Syndrome/Tic Disorder, Back Pain, Concussion/Mild Traumatic Brain Injury (Mtbi), Cervical Dystonia, Or Epilepsy)	Yes
M1498	Diagnostic Radiology Mips Value Pathway	Yes
M1499	Interventional Radiology Mips Value Pathway	Yes
M1500	Neuropsychology Mips Value Pathway	Yes
M1501	Pathology Mips Value Pathway	Yes
M1502	Podiatry Mips Value Pathway	Yes
M1503	Vascular Surgery Mips Value Pathway	Yes
MAAA0	HIPPS Code MAAA0	No
MAAA1	HIPPS Code MAAA1	No
MAAB0	HIPPS Code MAAB0	No
MAAB1	HIPPS Code MAAB1	No
MAAC0	HIPPS Code MAAC0	No
MAAC1	HIPPS Code MAAC1	No
MAAD0	HIPPS Code MAAD0	No
MAAD1	HIPPS Code MAAD1	No
MAAE0	HIPPS Code MAAE0	No
MAAE1	HIPPS Code MAAE1	No
MAAF0	HIPPS Code MAAF0	No
MAAF1	HIPPS Code MAAF1	No
MABA0	HIPPS Code MABA0	No
MABA1	HIPPS Code MABA1	No
MABB0	HIPPS Code MABB0	No
MABB1	HIPPS Code MABB1	No
MABC0	HIPPS Code MABC0	No
MABC1	HIPPS Code MABC1	No
MABD0	HIPPS Code MABD0	No
MABD1	HIPPS Code MABD1	No
MABE0	HIPPS Code MABE0	No
MABE1	HIPPS Code MABE1	No
MABF0	HIPPS Code MABF0	No
MABF1	HIPPS Code MABF1	No
MACA0	HIPPS Code MACA0	No
MACA1	HIPPS Code MACA1	No
MACB0	HIPPS Code MACB0	No
MACB1	HIPPS Code MACB1	No
MACC0	HIPPS Code MACC0	No
MACC1	HIPPS Code MACC1	No
MACD0	HIPPS Code MACD0	No
MACD1	HIPPS Code MACD1	No
MACE0	HIPPS Code MACE0	No
MACE1	HIPPS Code MACE1	No
MACF0	HIPPS Code MACF0	No
MACF1	HIPPS Code MACF1	No
MADA0	HIPPS Code MADA0	No
MADA1	HIPPS Code MADA1	No
MADB0	HIPPS Code MADB0	No
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MAEE0	HIPPS Code MAEE0	No
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MAEF1	HIPPS Code MAEF1	No
MAHA0	HIPPS Code MAHA0	No
MAHA1	HIPPS Code MAHA1	No
MAHB0	HIPPS Code MAHB0	No

Procedure Code	Description	Prior Auth Required
MAHB1	HIPPS Code MAHB1	No
MAHC0	HIPPS Code MAHC0	No
MAHC1	HIPPS Code MAHC1	No
MAHD0	HIPPS Code MAHD0	No
MAHD1	HIPPS Code MAHD1	No
MAHE0	HIPPS Code MAHE0	No
MAHE1	HIPPS Code MAHE1	No
MAHF0	HIPPS Code MAHF0	No
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MAIA0	HIPPS Code MAIA0	No
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MAIB0	HIPPS Code MAIB0	No
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MALA1	HIPPS Code MALA1	No
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MALC0	HIPPS Code MALC0	No
MALC1	HIPPS Code MALC1	No
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MALF1	HIPPS Code MALF1	No
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MAMB0	HIPPS Code MAMB0	No
MAMB1	HIPPS Code MAMB1	No
MAMC0	HIPPS Code MAMC0	No
MAMC1	HIPPS Code MAMC1	No
MAMD0	HIPPS Code MAMD0	No
MAMD1	HIPPS Code MAMD1	No
MAME0	HIPPS Code MAME0	No
MAME1	HIPPS Code MAME1	No
MAMF0	HIPPS Code MAMF0	No
MAMF1	HIPPS Code MAMF1	No
MATA0	HIPPS Code MATA0	No
MATA1	HIPPS Code MATA1	No
MATB0	HIPPS Code MATB0	No
MATB1	HIPPS Code MATB1	No
MATC0	HIPPS Code MATC0	No
MATC1	HIPPS Code MATC1	No
MATD0	HIPPS Code MATD0	No
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MATE0	HIPPS Code MATE0	No
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MATF0	HIPPS Code MATF0	No
MATF1	HIPPS Code MATF1	No
MAUA0	HIPPS Code MAUA0	No
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MAUD1	HIPPS Code MAUD1	No
MAUE0	HIPPS Code MAUE0	No
MAUE1	HIPPS Code MAUE1	No
MAUF0	HIPPS Code MAUF0	No
MAUF1	HIPPS Code MAUF1	No
MBAA0	HIPPS Code MBAA0	No
MBAA1	HIPPS Code MBAA1	No
MBAB0	HIPPS Code MBAB0	No

Procedure Code	Description	Prior Auth Required
MBAB1	HIPPS Code MBAB1	No
MBAC0	HIPPS Code MBAC0	No
MBAC1	HIPPS Code MBAC1	No
MBAD0	HIPPS Code MBAD0	No
MBAD1	HIPPS Code MBAD1	No
MBAE0	HIPPS Code MBAE0	No
MBAE1	HIPPS Code MBAE1	No
MBAF0	HIPPS Code MBAF0	No
MBAF1	HIPPS Code MBAF1	No
MBBA0	HIPPS Code MBBA0	No
MBBA1	HIPPS Code MBBA1	No
MBBB0	HIPPS Code MBBB0	No
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MBBD1	HIPPS Code MBBD1	No
MBBE0	HIPPS Code MBBE0	No
MBBE1	HIPPS Code MBBE1	No
MBBF0	HIPPS Code MBBF0	No
MBBF1	HIPPS Code MBBF1	No
MBCA0	HIPPS Code MBCA0	No
MBCA1	HIPPS Code MBCA1	No
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MBCB1	HIPPS Code MBCB1	No
MBCC0	HIPPS Code MBCC0	No
MBCC1	HIPPS Code MBCC1	No
MBCD0	HIPPS Code MBCD0	No
MBCD1	HIPPS Code MBCD1	No
MBCE0	HIPPS Code MBCE0	No
MBCE1	HIPPS Code MBCE1	No
MBCF0	HIPPS Code MBCF0	No
MBCF1	HIPPS Code MBCF1	No
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MBDA1	HIPPS Code MBDA1	No
MBDB0	HIPPS Code MBDB0	No
MBDB1	HIPPS Code MBDB1	No
MBDC0	HIPPS Code MBDC0	No
MBDC1	HIPPS Code MBDC1	No
MBDD0	HIPPS Code MBDD0	No
MBDD1	HIPPS Code MBDD1	No
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MBDE1	HIPPS Code MBDE1	No
MBDF0	HIPPS Code MBDF0	No
MBDF1	HIPPS Code MBDF1	No
MBEA0	HIPPS Code MBEA0	No
MBEA1	HIPPS Code MBEA1	No
MBEB0	HIPPS Code MBEB0	No
MBEB1	HIPPS Code MBEB1	No
MBEC0	HIPPS Code MBEC0	No
MBEC1	HIPPS Code MBEC1	No
MBED0	HIPPS Code MBED0	No
MBED1	HIPPS Code MBED1	No
MBEE0	HIPPS Code MBEE0	No
MBEE1	HIPPS Code MBEE1	No
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MBEF1	HIPPS Code MBEF1	No
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MBHA1	HIPPS Code MBHA1	No
MBHB0	HIPPS Code MBHB0	No
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MBHC0	HIPPS Code MBHC0	No
MBHC1	HIPPS Code MBHC1	No
MBHD0	HIPPS Code MBHD0	No
MBHD1	HIPPS Code MBHD1	No
MBHE0	HIPPS Code MBHE0	No
MBHE1	HIPPS Code MBHE1	No
MBHF0	HIPPS Code MBHF0	No
MBHF1	HIPPS Code MBHF1	No
MBIA0	HIPPS Code MBIA0	No
MBIA1	HIPPS Code MBIA1	No
MBIB0	HIPPS Code MBIB0	No

Procedure Code	Description	Prior Auth Required
MBIB1	HIPPS Code MBIB1	No
MBIC0	HIPPS Code MBIC0	No
MBIC1	HIPPS Code MBIC1	No
MBID0	HIPPS Code MBID0	No
MBID1	HIPPS Code MBID1	No
MBIE0	HIPPS Code MBIE0	No
MBIE1	HIPPS Code MBIE1	No
MBIF0	HIPPS Code MBIF0	No
MBIF1	HIPPS Code MBIF1	No
MBLA0	HIPPS Code MBLA0	No
MBLA1	HIPPS Code MBLA1	No
MBLB0	HIPPS Code MBLB0	No
MBLB1	HIPPS Code MBLB1	No
MBLC0	HIPPS Code MBLC0	No
MBLC1	HIPPS Code MBLC1	No
MBLD0	HIPPS Code MBLD0	No
MBLD1	HIPPS Code MBLD1	No
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MBLE1	HIPPS Code MBLE1	No
MBLF0	HIPPS Code MBLF0	No
MBLF1	HIPPS Code MBLF1	No
MBMA0	HIPPS Code MBMA0	No
MBMA1	HIPPS Code MBMA1	No
MBMB0	HIPPS Code MBMB0	No
MBMB1	HIPPS Code MBMB1	No
MBMC0	HIPPS Code MBMC0	No
MBMC1	HIPPS Code MBMC1	No
MBMD0	HIPPS Code MBMD0	No
MBMD1	HIPPS Code MBMD1	No
MBME0	HIPPS Code MBME0	No
MBME1	HIPPS Code MBME1	No
MBMF0	HIPPS Code MBMF0	No
MBMF1	HIPPS Code MBMF1	No
MBTA0	HIPPS Code MBTA0	No
MBTA1	HIPPS Code MBTA1	No
MBTB0	HIPPS Code MBTB0	No
MBTB1	HIPPS Code MBTB1	No
MBTC0	HIPPS Code MBTC0	No
MBTC1	HIPPS Code MBTC1	No
MBTD0	HIPPS Code MBTD0	No
MBTD1	HIPPS Code MBTD1	No
MBTE0	HIPPS Code MBTE0	No
MBTE1	HIPPS Code MBTE1	No
MBTF0	HIPPS Code MBTF0	No
MBTF1	HIPPS Code MBTF1	No
MBUA0	HIPPS Code MBUA0	No
MBUA1	HIPPS Code MBUA1	No
MBUB0	HIPPS Code MBUB0	No
MBUB1	HIPPS Code MBUB1	No
MBUC0	HIPPS Code MBUC0	No
MBUC1	HIPPS Code MBUC1	No
MBUD0	HIPPS Code MBUD0	No
MBUD1	HIPPS Code MBUD1	No
MBUE0	HIPPS Code MBUE0	No
MBUE1	HIPPS Code MBUE1	No
MBUF0	HIPPS Code MBUF0	No
MBUF1	HIPPS Code MBUF1	No
MCAA0	HIPPS Code MCAA0	No
MCAA1	HIPPS Code MCAA1	No
MCAB0	HIPPS Code MCAB0	No
MCAB1	HIPPS Code MCAB1	No
MCAC0	HIPPS Code MCAC0	No
MCAC1	HIPPS Code MCAC1	No
MCAD0	HIPPS Code MCAD0	No
MCAD1	HIPPS Code MCAD1	No
MCAE0	HIPPS Code MCAE0	No
MCAE1	HIPPS Code MCAE1	No
MCAF0	HIPPS Code MCAF0	No
MCAF1	HIPPS Code MCAF1	No
MCBA0	HIPPS Code MCBA0	No
MCBA1	HIPPS Code MCBA1	No
MCBB0	HIPPS Code MCBB0	No

Procedure Code	Description	Prior Auth Required
MCBB1	HIPPS Code MCBB1	No
MCBC0	HIPPS Code MCBC0	No
MCBC1	HIPPS Code MCBC1	No
MCBD0	HIPPS Code MCBD0	No
MCBD1	HIPPS Code MCBD1	No
MCBE0	HIPPS Code MCBE0	No
MCBE1	HIPPS Code MCBE1	No
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Procedure Code	Description	Prior Auth Required
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OFKF0	HIPPS Code OFKF0	No
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P2028	Cephalin Floculation, Blood (Special Coverage Instructions Apply. See Cim: 50-34)	Yes
P2029	Congo Red, Blood (Special Coverage Instructions Apply. See Cim: 50-34)	Yes
P2031	Hair Analysis (Excluding Arsenic) (Non-Covered By Medicare. See Cim: 50-24)	Yes
P2033	Thymol Turbidity, Blood (Special Coverage Instructions Apply. See Cim: 50-34)	Yes
P2038	Mucoprotein, Blood (Seromucoid) (Medical Necessity Procedure) (Special Coverage Instructions Apply. See Cim: 50-34)	Yes
P3000	Screening Papanicolaou Smear, Cervical Or Vaginal, Up To Three Smears, By Technician Under Physician Supervision (Special Coverage Instructions Apply. See Cim: 50-20)	Yes
P3001	Screening Papanicolaou Smear, Cervical Or Vaginal, Up To Three Smears, Requiring Interpretation By Physician (Special Coverage Instructions Apply. See Cim: 50-20)	Yes
P7001	Culture, Bacterial, Urine; Quantitative, Sensitivity Study (Not Payable By Medicare)	Yes
P9010	Blood (Whole), For Transfusion, Per Unit (Special Coverage Instructions Apply. See Mcm: 2455A)	No
P9011	Blood, Split Unit (Special Coverage Instructions Apply. See Mcm: 2455A)	No
P9012	Cryoprecipitate, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)	No
P9016	Red Blood Cells, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)	No
P9017	Fresh Frozen Plasma (Single Donor), Frozen Within 8 Hours Of Collection, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)	No
P9019	Platelets, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)	No
P9020	Platelet Rich Plasma, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)	Yes
P9021	Red Blood Cells, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455A)	No
P9022	Red Blood Cells, Washed, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455A)	No
P9023	Plasma, Pooled Multiple Donor, Solvent/Detergent Treated, Frozen, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)	No
P9025	Plasma, Cryoprecipitate Reduced, Pathogen Reduced, Each Unit (See Mcm: 2455B)	No
P9026	Cryoprecipitated Fibrinogen Complex, Pathogen Reduced, Each Unit (See Mcm: 2455B)	No
P9027	Red Blood Cells, Leukocytes Reduced, Oxygen/ Carbon Dioxide Reduced, Each Unit (See Mcm: 2455B)	No
P9031	Platelets, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9032	Platelets, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9033	Platelets, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9034	Platelets, Pheresis, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9035	Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9036	Platelets, Pheresis, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9037	Platelets, Pheresis, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9038	Red Blood Cells, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9039	Red Blood Cells, Deglycerolized, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9040	Red Blood Cells, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No
P9041	Infusion, Albumin (Human), 5%, 50 Ml	No
P9043	Infusion, Plasma Protein Fraction (Human), 5%, 50 Ml (Special Coverage Instructions Apply. See Mcm: 2455B)	No
P9044	Plasma, Cryoprecipitate Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455.B)	No
P9045	Infusion, Albumin (Human), 5%, 250 Ml	No
P9046	Infusion, Albumin (Human), 25%, 20 Ml	No
P9047	Infusion, Albumin (Human), 25%, 50 Ml	No
P9048	Infusion, Plasma Protein Fraction (Human), 5%, 250 Ml	No
P9050	Granulocytes, Pheresis, Each Unit	No
P9051	Whole Blood Or Red Blood Cells, Leukocytes Reduced, Cmv-Negative, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No
P9052	Platelets, Hla-Matched Leukocytes Reduced, Apheresis/Pheresis, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No
P9053	Platelets, Pheresis, Leukocytes Reduced, Cmv-Negative, Irradiated, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No
P9054	Whole Blood Or Red Blood Cells, Leukocytes Reduced, Frozen, Deglycerol, Washed, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No
P9055	Platelets, Leukocytes Reduced, Cmv-Negative, Apheresis/Pheresis, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No

Procedure Code	Description	Prior Auth Required
P9056	Whole Blood, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No
P9057	Red Blood Cells, Frozen/Deglycerolized/Washed, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No
P9058	Red Blood Cells, Leukocytes Reduced, Cmv-Negative, Irradiated, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No
P9059	Fresh Frozen Plasma Between 8-24 Hours Of Collection, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No
P9060	Fresh Frozen Plasma, Donor Retested, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833T)	No
P9070	Plasma, Pooled Multiple Donor, Pathogen Reduced, Frozen, Each Unit (Special Coverage Instructions Apply. Statute Reference: 1833t)	Yes
P9071	Plasma (Single Donor), Pathogen Reduced, Frozen, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455b. Statute Reference: 1833t)	Yes
P9073	Platelets, Pheresis, Pathogen-Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455b. Statute Reference: 1833t)	No
P9099	Blood Component Or Product Not Otherwise Classified	Yes
P9100	Pathogen(s) Test For Platelets (Special Coverage Instructions Apply. See Cim: 50-34)	No
P9603	Travel Allowance One Way In Connection With Medically Necessary Laboratory Specimen Collection Drawn From Home Bound Or Nursing Home Bound Patient; Prorated Miles Actually Travelled (Special Coverage Instructions Apply. See Mcm: 51141k)	Yes
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT; PRORATED TRIP CHARGE (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE MCM: 51141K)	Yes
P9612	Catheterization For Collection Of Specimen, Single Patient, All Places Of Service (Special Coverage Instructions Apply. See Mcm: 5114.1D)	Yes
P9615	Catheterization For Collection Of Specimen(S) (Multiple Patients) (Special Coverage Instructions Apply. See Mcm: 51141D)	Yes
PAOA0	HIPPS Code PAOA0	No
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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Procedure Code	Description	Prior Auth Required
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PLYF1	HIPPS Code PLYF1	No
Q0035	Cardiokymography (Special Coverage Instructions Apply. See Cim: 50-50)	Yes
Q0081	Infusion Therapy, Using Other Than Chemotherapeutic Drugs, Per Visit (Special Coverage Instructions Apply. See Cim: 60-14)	Yes
Q0083	Chemotherapy Administration By Other Than Infusion Technique Only (E.G., Subcutaneous, Intramuscular, Push), Per Visit	Yes
Q0084	Chemotherapy Administration By Infusion Technique Only, Per Visit (Special Coverage Instructions Apply. See Cim: 60-14)	Yes
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHNIQUE(S) (E.G., SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT	Yes
Q0091	Screening Papanicolaou Smear; Obtaining, Preparing And Conveyance Of Cervical Or Vaginal Smear To Laboratory (Special Coverage Instructions Apply. See Cim: 50-20)	Yes
Q0092	Set-Up Portable X-Ray Equipment (Special Coverage Instructions Apply. See Mcm: 2070.4)	Yes
Q0111	Wet Mounts, Including Preparations Of Vaginal, Cervical Or Skin Specimens	No
Q0112	All Potassium Hydroxide (Koh) Preparations	No
Q0113	Pinworm Examinations	No
Q0114	Fern Test	Yes
Q0115	Post-Coital Direct, Qualitative Examinations Of Vaginal Or Cervical Mucous	Yes
Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)	Yes
Q0139	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (For Esrd On Dialysis)	Yes
Q0144	Azithromycin Dihydrate, Oral, Capsules/Powder, 1 Gram (Non-Covered By Medicare)	No
Q0155	Dronabinol (syndros), 0.1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen (Special coverage instructions appl	Yes
Q0161	Chlorpromazine Hydrochloride, 5 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen	Yes
Q0162	Ondansetron 1 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instructions Apply. Statute R	Yes
Q0163	Diphenhydramine Hydrochloride, 50 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At Time Of Chemotherapy Treatment Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instructions A	Yes
Q0164	Prochlorperazine Maleate, 5 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instructions Ap	Yes
Q0166	Granisetron Hydrochloride, 1 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 24 Hour Dosage Regimen (Special Coverage Instructions A	No
Q0167	Dronabinol, 2.5 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instructions Apply. Statute	Yes
Q0169	Promethazine Hydrochloride, 12.5 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instructio	Yes

Procedure Code	Description	Prior Auth Required
Q0173	Trimethobenzamide Hydrochloride, 250 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instru	Yes
Q0175	Perphenazine, 4 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instructions Apply. Statute	Yes
Q0177	Hydroxyzine Pamoate, 25 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instructions Apply.	Yes
Q0180	Dolasetron Mesylate, 100 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 24 Hour Dosage Regimen (Special Coverage Instructions Apply	Yes
Q0181	Unspecified Oral Dosage Form, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For A Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instructions Apply. Stat	Yes
Q0224	Injection, Pemivibart, For The Pre-Exposure Prophylaxis Only, For Certain Adults And Adolescents (12 Years Of Age And Older Weighing At Least 40 Kg) With No Known Sars-Cov-2 Exposure, And Who Either Have Moderate-To-Severe Immune Compromise Due To A Medic	Yes
Q0235	Injection, Monoclonal Antibody Products With An Indication For Post-Exposure Prophylaxis Or Treatment Of Covid-19, For Hospitalized Adults And/Or Pediatric Patients Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive O	Yes
Q0237	Injection, Tocilizumab-Anoh, For Hospitalized Adult Patients With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extracorporeal Membrane Oxygenation (Ecmo) Only, 1 M	Yes
Q0238	Injection, Tocilizumab-Aazg, For Hospitalized Adult Patients With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extracorporeal Membrane Oxygenation (Ecmo) Only, 1 M	Yes
Q0249	Injection, Tocilizumab, For Hospitalized Adults And Pediatric Patients (2 Years Of Age And Older) With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extracorporeal	Yes
Q0477	Power Module Patient Cable For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	No
Q0478	Power Adapter For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Vehicle Type (Special Coverage Instructions Apply)	Yes
Q0479	Power Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0480	Driver For Use With Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0481	Microprocessor Control Unit For Use With Electric Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0482	Microprocessor Control Unit For Use With Electric/Pneumatic Combination Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0483	Monitor/Display Module For Use With Electric Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0484	Monitor/Display Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0485	Monitor Control Cable For Use With Electric Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0486	Monitor Control Cable For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0487	Leads (Pneumatic/Electrical) For Use With Any Type Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0488	Power Pack Base For Use With Electric Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0489	Power Pack Base For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0490	Emergency Power Source For Use With Electric Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0491	Emergency Power Source For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0492	Emergency Power Supply Cable For Use With Electric Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0493	Emergency Power Supply Cable For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0494	Emergency Hand Pump For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0495	Battery/Power Pack Charger For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0496	Battery, Other Than Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	No
Q0497	Battery Clips For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes

Procedure Code	Description	Prior Auth Required
Q0498	Holster For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0499	Belt/Vest/Bag For Use To Carry External Peripheral Components Of Any Type Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0500	Filters For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0501	Shower Cover For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0502	Mobility Cart For Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0503	Battery For Pneumatic Ventricular Assist Device, Replacement Only, Each (Special Coverage Instructions Apply)	Yes
Q0504	Power Adapter For Pneumatic Ventricular Assist Device, Replacement Only, Vehicle Type (Special Coverage Instructions Apply)	Yes
Q0506	Battery, Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage Instructions Apply)	Yes
Q0507	Miscellaneous Supply Or Accessory For Use With An External Ventricular Assist Device (Special Coverage Instructions Apply)	Yes
Q0508	Miscellaneous Supply Or Accessory For Use With An Implanted Ventricular Assist Device (Special Coverage Instructions Apply)	Yes
Q0509	Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Part A (Special Coverage Instructions Apply)	Yes
Q0510	Pharmacy Supply Fee For Initial Immunosuppressive Drug(S), First Month Following Transplant (Special Coverage Instructions Apply)	Yes
Q0511	Pharmacy Supply Fee For Oral Anti-Cancer, Oral Anti-Emetic Or Immunosuppressive Drug(S); For The First Prescription In A 30-Day Period (Special Coverage Instructions Apply)	Yes
Q0512	Pharmacy Supply Fee For Oral Anti-Cancer, Oral Anti-Emetic Or Immunosuppressive Drug(S); For A Subsequent Prescription In A 30-Day Period (Special Coverage Instructions Apply)	Yes
Q0513	Pharmacy Dispensing Fee For Inhalation Drug(S); Per 30 Days (Special Coverage Instructions Apply)	Yes
Q0514	Pharmacy Dispensing Fee For Inhalation Drug(S); Per 90 Days (Special Coverage Instructions Apply)	Yes
Q0515	Injection, Sermorelin Acetate, 1 Microgram (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
Q0521	Pharmacy Supplying Fee For Hiv Pre-Exposure Prophylaxis Fda Approved Prescription (Special Coverage Instructions Apply. Statute Reference: 1861(Ddd))	Yes
Q1004	New Technology Intraocular Lens Category 4 As Defined In Federal Register Notice (Special Coverage Instructions Apply)	Yes
Q1005	New Technology Intraocular Lens Category 5 As Defined In Federal Register Notice (Special Coverage Instructions Apply)	Yes
Q2004	Irrigation Solution For Treatment Of Bladder Calculi, For Example Renacidin, Per 500 Ml (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861S2B)	Yes
Q2009	Injection, Fosphenytoin, 50 Mg Phenytoin Equivalent (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861S2B)	Yes
Q2026	Injection, Radiesse, 0.1 Ml (Special Coverage Instructions Apply)	Yes
Q2028	Injection, Sculptra, 0.5 Mg (Special Coverage Instructions Apply)	Yes
Q2034	Influenza Virus Vaccine, Split Virus, For Intramuscular Use (Agriflu) (Special Coverage Instructions Apply. See Mcm: 2049.4)	Yes
Q2035	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Afluria) (Special Coverage Instructions Apply. See Mcm: 2049.4)	Yes
Q2036	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Flulaval) (Special Coverage Instructions Apply. See Mcm: 2049.4)	Yes
Q2037	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Fluvirin) (Special Coverage Instructions Apply. See Mcm: 2049.4)	Yes
Q2038	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Fluzone) (Special Coverage Instructions Apply. See Mcm: 2049.4)	Yes
Q2039	INFLUENZA VIRUS VACCINE, NOT OTHERWISE SPECIFIED (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE MCM: 2049.4)	Yes
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes
Q2043	Sipuleucel-T, Minimum Of 50 Million Autologous Cd54+ Cells Activated With Pap-Gm-Csf, Including Leukapheresis And All Other Preparatory Procedures, Per Infusion (Special Coverage Instructions Apply)	Yes
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 Mg	Yes
Q2050	Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049.4)	No
Q2052	Services, Supplies And Accessories Used In The Home For The Administration Of Intravenous Immune Globulin (Ivig) (Special Coverage Instructions Apply)	Yes
Q2053	Brexucabtagene Autoleucel, Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	Yes

Procedure Code	Description	Prior Auth Required
Q2054	Lisocabtagene Maraleucel, Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	Yes
Q2055	Idecabtagene Vicleucel, Up To 510 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	Yes
Q2056	Ciltacabtagene Autoleucel, Up To 100 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	Yes
Q2057	Afamitresgene Autoleucel, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	Yes
Q2058	Obecabtagene Autoleucel, 10 Up To 400 Million Cd19 Car-Positive Viable T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Infusion	Yes
Q3001	Radioelements For Brachytherapy, Any Type, Each (Special Coverage Instructions Apply. See Mcm: 15022)	Yes
Q3014	Telehealth Originating Site Facility Fee	No
Q3027	Injection, Interferon Beta-1a, 1 Mcg For Intramuscular Use (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
Q3028	Injection, Interferon Beta-1a, 1 Mcg For Subcutaneous Use (Not Payable By Medicare)	Yes
Q3031	Collagen Skin Test (Special Coverage Instructions Apply. See Cim: 65-9)	Yes
Q4001	Casting Supplies, Body Cast Adult, With Or Without Head, Plaster	Yes
Q4002	Cast Supplies, Body Cast Adult, With Or Without Head, Fiberglass	Yes
Q4003	Cast Supplies, Shoulder Cast, Adult (11 Years +), Plaster	Yes
Q4004	Cast Supplies, Shoulder Cast, Adult (11 Years +), Fiberglass	Yes
Q4005	Cast Supplies, Long Arm Cast, Adult (11 Years +), Plaster	Yes
Q4006	Cast Supplies, Long Arm Cast, Adult (11 Years +), Fiberglass	Yes
Q4007	Cast Supplies, Long Arm Cast, Pediatric (0-10 Years), Plaster	Yes
Q4008	Cast Supplies, Long Arm Cast, Pediatric (0-10 Years), Fiberglass	Yes
Q4009	Cast Supplies, Short Arm Cast, Adult (11 Years +), Plaster	Yes
Q4010	Cast Supplies, Short Arm Cast, Adult (11 Years +), Fiberglass	Yes
Q4011	Cast Supplies, Short Arm Cast, Pediatric (0-10 Years), Plaster	Yes
Q4012	Cast Supplies, Short Arm Cast, Pediatric (0-10 Years), Fiberglass	Yes
Q4013	Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Adult (11 Years +), Plaster	Yes
Q4014	Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Adult (11 Years +), Fiberglass	Yes
Q4015	Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Pediatric (0-10 Years), Plaster	Yes
Q4016	Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Pediatric (0-10 Years), Fiberglass	Yes
Q4017	Cast Supplies, Long Arm Splint, Adult (11 Years +), Plaster	Yes
Q4018	Cast Supplies, Long Arm Splint, Adult (11 Years +), Fiberglass	Yes
Q4019	Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Plaster	Yes
Q4020	Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Fiberglass	Yes
Q4021	Cast Supplies, Short Arm Splint, Adult (11 Years +), Plaster	Yes
Q4022	Cast Supplies, Short Arm Splint, Adult (11 Years +), Fiberglass	Yes
Q4023	Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster	Yes
Q4024	Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass	Yes
Q4025	Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years +), Plaster	Yes
Q4026	Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years +), Fiberglass	Yes
Q4027	Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster	Yes
Q4028	Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass	Yes
Q4029	Cast Supplies, Long Leg Cast, Adult (11 Years +), Plaster	Yes
Q4030	Cast Supplies, Long Leg Cast, Adult (11 Years +), Fiberglass	Yes
Q4031	Cast Supplies, Long Leg Cast, Pediatric (0-10 Years), Plaster	Yes
Q4032	Cast Supplies, Long Leg Cast, Pediatric (0-10 Years), Fiberglass	Yes
Q4033	Cast Supplies, Long Leg Cylinder Cast, Adult (11 Years +), Plaster	Yes
Q4034	Cast Supplies, Long Leg Cylinder Cast, Adult (11 Years +), Fiberglass	Yes
Q4035	Cast Supplies, Long Leg Cylinder Cast, Pediatric (0-10 Years), Plaster	Yes
Q4036	Cast Supplies, Long Leg Cylinder Cast, Pediatric (0-10 Years), Fiberglass	Yes
Q4037	Cast Supplies, Short Leg Cast, Adult (11 Years +), Plaster	Yes
Q4038	Cast Supplies, Short Leg Cast, Adult (11 Years +), Fiberglass	Yes
Q4039	Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Plaster	Yes
Q4040	Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Fiberglass	Yes
Q4041	Cast Supplies, Long Leg Splint, Adult (11 Years +), Plaster	Yes
Q4042	Cast Supplies, Long Leg Splint, Adult (11 Years +), Fiberglass	Yes
Q4043	Cast Supplies, Long Leg Splint, Pediatric (0-10 Years), Plaster	Yes
Q4044	Cast Supplies, Long Leg Splint, Pediatric (0-10 Years), Fiberglass	Yes
Q4045	Cast Supplies, Short Leg Splint, Adult (11 Years +), Plaster	Yes
Q4046	Cast Supplies, Short Leg Splint, Adult (11 Years +), Fiberglass	Yes
Q4047	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Plaster	Yes
Q4048	Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Fiberglass	Yes
Q4049	Finger Splint, Static	Yes
Q4050	Cast Supplies, For Unlisted Types And Materials Of Casts	Yes
Q4051	Splint Supplies, Miscellaneous (Includes Thermoplastics, Strapping, Fasteners, Padding And Other Supplies)	Yes

Procedure Code	Description	Prior Auth Required
Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up To 20 Micrograms	Yes
Q4081	Injection, Epoetin Alfa, 100 Units (For Esrd On Dialysis) (Special Coverage Instructions Apply. See Mcm: 4273.1)	No
Q4082	Drug Or Biological, Not Otherwise Classified, Part B Drug Competitive Acquisition Program (Cap)	Yes
Q4101	Apligraf, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4102	Oasis Wound Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4103	Oasis Burn Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4104	Integra Bilayer Matrix Wound Dressing (Bmwd), Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4105	Integra Dermal Regeneration Template (Drt) Or Integra Omnigraft Dermal Regeneration Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4107	Graftjacket, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4108	Integra Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4110	Primatrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4111	Gammagraft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4112	Cymetra, Injectable, 1 Cc	Yes
Q4113	Graftjacket Xpress, Injectable, 1 Cc	Yes
Q4114	Integra Flowable Wound Matrix, Injectable, 1 Cc	Yes
Q4115	Alloskin, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4116	Alloderm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4117	Hyalomatrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4118	Matristem Micromatrix, 1 Mg	Yes
Q4121	Theraskin, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4122	Dermacell, Dermacell Awm Or Dermacell Awm Porous, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4123	Alloskin Rt, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4124	Oasis Ultra Tri-Layer Wound Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4125	Arthroflex, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4126	Memoderm, Dermaspan, Tranzgraft Or Integuply, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4127	Talymed, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4128	Flex Hd, Or Allopatch Hd, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4130	Strattice Tm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4132	Grafix Core And Grafixpl Core, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4133	Grafix Prime, Grafixpl Prime, Stravix And Stravixpl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4134	Hmatrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4135	Mediskin, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4136	Ez-Derm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4137	Amnioexcel, Amnioexcel Plus Or Biodexcel, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4138	Biodfence Dryflex, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4139	Amniomatrix Or Biodmatrix, Injectable, 1 Cc	Yes
Q4140	Biodfence, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4141	Alloskin Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4142	Xcm Biologic Tissue Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4143	Repriza, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4145	Epifix, Injectable, 1 Mg	Yes
Q4146	Tensix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4147	Architect, Architect Px, Or Architect Fx, Extracellular Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4148	Neox Cord 1K, Neox Cord Rt, Or Clarix Cord 1K, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4149	Excellagen, 0.1 Cc	Yes
Q4150	Allowrap Ds Or Dry, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4151	Amnioband Or Guardian, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4152	Dermapure, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4153	Dermavest And Plurivest, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4154	Biovance, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4155	Neoxflo Or Clarixflo, 1 Mg	Yes

Procedure Code	Description	Prior Auth Required
Q4156	Neox 100 Or Clarix 100, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4157	Revitalon, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4158	Kerecis Omega3, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4159	Affinity, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4160	Nushield, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4161	Bio-Connekt Wound Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4162	Woundex Flow, Bioskin Flow, 0.5 Cc	Yes
Q4163	Woundex, Bioskin, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4164	Helicoll, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4165	Keramatrix Or Kerasorb, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4166	Cytal, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4167	Truskin, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4168	Amnioband, 1 Mg	Yes
Q4169	Artacent Wound, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4170	Cygnus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4171	Interfyl, 1 Mg	Yes
Q4173	Palingen Or Palingen Xplus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4174	Palingen Or Promatrx, 0.36 Mg Per 0.25 Cc	Yes
Q4175	Miroderm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4176	Neopatch Or Therion, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4177	Floweramnioflo, 0.1 Cc	Yes
Q4178	Floweramniopatch, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4179	Flowerderm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4180	Revita, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4181	Amnio Wound, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4182	Transcyte, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4183	Surgigraft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4184	Cellesta Or Cellesta Duo, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4185	Cellesta Flowable Amnion (25 Mg Per Cc); Per 0.5 Cc	Yes
Q4186	Epifix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4187	Epicord, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4188	Amnioarmor, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4189	Artacent Ac, 1 Mg	Yes
Q4190	Artacent Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4191	Restorigin, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4192	Restorigin, 1 Cc	Yes
Q4193	Coll-E-Derm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4194	Novachor, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4195	Puraply, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4196	Puraply Am, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4197	Puraply Xt, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4198	Genesis Amniotic Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4199	Cygnus Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4200	Skin Te, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	No
Q4201	Matrion, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	No
Q4202	Keroxx (2.5g/Cc), 1cc	No
Q4203	Derma-Gide, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	No
Q4204	Xwrap, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	No
Q4205	Membrane Graft Or Membrane Wrap, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4206	Fluid Flow Or Fluid Gf, 1 Cc	Yes
Q4208	Novafix, Per Square Cenitmeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4209	Surgraft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4211	Amnion Bio Or Axobiomembrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4212	Allogen, Per Cc	Yes
Q4213	Ascent, 0.5 Mg	Yes

Procedure Code	Description	Prior Auth Required
Q4214	Cellesta Cord, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4215	Axolotl Ambient Or Axolotl Cryo, 0.1 Mg	Yes
Q4216	Artacent Cord, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4217	Woundfix, Biowound, Woundfix Plus, Biowound Plus, Woundfix Xplus Or Biowound Xplus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4218	Surgicord, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4219	Surgigraft-Dual, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4220	Bellacell Hd Or Surederm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4221	Amniowrap2, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4222	Progenamatrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4224	Human Health Factor 10 Amniotic Patch (Hhf10-P), Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4225	Amniobind Or Dermabind Tl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4226	Myown Skin, Includes Harvesting And Preparation Procedures, Per Square Centimeter	Yes
Q4227	Amniocore, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4229	Cogenex Amniotic Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4230	Cogenex Flowable Amnion, Per 0.5 Cc	Yes
Q4232	Corplex, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4233	Surfactor Or Nudyn, Per 0.5 Cc	Yes
Q4234	Xcellerate, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4235	Amniorepair Or Altiply, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4236	Carepatch, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4237	Cryo-Cord, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4238	Derm-Maxx, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4239	Amnio-Maxx Or Amnio-Maxx Lite, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4240	Corecyte, For Topical Use Only, Per 0.5 Cc	Yes
Q4241	Polycyte, For Topical Use Only, Per 0.5 Cc	Yes
Q4242	Amniocyte Plus, Per 0.5 Cc	Yes
Q4245	Amniotext, Per Cc	Yes
Q4246	Coretext Or Protext, Per Cc	Yes
Q4247	Amniotext Patch, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4248	Dermacyte Amniotic Membrane Allograft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4249	Amniply, For Topical Use Only, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4250	Amnioamp-Mp, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4251	Vim, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4252	Vendaje, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4253	Zenith Amniotic Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4254	Novafix Dl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4255	Reguard, For Topical Use Only, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4256	Mlg-Complete, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4257	Relese, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4258	Enverse, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4259	Celera Dual Layer Or Celera Dual Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4260	Signature Apatch, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4261	Tag, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4262	Dual Layer Impax Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4263	Surgraft Tl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4264	Cocoon Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4265	Neostim Tl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4266	Neostim Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes

Procedure Code	Description	Prior Auth Required
Q4267	Neostim Dl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4268	Surgraft Ft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4269	Surgraft Xt, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4270	Complete Sl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4271	Complete Ft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4272	Esano A, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4273	Esano Aaa, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4274	Esano Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4275	Esano Aca, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4276	Orion, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4278	Epieffect, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4279	Vendaje Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4280	Xcell Amnio Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4281	Barrera Sl Or Barrera Dl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4282	Cygnus Dual, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4283	Biovance Tri-Layer Or Biovance 3L, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4284	Dermabind Sl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4285	Nudyn Dl Or Nudyn Dl Mesh, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4286	Nudyn Sl Or Nudyn Slw, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4287	Dermabind Dl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4288	Dermabind Ch, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4289	Revoshield + Amniotic Barrier, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4290	Membrane Wrap-Hydro, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4291	Lamellas Xt, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4292	Lamellas, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4293	Acesso Dl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4294	Amnio Quad-Core, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4295	Amnio Tri-Core Amniotic, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4296	Rebound Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4297	Emerge Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4298	Amniocore Pro, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4299	Amniocore Pro+, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4300	Acesso Tl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4301	Activate Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4302	Complete Aca, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4303	Complete Aa, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4304	Grafix Plus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4305	American Amnion Ac Tri-Layer, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4306	American Amnion Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4307	American Amnion, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4308	Sanopellis, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4309	Via Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4310	Procenta, Per 100 Mg	Yes
Q4311	Acesso, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4312	Acesso Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4313	Dermabind Fm, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4314	Reeva Ft, Per Square Cenitmeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4315	Regenelink Amniotic Membrane Allograft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes

Procedure Code	Description	Prior Auth Required
Q4316	Amchoplast, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4317	Vitograft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4318	E-Graft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4319	Sanograft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4320	Pellograft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4321	Renograft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4322	Caregraft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4323	Alloply, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4324	Amniotx, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4325	Acapatch, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4326	Woundplus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4327	Duoamnion, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4328	Most, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4329	Singlay, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4330	Total, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4331	Axolotl Graft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4332	Axolotl Dualgraft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4333	Ardeograft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4334	Amnioplast 1, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4335	Amnioplast 2, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4336	Artacent C, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4337	Artacent Trident, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4338	Artacent Velos, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4339	Artacent Vericlen, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4340	Simpligraft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4341	Simplimax, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4342	Theramend, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4343	Dermacyte Ac Matrix Amniotic Membrane Allograft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4344	Tri-Membrane Wrap, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4345	Matrix Hd Allograft Dermis, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4346	Shelter Dm Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4347	Rampart Dl Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4348	Sentry Sl Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4349	Mantle Dl Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4350	Palisade Dm Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4351	Enclose Tl Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4352	Overlay Sl Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4353	Xceed Tl Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4354	Palingen Dual-Layer Membrane And Dual-Layer Palingen X-Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4355	Abiomend Xplus Membrane And Abiomend Xplus Hydromembrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4356	Abiomend Membrane And Abiomend Hydromembrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4357	Xwrap Plus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4358	Xwrap Dual, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4359	Choriply, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4360	Amchoplast Fd, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4361	Epixpress, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4362	Cygnus Disk, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4363	Amnio Burgeon Membrane And Hydromembrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes

Procedure Code	Description	Prior Auth Required
Q4364	Amnio Burgeon Xplus Membrane And Xplus Hydromembrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4365	Amnio Burgeon Dual-Layer Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4366	Dual Layer Amnio Burgeon X-Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4367	Amniocore Sl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4368	Amchothick, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4369	Amnioplast 3, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4370	Aeroguard, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4371	Neoguard, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4372	Amchoplast Excel, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4373	Membrane Wrap Lite, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4375	Duograft Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4376	Duograft Aa, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4377	Trigraft Ft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4378	Renew Ft Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4379	Amniodefend Ft Matrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4380	Advograft One, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4382	Advograft Dual, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4383	Axolotl Graft Ultra, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4384	Axolotl Dualgraft Ultra, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4385	Apollo Ft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4386	Acesso Trifaca, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4387	Neothelium Ft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4388	Neothelium 4L, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4389	Neothelium 4L+, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4390	Ascendion, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4391	Amnioplast Double, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4392	Grafix Duo, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4393	Surgraft Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4394	Surgraft Aca, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4395	Acelagraft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4396	Natalin, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4397	Summit Aaa, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4398	Summit Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4399	Summit Fx, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4400	Polygon3 Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4401	Absolv3 Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4402	Xwrap 2.0, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4403	Xwrap Dual Plus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4404	Xwrap Hydro Plus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4405	Xwrap Fenestra Plus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4406	Xwrap Fenestra, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4407	Xwrap Tribus, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4408	Xwrap Hydro, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4409	Amniomatrixf3X, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes

Procedure Code	Description	Prior Auth Required
Q4410	Amchomatrixdl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4411	Amniomatrixf4X, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4412	Choriofix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4413	Cygnus Solo, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4414	Simplichor, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4415	Alexiguard Sl-T, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4416	Alexiguard Tl-T, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4417	Alexiguard Dl-T, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4418	Biolab Membrane Wrap Flow, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4419	Biolab Membrane Wrap Lite Flow, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4420	Nuform, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4421	Biolab Membrane Wrap Solo, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4422	A/C Wrap, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4423	Biolab Tri-Membrane Wrap Flow, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4424	Revive Ft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4425	Revive Tl, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4426	Dermabind Tl + Or Dermabind Tl X, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4427	Dermabind Dl N Or Dermabind Dl + Or Dermabind Dl X, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4428	Dermabind Sl N Or Dermabind Sl + Or Dermabind Sl X, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4429	Dermabind Ch N Or Dermabind Ch X, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4431	Pma Skin Substitute Product, Not Otherwise Specified (List In Addition To Primary Procedure)	Yes
Q4432	510(K) Skin Substitute Product, Not Otherwise Specified (List In Addition To Primary Procedure)	Yes
Q4433	361 Hct/P Skin Substitute Product, Not Otherwise Specified (List In Addition To Primary Procedure)	Yes
Q4435	Renati Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4436	Renati Ac Membrane, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4437	Revival Ac, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4438	Pretect, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4439	Instagraft, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q4440	Curamatrix, Per Square Centimeter (Add-On, List Separately In Addition To Primary Procedure)	Yes
Q5001	Hospice Or Home Health Care Provided In Patient'S Home/Residence (Special Coverage Instructions Apply)	No
Q5002	Hospice Or Home Health Care Provided In Assisted Living Facility (Special Coverage Instructions Apply)	Yes
Q5003	Hospice Care Provided In Nursing Long Term Care Facility (Ltc) Or Non-Skilled Nursing Facility (Nf) (Special Coverage Instructions Apply)	Yes
Q5004	Hospice Care Provided In Skilled Nursing Facility (Snf) (Special Coverage Instructions Apply)	Yes
Q5005	Hospice Care Provided In Inpatient Hospital (Special Coverage Instructions Apply)	Yes
Q5006	Hospice Care Provided In Inpatient Hospice Facility (Special Coverage Instructions Apply)	Yes
Q5007	Hospice Care Provided In Long Term Care Facility (Special Coverage Instructions Apply)	Yes
Q5008	Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)	Yes
Q5009	Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)	Yes
Q5010	Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)	Yes
Q5098	Injection, Ustekinumab-Srlf (Imuldosa), Biosimilar, 1 Mg	Yes
Q5099	Injection, Ustekinumab-Stba (Steqeyma), Biosimilar, 1 Mg	Yes
Q5100	Injection, Ustekinumab-Kfce (Yesintek), Biosimilar, 1 Mg	Yes
Q5101	Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)	No
Q5103	Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)	Yes
Q5104	Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)	Yes
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)	No
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)	No
Q5107	Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)	Yes
Q5108	Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 Mg	Yes

Procedure Code	Description	Prior Auth Required
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See mcm: 2049)	No
Q5111	Injection, Pegfilgrastim-Cbqv (Udenyca), Biosimilar, 0.5 Mg	Yes
Q5112	Injection, Trastuzumab-Dttb, Biosimilar, (Ontruzant), 10 Mg	Yes
Q5113	Injection, Trastuzumab-Pkrb, Biosimilar, (Herzuma), 10 Mg	Yes
Q5114	Injection, Trastuzumab-Dkst, Biosimilar, (Ogivri), 10 Mg	Yes
Q5115	Injection, Rituximab-Abbs, Biosimilar, (Truxima), 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
Q5116	Injection, Trastuzumab-Qyyp, Biosimilar, (Trazimera), 10 Mg	Yes
Q5117	Injection, Trastuzumab-Anns, Biosimilar, (Kanjinti), 10 Mg	Yes
Q5118	Injection, Bevacizumab-Bvzr, Biosimilar, (Zirabev), 10 Mg	Yes
Q5119	Injection, Rituximab-Pvvr, Biosimilar, (Ruxience), 10 Mg	Yes
Q5120	Injection, Pegfilgrastim-Bmez (Ziextenzo), Biosimilar, 0.5 Mg	Yes
Q5121	Injection, Infliximab-Axxq, Biosimilar, (Avsola), 10 Mg	Yes
Q5122	Injection, Pegfilgrastim-Apgf (Nyvepria), Biosimilar, 0.5 Mg	Yes
Q5123	Injection, Rituximab-Arrx, Biosimilar, (Riabni), 10 Mg	Yes
Q5124	Injection, Ranibizumab-Nuna, Biosimilar, (Byooviz), 0.1 Mg	Yes
Q5125	Injection, Filgrastim-Ayow, Biosimilar, (Releuko), 1 Microgram	No
Q5126	Injection, Bevacizumab-Maly, Biosimilar, (Alymsys), 10 Mg	Yes
Q5127	Injection, Pegfilgrastim-Fpgk (Stimufend), Biosimilar, 0.5 Mg	Yes
Q5128	Injection, Ranibizumab-Eqrn (Cimerli), Biosimilar, 0.1 Mg	Yes
Q5129	Injection, Bevacizumab-Adcd (Vegzelma), Biosimilar, 10 Mg	Yes
Q5130	Injection, Pegfilgrastim-Pbbk (Fylnetra), Biosimilar, 0.5 Mg	Yes
Q5133	Injection, Tocilizumab-Bavi (Tofidence), Biosimilar, 1 Mg	Yes
Q5134	Injection, Natalizumab-Sztn (Tyruko), Biosimilar, 1 Mg	Yes
Q5135	Injection, Tocilizumab-Aazg (Tyenne), Biosimilar, 1 Mg	Yes
Q5136	Injection, Denosumab-Bbdz (Jubbonti/Wyost), Biosimilar, 1 Mg	Yes
Q5137	Injection, Ustekinumab-Auub (Wezlana), Biosimilar, Subcutaneous, 1 Mg	Yes
Q5138	Injection, Ustekinumab-Auub (Wezlana), Biosimilar, Intravenous, 1 Mg	Yes
Q5140	Injection, Adalimumab-Fkjp, Biosimilar, 1 Mg	No
Q5141	Injection, Adalimumab-Aaty, Biosimilar, 1 Mg	Yes
Q5142	Injection, Adalimumab-Ryvk Biosimilar, 1 Mg	Yes
Q5143	Injection, Adalimumab-Adbm, Biosimilar, 1 Mg	Yes
Q5144	Injection, Adalimumab-Aacf (Idacio), Biosimilar, 1 Mg	Yes
Q5145	Injection, Adalimumab-Afzb (Abrilada), Biosimilar, 1 Mg	Yes
Q5146	Injection, Trastuzumab-Strf (Hercessi), Biosimilar, 10 Mg	No
Q5147	Injection, Aflibercept-Ayyh (Pavblu), Biosimilar, 1 Mg	Yes
Q5148	Injection, Filgrastim-Txid (Nypozi), Biosimilar, 1 Microgram (Special Coverage Instructions Apply)	Yes
Q5149	Injection, Aflibercept-Abzv (Enzeevu), Biosimilar, 1 Mg	Yes
Q5150	Injection, Aflibercept-Mrbb (Ahzantive), Biosimilar, 1 Mg	Yes
Q5151	Injection, Eculizumab-Aagh (Epysqli), Biosimilar, 2 Mg	Yes
Q5152	Injection, Eculizumab-Aeeb (Bkemv), Biosimilar, 2 Mg	Yes
Q5153	Injection, Aflibercept-Yszy (Opuviz), Biosimilar, 1 Mg	Yes
Q5154	Injection, Omalizumab-Igec (Omlyclo), Biosimilar, 5 Mg	Yes
Q5155	Injection, Aflibercept-Jbvf (Yesafili), Biosimilar, 1 Mg	Yes
Q5156	Injection, Tocilizumab-Anoh (Avtozma), Biosimilar, 1 Mg	Yes
Q5157	Injection, Denosumab-Bmwo (Stoboclo/Osenvelt), Biosimilar, 1 Mg	Yes
Q5158	Injection, Denosumab-Bnht (Bomyntra/Conexxence), Biosimilar, 1 Mg	Yes
Q5159	Injection, Denosumab-Dssb (Ospomyv/Xbryk), Biosimilar, 1 Mg	Yes
Q5160	Injection, Bevacizumab-Nwgd (Jobevne), Biosimilar, 10 Mg	Yes
Q5161	Injection, Denosumab-Kyqq (Aukelso/Bosaya), Biosimilar, 1 Mg	Yes
Q5162	Injection, Denosumab-Nxxp (Bildyos/Bilprevda), Biosimilar, 1 Mg	Yes
Q9001	Assessment By Chaplain Services	No
Q9002	Counseling, Individual, By Chaplain Services	No
Q9003	Counseling, Group, By Chaplain Services	No
Q9004	Department Of Veterans Affairs Whole Health Partner Services	No
Q9950	Injection, Sulfur Hexafluoride Lipid Microspheres, Per Ml	No
Q9951	Low Osmolar Contrast Material, 400 Or Greater Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9953	Injection, Iron-Based Magnetic Resonance Contrast Agent, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9954	Oral Magnetic Resonance Contrast Agent, Per 100 Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9955	Injection, Perflexane Lipid Microspheres, Per Ml	Yes
Q9956	Injection, Octafluoropropane Microspheres, Per Ml	No
Q9957	Injection, Perflutren Lipid Microspheres, Per Ml	No
Q9958	High Osmolar Contrast Material, Up To 149 Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9959	High Osmolar Contrast Material, 150-199 Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No

Procedure Code	Description	Prior Auth Required
Q9960	High Osmolar Contrast Material, 200-249 Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9961	High Osmolar Contrast Material, 250-299 Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9962	High Osmolar Contrast Material, 300-349 Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9963	High Osmolar Contrast Material, 350-399 Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9964	High Osmolar Contrast Material, 400 Or Greater Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9965	Low Osmolar Contrast Material, 100-199 Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9966	Low Osmolar Contrast Material, 200-299 Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9967	Low Osmolar Contrast Material, 300-399 Mg/Ml Iodine Concentration, Per Ml (Special Coverage Instructions Apply. See Mcm: 15022)	No
Q9968	Injection, Non-Radioactive, Non-Contrast, Visualization Adjunct (E.G., Methylene Blue, Isosulfan Blue), 1 Mg	No
Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES (SPECIAL COVERAGE INSTRUCTIONS APPLY)	No
Q9983	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES (SPECIAL COVERAGE INSTRUCTIONS APPLY)	No
Q9991	Injection, Buprenorphine Extended-Release (Sublocade), Less Than Or Equal To 100 Mg	Yes
Q9992	Injection, Buprenorphine Extended-Release (Sublocade), Greater Than 100 Mg	Yes
Q9996	Injection, Ustekinumab-Ttwe (Pyzchiva), Subcutaneous, 1 Mg	Yes
Q9997	Injection, Ustekinumab-Ttwe (Pyzchiva), Intravenous, 1 Mg	Yes
Q9998	Injection, Ustekinumab-Aekn (Selarsdi), Biosimilar, 1 Mg	Yes
Q9999	Injection, Ustekinumab-Aauz (Otulfi), Biosimilar, 1 Mg	Yes
R0070	Transportation Of Portable X-Ray Equipment And Personnel To Home Or Nursing Home, Per Trip To Facility Or Location, One Patient Seen (Special Coverage Instructions Apply. See Mcm: 2070.4, 5244.B)	Yes
R0075	Transportation Of Portable X-Ray Equipment And Personnel To Home Or Nursing Home, Per Trip To Facility Or Location, More Than One Patient Seen (Special Coverage Instructions Apply. See Mcm: 2070.4, 5244.B)	Yes
R0076	Transportation Of Portable Ekg To Facility Or Location, Per Patient (Special Coverage Instructions Apply. See Cim: 50-15 And Mcm: 2070.1, 2070.4)	Yes
S0012	Butorphanol Tartrate, Nasal Spray, 25 Mg (Not Payable By Medicare)	Yes
S0014	Tacrine Hydrochloride, 10 Mg (Not Payable By Medicare)	Yes
S0021	Injection, Cefoperazone Sodium, 1 Gram (Not Payable By Medicare)	Yes
S0023	Injection, Cimetidine Hydrochloride, 300 Mg (Not Payable By Medicare)	Yes
S0034	Injection, Ofloxacin, 400 Mg (Not Payable By Medicare)	Yes
S0040	Injection, Ticarcillin Disodium And Clavulanate Potassium, 3.1 Grams (Not Payable By Medicare)	Yes
S0078	Injection, Fosphenytoin Sodium, 750 Mg (Not Payable By Medicare)	Yes
S0081	Injection, Piperacillin Sodium, 500 Mg (Not Payable By Medicare)	Yes
S0088	Imatinib, 100 Mg (Not Payable By Medicare)	Yes
S0090	Sildenafil Citrate, 25 Mg (Not Payable By Medicare)	Yes
S0091	Granisetron Hydrochloride, 1 Mg (For Circumstances Falling Under The Medicare Statute, Use Q0166) (Not Payable By Medicare)	Yes
S0092	Injection, Hydromorphone Hydrochloride, 250 Mg (Loading Dose For Infusion Pump) (Not Payable By Medicare)	Yes
S0093	Injection, Morphine Sulfate, 500 Mg (Loading Dose For Infusion Pump) (Not Payable By Medicare)	Yes
S0104	Zidovudine, Oral, 100 Mg (Not Payable By Medicare)	Yes
S0106	Bupropion Hcl Sustained Release Tablet, 150 Mg, Per Bottle Of 60 Tablets (Not Payable By Medicare)	Yes
S0108	Mercaptopurine, Oral, 50 Mg (Not Payable By Medicare)	Yes
S0109	Methadone, Oral, 5 Mg (Not Payable By Medicare)	Yes
S0117	Tretinoin, Topical, 5 Grams (Not Payable By Medicare)	Yes
S0119	Ondansetron, Oral, 4 Mg (For Circumstances Falling Under The Medicare Statute, Use HCPcs Q Code) (Not Payable By Medicare)	Yes
S0122	Injection, Menotropins, 75 Iu (Not Payable By Medicare)	Yes
S0126	Injection, Follitropin Alfa, 75 Iu (Not Payable By Medicare)	Yes
S0128	Injection, Follitropin Beta, 75 Iu (Not Payable By Medicare)	Yes
S0132	Injection, Ganirelix Acetate, 250 Mcg (Not Payable By Medicare)	Yes
S0136	Clozapine, 25 Mg (Not Payable By Medicare)	Yes
S0137	Didanosine (Ddi), 25 Mg (Not Payable By Medicare)	Yes
S0138	Finasteride, 5 Mg (Not Payable By Medicare)	Yes
S0139	Minoxidil, 10 Mg (Not Payable By Medicare)	Yes
S0140	Saquinavir, 200 Mg (Not Payable By Medicare)	Yes
S0142	Colistimethate Sodium, Inhalation Solution Administered Through Dme, Concentrated Form, Per Mg (Not Payable By Medicare)	Yes
S0145	Injection, Pegylated Interferon Alfa-2A, 180 Mcg Per Ml (Not Payable By Medicare)	No

Procedure Code	Description	Prior Auth Required
S0148	Injection, Pegylated Interferon Alfa-2b, 10 Mcg (Not Payable By Medicare)	No
S0155	Sterile Dilutant For Epoprostenol, 50 Ml (Not Payable By Medicare)	Yes
S0156	Exemestane, 25 Mg (Not Payable By Medicare)	Yes
S0157	Becaplermin Gel 0.01%, 0.5 Gm (Not Payable By Medicare)	Yes
S0160	Dextroamphetamine Sulfate, 5 Mg (Not Payable By Medicare)	Yes
S0169	Calcitrol, 0.25 Microgram (Not Payable By Medicare)	Yes
S0170	Anastrozole, Oral, 1 Mg (Not Payable By Medicare)	Yes
S0172	Chlorambucil, Oral, 2 Mg (Not Payable By Medicare)	Yes
S0174	Dolasetron Mesylate, Oral 50 Mg (For Circumstances Falling Under The Medicare Statute, Use Q0180) (Not Payable By Medicare)	Yes
S0175	Flutamide, Oral, 125 Mg (Not Payable By Medicare)	Yes
S0176	Hydroxyurea, Oral, 500 Mg (Not Payable By Medicare)	Yes
S0177	Levamisole Hydrochloride, Oral, 50 Mg (Not Payable By Medicare)	Yes
S0178	Lomustine, Oral, 10 Mg (Not Payable By Medicare)	Yes
S0179	Megestrol Acetate, Oral, 20 Mg (Not Payable By Medicare)	Yes
S0182	Procarbazine Hydrochloride, Oral, 50 Mg (Not Payable By Medicare)	Yes
S0183	Prochlorperazine Maleate, Oral, 5 Mg (For Circumstances Falling Under The Medicare Statute, Use Q0164) (Not Payable By Medicare)	Yes
S0187	Tamoxifen Citrate, Oral, 10 Mg (Not Payable By Medicare)	Yes
S0190	Mifepristone, Oral, 200 Mg (Not Payable By Medicare)	No
S0191	Misoprostol, Oral, 200 Mcg (Not Payable By Medicare)	No
S0194	Dialysis/Stress Vitamin Supplement, Oral, 100 Capsules (Not Payable By Medicare)	Yes
S0197	Prenatal Vitamins, 30-Day Supply (Not Payable By Medicare)	No
S0199	Medically Induced Abortion By Oral Ingestion Of Medication Including All Associated Services And Supplies (E.G., Patient Counseling, Office Visits, Confirmation Of Pregnancy By Hcg, Ultrasound To Confirm Duration Of Pregnancy, Ultrasound To Confirm Comple	No
S0201	Partial Hospitalization Services, Less Than 24 Hours, Per Diem (Not Payable By Medicare)	Yes
S0207	Paramedic Intercept, Non-Hospital-Based Als Service (Non-Voluntary), Non-Transport (Not Payable By Medicare)	Yes
S0208	Paramedic Intercept, Hospital-Based Als Service (Non-Voluntary), Non-Transport (Not Payable By Medicare)	Yes
S0209	Wheelchair Van, Mileage, Per Mile (Not Payable By Medicare)	Yes
S0215	Non-Emergency Transportation; Mileage, Per Mile (Not Payable By Medicare)	Yes
S0220	Medical Conference By A Physician With Interdisciplinary Team Of Health Professionals Or Representatives Of Community Agencies To Coordinate Activities Of Patient Care (Patient Is Present); Approximately 30 Minutes (Not Payable By Medicare)	Yes
S0221	Medical Conference By A Physician With Interdisciplinary Team Of Health Professionals Or Representatives Of Community Agencies To Coordinate Activities Of Patient Care (Patient Is Present); Approximately 60 Minutes (Not Payable By Medicare)	Yes
S0250	Comprehensive Geriatric Assessment And Treatment Planning Performed By Assessment Team (Not Payable By Medicare)	Yes
S0255	Hospice Referral Visit (Advising Patient And Family Of Care Options) Performed By Nurse, Social Worker, Or Other Designated Staff (Not Payable By Medicare)	Yes
S0257	Counseling And Discussion Regarding Advance Directives Or End Of Life Care Planning And Decisions, With Patient And/Or Surrogate (List Separately In Addition To Code For Appropriate Evaluation And Management Service) (Not Payable By Medicare)	Yes
S0260	History And Physical (Outpatient Or Office) Related To Surgical Procedure (List Separately In Addition To Code For Appropriate Evaluation And Management Service) (Not Payable By Medicare)	Yes
S0265	Genetic Counseling, Under Physician Supervision, Each 15 Minutes (Not Payable By Medicare)	No
S0270	Physician Management Of Patient Home Care, Standard Monthly Case Rate (Per 30 Days) (Not Payable By Medicare)	Yes
S0271	Physician Management Of Patient Home Care, Hospice Monthly Case Rate (Per 30 Days) (Not Payable By Medicare)	Yes
S0272	Physician Management Of Patient Home Care, Episodic Care Monthly Case Rate (Per 30 Days) (Not Payable By Medicare)	Yes
S0273	Physician Visit At Member'S Home, Outside Of A Capitation Arrangement (Not Payable By Medicare)	Yes
S0274	Nurse Practitioner Visit At Member'S Home, Outside Of A Capitation Arrangement (Not Payable By Medicare)	Yes
S0280	Medical Home Program, Comprehensive Care Coordination And Planning, Initial Plan (Not Payable By Medicare)	Yes
S0281	Medical Home Program, Comprehensive Care Coordination And Planning, Maintenance Of Plan (Not Payable By Medicare)	Yes
S0285	COLONOSCOPY CONSULTATION PERFORMED PRIOR TO A SCREENING COLONOSCOPY PROCEDURE (NOT PAYABLE BY MEDICARE)	Yes
S0302	Completed Early Periodic Screening Diagnosis And Treatment (Epsdt) Service (List In Addition To Code For Appropriate Evaluation And Management Service) (Not Payable By Medicare)	Yes
S0310	Hospitalist Services (List Separately In Addition To Code For Appropriate Evaluation And Management Service) (Not Payable By Medicare)	Yes
S0311	COMPREHENSIVE MANAGEMENT AND CARE COORDINATION FOR ADVANCED ILLNESS, PER CALENDAR MONTH (NOT PAYABLE BY MEDICARE)	Yes

Procedure Code	Description	Prior Auth Required
S0315	Disease Management Program; Initial Assessment And Initiation Of The Program (Not Payable By Medicare)	Yes
S0316	Disease Management Program, Follow-Up/Reassessment (Not Payable By Medicare)	Yes
S0317	Disease Management Program; Per Diem (Not Payable By Medicare)	Yes
S0320	Telephone Calls By A Registered Nurse To A Disease Management Program Member For Monitoring Purposes; Per Month (Not Payable By Medicare)	Yes
S0340	Lifestyle Modification Program For Management Of Coronary Artery Disease, Including All Supportive Services; First Quarter / Stage (Not Payable By Medicare)	Yes
S0341	Lifestyle Modification Program For Management Of Coronary Artery Disease, Including All Supportive Services; Second Or Third Quarter / Stage (Not Payable By Medicare)	Yes
S0342	Lifestyle Modification Program For Management Of Coronary Artery Disease, Including All Supportive Services; Fourth Quarter / Stage (Not Payable By Medicare)	Yes
S0353	Treatment Planning And Care Coordination Management For Cancer, Initial Treatment (Not Payable By Medicare)	Yes
S0354	Treatment Planning And Care Coordination Management For Cancer, Established Patient With A Change Of Regimen (Not Payable By Medicare)	Yes
S0390	Routine Foot Care; Removal And/Or Trimming Of Corns, Calluses And/Or Nails And Preventive Maintenance In Specific Medical Conditions (E.G., Diabetes), Per Visit (Not Payable By Medicare)	Yes
S0395	Impression Casting Of A Foot Performed By A Practitioner Other Than The Manufacturer Of The Orthotic (Not Payable By Medicare)	Yes
S0400	Global Fee For Extracorporeal Shock Wave Lithotripsy Treatment Of Kidney Stone(S) (Not Payable By Medicare)	Yes
S0500	Disposable Contact Lens, Per Lens (Not Payable By Medicare)	No
S0504	Single Vision Prescription Lens (Safety, Athletic, Or Sunglass), Per Lens (Not Payable By Medicare)	Yes
S0506	Bifocal Vision Prescription Lens (Safety, Athletic, Or Sunglass), Per Lens (Not Payable By Medicare)	Yes
S0508	Trifocal Vision Prescription Lens (Safety, Athletic, Or Sunglass), Per Lens (Not Payable By Medicare)	Yes
S0510	Non-Prescription Lens (Safety, Athletic, Or Sunglass), Per Lens (Not Payable By Medicare)	Yes
S0512	Daily Wear Specialty Contact Lens, Per Lens (Not Payable By Medicare)	No
S0514	Color Contact Lens, Per Lens (Not Payable By Medicare)	No
S0515	Scleral Lens, Liquid Bandage Device, Per Lens (Not Payable By Medicare)	Yes
S0516	Safety Eyeglass Frames (Not Payable By Medicare)	No
S0518	Sunglasses Frames (Not Payable By Medicare)	Yes
S0580	Polycarbonate Lens (List This Code In Addition To The Basic Code For The Lens) (Not Payable By Medicare)	Yes
S0581	Nonstandard Lens (List This Code In Addition To The Basic Code For The Lens) (Not Payable By Medicare)	Yes
S0590	Integral Lens Service, Miscellaneous Services Reported Separately (Not Payable By Medicare)	Yes
S0592	Comprehensive Contact Lens Evaluation (Not Payable By Medicare)	Yes
S0595	Dispensing New Spectacle Lenses For Patient Supplied Frame (Not Payable By Medicare)	Yes
S0596	Phakic Intraocular Lens For Correction Of Refractive Error (Not Payable By Medicare)	Yes
S0601	Screening Proctoscopy (Not Payable By Medicare)	Yes
S0610	Annual Gynecological Examination, New Patient (Not Payable By Medicare)	Yes
S0612	Annual Gynecological Examination, Established Patient (Not Payable By Medicare)	Yes
S0613	Annual Gynecological Examination; Clinical Breast Examination Without Pelvic Evaluation (Not Payable By Medicare)	Yes
S0618	Audiometry For Hearing Aid Evaluation To Determine The Level And Degree Of Hearing Loss (Not Payable By Medicare)	Yes
S0620	Routine Ophthalmological Examination Including Refraction; New Patient (Not Payable By Medicare)	Yes
S0621	Routine Ophthalmological Examination Including Refraction; Established Patient (Not Payable By Medicare)	Yes
S0622	Physical Exam For College, New Or Established Patient (List Separately In Addition To Appropriate Evaluation And Management Code) (Not Payable By Medicare)	Yes
S0630	Removal Of Sutures; By A Physician Other Than The Physician Who Originally Closed The Wound (Not Payable By Medicare)	Yes
S0800	Laser In Situ Keratomileusis (Lasik) (Not Payable By Medicare)	Yes
S0810	Photorefractive Keratectomy (Prk) (Not Payable By Medicare)	Yes
S0812	Phototherapeutic Keratectomy (Ptk) (Not Payable By Medicare)	Yes
S1001	Deluxe Item, Patient Aware (List In Addition To Code For Basic Item) (Not Payable By Medicare)	Yes
S1002	Customized Item (List In Addition To Code For Basic Item) (Not Payable By Medicare)	Yes
S1015	Iv Tubing Extension Set (Not Payable By Medicare)	No
S1016	Non-Pvc (Polyvinyl Chloride) Intravenous Administration Set, For Use With Drugs That Are Not Stable In Pvc E.G., Paclitaxel (Not Payable By Medicare)	Yes
S1030	Continuous Noninvasive Glucose Monitoring Device, Purchase (For Physician Interpretation Of Data, Use Cpt Code) (Not Payable By Medicare)	Yes
S1031	Continuous Noninvasive Glucose Monitoring Device, Rental, Including Sensor, Sensor Replacement, And Download To Monitor (For Physician Interpretation Of Data, Use Cpt Code) (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S1034	Artificial Pancreas Device System (E.G., Low Glucose Suspend (Lgs) Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That Communicates With All Of The Devices (Not Payable By Medicare)	Yes
S1035	Sensor; Invasive (E.G., Subcutaneous), Disposable, For Use With Artificial Pancreas Device System (Not Payable By Medicare)	Yes
S1036	Transmitter; External, For Use With Artificial Pancreas Device System (Not Payable By Medicare)	Yes
S1037	Receiver (Monitor); External, For Use With Artificial Pancreas Device System (Not Payable By Medicare)	Yes
S1040	Cranial Remolding Orthosis, Pediatric, Rigid, With Soft Interface Material, Custom Fabricated, Includes Fitting And Adjustment(S) (Not Payable By Medicare)	Yes
S1091	Stent, Non-Coronary, Temporary, With Delivery System (Propel) (Not Payable By Medicare)	Yes
S2053	Transplantation Of Small Intestine And Liver Allografts (Not Payable By Medicare)	Yes
S2054	Transplantation Of Multivisceral Organs (Not Payable By Medicare)	Yes
S2055	Harvesting Of Donor Multivisceral Organs, With Preparation And Maintenance Of Allografts; From Cadaver Donor (Not Payable By Medicare)	Yes
S2060	Lobar Lung Transplantation (Not Payable By Medicare)	Yes
S2061	Donor Lobectomy (Lung) For Transplantation, Living Donor (Not Payable By Medicare)	Yes
S2065	Simultaneous Pancreas Kidney Transplantation (Not Payable By Medicare)	Yes
S2066	Breast Reconstruction With Gluteal Artery Perforator (Gap) Flap, Including Harvesting Of The Flap, Microvascular Transfer, Closure Of Donor Site And Shaping The Flap Into A Breast, Unilateral (Not Payable By Medicare)	Yes
S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH ''STACKED'' DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING	Yes
S2068	Breast Reconstruction With Deep Inferior Epigastric Perforator (Diep) Flap Or Superficial Inferior Epigastric Artery (Siea) Flap, Including Harvesting Of The Flap, Microvascular Transfer, Closure Of Donor Site And Shaping The Flap Into A Breast, Unilatera	Yes
S2070	Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Endoscopic Laser Treatment Of Ureteral Calculi (Includes Ureteral Catheterization) (Not Payable By Medicare)	Yes
S2079	Laparoscopic Esophagomyotomy (Heller Type) (Not Payable By Medicare)	No
S2080	Laser-Assisted Uvulopalatoplasty (Laup) (Not Payable By Medicare)	Yes
S2083	Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline (Not Payable By Medicare)	No
S2095	Transcatheter Occlusion Or Embolization For Tumor Destruction, Percutaneous, Any Method, Using Yttrium-90 Microspheres (Not Payable By Medicare)	Yes
S2102	Islet Cell Tissue Transplant From Pancreas; Allogeneic (Not Payable By Medicare)	Yes
S2103	Adrenal Tissue Transplant To Brain (Not Payable By Medicare)	Yes
S2107	Adoptive Immunotherapy I.E. Development Of Specific Anti-Tumor Reactivity (E.G., Tumor-Infiltrating Lymphocyte Therapy) Per Course Of Treatment (Not Payable By Medicare)	Yes
S2112	Arthroscopy, Knee, Surgical For Harvesting Of Cartilage (Chondrocyte Cells) (Not Payable By Medicare)	Yes
S2115	Osteotomy, Periacetabular, With Internal Fixation (Not Payable By Medicare)	Yes
S2117	Arthroereisis, Subtalar (Not Payable By Medicare)	Yes
S2118	Metal-On-Metal Total Hip Resurfacing, Including Acetabular And Femoral Components (Not Payable By Medicare)	Yes
S2120	Low Density Lipoprotein (Ldl) Apheresis Using Heparin-Induced Extracorporeal Ldl Precipitation (Not Payable By Medicare)	Yes
S2140	Cord Blood Harvesting For Transplantation, Allogeneic (Not Payable By Medicare)	Yes
S2142	Cord Blood-Derived Stem-Cell Transplantation, Allogeneic (Not Payable By Medicare)	Yes
S2150	Bone Marrow Or Blood-Derived Stem Cells (Peripheral Or Umbilical), Allogeneic Or Autologous, Harvesting, Transplantation, And Related Complications; Including: Pheresis And Cell Preparation/Storage; Marrow Ablative Therapy; Drugs, Supplies, Hospitalizatio	Yes
S2152	Solid Organ(S), Complete Or Segmental, Single Organ Or Combination Of Organs; Deceased Or Living Donor(S), Procurement, Transplantation, And Related Complications; Including: Drugs; Supplies; Hospitalization With Outpatient Follow-Up; Medical/Surgical, Di	Yes
S2202	Echosclerotherapy (Not Payable By Medicare)	Yes
S2205	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Arterial Graft(S), Single Coronary Arterial Graft (Not Payable By Medicare)	Yes
S2206	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Arterial Graft(S), Two Coronary Arterial Grafts (Not Payable By Medicare)	Yes
S2207	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Venous Graft Only, Single Coronary Venous Graft (Not Payable By Medicare)	Yes
S2208	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Single Arterial And Venous Graft(S), Single Venous Graft (Not Payable By Medicare)	Yes
S2209	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Two Arterial Grafts And Single Venous Graft (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S2225	Myringotomy, Laser-Assisted (Not Payable By Medicare)	Yes
S2230	Implantation Of Magnetic Component Of Semi-Implantable Hearing Device On Ossicles In Middle Ear (Not Payable By Medicare)	Yes
S2235	Implantation Of Auditory Brain Stem Implant (Not Payable By Medicare)	Yes
S2260	Induced Abortion, 17 To 24 Weeks (Not Payable By Medicare)	Yes
S2265	Induced Abortion, 25 To 28 Weeks (Not Payable By Medicare)	Yes
S2266	Induced Abortion, 29 To 31 Weeks (Not Payable By Medicare)	Yes
S2267	Induced Abortion, 32 Weeks Or Greater (Not Payable By Medicare)	Yes
S2300	Arthroscopy, Shoulder, Surgical; With Thermally-Induced Capsulorrhaphy (Not Payable By Medicare)	Yes
S2325	Hip Core Decompression (Not Payable By Medicare)	Yes
S2340	Chemodenervation Of Abductor Muscle(S) Of Vocal Cord (Not Payable By Medicare)	Yes
S2341	Chemodenervation Of Adductor Muscle(S) Of Vocal Cord (Not Payable By Medicare)	Yes
S2342	Nasal Endoscopy For Post-Operative Debridement Following Functional Endoscopic Sinus Surgery, Nasal And/Or Sinus Cavity(S), Unilateral Or Bilateral (Not Payable By Medicare)	Yes
S2348	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Using Radiofrequency Energy, Single Or Multiple Levels, Lumbar (Not Payable By Medicare)	Yes
S2350	Diskectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Lumbar, Single Interspace (Not Payable By Medicare)	Yes
S2351	Diskectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Lumbar, Each Additional Interspace (List Separately In Addition To Code For Primary Procedure) (Not Payable By Medicare)	Yes
S2400	Repair, Congenital Diaphragmatic Hernia In The Fetus Using Temporary Tracheal Occlusion, Procedure Performed In Utero (Not Payable By Medicare)	Yes
S2401	Repair, Urinary Tract Obstruction In The Fetus, Procedure Performed In Utero (Not Payable By Medicare)	Yes
S2402	Repair, Congenital Cystic Adenomatoid Malformation In The Fetus, Procedure Performed In Utero (Not Payable By Medicare)	Yes
S2403	Repair, Extralobar Pulmonary Sequestration In The Fetus, Procedure Performed In Utero (Not Payable By Medicare)	Yes
S2404	Repair, Myelomeningocele In The Fetus, Procedure Performed In Utero (Not Payable By Medicare)	Yes
S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In Utero (Not Payable By Medicare)	Yes
S2409	Repair, Congenital Malformation Of Fetus, Procedure Performed In Utero, Not Otherwise Classified (Not Payable By Medicare)	Yes
S2411	Fetoscopic Laser Therapy For Treatment Of Twin-To-Twin Transfusion Syndrome (Not Payable By Medicare)	Yes
S2900	Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure) (Not Payable By Medicare)	Yes
S3000	Diabetic Indicator; Retinal Eye Exam, Dilated, Bilateral (Not Payable By Medicare)	Yes
S3005	Performance Measurement, Evaluation Of Patient Self Assessment, Depression (Not Payable By Medicare)	Yes
S3600	Stat Laboratory Request (Situations Other Than S3601) (Not Payable By Medicare)	Yes
S3601	Emergency Stat Laboratory Charge For Patient Who Is Homebound Or Residing In A Nursing Facility (Not Payable By Medicare)	Yes
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17-D; PHENYLALANINE (PKU); AND THYROXINE, TOTAL)	No
S3630	Eosinophil Count, Blood, Direct (Not Payable By Medicare)	Yes
S3645	Hiv-1 Antibody Testing Of Oral Mucosal Transudate (Not Payable By Medicare)	Yes
S3650	Saliva Test, Hormone Level; During Menopause (Not Payable By Medicare)	Yes
S3652	Saliva Test, Hormone Level; To Assess Preterm Labor Risk (Not Payable By Medicare)	Yes
S3655	Antisperm Antibodies Test (Immunobead) (Not Payable By Medicare)	Yes
S3708	Gastrointestinal Fat Absorption Study (Not Payable By Medicare)	Yes
S3722	Dose Optimization By Area Under The Curve (Auc) Analysis, For Infusional 5-Fluorouracil (Not Payable By Medicare)	Yes
S3800	Genetic Testing For Amyotrophic Lateral Sclerosis (Als) (Not Payable By Medicare)	Yes
S3840	Dna Analysis For Germline Mutations Of The Ret Proto-Oncogene For Susceptibility To Multiple Endocrine Neoplasia Type 2 (Not Payable By Medicare)	Yes
S3841	Genetic Testing For Retinoblastoma (Not Payable By Medicare)	Yes
S3842	Genetic Testing For Von Hippel-Lindau Disease (Not Payable By Medicare)	Yes
S3844	Dna Analysis Of The Connexin 26 Gene (Gjb2) For Susceptibility To Congenital, Profound Deafness (Not Payable By Medicare)	Yes
S3845	Genetic Testing For Alpha-Thalassemia (Not Payable By Medicare)	Yes
S3846	Genetic Testing For Hemoglobin E Beta-Thalassemia (Not Payable By Medicare)	Yes
S3849	Genetic Testing For Niemann-Pick Disease (Not Payable By Medicare)	Yes
S3850	Genetic Testing For Sickle Cell Anemia (Not Payable By Medicare)	Yes
S3852	Dna Analysis For Apoe Epsilon 4 Allele For Susceptibility To Alzheimer'S Disease (Not Payable By Medicare)	Yes
S3853	Genetic Testing For Myotonic Muscular Dystrophy (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREATMENT (NOT PAYABLE BY MEDICARE)	Yes
S3861	Genetic Testing, Sodium Channel, Voltage-Gated, Type V, Alpha Subunit (Scn5A) And Variants For Suspected Brugada Syndrome (Not Payable By Medicare)	Yes
S3865	Comprehensive Gene Sequence Analysis For Hypertrophic Cardiomyopathy (Not Payable By Medicare)	Yes
S3866	Genetic Analysis For A Specific Gene Mutation For Hypertrophic Cardiomyopathy (Hcm) In An Individual With A Known Hcm Mutation In The Family (Not Payable By Medicare)	Yes
S3870	Comparative Genomic Hybridization (Cgh) Microarray Testing For Developmental Delay, Autism Spectrum Disorder And/Or Intellectual Disability (Not Payable By Medicare)	Yes
S3900	Surface Electromyography (Emg) (Not Payable By Medicare)	Yes
S3902	Ballistocardiogram (Not Payable By Medicare)	Yes
S3904	Masters Two Step (Not Payable By Medicare)	Yes
S4005	Interim Labor Facility Global (Labor Occurring But Not Resulting In Delivery) (Not Payable By Medicare)	Yes
S4011	In Vitro Fertilization; Including But Not Limited To Identification And Incubation Of Mature Oocytes, Fertilization With Sperm, Incubation Of Embryo(S), And Subsequent Visualization For Determination Of Development (Not Payable By Medicare)	Yes
S4013	Complete Cycle, Gamete Intrafallopian Transfer (Gift), Case Rate (Not Payable By Medicare)	Yes
S4014	Complete Cycle, Zygote Intrafallopian Transfer (Zift), Case Rate (Not Payable By Medicare)	Yes
S4015	Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Case Rate (Not Payable By Medicare)	Yes
S4016	Frozen In Vitro Fertilization Cycle, Case Rate (Not Payable By Medicare)	Yes
S4017	Incomplete Cycle, Treatment Cancelled Prior To Stimulation, Case Rate (Not Payable By Medicare)	Yes
S4018	Frozen Embryo Transfer Procedure Cancelled Before Transfer, Case Rate (Not Payable By Medicare)	Yes
S4020	In Vitro Fertilization Procedure Cancelled Before Aspiration, Case Rate (Not Payable By Medicare)	Yes
S4021	In Vitro Fertilization Procedure Cancelled After Aspiration, Case Rate (Not Payable By Medicare)	Yes
S4022	Assisted Oocyte Fertilization, Case Rate (Not Payable By Medicare)	Yes
S4023	Donor Egg Cycle, Incomplete, Case Rate (Not Payable By Medicare)	Yes
S4024	Air Polymer-Type A Intrauterine Foam, Per Study Dose (Not Payable By Medicare)	Yes
S4025	Donor Services For In Vitro Fertilization (Sperm Or Embryo), Case Rate (Not Payable By Medicare)	Yes
S4026	Procurement Of Donor Sperm From Sperm Bank (Not Payable By Medicare)	Yes
S4027	Storage Of Previously Frozen Embryos (Not Payable By Medicare)	Yes
S4028	Microsurgical Epididymal Sperm Aspiration (Mesa) (Not Payable By Medicare)	Yes
S4030	Sperm Procurement And Cryopreservation Services; Initial Visit (Not Payable By Medicare)	Yes
S4031	Sperm Procurement And Cryopreservation Services; Subsequent Visit (Not Payable By Medicare)	Yes
S4035	Stimulated Intrauterine Insemination (Iui), Case Rate (Not Payable By Medicare)	Yes
S4037	Cryopreserved Embryo Transfer, Case Rate (Not Payable By Medicare)	Yes
S4040	Monitoring And Storage Of Cryopreserved Embryos, Per 30 Days (Not Payable By Medicare)	Yes
S4042	Management Of Ovulation Induction (Interpretation Of Diagnostic Tests And Studies, Non-Face-To-Face Medical Management Of The Patient), Per Cycle (Not Payable By Medicare)	Yes
S4981	Insertion Of Levonorgestrel-Releasing Intrauterine System (Not Payable By Medicare)	Yes
S4989	Contraceptive Intrauterine Device (E.G., Progestacert Iud), Including Implants And Supplies (Not Payable By Medicare)	No
S4990	Nicotine Patches, Legend (Not Payable By Medicare)	Yes
S4991	Nicotine Patches, Non-Legend (Not Payable By Medicare)	Yes
S4993	Contraceptive Pills For Birth Control (Not Payable By Medicare)	No
S4995	Smoking Cessation Gum (Not Payable By Medicare)	Yes
S5000	Prescription Drug, Generic (Not Payable By Medicare)	Yes
S5001	Prescription Drug, Brand Name (Not Payable By Medicare)	Yes
S5010	5% Dextrose And 0.45% Normal Saline, 1000 Ml (Not Payable By Medicare)	Yes
S5012	5% Dextrose With Potassium Chloride, 1000 Ml (Not Payable By Medicare)	Yes
S5013	5% Dextrose/0.45% Normal Saline With Potassium Chloride And Magnesium Sulfate, 1000 Ml (Not Payable By Medicare)	Yes
S5014	5% Dextrose/0.45% Normal Saline With Potassium Chloride And Magnesium Sulfate, 1500 Ml (Not Payable By Medicare)	Yes
S5035	Home Infusion Therapy, Routine Service Of Infusion Device (E.G., Pump Maintenance) (Not Payable By Medicare)	Yes
S5036	Home Infusion Therapy, Repair Of Infusion Device (E.G., Pump Repair) (Not Payable By Medicare)	Yes
S5100	Day Care Services, Adult; Per 15 Minutes (Not Payable By Medicare)	Yes
S5101	Day Care Services, Adult; Per Half Day (Not Payable By Medicare)	Yes
S5102	Day Care Services, Adult; Per Diem (Not Payable By Medicare)	Yes
S5105	Day Care Services, Center-Based; Services Not Included In Program Fee, Per Diem (Not Payable By Medicare)	Yes
S5108	Home Care Training To Home Care Client, Per 15 Minutes (Not Payable By Medicare)	Yes
S5109	Home Care Training To Home Care Client, Per Session (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S5110	Home Care Training, Family; Per 15 Minutes (Not Payable By Medicare)	Yes
S5111	Home Care Training, Family; Per Session (Not Payable By Medicare)	Yes
S5115	Home Care Training, Non-Family; Per 15 Minutes (Not Payable By Medicare)	Yes
S5116	Home Care Training, Non-Family; Per Session (Not Payable By Medicare)	Yes
S5120	Chore Services; Per 15 Minutes (Not Payable By Medicare)	Yes
S5121	Chore Services; Per Diem (Not Payable By Medicare)	Yes
S5125	Attendant Care Services; Per 15 Minutes (Not Payable By Medicare)	Yes
S5126	Attendant Care Services; Per Diem (Not Payable By Medicare)	Yes
S5130	Homemaker Service, Nos; Per 15 Minutes (Not Payable By Medicare)	Yes
S5131	Homemaker Service, Nos; Per Diem (Not Payable By Medicare)	Yes
S5135	Companion Care, Adult (E.G., Iadl/Adl); Per 15 Minutes (Not Payable By Medicare)	Yes
S5136	Companion Care, Adult (E.G., Iadl/Adl); Per Diem (Not Payable By Medicare)	No
S5140	Foster Care, Adult; Per Diem (Not Payable By Medicare)	Yes
S5141	Foster Care, Adult; Per Month (Not Payable By Medicare)	Yes
S5145	Foster Care, Therapeutic, Child; Per Diem (Not Payable By Medicare)	Yes
S5146	Foster Care, Therapeutic, Child; Per Month (Not Payable By Medicare)	Yes
S5150	Unskilled Respite Care, Not Hospice; Per 15 Minutes (Not Payable By Medicare)	Yes
S5151	Unskilled Respite Care, Not Hospice; Per Diem (Not Payable By Medicare)	Yes
S5160	Emergency Response System; Installation And Testing (Not Payable By Medicare)	Yes
S5161	Emergency Response System; Service Fee, Per Month (Excludes Installation And Testing) (Not Payable By Medicare)	Yes
S5162	Emergency Response System; Purchase Only (Not Payable By Medicare)	Yes
S5165	Home Modifications; Per Service (Not Payable By Medicare)	Yes
S5170	Home Delivered Meals, Including Preparation; Per Meal (Not Payable By Medicare)	Yes
S5175	Laundry Service, External, Professional; Per Order (Not Payable By Medicare)	Yes
S5180	Home Health Respiratory Therapy, Initial Evaluation (Not Payable By Medicare)	Yes
S5181	Home Health Respiratory Therapy, Nos, Per Diem (Not Payable By Medicare)	Yes
S5185	Medication Reminder Service, Non-Face-To-Face; Per Month (Not Payable By Medicare)	Yes
S5190	Wellness Assessment, Performed By Non-Physician (Not Payable By Medicare)	Yes
S5199	Personal Care Item, Nos, Each (Not Payable By Medicare)	No
S5497	Home Infusion Therapy, Catheter Care / Maintenance, Not Otherwise Classified; Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Di	Yes
S5498	Home Infusion Therapy, Catheter Care / Maintenance, Simple (Single Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), Per Diem	Yes
S5501	Home Infusion Therapy, Catheter Care / Maintenance, Complex (More Than One Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), P	Yes
S5502	Home Infusion Therapy, Catheter Care / Maintenance, Implanted Access Device, Includes Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), Per Die	Yes
S5517	Home Infusion Therapy, All Supplies Necessary For Restoration Of Catheter Patency Or Declotting (Not Payable By Medicare)	Yes
S5518	Home Infusion Therapy, All Supplies Necessary For Catheter Repair (Not Payable By Medicare)	Yes
S5520	Home Infusion Therapy, All Supplies (Including Catheter) Necessary For A Peripherally Inserted Central Venous Catheter (Picc) Line Insertion (Not Payable By Medicare)	Yes
S5521	Home Infusion Therapy, All Supplies (Including Catheter) Necessary For A Midline Catheter Insertion (Not Payable By Medicare)	Yes
S5522	Home Infusion Therapy, Insertion Of Peripherally Inserted Central Venous Catheter (Picc), Nursing Services Only (No Supplies Or Catheter Included) (Not Payable By Medicare)	Yes
S5523	Home Infusion Therapy, Insertion Of Midline Venous Catheter, Nursing Services Only (No Supplies Or Catheter Included) (Not Payable By Medicare)	Yes
S5550	Insulin, Rapid Onset, 5 Units (Not Payable By Medicare)	Yes
S5551	Insulin, Most Rapid Onset (Lispro Or Aspart); 5 Units (Not Payable By Medicare)	Yes
S5552	Insulin, Intermediate Acting (Nph Or Lente); 5 Units (Not Payable By Medicare)	Yes
S5553	Insulin, Long Acting; 5 Units (Not Payable By Medicare)	Yes
S5560	Insulin Delivery Device, Reusable Pen; 1.5 Ml Size (Not Payable By Medicare)	Yes
S5561	Insulin Delivery Device, Reusable Pen; 3 Ml Size (Not Payable By Medicare)	Yes
S5565	Insulin Cartridge For Use In Insulin Delivery Device Other Than Pump; 150 Units (Not Payable By Medicare)	Yes
S5566	Insulin Cartridge For Use In Insulin Delivery Device Other Than Pump; 300 Units (Not Payable By Medicare)	Yes
S5570	Insulin Delivery Device, Disposable Pen (Including Insulin); 1.5 Ml Size (Not Payable By Medicare)	Yes
S5571	Insulin Delivery Device, Disposable Pen (Including Insulin); 3 Ml Size (Not Payable By Medicare)	Yes
S8030	Scleral Application Of Tantalum Ring(S) For Localization Of Lesions For Proton Beam Therapy (Not Payable By Medicare)	Yes
S8035	Magnetic Source Imaging (Not Payable By Medicare)	Yes
S8037	Magnetic Resonance Cholangiopancreatography (Mrcp) (Not Payable By Medicare)	Yes
S8040	Topographic Brain Mapping (Not Payable By Medicare)	Yes
S8042	Magnetic Resonance Imaging (Mri), Low-Field (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S8055	Ultrasound Guidance For Multifetal Pregnancy Reduction(S), Technical Component (Only To Be Used When The Physician Doing The Reduction Procedure Does Not Perform The Ultrasound, Guidance Is Included In The Cpt Code For Multifetal Pregnancy Reduction - 598	Yes
S8080	Scintimammography (Radioimmunoscintigraphy Of The Breast), Unilateral, Including Supply Of Radiopharmaceutical (Not Payable By Medicare)	Yes
S8085	Fluorine-18 Fluorodeoxyglucose (F-18 Fdg) Imaging Using Dual-Head Coincidence Detection System (Non-Dedicated Pet Scan) (Not Payable By Medicare)	Yes
S8092	Electron Beam Computed Tomography (Also Known As Ultrafast Ct, Cine Ct) (Not Payable By Medicare)	Yes
S8096	Portable Peak Flow Meter (Not Payable By Medicare)	No
S8097	Asthma Kit (Including But Not Limited To Portable Peak Expiratory Flow Meter, Instructional Video, Brochure, And/Or Spacer) (Not Payable By Medicare)	No
S8100	Holding Chamber Or Spacer For Use With An Inhaler Or Nebulizer; Without Mask (Not Payable By Medicare)	Yes
S8101	Holding Chamber Or Spacer For Use With An Inhaler Or Nebulizer; With Mask (Not Payable By Medicare)	Yes
S8110	Peak Expiratory Flow Rate (Physician Services) (Not Payable By Medicare)	Yes
S8120	Oxygen Contents, Gaseous, 1 Unit Equals 1 Cubic Foot (Not Payable By Medicare)	Yes
S8121	Oxygen Contents, Liquid, 1 Unit Equals 1 Pound (Not Payable By Medicare)	Yes
S8130	Interferential Current Stimulator, 2 Channel (Not Payable By Medicare)	Yes
S8131	Interferential Current Stimulator, 4 Channel (Not Payable By Medicare)	Yes
S8185	Flutter Device (Not Payable By Medicare)	Yes
S8186	Swivel Adapter (Not Payable By Medicare)	Yes
S8189	Tracheostomy Supply, Not Otherwise Classified (Not Payable By Medicare)	No
S8210	Mucus Trap (Not Payable By Medicare)	Yes
S8265	Haberman Feeder For Cleft Lip/Palate (Not Payable By Medicare)	No
S8270	Enuresis Alarm, Using Auditory Buzzer And/Or Vibration Device (Not Payable By Medicare)	Yes
S8301	Infection Control Supplies, Not Otherwise Specified (Not Payable By Medicare)	Yes
S8415	Supplies For Home Delivery Of Infant (Not Payable By Medicare)	Yes
S8420	Gradient Pressure Aid (Sleeve And Glove Combination), Custom Made (Not Payable By Medicare)	Yes
S8421	Gradient Pressure Aid (Sleeve And Glove Combination), Ready Made (Not Payable By Medicare)	Yes
S8422	Gradient Pressure Aid (Sleeve), Custom Made, Medium Weight (Not Payable By Medicare)	Yes
S8423	Gradient Pressure Aid (Sleeve), Custom Made, Heavy Weight (Not Payable By Medicare)	Yes
S8424	Gradient Pressure Aid (Sleeve), Ready Made (Not Payable By Medicare)	Yes
S8425	Gradient Pressure Aid (Glove), Custom Made, Medium Weight (Not Payable By Medicare)	Yes
S8426	Gradient Pressure Aid (Glove), Custom Made, Heavy Weight (Not Payable By Medicare)	Yes
S8427	Gradient Pressure Aid (Glove), Ready Made (Not Payable By Medicare)	Yes
S8428	Gradient Pressure Aid (Gauntlet), Ready Made (Not Payable By Medicare)	Yes
S8429	Gradient Pressure Exterior Wrap (Not Payable By Medicare)	Yes
S8430	Padding For Compression Bandage, Roll (Not Payable By Medicare)	Yes
S8431	Compression Bandage, Roll (Not Payable By Medicare)	Yes
S8450	Splint, Prefabricated, Digit (Specify Digit By Use Of Modifier) (Not Payable By Medicare)	Yes
S8451	Splint, Prefabricated, Wrist Or Ankle (Not Payable By Medicare)	Yes
S8452	Splint, Prefabricated, Elbow (Not Payable By Medicare)	Yes
S8460	Camisole, Post-Mastectomy (Not Payable By Medicare)	Yes
S8490	Insulin Syringes (100 Syringes, Any Size) (Not Payable By Medicare)	Yes
S8930	Electrical Stimulation Of Auricular Acupuncture Points; Each 15 Minutes Of Personal One-On-One Contact With The Patient (Not Payable By Medicare)	Yes
S8940	Equestrian/Hippotherapy, Per Session (Not Payable By Medicare)	Yes
S8948	Application Of A Modality (Requiring Constant Provider Attendance) To One Or More Areas; Low-Level Laser; Each 15 Minutes (Not Payable By Medicare)	Yes
S8950	Complex Lymphedema Therapy, Each 15 Minutes (Not Payable By Medicare)	Yes
S8990	Physical Or Manipulative Therapy Performed For Maintenance Rather Than Restoration (Not Payable By Medicare)	Yes
S8999	Resuscitation Bag (For Use By Patient On Artificial Respiration During Power Failure Or Other Catastrophic Event) (Not Payable By Medicare)	Yes
S9001	Home Uterine Monitor With Or Without Associated Nursing Services (Not Payable By Medicare)	Yes
S9002	Intra-Vaginal Motion Sensor System, Provides Biofeedback For Pelvic Floor Muscle Rehabilitation Device (Not Payable By Medicare)	Yes
S9007	Ultrafiltration Monitor (Not Payable By Medicare)	Yes
S9024	Paranasal Sinus Ultrasound (Not Payable By Medicare)	Yes
S9025	Omnicardiogram/Cardiointegram (Not Payable By Medicare)	Yes
S9034	Extracorporeal Shockwave Lithotripsy For Gall Stones (If Performed With Ercp, Use 43265) (Not Payable By Medicare)	Yes
S9055	Procuren Or Other Growth Factor Preparation To Promote Wound Healing (Not Payable By Medicare)	Yes
S9056	Coma Stimulation Per Diem (Not Payable By Medicare)	Yes
S9061	Home Administration Of Aerosolized Drug Therapy (E.G., Pentamidine); Administrative Services, Professional Pharmacy Services, Care Coordination, All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Med	Yes
S9083	Global Fee Urgent Care Centers (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S9088	Services Provided In An Urgent Care Center (List In Addition To Code For Service) (Not Payable By Medicare)	Yes
S9090	Vertebral Axial Decompression, Per Session (Not Payable By Medicare)	Yes
S9097	Home Visit For Wound Care (Not Payable By Medicare)	Yes
S9098	Home Visit, Phototherapy Services (E.G., Bili-Lite), Including Equipment Rental, Nursing Services, Blood Draw, Supplies, And Other Services, Per Diem (Not Payable By Medicare)	Yes
S9110	Telemonitoring Of Patient In Their Home, Including All Necessary Equipment; Computer System, Connections, And Software; Maintenance; Patient Education And Support; Per Month (Not Payable By Medicare)	Yes
S9117	Back School, Per Visit (Not Payable By Medicare)	Yes
S9122	Home Health Aide Or Certified Nurse Assistant, Providing Care In The Home; Per Hour (Not Payable By Medicare)	Yes
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) (Not Payable By Medicare)	Yes
S9124	Nursing Care, In The Home; By Licensed Practical Nurse, Per Hour (Not Payable By Medicare)	Yes
S9125	Respite Care, In The Home, Per Diem (Not Payable By Medicare)	Yes
S9126	Hospice Care, In The Home, Per Diem (Not Payable By Medicare)	Yes
S9127	Social Work Visit, In The Home, Per Diem (Not Payable By Medicare)	Yes
S9128	Speech Therapy, In The Home, Per Diem (Not Payable By Medicare)	Yes
S9129	Occupational Therapy, In The Home, Per Diem (Not Payable By Medicare)	Yes
S9131	Physical Therapy; In The Home, Per Diem (Not Payable By Medicare)	Yes
S9140	Diabetic Management Program, Follow-Up Visit To Non-Md Provider (Not Payable By Medicare)	Yes
S9141	Diabetic Management Program, Follow-Up Visit To Md Provider (Not Payable By Medicare)	Yes
S9145	Insulin Pump Initiation, Instruction In Initial Use Of Pump (Pump Not Included) (Not Payable By Medicare)	Yes
S9150	Evaluation By Ocularist (Not Payable By Medicare)	Yes
S9152	Speech Therapy, Re-Evaluation (Not Payable By Medicare)	Yes
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 Infus	Yes
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	Yes
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	Yes
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	Yes
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 Infu	Yes
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 Hom	Yes
S9325	Home Infusion Therapy, Pain Management Infusion; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), Per Diem (Do Not Use This Code With S9326,	Yes
S9326	Home Infusion Therapy, Continuous (Twenty-Four Hours Or More) Pain Management Infusion; Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Di	Yes
S9327	Home Infusion Therapy, Intermittent (Less Than Twenty-Four Hours) Pain Management Infusion; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), P	Yes
S9328	Home Infusion Therapy, Implanted Pump Pain Management Infusion; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medi	Yes
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 S9	Yes
S9330	Home Infusion Therapy, Continuous (Twenty-Four 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	Yes
S9331	Home Infusion Therapy, Intermittent (Less Than Twenty-Four Hours) Chemotherapy Infusion; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per	Yes
S9335	Home Therapy, Hemodialysis; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Services Coded Separately), Per Diem (Not Payable By Medicare)	No
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 (No	Yes

Procedure Code	Description	Prior Auth Required
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 (Not Payable By Medicare)	Yes
S9339	Home Therapy; Peritoneal Dialysis, Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare)	No
S9340	Home Therapy; Enteral Nutrition; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Enteral Formula And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare)	Yes
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 (Not Payable By Medicare)	Yes
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 (Not Payable By Medicare)	Yes
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 (Not Payable By Medicare)	Yes
S9345	Home Infusion Therapy, Anti-Hemophilic 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 (	Yes
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 (Not Payable	Yes
S9347	Home Infusion Therapy, Uninterrupted, Long-Term, Controlled Rate Intravenous Or Subcutaneous Infusion Therapy (E.G., Epoprostenol); Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs	Yes
S9348	Home Infusion Therapy, Sympathomimetic/Inotropic Agent Infusion Therapy (E.G., Dobutamine); Administrative Services, Professional Pharmacy Services, Care Coordination, All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per D	Yes
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 (Not Payable By Medicare)	Yes
S9351	Home Infusion Therapy, Continuous Or Intermittent Anti-Emetic Infusion Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Visits Coded Separately), Per Diem (Not Payable	Yes
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 (Not Payable By Medicare	Yes
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 (Not Payable By Medicare)	Yes
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	Yes
S9359	Home Infusion Therapy, Anti-Tumor 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), Pe	Yes
S9361	Home Infusion Therapy, Diuretic Intravenous Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare)	Yes
S9363	Home Infusion Therapy, Anti-Spasmotic Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare)	Yes
S9364	Home Infusion Therapy, Total Parenteral Nutrition (Tpn); Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids, Specialty Amino Acid Formulas, Drugs Othe	Yes
S9365	Home Infusion Therapy, Total Parenteral Nutrition (Tpn); One Liter Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids, Specialty Amino Acid F	Yes
S9366	Home Infusion Therapy, Total Parenteral Nutrition (Tpn); More Than One Liter But No More Than Two Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment Including Standard Tpn F	Yes
S9367	Home Infusion Therapy, Total Parenteral Nutrition (Tpn); More Than Two Liters But No More Than Three Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment Including Standard Tp	Yes
S9368	Home Infusion Therapy, Total Parenteral Nutrition (Tpn); More Than Three Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment Including Standard Tpn Formula (Lipids, Specialty	Yes
S9370	Home Therapy, Intermittent Anti-Emetic Injection Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S9372	Home Therapy; Intermittent Anticoagulant Injection Therapy (E.G., Heparin); Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Do Not	Yes
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 S	Yes
S9374	Home Infusion Therapy, Hydration Therapy; One Liter Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicar	Yes
S9375	Home Infusion Therapy, Hydration Therapy; More Than One Liter But No More Than Two Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separat	Yes
S9376	Home Infusion Therapy, Hydration Therapy; More Than Two Liters But No More Than Three Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Sepa	Yes
S9377	Home Infusion Therapy, Hydration Therapy; More Than Three Liters Per Day, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare	Yes
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 (Not Payable By M	Yes
S9381	Delivery Or Service To High Risk Areas Requiring Escort Or Extra Protection, Per Visit (Not Payable By Medicare)	Yes
S9401	Anticoagulation Clinic, Inclusive Of All Services Except Laboratory Tests, Per Session (Not Payable By Medicare)	Yes
S9430	Pharmacy Compounding And Dispensing Services (Not Payable By Medicare)	Yes
S9432	Medical Foods For Non-Inborn Errors Of Metabolism (Not Payable By Medicare)	Yes
S9433	Medical Food Nutritionally Complete, Administered Orally, Providing 100% Of Nutritional Intake (Not Payable By Medicare)	Yes
S9434	Modified Solid Food Supplements For Inborn Errors Of Metabolism (Not Payable By Medicare)	Yes
S9435	Medical Foods For Inborn Errors Of Metabolism (Not Payable By Medicare)	Yes
S9436	Childbirth Preparation/Lamaze Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9437	Childbirth Refresher Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9438	Cesarean Birth Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9439	Vbac (Vaginal Birth After Cesarean) Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9441	Asthma Education, Non-Physician Provider, Per Session (Not Payable By Medicare)	No
S9442	Birthing Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9443	Lactation Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9444	Parenting Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9445	Patient Education, Not Otherwise Classified, Non-Physician Provider, Individual, Per Session (Not Payable By Medicare)	Yes
S9446	Patient Education, Not Otherwise Classified, Non-Physician Provider, Group, Per Session (Not Payable By Medicare)	Yes
S9447	Infant Safety (Including Cpr) Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9449	Weight Management Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9451	Exercise Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9452	Nutrition Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9453	Smoking Cessation Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9454	Stress Management Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
S9455	Diabetic Management Program, Group Session (Not Payable By Medicare)	Yes
S9460	Diabetic Management Program, Nurse Visit (Not Payable By Medicare)	Yes
S9465	Diabetic Management Program, Dietitian Visit (Not Payable By Medicare)	Yes
S9470	Nutritional Counseling, Dietitian Visit (Not Payable By Medicare)	Yes
S9472	Cardiac Rehabilitation Program, Non-Physician Provider, Per Diem (Not Payable By Medicare)	Yes
S9473	Pulmonary Rehabilitation Program, Non-Physician Provider, Per Diem (Not Payable By Medicare)	Yes
S9474	Enterostomal Therapy By A Registered Nurse Certified In Enterostomal Therapy, Per Diem (Not Payable By Medicare)	Yes
S9475	Ambulatory Setting Substance Abuse Treatment Or Detoxification Services, Per Diem (Not Payable By Medicare)	Yes
S9476	Vestibular Rehabilitation Program, Non-Physician Provider, Per Diem (Not Payable By Medicare)	Yes
S9480	Intensive Outpatient Psychiatric Services, Per Diem (Not Payable By Medicare)	Yes
S9482	Family Stabilization Services, Per 15 Minutes (Not Payable By Medicare)	Yes
S9484	Crisis Intervention Mental Health Services, Per Hour (Not Payable By Medicare)	Yes
S9485	Crisis Intervention Mental Health Services, Per Diem (Not Payable By Medicare)	Yes
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 (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S9494	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Do Not Use Thi	Yes
S9497	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 3 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per	Yes
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	No
S9501	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 12 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per	No
S9502	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 8 Hours, Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per	No
S9503	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 6 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (No	Yes
S9504	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 4 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (No	Yes
S9529	Routine Venipuncture For Collection Of Specimen(S), Single Home Bound, Nursing Home, Or Skilled Nursing Facility Patient (Not Payable By Medicare)	Yes
S9537	Home Therapy; Hematopoietic Hormone Injection Therapy (E.G., Erythropoietin, G-Csf, Gm-Csf); Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately),	Yes
S9538	Home Transfusion Of Blood Product(S); Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment (Blood Products, Drugs, And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare)	Yes
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 (Not Payable By Medicar	Yes
S9558	Home Injectable Therapy; Growth Hormone, Including Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare)	Yes
S9559	Home Injectable Therapy, Interferon, Including Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare)	Yes
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 (	Yes
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	Yes
S9563	Home Injectable Therapy, Immunotherapy, Including Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Not Payable By Medicare)	Yes
S9590	Home Therapy, Irrigation Therapy (E.G., Sterile Irrigation Of An Organ Or Anatomical Cavity); Including Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Se	Yes
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) (Not Payable By Medicare)	Yes
S9900	Services By A Journal-Listed Christian Science Practitioner For The Purpose Of Healing, Per Diem (Not Payable By Medicare)	Yes
S9901	Services By A Journal-Listed Christian Science Nurse, Per Hour (Not Payable By Medicare)	Yes
S9960	Ambulance Service, Conventional Air Service, Nonemergency Transport, One Way (Fixed Wing) (Not Payable By Medicare)	Yes
S9961	Ambulance Service, Conventional Air Service, Nonemergency Transport, One Way (Rotary Wing) (Not Payable By Medicare)	Yes
S9970	Health Club Membership, Annual (Not Payable By Medicare)	Yes
S9975	Transplant Related Lodging, Meals And Transportation, Per Diem (Not Payable By Medicare)	Yes
S9976	Lodging, Per Diem, Not Otherwise Classified (Not Payable By Medicare)	Yes
S9977	Meals, Per Diem, Not Otherwise Specified (Not Payable By Medicare)	Yes
S9981	Medical Records Copying Fee, Administrative (Not Payable By Medicare)	Yes
S9982	Medical Records Copying Fee, Per Page (Not Payable By Medicare)	Yes
S9986	Not Medically Necessary Service (Patient Is Aware That Service Not Medically Necessary) (Not Payable By Medicare)	Yes
S9988	Services Provided As Part Of A Phase I Clinical Trial (Not Payable By Medicare)	Yes
S9989	Services Provided Outside Of The United States Of America (List In Addition To Code(s) For Service(s)) (Not Payable By Medicare)	Yes
S9990	Services Provided As Part Of A Phase Ii Clinical Trial (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S9991	Services Provided As Part Of A Phase Iii Clinical Trial (Not Payable By Medicare)	Yes
S9992	Transportation Costs To And From Trial Location And Local Transportation Costs (E.G., Fares For Taxicab Or Bus) For Clinical Trial Participant And One Caregiver/Companion (Not Payable By Medicare)	Yes
S9994	Lodging Costs (E.G., Hotel Charges) For Clinical Trial Participant And One Caregiver/Companion (Not Payable By Medicare)	Yes
S9996	Meals For Clinical Trial Participant And One Caregiver/Companion (Not Payable By Medicare)	Yes
S9999	Sales Tax (Not Payable By Medicare)	Yes
T1000	Private Duty / Independent Nursing Service(S) - Licensed, Up To 15 Minutes (Not Payable By Medicare)	Yes
T1001	Nursing Assessment / Evaluation (Not Payable By Medicare)	Yes
T1002	Rn Services, Up To 15 Minutes (Not Payable By Medicare)	Yes
T1003	Lpn/Lvn Services, Up To 15 Minutes (Not Payable By Medicare)	Yes
T1004	Services Of A Qualified Nursing Aide, Up To 15 Minutes (Not Payable By Medicare)	Yes
T1005	Respite Care Services, Up To 15 Minutes (Not Payable By Medicare)	Yes
T1006	Alcohol And/Or Substance Abuse Services, Family/Couple Counseling (Not Payable By Medicare)	Yes
T1007	Alcohol And/Or Substance Abuse Services, Treatment Plan Development And/Or Modification (Not Payable By Medicare)	Yes
T1009	Child Sitting Services For Children Of The Individual Receiving Alcohol And/Or Substance Abuse Services (Not Payable By Medicare)	Yes
T1010	Meals For Individuals Receiving Alcohol And/Or Substance Abuse Services (When Meals Not Included In The Program) (Not Payable By Medicare)	Yes
T1012	Alcohol And/Or Substance Abuse Services, Skills Development (Not Payable By Medicare)	Yes
T1013	Sign Language Or Oral Interpretive Services, Per 15 Minutes (Not Payable By Medicare)	No
T1014	Telehealth Transmission, Per Minute, Professional Services Bill Separately (Not Payable By Medicare)	No
T1015	Clinic Visit/Encounter, All-Inclusive (Not Payable By Medicare)	No
T1016	Case Management, Each 15 Minutes (Not Payable By Medicare)	Yes
T1017	Targeted Case Management, Each 15 Minutes (Not Payable By Medicare)	Yes
T1018	School-Based Individualized Education Program (Iep) Services, Bundled (Not Payable By Medicare)	Yes
T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Resident Of A Hospital, Nursing Facility, Icf/Mr Or Imd, Part Of The Individualized Plan Of Treatment (Code May Not Be Used To Identify Services Provided By Home Health Aide Or Certified Nurs	Yes
T1020	Personal Care Services, Per Diem, Not For An Inpatient Or Resident Of A Hospital, Nursing Facility, Icf/Mr Or Imd, Part Of The Individualized Plan Of Treatment (Code May Not Be Used To Identify Services Provided By Home Health Aide Or Certified Nurse Assi	Yes
T1021	Home Health Aide Or Certified Nurse Assistant, Per Visit (Not Payable By Medicare)	Yes
T1022	Contracted Home Health Agency Services, All Services Provided Under Contract, Per Day (Not Payable By Medicare)	Yes
T1023	Screening To Determine The Appropriateness Of Consideration Of An Individual For Participation In A Specified Program, Project Or Treatment Protocol, Per Encounter (Not Payable By Medicare)	Yes
T1024	Evaluation And Treatment By An Integrated, Specialty Team Contracted To Provide Coordinated Care To Multiple Or Severely Handicapped Children, Per Encounter (Not Payable By Medicare)	Yes
T1025	Intensive, Extended Multidisciplinary Services Provided In A Clinic Setting To Children With Complex Medical, Physical, Mental And Psychosocial Impairments, Per Diem (Not Payable By Medicare)	Yes
T1026	Intensive, Extended Multidisciplinary Services Provided In A Clinic Setting To Children With Complex Medical, Physical, Mental And Psychosocial Impairments, Per Hour (Not Payable By Medicare)	Yes
T1027	Family Training And Counseling For Child Development, Per 15 Minutes (Not Payable By Medicare)	No
T1028	Assessment Of Home, Physical And Family Environment, To Determine Suitability To Meet Patient'S Medical Needs (Not Payable By Medicare)	No
T1029	Comprehensive Environmental Lead Investigation, Not Including Laboratory Analysis, Per Dwelling (Not Payable By Medicare)	Yes
T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem (Not Payable By Medicare)	Yes
T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem (Not Payable By Medicare)	Yes
T1032	Services Performed By A Doula Birth Worker, Per 15 Minutes (Not Payable By Medicare)	Yes
T1033	Services Performed By A Doula Birth Worker, Per Diem (Not Payable By Medicare)	No
T1040	Medicaid Certified Community Behavioral Health Clinic Services, Per Diem (Not Payable By Medicare)	Yes
T1041	Medicaid Certified Community Behavioral Health Clinic Services, Per Month (Not Payable By Medicare)	Yes
T1502	Administration Of Oral, Intramuscular And/Or Subcutaneous Medication By Health Care Agency/Professional, Per Visit (Not Payable By Medicare)	Yes
T1503	Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care Agency/Professional, Per Visit (Not Payable By Medicare)	Yes
T1505	Electronic Medication Compliance Management Device, Includes All Components And Accessories, Not Otherwise Classified (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
T1999	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CLASSIFIED; IDENTIFY PRODUCT IN ''REMARKS'' (NOT PAYABLE BY MEDICARE)	Yes
T2001	Non-Emergency Transportation; Patient Attendant/Escort (Not Payable By Medicare)	Yes
T2002	Non-Emergency Transportation; Per Diem (Not Payable By Medicare)	Yes
T2003	Non-Emergency Transportation; Encounter/Trip (Not Payable By Medicare)	Yes
T2004	Non-Emergency Transport; Commercial Carrier, Multi-Pass (Not Payable By Medicare)	Yes
T2005	Non-Emergency Transportation; Stretcher Van (Not Payable By Medicare)	Yes
T2007	Transportation Waiting Time, Air Ambulance And Non-Emergency Vehicle, One-Half (1/2) Hour Increments (Not Payable By Medicare)	Yes
T2010	Preadmission Screening And Resident Review (Pasrr) Level I Identification Screening, Per Screen (Not Payable By Medicare)	Yes
T2011	Preadmission Screening And Resident Review (Pasrr) Level Ii Evaluation, Per Evaluation (Not Payable By Medicare)	Yes
T2012	Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare)	Yes
T2013	Habilitation, Educational, Waiver; Per Hour (Not Payable By Medicare)	Yes
T2014	Habilitation, Prevocational, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2015	Habilitation, Prevocational, Waiver; Per Hour (Not Payable By Medicare)	Yes
T2016	Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2017	Habilitation, Residential, Waiver; 15 Minutes (Not Payable By Medicare)	Yes
T2018	Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2019	Habilitation, Supported Employment, Waiver; Per 15 Minutes (Not Payable By Medicare)	Yes
T2020	Day Habilitation, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2021	Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)	Yes
T2022	Case Management, Per Month (Not Payable By Medicare)	Yes
T2023	Targeted Case Management; Per Month (Not Payable By Medicare)	Yes
T2024	Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)	Yes
T2025	Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)	Yes
T2026	Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2027	Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)	Yes
T2028	Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)	Yes
T2029	Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)	Yes
T2030	Assisted Living, Waiver; Per Month (Not Payable By Medicare)	Yes
T2031	Assisted Living; Waiver, Per Diem (Not Payable By Medicare)	Yes
T2032	Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)	Yes
T2033	Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)	Yes
T2034	Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2035	Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable By Medicare)	Yes
T2036	Therapeutic Camping, Overnight, Waiver; Each Session (Not Payable By Medicare)	Yes
T2037	Therapeutic Camping, Day, Waiver; Each Session (Not Payable By Medicare)	Yes
T2038	Community Transition, Waiver; Per Service (Not Payable By Medicare)	Yes
T2039	Vehicle Modifications, Waiver; Per Service (Not Payable By Medicare)	Yes
T2040	Financial Management, Self-Directed, Waiver; Per 15 Minutes (Not Payable By Medicare)	Yes
T2041	Supports Brokerage, Self-Directed, Waiver; Per 15 Minutes (Not Payable By Medicare)	Yes
T2042	Hospice Routine Home Care; Per Diem (Not Payable By Medicare)	Yes
T2043	Hospice Continuous Home Care; Per Hour (Not Payable By Medicare)	Yes
T2044	Hospice Inpatient Respite Care; Per Diem (Not Payable By Medicare)	Yes
T2045	Hospice General Inpatient Care; Per Diem (Not Payable By Medicare)	Yes
T2046	Hospice Long Term Care, Room And Board Only; Per Diem (Not Payable By Medicare)	Yes
T2047	Habilitation, Prevocational, Waiver; Per 15 Minutes (Not Payable By Medicare)	No
T2048	Behavioral Health; Long-Term Care Residential (Non-Acute Care In A Residential Treatment Program Where Stay Is Typically Longer Than 30 Days), With Room And Board, Per Diem (Not Payable By Medicare)	Yes
T2049	Non-Emergency Transportation; Stretcher Van, Mileage; Per Mile (Not Payable By Medicare)	Yes
T2050	Financial Management, Self-Directed, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2051	Supports Brokerage, Self-Directed, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2101	Human Breast Milk Processing, Storage And Distribution Only (Not Payable By Medicare)	No
T4521	Adult Sized Disposable Incontinence Product, Brief/Diaper, Small, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4522	Adult Sized Disposable Incontinence Product, Brief/Diaper, Medium, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4523	Adult Sized Disposable Incontinence Product, Brief/Diaper, Large, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4524	Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4525	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4526	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Medium Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4527	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No

Procedure Code	Description	Prior Auth Required
T4528	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Extra Large Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4529	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small/Medium Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4530	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4531	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Small/Medium Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4532	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Large Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4533	Youth Sized Disposable Incontinence Product, Brief/Diaper, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4534	Youth Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4535	Disposable Liner/Shield/Guard/Pad/Undergarment, For Incontinence, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4536	Incontinence Product, Protective Underwear/Pull-On, Reusable, Any Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4537	Incontinence Product, Protective Underpad, Reusable, Bed Size, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4538	Diaper Service, Reusable Diaper, Each Diaper (Non-Covered By Medicare. See Cim: 60-9)	Yes
T4539	Incontinence Product, Diaper/Brief, Reusable, Any Size, Each (Non-Covered By Medicare. See Cim: 60-9)	Yes
T4540	Incontinence Product, Protective Underpad, Reusable, Chair Size, Each (Non-Covered By Medicare. See Cim: 60-9)	Yes
T4541	Incontinence Product, Disposable Underpad, Large, Each (Not Payable By Medicare)	No
T4542	Incontinence Product, Disposable Underpad, Small Size, Each (Not Payable By Medicare)	No
T4543	Adult Sized Disposable Incontinence Product, Protective Brief/Diaper, Above Extra Large, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4544	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull-On, Above Extra Large, Each (Non-Covered By Medicare. See Cim: 60-9)	No
T4545	Incontinence Product, Disposable, Penile Wrap, Each (Non-Covered By Medicare. See Cim: 60.9)	Yes
T5001	Positioning Seat For Persons With Special Orthopedic Needs (Not Payable By Medicare)	Yes
T5999	Supply, Not Otherwise Specified (Not Payable By Medicare)	Yes
U0001	Cdc 2019 Novel Coronavirus (2019-Ncov) Real-Time Rt-Pcr Diagnostic Panel	No
U0002	2019-Ncov Coronavirus, Sars-Cov-2/2019-Ncov (Covid-19), Any Technique, Multiple Types Or Subtypes (Includes All Targets), Non-Cdc	No
V2020	Frames, Purchases (Special Coverage Instructions Apply. See Mcm: 2130)	No
V2025	Deluxe Frame (Non-Covered By Medicare. See Mcm: 3045.4)	No
V2100	Sphere, Single Vision, Plano To Plus Or Minus 4.00, Per Lens	No
V2101	Sphere, Single Vision, Plus Or Minus 4.12 To Plus Or Minus 7.00d, Per Lens	No
V2102	Sphere, Single Vision, Plus Or Minus 7.12 To Plus Or Minus 20.00D, Per Lens	No
V2103	Spherocylinder, Single Vision, Plano To Plus Or Minus 4.00D Sphere, .12 To 2.00D Cylinder, Per Lens	No
V2104	Spherocylinder, Single Vision, Plano To Plus Or Minus 4.00d Sphere, 2.12 To 4.00d Cylinder, Per Lens	No
V2105	Spherocylinder, Single Vision, Plano To Plus Or Minus 4.00d Sphere, 4.25 To 6.00d Cylinder, Per Lens	No
V2106	Spherocylinder, Single Vision, Plano To Plus Or Minus 4.00d Sphere, Over 6.00d Cylinder, Per Lens	No
V2107	Spherocylinder, Single Vision, Plus Or Minus 4.25 To Plus Or Minus 7.00 Sphere, .12 To 2.00D Cylinder, Per Lens	No
V2108	Spherocylinder, Single Vision, Plus Or Minus 4.25d To Plus Or Minus 7.00d Sphere, 2.12 To 4.00d Cylinder, Per Lens	No
V2109	Spherocylinder, Single Vision, Plus Or Minus 4.25 To Plus Or Minus 7.00D Sphere, 4.25 To 6.00D Cylinder, Per Lens	No
V2110	Spherocylinder, Single Vision, Plus Or Minus 4.25 To 7.00d Sphere, Over 6.00d Cylinder, Per Lens	No
V2111	Spherocylinder, Single Vision, Plus Or Minus 7.25 To Plus Or Minus 12.00D Sphere, .25 To 2.25D Cylinder, Per Lens	No
V2112	Spherocylinder, Single Vision, Plus Or Minus 7.25 To Plus Or Minus 12.00d Sphere, 2.25d To 4.00d Cylinder, Per Lens	No
V2113	Spherocylinder, Single Vision, Plus Or Minus 7.25 To Plus Or Minus 12.00d Sphere, 4.25 To 6.00d Cylinder, Per Lens	No
V2114	Spherocylinder, Single Vision, Sphere Over Plus Or Minus 12.00d, Per Lens	No
V2115	Lenticular, (Myodisc), Per Lens, Single Vision	No
V2118	Aniseikonic Lens, Single Vision	Yes
V2121	Lenticular Lens, Per Lens, Single (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2199	Not Otherwise Classified, Single Vision Lens	No
V2200	Sphere, Bifocal, Plano To Plus Or Minus 4.00d, Per Lens	No
V2201	Sphere, Bifocal, Plus Or Minus 4.12 To Plus Or Minus 7.00d, Per Lens	No
V2202	Sphere, Bifocal, Plus Or Minus 7.12 To Plus Or Minus 20.00d, Per Lens	No
V2203	Spherocylinder, Bifocal, Plano To Plus Or Minus 4.00D Sphere, .12 To 2.00D Cylinder, Per Lens	No

Procedure Code	Description	Prior Auth Required
V2204	Spherocylinder, Bifocal, Plano To Plus Or Minus 4.00d Sphere, 2.12 To 4.00d Cylinder, Per Lens	No
V2205	Spherocylinder, Bifocal, Plano To Plus Or Minus 4.00d Sphere, 4.25 To 6.00d Cylinder, Per Lens	No
V2206	Spherocylinder, Bifocal, Plano To Plus Or Minus 4.00d Sphere, Over 6.00d Cylinder, Per Lens	No
V2207	Spherocylinder, Bifocal, Plus Or Minus 4.25 To Plus Or Minus 7.00D Sphere,.12 To 2.00D Cylinder, Per Lens	No
V2208	Spherocylinder, Bifocal, Plus Or Minus 4.25 To Plus Or Minus 7.00d Sphere, 2.12 To 4.00d Cylinder, Per Lens	No
V2209	Spherocylinder, Bifocal, Plus Or Minus 4.25 To Plus Or Minus 7.00D Sphere, 4.25 To 6.00D Cylinder, Per Lens	No
V2210	Spherocylinder, Bifocal, Plus Or Minus 4.25 To Plus Or Minus 7.00D Sphere, Over 6.00D Cylinder, Per Lens	No
V2211	Spherocylinder, Bifocal, Plus Or Minus 7.25 To Plus Or Minus 12.00D Sphere, .25 To 2.25D Cylinder, Per Lens	No
V2212	Spherocylinder, Bifocal, Plus Or Minus 7.25 To Plus Or Minus 12.00d Sphere, 2.25 To 4.00d Cylinder, Per Lens	No
V2213	Spherocylinder, Bifocal, Plus Or Minus 7.25 To Plus Or Minus 12.00d Sphere, 4.25 To 6.00d Cylinder, Per Lens	No
V2214	Spherocylinder, Bifocal, Sphere Over Plus Or Minus 12.00d, Per Lens	No
V2215	Lenticular (Myodisc), Per Lens, Bifocal	No
V2218	Aniseikonic, Per Lens, Bifocal	Yes
V2219	Bifocal Seg Width Over 28 Mm	Yes
V2220	Bifocal Add Over 3.25d	No
V2221	Lenticular Lens, Per Lens, Bifocal (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2299	Specialty Bifocal (By Report)	No
V2300	Sphere, Trifocal, Plano To Plus Or Minus 4.00d, Per Lens	No
V2301	Sphere, Trifocal, Plus Or Minus 4.12 To Plus Or Minus 7.00d, Per Lens	No
V2302	Sphere, Trifocal, Plus Or Minus 7.12 To Plus Or Minus 20.00, Per Lens	No
V2303	Spherocylinder, Trifocal, Plano To Plus Or Minus 4.00D Sphere, .12-2.00D Cylinder, Per Lens	No
V2304	Spherocylinder, Trifocal, Plano To Plus Or Minus 4.00d Sphere, 2.25-4.00d Cylinder, Per Lens	No
V2305	Spherocylinder, Trifocal, Plano To Plus Or Minus 4.00d Sphere, 4.25 To 6.00 Cylinder, Per Lens	No
V2306	Spherocylinder, Trifocal, Plano To Plus Or Minus 4.00d Sphere, Over 6.00d Cylinder, Per Lens	No
V2307	Spherocylinder, Trifocal, Plus Or Minus 4.25 To Plus Or Minus 7.00D Sphere, .12 To 2.00D Cylinder, Per Lens	No
V2308	Spherocylinder, Trifocal, Plus Or Minus 4.25 To Plus Or Minus 7.00d Sphere, 2.12 To 4.00d Cylinder, Per Lens	No
V2309	Spherocylinder, Trifocal, Plus Or Minus 4.25 To Plus Or Minus 7.00d Sphere, 4.25 To 6.00d Cylinder, Per Lens	No
V2310	Spherocylinder, Trifocal, Plus Or Minus 4.25 To Plus Or Minus 7.00d Sphere, Over 6.00d Cylinder, Per Lens	No
V2311	Spherocylinder, Trifocal, Plus Or Minus 7.25 To Plus Or Minus 12.00D Sphere, .25 To 2.25D Cylinder, Per Lens	No
V2312	Spherocylinder, Trifocal, Plus Or Minus 7.25 To Plus Or Minus 12.00d Sphere, 2.25 To 4.00d Cylinder, Per Lens	No
V2313	Spherocylinder, Trifocal, Plus Or Minus 7.25 To Plus Or Minus 12.00d Sphere, 4.25 To 6.00d Cylinder, Per Lens	No
V2314	Spherocylinder, Trifocal, Sphere Over Plus Or Minus 12.00D, Per Lens	No
V2315	Lenticular, (Myodisc), Per Lens, Trifocal	Yes
V2318	Aniseikonic Lens, Trifocal	Yes
V2319	Trifocal Seg Width Over 28 Mm	Yes
V2320	Trifocal Add Over 3.25d	No
V2321	Lenticular Lens, Per Lens, Trifocal (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2399	Specialty Trifocal (By Report)	No
V2410	Variable Asphericity Lens, Single Vision, Full Field, Glass Or Plastic, Per Lens	No
V2430	Variable Asphericity Lens, Bifocal, Full Field, Glass Or Plastic, Per Lens	No
V2499	Variable Sphericity Lens, Other Type	No
V2500	Contact Lens, Pmma, Spherical, Per Lens	No
V2501	Contact Lens, Pmma, Toric Or Prism Ballast, Per Lens	No
V2502	Contact Lens, Pmma, Bifocal, Per Lens	Yes
V2503	Contact Lens, Pmma, Color Vision Deficiency, Per Lens	Yes
V2510	Contact Lens, Gas Permeable, Spherical, Per Lens	No
V2511	Contact Lens, Gas Permeable, Toric, Prism Ballast, Per Lens	No
V2512	Contact Lens, Gas Permeable, Bifocal, Per Lens	Yes
V2513	Contact Lens, Gas Permeable, Extended Wear, Per Lens	No
V2520	Contact Lens, Hydrophilic, Spherical, Per Lens (Special Coverage Instructions Apply. See Cim: 45-7, 65-1)	No
V2521	Contact Lens, Hydrophilic, Toric, Or Prism Ballast, Per Lens (Special Coverage Instructions Apply. See Cim: 45-7, 65-1)	No
V2522	Contact Lens, Hydrophilic, Bifocal, Per Lens (Special Coverage Instructions Apply. See Cim: 45-7, 65-1)	No
V2523	Contact Lens, Hydrophilic, Extended Wear, Per Lens (Special Coverage Instructions Apply. See Cim: 45-7, 65-1)	No

Procedure Code	Description	Prior Auth Required
V2524	Contact Lens, Hydrophilic, Spherical, Photochromic Additive, Per Lens (Special Coverage Instructions Apply. See Cim: 80.4)	Yes
V2525	Contact Lens, Hydrophilic, Dual Focus, Per Lens (Non-Covered By Medicare)	Yes
V2526	Contact Lens, Hydrophilic, With Blue-Violet Filter, Per Lens (Non-Covered By Medicare)	Yes
V2530	Contact Lens, Scleral, Gas Impermeable, Per Lens (For Contact Lens Modification, See 92325)	Yes
V2531	Contact Lens, Scleral, Gas Permeable, Per Lens (For Contact Lens Modification, See 92325) (Special Coverage Instructions Apply. See Cim: 65-3)	No
V2599	Contact Lens, Other Type	No
V2600	Hand Held Low Vision AIDs And Other Nonspectacle Mounted AIDS	No
V2610	Single Lens Spectacle Mounted Low Vision AIDS	No
V2615	Telescopic And Other Compound Lens System, Including Distance Vision Telescopic, Near Vision Telescopes And Compound Microscopic Lens System	No
V2623	Prosthetic Eye, Plastic, Custom (Special Coverage Instructions Apply. See Mcm: 2133)	Yes
V2624	Polishing/Resurfacing Of Ocular Prosthesis	Yes
V2625	Enlargement Of Ocular Prosthesis	Yes
V2626	Reduction Of Ocular Prosthesis	Yes
V2627	Scleral Cover Shell (Special Coverage Instructions Apply. See Cim: 65-3)	Yes
V2628	Fabrication And Fitting Of Ocular Conformer	No
V2629	Prosthetic Eye, Other Type	No
V2630	Anterior Chamber Intraocular Lens (Special Coverage Instructions Apply. See Mcm: 2130)	No
V2631	Iris Supported Intraocular Lens (Special Coverage Instructions Apply. See Mcm: 2130)	No
V2632	Posterior Chamber Intraocular Lens (Special Coverage Instructions Apply. See Mcm: 2130)	No
V2700	Balance Lens, Per Lens	Yes
V2702	Deluxe Lens Feature (Non-Covered By Medicare. See Mcm: 2130B)	No
V2710	Slab Off Prism, Glass Or Plastic, Per Lens	No
V2715	Prism, Per Lens	No
V2718	Press-On Lens, Fresnell Prism, Per Lens	No
V2730	Special Base Curve, Glass Or Plastic, Per Lens	Yes
V2744	Tint, Photochromatic, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130B)	No
V2745	Addition To Lens; Tint, Any Color, Solid, Gradient Or Equal, Excludes Photochromatic, Any Lens Material, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2750	Anti-Reflective Coating, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130B)	No
V2755	U-V Lens, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130B)	No
V2756	Eye Glass Case	Yes
V2760	Scratch Resistant Coating, Per Lens	No
V2761	Mirror Coating, Any Type, Solid, Gradient Or Equal, Any Lens Material, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2762	Polarization, Any Lens Material, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2770	Occluder Lens, Per Lens	No
V2780	Oversize Lens, Per Lens	Yes
V2781	Progressive Lens, Per Lens	No
V2782	Lens, Index 1.54 To 1.65 Plastic Or 1.60 To 1.79 Glass, Excludes Polycarbonate, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2783	Lens, Index Greater Than Or Equal To 1.66 Plastic Or Greater Than Or Equal To 1.80 Glass, Excludes Polycarbonate, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2784	Lens, Polycarbonate Or Equal, Any Index, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2785	Processing, Preserving And Transporting Corneal Tissue	No
V2786	Specialty Occupational Multifocal Lens, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	Yes
V2787	Astigmatism Correcting Function Of Intraocular Lens (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(7))	Yes
V2788	Presbyopia Correcting Function Of Intraocular Lens (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(7))	Yes
V2790	Amniotic Membrane For Surgical Reconstruction, Per Procedure	Yes
V2797	Vision Supply, Accessory And/Or Service Component Of Another HCPcs Vision Code	Yes
V2799	Vision Item Or Service, Miscellaneous	No
V5008	Hearing Screening (Non-Covered By Medicare. See Mcm: 2320)	No
V5010	Assessment For Hearing Aid (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	No
V5011	Fitting/Orientation/Checking Of Hearing Aid (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5014	Repair/Modification Of A Hearing Aid (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	No
V5020	Conformity Evaluation (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5030	Hearing Aid, Monaural, Body Worn, Air Conduction (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5050	Hearing Aid, Monaural, In The Ear (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes

Procedure Code	Description	Prior Auth Required
V5060	Hearing Aid, Monaural, Behind The Ear (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5070	Glasses, Air Conduction (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5080	Glasses, Bone Conduction (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5090	Dispensing Fee, Unspecified Hearing Aid (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5095	Semi-Implantable Middle Ear Hearing Prosthesis (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5100	Hearing Aid, Bilateral, Body Worn (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5110	Dispensing Fee, Bilateral (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5120	Binaural, Body (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5130	Binaural, In The Ear (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5140	Binaural, Behind The Ear (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5150	Binaural, Glasses (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5160	Dispensing Fee, Binaural (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5171	Hearing Aid, Contralateral Routing Device, Monaural, In The Ear (Ite) (Non-Covered By Medicare Statute. Statute Reference: 1862a7)	Yes
V5172	Hearing Aid, Contralateral Routing Device, Monaural, In The Canal (Itc) (Non-Covered By Medicare Statute. Statute Reference: 1862a7)	Yes
V5181	Hearing Aid, Contralateral Routing Device, Monaural, Behind The Ear (Bte) (Non-Covered By Medicare Statute. Statute Reference: 1862a7)	Yes
V5190	Hearing Aid, Contralateral Routing, Monaural, Glasses (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5200	Dispensing Fee, Contralateral, Monaural (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5211	Hearing Aid, Contralateral Routing System, Binaural, Ite/Ite (Non-Covered By Medicare Statute. Statute Reference: 1862a7)	Yes
V5212	Hearing Aid, Contralateral Routing System, Binaural, Ite/Itc (Non-Covered By Medicare Statute. Statute Reference: 1862a7)	Yes
V5213	Hearing Aid, Contralateral Routing System, Binaural, Ite/Bte (Non-Covered By Medicare Statute. Statute Reference: 1862a7)	Yes
V5214	Hearing Aid, Contralateral Routing System, Binaural, Itc/Itc (Non-Covered By Medicare Statute. Statute Reference: 1862a7)	Yes
V5215	Hearing Aid, Contralateral Routing System, Binaural, Itc/Bte (Non-Covered By Medicare Statute. Statute Reference: 1862a7)	Yes
V5221	Hearing Aid, Contralateral Routing System, Binaural, Bte/Bte (Non-Covered By Medicare Statute. Statute Reference: 1862a7)	Yes
V5230	Hearing Aid, Contralateral Routing System, Binaural, Glasses (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5240	Dispensing Fee, Contralateral Routing System, Binaural (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5241	Dispensing Fee, Monaural Hearing Aid, Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5242	Hearing Aid, Analog, Monaural, Cic (Completely In The Ear Canal) (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5243	Hearing Aid, Analog, Monaural, Itc (In The Canal) (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5244	Hearing Aid, Digitally Programmable Analog, Monaural, Cic (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5245	Hearing Aid, Digitally Programmable, Analog, Monaural, Itc (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5246	Hearing Aid, Digitally Programmable Analog, Monaural, Ite (In The Ear) (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5247	Hearing Aid, Digitally Programmable Analog, Monaural, Bte (Behind The Ear) (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5248	Hearing Aid, Analog, Binaural, Cic (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5249	Hearing Aid, Analog, Binaural, Itc (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5250	Hearing Aid, Digitally Programmable Analog, Binaural, Cic (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5251	Hearing Aid, Digitally Programmable Analog, Binaural, Itc (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5252	Hearing Aid, Digitally Programmable, Binaural, Ite (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5253	Hearing Aid, Digitally Programmable, Binaural, Bte (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5254	Hearing Aid, Digital, Monaural, Cic (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5255	Hearing Aid, Digital, Monaural, Itc (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes

Procedure Code	Description	Prior Auth Required
V5256	Hearing Aid, Digital, Monaural, Ite (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5257	Hearing Aid, Digital, Monaural, Bte (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5258	Hearing Aid, Digital, Binaural, Cic (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5259	Hearing Aid, Digital, Binaural, Itc (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5260	Hearing Aid, Digital, Binaural, Ite (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5261	Hearing Aid, Digital, Binaural, Bte (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5262	Hearing Aid, Disposable, Any Type, Monaural (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5263	Hearing Aid, Disposable, Any Type, Binaural (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5264	Ear Mold/Insert, Not Disposable, Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	No
V5265	Ear Mold/Insert, Disposable, Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5266	Battery For Use In Hearing Device (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5267	Hearing Aid Or Assistive Listening Device/Supplies/Accessories, Not Otherwise Specified (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	No
V5268	Assistive Listening Device, Telephone Amplifier, Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5269	Assistive Listening Device, Alerting, Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5270	Assistive Listening Device, Television Amplifier, Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5271	Assistive Listening Device, Television Caption Decoder (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5272	Assistive Listening Device, Tdd (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5273	Assistive Listening Device, For Use With Cochlear Implant (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5274	Assistive Listening Device, Not Otherwise Specified (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5275	Ear Impression, Each (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5281	Assistive Listening Device, Personal Fm/Dm System, Monaural, (1 Receiver, Transmitter, Microphone), Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5282	Assistive Listening Device, Personal Fm/Dm System, Binaural, (2 Receivers, Transmitter, Microphone), Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5283	Assistive Listening Device, Personal Fm/Dm Neck, Loop Induction Receiver (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5284	Assistive Listening Device, Personal Fm/Dm, Ear Level Receiver (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5285	Assistive Listening Device, Personal Fm/Dm, Direct Audio Input Receiver (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5286	Assistive Listening Device, Personal Blue Tooth Fm/Dm Receiver (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5287	Assistive Listening Device, Personal Fm/Dm Receiver, Not Otherwise Specified (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5288	Assistive Listening Device, Personal Fm/Dm Transmitter Assistive Listening Device (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5289	Assistive Listening Device, Personal Fm/Dm Adapter/Boot Coupling Device For Receiver, Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5290	Assistive Listening Device, Transmitter Microphone, Any Type (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5298	Hearing Aid, Not Otherwise Classified (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5299	Hearing Service, Miscellaneous (Special Coverage Instructions Apply. See Mcm: 2320)	Yes
V5336	Repair/Modification Of Augmentative Communicative System Or Device (Excludes Adaptive Hearing Aid) (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5362	Speech Screening (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(7))	Yes
V5363	Language Screening (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(7))	Yes
V5364	Dysphagia Screening (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(7))	Yes
X4100	Occupational Therapy--- Evaluation - Initial 30 Minutes, Plus Report	No
X4102	Occupational Therapy - Evaluation - Each Additional 15 Minutes, Plus Report	No
X4104	Occupational Therapy --- Case Conference And Report - Initial 30 Minutes	No
X4106	Occupational Therapy --- Case Conference And Report - Each Additional 15 Minutes	No
X4108	Occupational Therapy Preliminary Evaluation Rehabilitation, Snf, ICF	No
X4110	Occupational Therapy --- Treatment - Initial 30 Minutes	No

Procedure Code	Description	Prior Auth Required
X4112	Occupational Therapy --- Treatment - Each Additional 15 Minutes	No
X4114	Occupational Therapy --- Home Or Long Term Care Facility Visit - Add	No
X4116	Occupational Therapy --- Mileage Per Mile, One Way, Beyond A 10-Mile Radius Of Office Or Usual Hospi	No
X4118	Occ Ther ! Unlisted	No
X4120	Occupational Therapy --- Case Consultation And Report	No
X4300	Speech Therapy -- Language Evaluation	No
X4301	Speech Therapy --- Speech Evaluation	No
X4302	Speech Therapy --- Speech-Language Therapy (Group), Each Patient	No
X4303	Speech Therapy --- Speech-Language Therapy, Individual, Per Hour (Following Procs X4300 Or X4301)	No
X4304	Speech Therapy --- Speech - Language Therapy, Individual, 1/2 Hour	No
X4306	Speech Therapy --- Out-Of-Office Call (Payable Only For Visits To The First Patient Receiving Servic	No
X4308	Speech Therapy --- Preliminary Evaluation, Rehabilitation, Snf, ICF	No
X4310	Speech Generating Devices (Sgd) Related Bundled Speech Therapy Services, Per Visit	Yes
X4312	Speech Generating Devices (Sgd) Recipient Assessment	Yes
X4320	Unlisted Speech Therapy Services	No
X4500	Diagnostic Audiological Evaluation, Incldng Pure Tone Audiometry, Speech Reception Threshold & Discr	No
X4501	Pure Tone Audiometry (With Complete Audiogram)	No
X4502	Audiological Preliminary Evaluation Rehavilitation, Nursong Facilities Levels A And B	No
X4504	Audiometry During Surgery	No
X4522	Audiology --- Other Audiological Services - Evoked Response Audiometry Test, Physician Evaluation	No
X4526	Audiology --- Other Audiological Services - Hearing Therapy (Individual) Per Hour	No
X4530	Audiology --- Other Audiological Services - Impedance Audiometry (Bilateral)	No
X4532	Audiology --- Other Audiological Services - Electroacoustic Analysis Of Hearing Aid As A Monaural Pr	No
X4535	Unlisted Audiological Services	No
X4540	Audiology --- Other Audiological Services - Tympanometry	No
X4542	Audiology --- Other Audiological Services - Electroacoustic Analysis	No
X4544	Other Audiological Services -Diagnostic Evaluation 4 Severely Physically/Mentally Handicapped Person	No
Z1032	Initial Antepartum Office Visit	No
Z1034	Antepartum Follow-Up Office Visit	No
Z1038	Postpartum Follow-Up Office Visit	No
Z2702	Detailed Visual Field Study	Yes
Z2904	Thermal Hydrophilic Lens Care Kit	Yes
Z2932	Disp. Fee, Bifocal Lens	Yes
Z3114	Bifocal Glass Lenticular	No
Z3154	Trifocal Plastic 4.12-7.75 Diopter	No
Z3164	Bifocal-Adds 4.00 Diopter Or Highe	No
Z3168	Higher Powers Than Listed (Per Dio	No
Z4300	EPSDT Services: Center Coordinator	No
Z4301	EPSDT: Assessment, Nurse -- Per Half Hour	No
Z4302	EPSDT: Case Conference -- Allied Health -- Per Quarter Hour	No
Z4303	EPSDT: CCs Patient Report -- Complex / Periodic	No
Z4304	EPSDT: CCs Patient Report -- Complex / Comprehensive	No
Z4305	Center Coordination,Physician-Per Case	No
Z4306	Case Conference, Physician/Dentist-Per Case	No
Z4307	EPSDT: Assessment, Evaluation, And/Or Intervention, Medical Social Work -- Per 1/2 Hour	No
Z4308	EPSDT: Assessment, Evaluation And/Or Intervention, Registered Dietitian -- Per 1/2 Hour	No
Z4309	EPSDT: Assessment, Evaluation, And/Or Intervention, Allied Professionals -- Per 1/2 Hour	No
Z4310	EPSDT: Medical Case Conference, Nurse -- Per 1/4 Hour	No
Z4311	EPSDT: Medical Case Conference, Medical Social Worker -- Per 1/4 Hour	No
Z4312	EPSDT: Medical Case Conference, Registered Dietitian -- Per 1/4 Hour	No
Z4313	EPSDT: Group Counseling, Physician - Per Person	Yes
Z4314	EPSDT: Group Counseling, Allied Professionals -- Per Person	No
Z4315	EPSDT: Physician/Parent Conference -- Per 1/2 Hour	Yes
Z5021	Home Lactation Education Visit	No
Z5023	Office Or Home Lactation Consultant Visit 30 Minutes	No
Z5406	Allied Prof. Nec-Telep Consult -15	No
Z5408	Allied Prof. Nec-Prog/Cl Consult-H	Yes
Z5410	Allied Professional Nec -Travel Ti	Yes
Z5412	Allied Prof Nec -Travel Mileage-On	Yes
Z5414	Travel Expenses	Yes
Z5416	Technician Services	Yes
Z5422	Program Consultation/Clinic (Med),	Yes
Z5424	Travel Mileage/ Medical (Mile)	Yes
Z5499	Unlisted Service & Procedures	Yes
Z5802	EPSDT Services - Dietitian	No

Procedure Code	Description	Prior Auth Required
Z5805	EPSDT- Shared Nursing (Rn), Individual Nurse Provider, Hourly	Yes
Z5807	EPSDT Shared Nursing (Lvn), Individual Nurse Provider, Hourly	Yes
Z5822	EPSDT Services - Hearing Aid Batteries	No
Z5900	EPSDT Services - Initial Audiology Evaluation, Less Than 2 Years Of Age	Yes
Z5902	EPSDT Services - Initial Audiology Evaluation, 2 Through 5 Years Of Age	Yes
Z5904	EPSDT Services - Initial Audiology Evaluation 6 Through 20 Years Of Age	Yes
Z5906	EPSDT Services - Subsequent Audiology Evaluation, Less Than 2 Years Of Age	Yes
Z5908	EPSDT Services - Subsequent Audiology Evaluation, 2 Through 5 Years Of Age	No
Z5910	EPSDT Services - Subsequent Audiology Evaluation, 6 Through 20 Years Of Age	No
Z5912	EPSDT Services - Audiologic Evaluation Of Difficult To Test Patient, Less Than 7 Years Of Age	Yes
Z5914	EPSDT Services - Auditory Brainstem Response (Abr) Testing, Tone Burst	Yes
Z5916	EPSDT Services - Behavioral Audiometric Testing, W/Visual Reinforcement, Condition Play, Traditional	No
Z5918	EPSDT Services - Speech Reception/Detection/Recognition Threshold Audiologic Testing	No
Z5920	EPSDT Services - Speech Discrimination, Word Recognition Audiologic Testing	No
Z5922	EPSD Services - Acoustic Immitance Testing, Monaural, With Tympanometry And Acoustic Reflex Testing	Yes
Z5924	EPSDT Services - Acoustic Immitance Testing, Binaural With Tympanometry And Acoustic Reflex Testing	No
Z5928	EPSDT Services - Functional Gain Audiologic Testing	Yes
Z5930	EPSDT Services - Real Ear Measurements, Monaural	Yes
Z5932	EPSDT Services - Real Ear Measurements Binaural	No
Z5934	EPSDT Services - Evoked Otoacoustic Emissions Testing, Limited	No
Z5936	Evoked Otoacoustic Emissions, Comprehensive Or Diagnostic Evaluation	Yes
Z5940	EPSDT Services - Aural Rehabilitation Related To Use Of A Conventional Hearing Aid W/Development Of	Yes
Z5942	EPSDT Services - Aural Rehabilitation Following Cochlear Implantation, With Development Of Communica	Yes
Z5944	EPSDT Services - Aural Rehabilitation Related To Use Of An Alternative Hearing Device With Developme	Yes
Z5946	EPSDT Supplemetal Service - Hearing Aid	No
Z5950	EPSDT Services - Counseling By Audiologist Of Patient And Family Regarding Cochlear Implantation Inc	Yes
Z5952	EPSDT Services - Assisting At Pre-Cochlear Implantation, Audiological Evaluation By Second Audiologi	Yes
Z5954	EPSDT Services - Pre-Cochlear Implantation Oral Motor Evaluation By Audiologist Or Speech Language P	Yes
Z5956	EPSDT Services - Speech Preception Testing, Pre- Or Post- Cochlear Implantation	Yes
Z5958	EPSDT Services - Programming And Mapping Of The Cochlear Implant By Audiologist, Per Hour	Yes
Z5964	EPSDT Services - Cochlear Implantation Recheck And/Or Trouble Shooting	Yes
Z5966	EPSDT Services - Patient And Caregiver Cochlear Implant Orientation (How To Use), Per Hour	Yes
Z5968	EPSDT Services - Post-Cochlear Implant Sound Field Testing, Per 30 Minutes	Yes
Z5999	EPSDT Services - Unlisted EPSDT Supplemental Services	Yes
Z6004	Maintenance Dialysis Including Routine Laboratory Services	No
Z6006	Maintenance Dialysis Only	No
Z6020	Exception Code - Maintenance Dialysis Including Routine Laboratory Services	Yes
Z6044	Open For Dialysis	Yes
Z6046	Open For Dialysis	Yes
Z6048	Open For Dialysis	Yes
Z6050	Open For Dialysis	Yes
Z6200	Initial Nutrition Assessment And Development Of Care Plan; First 30 Minutes	No
Z6202	Initial Nutrition Assessment & Development Of Care Plan; Each Subsquent 15 Minutes (Max. Of 1.5 Hrs)	No
Z6204	Follow-Up Antepartum Nutrition Assessmnt,Trtmnt &/Or Intrvntion; Individual,Ea. 15 Mins (Max. 2 Hrs)	No
Z6206	Follow-Up Antepartum Nutrition Assessmnt,Trtmnt &/Or Intrvntn; Group, Per Pt, Ea.15 Min (Max 3 Hrs)	No
Z6208	Postpartum Nutrition Assessmnt, Treatment, &/Or Intervention, Individual, Ea. 15 Minutes (Max 1 Hr)	No
Z6300	Initial Psychosocial Assessment And Development Of Care Plan; First 30 Minutes	No
Z6302	Initial Psychosocial Assessment And Development Of Care Plan; Ea.Subsequent 15 Minutes (Max 1.5 Hrs)	No
Z6304	Follow-Up Antepartum Psychosocial Assessmnt,Trtmnt,&/Or Intrvntn; Individual,Ea.15 Mins (Max 3 Hrs)	No
Z6306	Follow-Up Antepartum Psychosocial Assessmnt,Trtmnt,&/Or Intrvntn; Group,Per Pt,Ea.15 Mins (Max 4 Hrs	No
Z6308	Postpartum Psychosocial Assessment, Trtmnt, &/Or Intervention, Individual, Ea. 15 Mins (Max 1.5 Hrs)	No
Z6400	Client Orientation (Health Ed), Each 15 Minutes (Maximum Of 2 Hours)	No
Z6402	Initial Health Assessment And Development Of Care Plan: First 30 Minutes	No
Z6404	Initial Health Assessment And Development Of Care Plan: Each Subsequent 15 Mins (Max 2 Hrs)	No

Procedure Code	Description	Prior Auth Required
Z6406	Follow-Up Antepartum Health Ed. Assessmnt,Trtmnt,&/Or Intrvntn; Individual, Each 15 Mins (Max 2 Hrs)	No
Z6408	Follow-Up Antepartum Health Ed. Assessmnt,Trtmnt,&/Or Intrvntn; Group Per Pt, Ea.15 Mins (Max 2 Hrs)	No
Z6410	Perinatal Education; Individual, Each 15 Minutes, Maximum Of Four Hours	No
Z6412	Perinatal Education; Group Per Patient, Each 15 Minutes (Maximum Of 18 Hours)	No
Z6414	Postpartum Health Ed, Assessment, Treatment And/Or Intervention, Individual, Each 15 Min (Max 1 Hr)	No
Z6500	Initial Comp First 30 Min/Inc Case	No
Z7500	Use Of Hospital Examining Or Treatment Room	No
Z7502	Use Of Emergency Room	No
Z7504	Use Of Cast Room	No
Z7506	Use Of Operating Room Or Cystoscopic Room - First Hour	No
Z7508	Use Of Operating Room/Cystoscopic Room - First Subsequent Half Hour	No
Z7510	Use Of Operating Room/Cystoscopic Room - Second Subsequent Half Hour	No
Z7512	Use Of Recovery Room	No
Z7514	Room And Board, General Nursing Care For Stays Of Less Than 24 Hours, Including Ordinary Medication	No
Z7516	Use Of Facility - Birthing Room	No
Z7604	Extracorppreal Shock Wave Lithrpsy Outpatient	No
Z7606	Hyperbaric Oxygen Chamber,1st 15 Mins Or Fraction Thereof,At	Yes
Z7608	Hyperbaric Oxygen Chamber,Ea. Subsqunt 15 Mins Or Major Port	Yes
Z7610	Miscellaneous Drugs And Medical Supplies Administered	No
Z7612	Unlisted Services By Report	Yes
Z7614	Hoptel Services/Room/Board	Yes
Z8510	ADHC/HCP Regular Day Of Service	Yes
Z8511	ADHC/HCP Initial Assessment With Subsequent Attendance	Yes
Z8512	ADHC/HCP Initial Assessment Without Subsequent Attendance	Yes
Z8513	ADHC/HCP - Transition Day	Yes
Z9725	Initial Infant Hearing Screening - Hospital/Inpatient	No
Z9726	Initial Infant Hearing Screen Outpatient	No
Z9727	Infant Hearing Rescreen - Outpatient	No
ZZZZZ	HIPPS Code ZZZZZ	No