



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 <u>Provider Manual</u> or contact Utilization Management at 831-430-5506. Go here for the <u>Treatment</u> <u>Authorization Form (TAR)</u>.

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: <u>https://thealliance.health/for-providers/resources/provider-forms/</u>
- 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.

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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

Procedure Code	Description	Prior Auth Required
0012M	Oncology (Urothelial), Mrna, Gene Expression Profiling By Real-Time Quantitative Pcr Of Five Genes	Yes
	(Mdk, Hoxa13, Cdc2 [Cdk1], Igfbp5, And Cxcr2), Utilizing Urine, Algorithm Reported As A Risk Score	
	For Having Urothelial Carcinoma	
0013M	Oncology (Urothelial), MRNA, Gene Expression Profiling By Real-Time Quantitative PCR Of Five Genes	Yes
	(Mdk, Hoxa13, Cdc2 [Cdk1], Igfbp5, And Cxcr2), Utilizing Urine, Algorithm Reported As A Risk Score	
	For Having Recurrent Urothelial Carcinoma	
00140	Anesthesia For Procedures On Eye; Not Otherwise Specified	No
00140	Anesthesia For Procedures On Eye; Lens Surgery	No
00142		No
00145	Anesthesia For Procedures On Eye; Corneal Transplant	No
00143	Anesthesia For Procedures On Eye; Vitreoretinal Surgery	No
	Anesthesia For Procedures On Eye; Iridectomy	-
00148	Anesthesia For Procedures On Eye; Ophthalmoscopy	No
0014F	Comprehensive Preoperative Assessment Performed For Cataract Surgery With Intraocular Lens (IoI)	Yes
	Placement (Includes Assessment Of All Of The Following Components) (Ec): Dilated Fundus Evaluation	
	Performed Within 12 Months Prior To Cataract Surgery (2020F	
0014M		No
	[PIIINP], Tissue Inhibitor Of Metalloproteinase 1 [TIMP-1]), Using Immunoassays, Utilizing Serum,	
	Prognostic Algorithm Reported As A Risk Score And Risk	
0015F	Melanoma Follow Up Completed (Includes Assessment Of All Of The Following Components) (MI):	Yes
	History Obtained Regarding New Or Changing Moles (1050F) Complete Physical Skin Exam Performed	
	(2029F) Patient Counseled To Perform A Monthly Self Skin Examination	
0015M	Adrenal Cortical Tumor, Biochemical Assay Of 25 Steroid Markers, Utilizing 24-Hour Urine Specimen	Yes
	And Clinical Parameters, Prognostic Algorithm Reported As A Clinical Risk And Integrated Clinical	
	Steroid Risk For Adrenal Cortical Carcinoma, Adenoma, Or Ot	
0015U	Drug Metabolism (Adverse Drug Reactions), DNA, 22 Drug Metabolism And Transporter Genes, Real-	Yes
	Time PCR, Blood Or Buccal Swab, Genotype And Metabolizer Status For Therapeutic Decision Support	
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	Yes
	paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated,	
	basal, basal claudin-low, neuroendocrine-like)	
0016U	Oncology (Hematolymphoid Neoplasia), RNa, Bcr/Abl1 Major And Minor Breakpoint Fusion	No
	Transcripts, Quantitative PCR Amplification, Blood Or Bone Marrow, Report Of Fusion Not Detected	
	Or Detected With Quantitation	
00170	Anesthesia For Intraoral Procedures, Including Biopsy; Not Otherwise Specified	No
00172	Anesthesia For Intraoral Procedures, Including Biopsy; Repair Of Cleft Palate	No
00172	Anesthesia For Intraoral Procedures, Including Biopsy; Excision Of Retropharyngeal Tumor	No
00176	Anesthesia For Intraoral Procedures, Including Biopsy; Excision of Rectophility igeal Futuro	No
0017M	Oncology (Diffuse Large B-Cell Lymphoma [DLBCL]), Mrna, Gene Expression Profiling By Fluorescent	No
0017101	Probe Hybridization Of 20 Genes, Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As	NO
0017U	Cell Of Origin	No
00170	Oncology (Hematolymphoid Neoplasia), Jak2 Mutation, DNA, PCR Amplification Of Exons 12-14 And	NO
	Sequence Analysis, Blood Or Bone Marrow, Report Of Jak2 Mutation Not Detected Or Detected	
001014	Translantation Madiciae (Allegerft Deiestien, Denel), Macaument Of Denen And Third Denty	N
0018M	Transplantation Medicine (Allograft Rejection, Renal), Measurement Of Donor And Third-Party-	Yes
	Induced Cd154+T-Cytotoxic Memory Cells, Utilizing Whole Peripheral Blood, Algorithm Reported As A	
224.211	Rejection Risk Score	
0018U	Oncology (Thyroid), Microrna Profiling By Rt-PCR Of 10 Microrna Sequences, Utilizing Fine Needle	Yes
	Aspirate, Algorithm Reported As A Positive Or Negative Result For Moderate To High Risk Of	
	Malignancy	
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	Yes
	Algorithm Reported As 4-Year Likelihood Of Coronary Event In High-Risk Populations	
0019U	Oncology, RNa, Gene Expression By Whole Transcriptome Sequencing, Formalin-Fixed Paraffin	Yes
	Embedded Tissue Or Fresh Frozen Tissue, Predictive Algorithm Reported As Potential Targets For	
	Therapeutic Agents FQHC - Crossover Rate	

Procedure Code	Description	Prior Auth Required
0020U	Drug Test(s), Presumptive, With Definitive Confirmation Of Positive Results, Any Number Of Drug	Yes
	Classes, Urine, With Specimen Verification Including DNA Authentication In Comparison To Buccal	
	DNA, Per Date Of Service	
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,	No
	Extradural (Simple Or Compound)	
00216	Anesthesia For Intracranial Procedures; Vascular Procedures	No
00218	Anesthesia For Intracranial Procedures; Procedures In Sitting Position	No
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Yes
0021/1	coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee	
	adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010	
0021U	Oncology (Prostate), Detection Of 8 Autoantibodies (Arf 6, Nkx3-1, 5'-Utr-Bmi1, Cep 164, 3'-Utr-	Yes
00210	Ropporin, Desmocollin, Aurkaip-1, Csnk2a2), Multiplexed Immunoassay And Flow Cytometry Serum,	105
	Algorithm Reported As Risk Score	
0022	Health Insurance - Prospective Payment System (HIPPS): Skilled Nursing Facility - PPS	No
00220	Anesthesia For Intracranial Procedures; Cerebrospinal Fluid Shunting Procedures	No
00220	Anesthesia For Intracranial Procedures; Cerebrospinal Fluid Shuhting Procedures Anesthesia For Intracranial Procedures; Electrocoagulation Of Intracranial Nerve	No
00222 0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome	Yes
0022A		res
	coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee	
002211	adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010	N
0022U	Targeted Genomic Sequence Analysis Panel, Non-Small Cell Lung Neoplasia, Dna And Rna Analysis, 23	Yes
	Genes, Interrogation For Sequence Variants And Rearrangements, Reported As Presence Or Absence	
	Of Variants And Associated Therapy(Ies) To Consider	
0023	Health Insurance - Prospective Payment System (HIPPS): Home Health - PPS	No
0023U	Oncology (Acute Myelogenous Leukemia), DNA, Genotyping Of Internal Tandem Duplication, P.D835,	No
	P.I836, Using Mononuclear Cells, Reported As Detection Or Non-Detection Of Flt3 Mutation And	
	Indication For Or Against The Use Of Midostaurin	
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,	Yes
	Quantitative	
0026U	Oncology (Thyroid), Dna And Mrna Of 112 Genes, Next-Generation Sequencing, Fine Needle Aspirate	Yes
	Of Thyroid Nodule, Algorithmic Analysis Reported As A Categorical Result ("Positive, High Probability	
	Of Malignancy" Or "Negative, Low Probability Of Malign	
0027U	Jak2 (Janus Kinase 2) (eg, Myeloproliferative Disorder) Gene Analysis, Targeted Sequence Analysis	No
	Exons 12-15	
0029U	Drug Metabolism (Adverse Drug Reactions And Drug Response), Targeted Sequence Analysis (Ie,	Yes
	Cyp1a2, Cyp2c19, Cyp2c9, Cyp2d6, Cyp3a4, Cyp3a5, Cyp4f2, Slco1b1, Vkorc1 And Rs12777823)	
003	FQHC Dental Services	No
00300	Anesthesia For All Procedures On The Integumentary System, Muscles And Nerves Of Head, Neck, And	No
	Posterior Trunk, Not Otherwise Specified	
0030U	Drug Metabolism (Warfarin Drug Response), Targeted Sequence Analysis (Ie, Cyp2c9, Cyp4f2, Vkorc1,	Yes
	Rs12777823)	
0031U	Cyp1a2 (Cytochrome P450 Family 1, Subfamily A, Member 2)(eg, Drug Metabolism) Gene Analysis,	Yes
	Common Variants (le, *1f, *1k, *6, *7)	
00320	Anesthesia For All Procedures On Esophagus, Thyroid, Larynx, Trachea And Lymphatic System Of	No
	Neck; Not Otherwise Specified, Age 1 Year Or Older	
00322	Anesthesia For All Procedures On Esophagus, Thyroid, Larynx, Trachea And Lymphatic System Of	No
	Neck; Needle Biopsy Of Thyroid	
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
0033U	Htr2a (5-Hydroxytryptamine Receptor 2a), Htr2c (5-Hydroxytryptamine Receptor 2c) (eg, Citalopram	Yes
	Metabolism) Gene Analysis, Common Variants (le, Htr2a Rs7997012 [C.614-2211t>C], Htr2c	
	Rs3813929 [C759c>T] And Rs1414334 [C.551-3008c>G])	
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Procedure Code	Description	Prior Auth Required
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
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 m	Yes
0041U	Borrelia Burgdorferi, Antibody Detection Of 5 Recombinant Protein Groups, By Immunoblot, Igm	No
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 m	Yes
0042T	Cerebral Perfusion Analysis Using Computed Tomography With Contrast Administration, Including Post-Processing Of Parametric Maps With Determination Of Cerebral Blood Flow, Cerebral Blood Volume, And Mean Transit Time	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
0044A	Immunization Administration By Intramuscular Injection Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 Mcg/0.5 M	Yes
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
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

Procedure Code	Description	Prior Auth Required
0047U	Oncology (Prostate), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 17 Genes (12 Content	Yes
	And 5 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A	
	Risk Score	
0048U	Oncology (Solid Organ Neoplasia), Dna, Targeted Sequencing Of Protein-Coding Exons Of 468 Cancer-	Yes
00400	Associated Genes, Including Interrogation For Somatic Mutations And Microsatellite Instability,	105
	Matched With Normal Specimens, Utilizing Formalin-Fixed Paraff	
0049U	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Quantitative	No
00490	FQHC - Implantable Contraceptive Kit (Norplant)	No
00500		No
	Anesthesia For All Procedures On Esophagus	
0050U	Targeted Genomic Sequence Analysis Panel, Acute Myelogenous Leukemia, Dna Analysis, 194 Genes,	No
005411	Interrogation For Sequence Variants, Copy Number Variants Or Rearrangements	•
0051U	Prescription Drug Monitoring, Evaluation Of Drugs Present By Liquid Chromatography Tandem Mass	No
	Spectrometry (Lc-Ms/Ms), Urine Or Blood, 31 Drug Panel, Reported As Quantitative Results, Detected	
	Or Not Detected, Per Date Of Service	
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	No
	1 Lung Ventilation	
00529	Anesthesia For Closed Chest Procedures; Mediastinoscopy And Diagnostic Thoracoscopy Utilizing 1	No
	Lung Ventilation	
0052U	Lipoprotein, Blood, High Resolution Fractionation And Quantitation Of Lipoproteins, Including All Five	No
	Major Lipoprotein Classes And Subclasses Of Hdl, Ldl, And Vldl By Vertical Auto Profile	
	Ultracentrifugation	
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	No
00040	(Including Surgical Thoracoscopy); Not Otherwise Specified	
00541		No
00341	Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, And Mediastinum	NO
00542	(Including Surgical Thoracoscopy); Utilizing 1 Lung Ventilation	No
00542	Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, And Mediastinum	NO
00546	(Including Surgical Thoracoscopy); Decortication	No
00546	Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, And Mediastinum	No
00540	(Including Surgical Thoracoscopy); Pulmonary Resection With Thoracoplasty	NL -
00548	Anesthesia For Thoracotomy Procedures Involving Lungs, Pleura, Diaphragm, And Mediastinum	NO
	(Including Surgical Thoracoscopy); Intrathoracic Procedures On The Trachea And Bronchi	
0054T	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure, With Image-	Yes
	Guidance Based On Fluoroscopic Images (List Separately In Addition To Code For Primary Procedure)	
0054U	Prescription Drug Monitoring, 14 Or More Classes Of Drugs And Substances, Definitive Tandem Mass	No
	Spectrometry With Chromatography, Capillary Blood, Quantitative Report With Therapeutic And Toxic	
	Ranges, Including Steady-State Range For The Prescribed Dose	
00550	Anesthesia For Sternal Debridement	No
0055T	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure, With Image-	Yes
	Guidance Based On Ct/MRI Images (List Separately In Addition To Code For Primary Procedure)	
0055U	Cardiology (Heart Transplant), Cell-Free Dna, Pcr Assay Of 96 Dna Target Sequences (94 Single	Yes
	Nucleotide Polymorphism Targets And Two Control Targets), Plasma	
00560	Anesthesia For Procedures On Heart, Pericardial Sac, And Great Vessels Of Chest; Without Pump	No
	Oxygenator	
00561	Anesthesia For Procedures On Heart, Pericardial Sac, And Great Vessels Of Chest; With Pump	No
	Oxygenator, Younger Than 1 Year Of Age	
00562	Anesthesia For Procedures On Heart, Pericardial Sac, And Great Vessels Of Chest; With Pump	No
00002	Oxygenator, Age 1 Year Or Older, For All Noncoronary Bypass Procedures (Eg, Valve Procedures) Or	
00562	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	No
00566	Oxygenator With Hypothermic Circulatory Arrest	AL .
00566	Anesthesia For Direct Coronary Artery Bypass Grafting; Without Pump Oxygenator	No

D0567 Anesthesia For Direct Coronary Artery Bypass Grafting; With Pump Oxygenator D0580 Anesthesia For Heart Transplant Or Heart/Lung Transplant D0580 Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Capsid D0590 Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Capsid D0600 FOHC ADHC Regular Day Of Service D0600 Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified D0604 Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified D0600 Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna In Maternal Blood Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna In Maternal Blood Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin D0620 Anesthesia For Procedures On The Thoracic Spine And Cord, Not Otherwise Specified D0621 Transcutaneous Measurement OF Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin [Cthbr], Papillary And Reticular Dermal Hemoglobin Concentrations [Cthb12, Deoxyhemoglobin [Cthbr], Papillary And Reticular Dermal Hemoglobin Concentrations [Cthb12, In Cervical Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing	Prior Auth Required No No No Yes Yes Yes No
0058U Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Capsid Protein (Vp1), Serum, Reported As Positive Or Negative 0060 FQHC - ADHC Regular Day Of Service 00600 Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified 00600 Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified 00600 Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified 00600 Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Ona In Maternal Blood 00610 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin (Icthbo2], Deoxyhemoglobin (Chbr/, Papillary And Reticular Dermal Hemoglobin Concentrations [Icthb 1 And Cthb2]), Using Spatial Frequency Domain Imaging (Sfdi) And Multi 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Not Otherwise Specified 00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventitation 00620 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00621 Autoimmune (systemi Clupus erythematosus), Igg and Igm analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score 00630 Anesthesia For Procedures In Lumbar Regio	No No Yes Yes Yes No No No No No
Oncoprotein (Small T Antigen), Serum, Quantitative 0059U Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Capsid Protein (VPL), Serum, Reported As Positive Or Negative 006 FQHC - ADHC Regular Day Of Service 00600 Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified 00604 Anesthesia For Procedures On Cervical Spine And Cord; Procedures With Patient In The Sitting Position 00600 Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna in Maternal Blood 00610 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin [Cthbo2], Deoxyhemoglobin [Cthbr], Papillary And Reticular Dermal Hemoglobin Concentrations [Cthb 1 And Cthb2]), Using Spatial Frequency Domain Imaging (Sfdi) And Multi 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Not Otherwise Specified 00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00621 Autoimmune (systemic lupus erythematosus), igg and igm analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score 00632 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified	No Yes No Yes Yes No No
0059U Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Capsid Protein (Vp1), Serum, Reported As Positive Or Negative 006 FQHC - ADAIC Regular Day Of Service 006000 Anesthesia For Procedures On Cervical Spine And Cord; Procedures With Patient In The Sitting Position 00600 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin [Cthb02], Deoxyhemoglobin (Cthb1, Papillary And Reticular Dermal Hemoglobin Concentrations [Cthb1 And Cthb2]), Using Spatial Frequency Domain Imaging (Sfdi) And Multi 00620 Anesthesia For Procedures On Thoracic Spine And Cord, Not Otherwise Specified 00620 Anesthesia For Procedures On Thoracic Spine And Cord, Not Otherwise Specified 00620 Anesthesia For Procedures On Thoracic Spine And Cord, Na Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00620 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00620 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00620 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specifi	Yes No Yes Yes No No
Protein (Vp1), Serum, Reported As Positive Or Negative 006 FQHC ADHC Regular Day Of Service 00600 Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified 00601 Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified 00600 Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna In Maternal Blood Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin 00610 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin 00610 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin 00610 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin 00610 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin 00611 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin 00620 Anesthesia For Procedures On Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture <tr< td=""><td>Yes No Yes Yes No No</td></tr<>	Yes No Yes Yes No No
006 FQHC ADHC Regular Day Of Service 00600 Anesthesia For Procedures On Cervical Spine And Cord; Not Otherwise Specified 00604 Anesthesia For Procedures On Cervical Spine And Cord; Procedures With Patient In The Sitting Position 00600 Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna In Maternal Blood 00610 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin (Cthbo2), Deoxyhemoglobin [Cthbr], Papillary And Reticular Dermal Hemoglobin Concentrations [Ctbb1 And Cthb2]), Using Spatial Frequency Domain Imaging (Stdi) And Multi 00620 Anesthesia For Procedures On Theracic Spine And Cord, Not Otherwise Specified 00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00621 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Dubar Sympathectomy	No No Yes Yes No No
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00604 Anesthesia For Procedures On Cervical Spine And Cord; Procedures With Patient In The Sitting Position 00600 Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna In Maternal Blood 00610 Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin [Cthb01, Deoxyhemoglobin [Cthbr], Papillary And Reticular Dermal Hemoglobin Concentrations [Cthb1 And Cthb2]), Using Spatial Frequency Domain Imaging (Sfdi) And Multi 00620 Anesthesia For Procedures On Thoracic Spine And Cord, Not Otherwise Specified 00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00630 Anesthesia For Procedures In Lumbar Region; Dumbar Sympathectomy 00632 Anesthesia For Procedures In Lumbar Region; Dumbar Sympathectomy 00633 Anesthesia For Procedures In Lumbar Region; Dumbar Sympathectomy 00634 Anesthesia For Procedures In Lumbar Region; Dumbar Sympathectomy 00635 Anesthesia For Proced	No Yes Yes No No
Position 0060U Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna In Maternal Blood 0061U Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin [Cthb2], Deoxyhemoglobin [Cthbr], Papillary And Reticular Dermal Hemoglobin Concentrations [Cthb1 And Cthb2]), Using Spatial Frequency Domain Imaging (Sfdi) And Multi 00620 Anesthesia For Procedures On Thoracic Spine And Cord, Not Otherwise Specified 00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00633 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00634 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00635 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture <t< td=""><td>Yes Yes No No</td></t<>	Yes Yes No No
0060U Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna In Maternal Blood 0061U Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin [Cthb02], Deoxyhemoglobin (Cthbr], Papillary And Reticular Dermal Hemoglobin Concentrations [Cthb1 And Cthb2]), Using Spatial Frequency Domain Imaging (Sfdi) And Multi 00620 Anesthesia For Procedures On Thoracic Spine And Cord, Not Otherwise Specified 00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00621 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00633 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00640 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 00650 Synhilis test, non-treponemal antibody, immunoassay, qualitative	Yes No No
Fetal Dna in Maternal Blood 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 00620 Anesthesia For Procedures On Thoracic Spine And Cord, Not Otherwise Specified 00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00621 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00631 Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 00651 Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr)	Yes No No
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 00620 Anesthesia For Procedures On Thoracic Spine And Cord, Not Otherwise Specified 00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00621 Autoimmune (systemic lupus erythematosus), igg and igm analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score 00630 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00631 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00632 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00633 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Spine 00640 Anesthesia For Extensive Spi	No No
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00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Auesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Auesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00630 Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 00650 Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 00670 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 00680	No
00625 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Not Utilizing 1 Lung Ventilation 00626 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Auesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00620 Auesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00630 Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 00650 Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 00670 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 00680	-
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00626 Anesthesia For Procedures On The Thoracic Spine And Cord, Via An Anterior Transthoracic Approach; Utilizing 1 Lung Ventilation 0062U Autoimmune (systemic lupus erythematosus), igg and igm analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score 00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Lumbar Sympathectomy 00633 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00630 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00631 Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 0065U Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 0067U Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [mmp-1], carcinoembryonic antigen-related cell adhesion molecule 6 [ceacam6], hyaluronoglucosaminidase [hya1], highly expressed in cancer pr 0068U Candida Species Panel (C. Albicans, C. Glabarata, C. Parapsilosis, C. Kruseii, C. Tropicalis, And C	No
Utilizing 1 Lung Ventilation 0062U Autoimmune (systemic lupus erythematosus), igg and igm analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score 00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00635 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00630 Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 0065U Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 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 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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin	INO
0062U Autoimmune (systemic lupus erythematosus), igg and igm analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score 00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Lumbar Sympathectomy 00635 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00630 Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 00640 Antibody, treponema pallidum, total and rapid plasma reagin (rpr), immunoassay, qualitative 00650 Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 00670 Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [mmp-1], carcinoembryonic antigen-related cell adhesion molecule 6 [ceacam6], hyaluronoglucosaminidase [hya11], highly expressed in cancer pr 00680 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 00690 Oncology (colorect	
algorithm reported with a risk score 00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Lumbar Sympathectomy 00635 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00630 Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 0064U Antibody, treponema pallidum, total and rapid plasma reagin (rpr), immunoassay, qualitative 0065U Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 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 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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	Yes
00630 Anesthesia For Procedures In Lumbar Region; Not Otherwise Specified 00632 Anesthesia For Procedures In Lumbar Region; Lumbar Sympathectomy 00635 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 00630 Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 0064U Antibody, treponema pallidum, total and rapid plasma reagin (rpr), immunoassay, qualitative 0065U Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 00670 Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [mmp-1], carcinoembryonic antigen-related cell adhesion molecule 6 [ceacam6], hyaluronoglucosaminidase [hya1], highly expressed in cancer pr 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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	
00635 Anesthesia For Procedures In Lumbar Region; Diagnostic Or Therapeutic Lumbar Puncture 0063U Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 0064U Antibody, treponema pallidum, total and rapid plasma reagin (rpr), immunoassay, qualitative 0065U Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 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 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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	No
O063U Neurology (autism), 32 amines by Ic-ms/ms, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder 00640 Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical, Thoracic Or Lumbar Spine 0064U Antibody, treponema pallidum, total and rapid plasma reagin (rpr), immunoassay, qualitative 0065U Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 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 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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	No
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Lumbar Spine 0064U Antibody, treponema pallidum, total and rapid plasma reagin (rpr), immunoassay, qualitative 0065U Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 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 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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	
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0065U Syphilis test, non-treponemal antibody, immunoassay, qualitative (rpr) 00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 00670 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 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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	
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00670 Anesthesia For Extensive Spine And Spinal Cord Procedures (eg, Spinal Instrumentation Or Vascular Procedures) 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 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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	No
Procedures) 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 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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	No
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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 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	
Amplified Probe Technique With Qualitative Report Of The Presence Or Absence Of Each Species 0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	
0069U Oncology (colorectal), microrna, rt-pcr expression profiling of mir-31-3p, formalin-fixed paraffin-	No
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	Yes
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,	Vec
0071T Focused Ultrasound Ablation Of Uterine Leiomyomata, Including Mr Guidance; Total Leiomyomata	Yes
Volume Less Than 200 Cc Of Tissue 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)	Voc
initigene sequence (list separately in addition to code for printary procedure)	Yes
0072T Focused Ultrasound Ablation Of Uterine Leiomyomata, Including Mr Guidance; Total Leiomyomata	Yes
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	Yes
00731 Anesthesia For Upper Gastrointestinal Endoscopic Procedures, Endoscope Introduced Proximal To	Yes
Duodenum; Not Otherwise Specified	Yes Yes

Procedure Code	Description	Prior Auth Required
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
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
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, abcb1, comt, dat1, dbh, dor, drd1, drd2, drd4, gaba, gal, htr2a, httlpr, mthfr, muor, oprk1, oprm1), buccal swab or other germline tissue sample, algorithm reported as positiv	Yes
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

Procedure Code	Description	Prior Auth Required
00834	Anesthesia For Hernia Repairs In The Lower Abdomen Not Otherwise Specified, Younger Than 1 Year	No
	Of Age	
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
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

Procedure Code	Description	Prior Auth Required
00914	Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Transurethral Resection Of	No
	Prostate	
00916	Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); Post-Transurethral Resection Bleeding	No
00918	Anesthesia For Transurethral Procedures (Including Urethrocystoscopy); With Fragmentation,	No
	Manipulation And/Or Removal Of Ureteral Calculus	
0091U	Oncology (Colorectal) Screening, Cell Enumeration Of Circulating Tumor Cells, Utilizing Whole Blood,	Yes
	Algorithm, For The Presence Of Adenoma Or Cancer, Reported As A Positive Or Negative Result	
00920	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Not Otherwise	No
00021	Specified	No
00921	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Vasectomy, Unilateral Or Bilateral	INO
00922	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Seminal Vesicles	No
00322		110
00924	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Undescended	No
	Testis, Unilateral Or Bilateral	
00926	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Radical	No
	Orchiectomy, Inguinal	
00928	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Radical	No
000011	Orchiectomy, Abdominal	
0092U	Oncology (Lung), Three Protein Biomarkers, Immunoassay Using Magnetic Nanosensor Technology,	Yes
00930	Plasma, Algorithm Reported As Risk Score For Likelihood Of Malignancy Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Orchiopexy,	No
00350	Unilateral Or Bilateral	NO
00932	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Complete	No
	Amputation Of Penis	
00934	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Radical	No
	Amputation Of Penis With Bilateral Inguinal Lymphadenectomy	
00936	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Radical	No
	Amputation Of Penis With Bilateral Inguinal And Iliac Lymphadenectomy	
00938	Anesthesia For Procedures On Male Genitalia (Including Open Urethral Procedures); Insertion Of	No
000211	Penile Prosthesis (Perineal Approach)	Mar.
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	No
	Otherwise Specified	110
00942	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium);	No
	Colpotomy, Vaginectomy, Colporrhaphy, And Open Urethral Procedures	
00944	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium);	No
	Vaginal Hysterectomy	
00948	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium);	No
000411	Cervical Cerclage	N -
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);	No
00000	Culdoscopy	110
00952	Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium);	No
	Hysteroscopy And/Or Hysterosalpingography	
0095T	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace,	Yes
	Cervical (List Separately In Addition To Code For Primary Procedure)	
0095U	Eosinophilic Esophagitis, (Eotaxin-3 [Ccl26 {C-C Motif Chemokine Ligand 26}] And Major Basic Protein	Yes
	[Prg2 {Proteoglycan 2, Pro Eosinophil Major Basic Protein}]), Enzyme-Linked Immunosorbent Assays	
0096U	(Elisa), Specimen Obtained By Esophageal String Test Devi	Yes
00500	Human Papillomavirus (Hpv), High-Risk Types (Ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), Male Urine	103
0098T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each	Yes
	Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	
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	Yes
	Intraocular Retinal Electrode Array, With Vitrectomy	

DIOL All-Inclusive non-and board Yes DIOT Extracroproresi Shock Wave Involving Musculositelial System, Not Otherwise Specification, Security Consults Paral All Market Science S	Procedure Code	Description	Prior Auth Required
0101U Hereditary Colon Cancer Diarders (Eg., Lynch, Syndorma, Pren Hamartona Syndorma, Cowden Yes 0102T Extracorporeal Shock Wave Performed By A Physican, Requiring Anesthesia Other Than Local, And Involving The Lateral Humen of Epicondy Genome Cangue Analys Para Utilizing A Yes 0102T Extracorporeal Shock Wave Performed By A Physican, Requiring Anesthesia Other Than Local, And Involving The Lateral Humen of Epicondy Genome Analys Panel Utilizing A Combination Of Ngs. Sanger, Mipa, And Array CgD, With Mma Analytics To Resolv Yes 013U Hereditary Genome (Eg., Hereditary Oxania Cancer, Hereditary Encoder). Yes 013U Hereditary Cornon: Kather Oxania Cancer, Hereditary Encoder). Yes 013U Hereditary Cornon: Kather Oxania Cancer, Hereditary Encoder). Yes 013U Hereditary Cornon: Kather Disaves, Mulby Mark Analysis Cancer, Hereditary Information Of Ngs. Yes 013U Naphrology (Chronic Kathery Disave), Mulby Restructorhemil Utiling A. Combination Of Ngs. Yes 013U Naphrology (Chronic Kathery Disave), Mulby And Herer Petitorin Petatry (Ling), Toring, Yes Yes 013GU Conductor (Senter), Assess and Cancer, Here Stater Nather Petatry, Using Workshow Yes 013GU Conductor (Senter), Assess and Dameter Standor (Senter), Assess and Petatry, Here Standia (Senter), Yes Yes			
01010 Hereditary Colon Cancer Disorders (E.g., tynch, Spectrame, Peter Homantame, Cawden Wes, Familal Advance, Familal Advance, Familal Advance, Familal Advance, Senomic Sequence Analysis Panel Utiliang A. Yes 01027 Extracorpored Shock Wave Performed By A Physician, Requiring Anesthesia Other Than Local, And moving The Lateral Human Explorandy. Yes 01021 Hereditary Breast Cancer-Related Disorders (E.g. Hereditary Breast Cancer, Hereditary Oxafan Cancer, Hereditary Breast Cancer, Hereditary Breast Cancer, Genomic Sequence Analysis Panel Utiliang A. Combination Of Nys, Senger, Mipa, And Array Cgb, With Mma Analytics To Resolv 01030 Hereditary Usaria Cancer, Genomic Sequence Analysis Panel Utiliang A. Combination Of Nys, Senger, Mipa, And Array Cgb, With Mma Analytics To Resolv 01050 Nephrology (Chronic Könev Diseaso), Multiplex Electrochemilluminescent Immunoasay (Ecla) Of Tumor Konev Diseaso, Multiplex Electrochemilluminescent Immunoasay (Ecla) Of Tumor Konev Diseaso (Ecla) Of Constructive Semont Presting (Okl), Testing And Interpretation Per Extremity, Using Vibration Shimul Veis 01061 Sprinter A. States (Ecla) Disease (Ecla) Disease (Ecla) Of Veis (Ecla) Of Alexa (Ecla) Disease	0101T		Yes
Statuscoporeal Shock Wave Performed By A Physican, Requiring Anesthesia Other Than Local, And Involving The Lateral Humeral Epicondyle Yes 0102U Hereditary Ends Cancer, Related Diordords (Eg. Hereditary Streast Cancer, Hereditary Continues Cancer, Networks Cancer, Hereditary Continues Cancer, Networks Cancer, Hereditary Continues Cancer, Sanger, Cancer, Hereditary Continues Cancer, Sanger, Cancer, Hereditary Continues Cancer, Cancer, Hereditary Continues Cancer, Sanger, Cancer, Marking Cancer,		Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden Syndrome, Familial Adenomatosis Polyposis), Genomic Sequence Analysis Panel Utilizing A	Yes
D102U Hereditary Potential Cancer, General Sequence Analysis Panel Uliliang A Combination Of Ngs. 0103U Hereditary Contain Cancer, Guence Mayles Panel Uliliang A Combination Of Ngs. 0103U Hereditary Ovarian Cancer, Keneditary Endotometrial Cancer), Genomic Yes. 0103U Hereditary Ovarian Cancer, Keneditary Endotometrial Cancer), Genomic Yes. 0105U Nephrology (Choron: Kidney Drosse), Multiples Electrochemiuminescent Immunoassay (Edia) Of Yes. 0105U Nephrology (Choron: Kidney Drosse), Multiples Electrochemiuminescent Immunoassay (Edia) Of Yes. 0106T Quantitative Sensory Yesting (Od). Texting And Interpretation Per Extremitry, Using Youk Press 0106U Gastric Englying, Serial Calcer Sensation Yes 0106U Gastric Englying, Serial Calcer Sensation Yes 0106U Gastric Englying, Serial Calcer Sensation Yes 0107T Quantitative Sensory Testing (Quantitative Analysis of Call Seguentary Sectome Nation Nations Sectometry, Reported As Paate Of 13:002 Excretion Yes 0108U Gastric Englying Network Dietection By Immunoassay Technique, Stool, Qualitative, No No 0108T Quantitative Sensory Yesting (Quantitative Immunobastion Per Extremitry, Using Cooling Stimuli To Assess Sang Potenter's Ecologias). Whole Side-Digital Imaging, Including Morphometric Analysis, Computer-Asside Quantitative Resea	0102T		Yes
Hereditary Endometrial Cancer, Genomic Sequence Analysis Panel Ultilarg A Combination Of Ngs. 0133U Hereditary Ovarian Cancer (Eq. Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Genomic Yes 0133U Hereditary Ovarian Cancer (Eq. Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Genomic Yes 0105U Nephology (Chronic Kidwey Diesse), Multiples Electrochemiluminescent Immunassay (Edia) Of Turner Necrosis Factor Receptor 13, Receptor Superfamily 2 (Trift, Trift2), And Kidney Injury Molecule J (Kim-3) Comment With Superfamily 2 (Trift, Trift2), And Kidney Injury Molecule J (Kim-3) Comment With There and Specimers, Non-Radiosobope Carbon-13 (132) 0106U Gastric Emptying, Serial Collection Of 7 Timed Breath Specimers, Non-Radiosobope Carbon-13 (132) 010F1 Quantitative Sensory Testing (131), Testing And Interpretation Per Extremitry, Using Youron Stimuli Yes 010F1 Quantitative Sensory Testing (131), Testing And Interpretation Per Extremitry, Using Vibration Stimuli Yes 010F1 Quantitative Sensory Testing (131), Testing And Interpretation Per Extremitry, Using Cooling Simuli Yes 010F1 Quantitative Sensory Testing (131), Testing And Interpretation Per Extremitry, Using Cooling Simuli Yes 010F1 Quantitative Sensory Testing (131), Hersing And Interpretation Per Extremitry, Using Vibration Stimuli Yes 010F1 Quantitative Sensory Testing (131), Hersing And Interpretation Per Extremitry			
Sequence Analysis Panel Utilizing A Combination Of Ngs, Sanger, Mio, And Array Cgb, With Mrma Analysis Ta Reselved Variants Of Unknown Significance When Ind 0105U Nephrology (Chronic Kidney Disease), Multiplex Electrochemiluminescent Immunoassay (Eclia) Of Tumor Neorosis Pactor Reseptor 1A, Receptor Superfamily 2 (Trif 1, Trif 2), And Kidney Injury 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 Pereath Specimens, Non-Radiosotope Carbon-13 (13c) Yes 0107T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity: Using Vibration Stimuli To Assess Large Diameter Filer Sensation No 0107U Clostrictium Difficito Tonigl Anigen Detection By Immunoassay Technique, Stool, Qualitative, Multiple Stego Method No 0108U Gastroenterology (Barrett'S Esophagus), Whole Silde Digital Imaging, Including Morphometric Analysis, Computer Assisted Quantitative Immunoababing Of 9 Protein Ribomarkers (P16, Amaer, P53, C666, Cox-2, Cd456A, Hif1A, Her-2, A20) And Morphology, Formalin- Yes 0109T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity, Using Heat-Pain Stimuli Of Presence Or Abasence Of Each Species No 0109T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity, Using Uheat-Pain Stimuli Analysis, Computer-Assisted Cuantitative Immu	0102U	Hereditary Endometrial Cancer), Genomic Sequence Analysis Panel Utilizing A Combination Of Ngs,	Yes
0105U Nephrology (Chronic Kidney Disease), Multiples Electrochemilluminescent Immunosasy (Edia) Of Yumor Necrosis Factor Receptor 14, Receptor Superfamily 2 (1rdf, 1rdf, 2), and Kidney Injury Molecule-1 Kim-1) Combined With Longitudina Clinical Data, Includin Yes 0106T Quantitative Sensory Testing (2d), 1 Festing 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) Spriprillan Substrate, Analysis Of East Specimen By Gas Isotope Ratio Mass Spectrometry, Reported As Rate Of 130c2 Excretion Yes 0107U Clastrike Tryping, Serial Collection Dty Timed Breath Specimens, Non-Radioisotope Carbon-13 (13c) Spriprillan Substrate Toxing) Antigene Detection By Immunoassay Technique, Stool, Qualitative, Multiple-Step Method No 0108T Clastrice Empty (Serierg) Calc), Testing And Interpretation Per Extremity, Using Cooling Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia Yes 0108U Gastrice Empty (Serierg) Calc), Testing And Interpretation Per Extremity, Using Rear-Pain Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia Yes 0109T Cuantitative Sensory Testing (Cal), Testing And Interpretation Per Extremity, Using Rear-Pain Stimuli To Castress Calce), Real Time PCR For Detection Of DNA From 4 Species (A. No No 0109T Cuantitative Sensory Testing (Cal), Testing And Interpretation Per Extremity, Using Other Stimuli Of Presence Or Absence Of	0103U	Hereditary Ovarian Cancer (Eg, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Genomic Sequence Analysis Panel Utilizing A Combination Of Ngs, Sanger, MIpa, And Array Cgh, With Mrna	Yes
0106T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity, Using Touch Pressure Simul To Assess Large Diameter Sensation Yes 0106U Gastric Emptying, Serial Collection 0f 7 Timed Breath Specimens, Non-Radioxitope Carbon-13 (13c) Spirulina Substrate, Analysis Of Each Specimen By Gas Isotope Ratio Mass Spectrometry, Reported As Rate Of 13co 2 Excretion Yes 0107T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity, Using Vibration Stimuli To Assess Large Diameter Fiber Sensation No 0107U Clostridium Difficile Toxing/Antigen Detection By Immunoassay Technique, Stool, Qualitative, Multiple-Step Method No 0108U Gastroenterology (Barrett's Esophagus), Whole Side Digital Imaging, Including Morphometric Analysis, Computer-Assisted Quantitative Immunolabeling Of 9 Protein Biomarkers (P16, Amacr, P53, Cd68, Cov-2, Cd45No, Hif1A, Her-2, R20) 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 No 0109U Infectious Disease (Apergilus Speciels, Real-Time PC Ro To Detection Of DNA From 4 Species (A. Furnigatos, A. Tereus, A. Niger, And A. Flavus), Blood, Lavage Fluid, Or Tissue, Qualitative Reporting Of Presence Of Each Speciels No 0110 Room & Board - Private (One Bed): Medical/Surgraphy, Serum Or Plasma From Capillary Blood Or Venous Blood, Quantitative Report With Stack Ange for The Prescrined D No	0105U	Nephrology (Chronic Kidney Disease), Multiplex Electrochemiluminescent Immunoassay (Eclia) Of Tumor Necrosis Factor Receptor 1A, Receptor Superfamily 2 (Tnfr1, Tnfr2), And Kidney Injury	Yes
0106U Gastric Emptying, Serial Collection 07 7 Timed Breath Spectimens, Non-Radiospe Carbon-13 (132) Yes 0107T Quantitative Sensory Testing (QSI), Testing And Interpretation Per Extremity; Using Vibration Stimuli Yes 0107T Quantitative Sensory Testing (QSI), Testing And Interpretation Per Extremity; Using Vibration Stimuli Yes 0107U Clostridium Difficile Toxin(s) Antigen Detection By Immunoassay Technique, Stool, Qualitative, Mo No 0108T Quantitative Sensory Testing (QSI), Testing And Interpretation Per Extremity; Using Cooling Stimuli To Yes 0108U Gastroenterology (Barrett' Esophagus), Whole Side-Digital Imaging, Including Morphometric Na Analysis, Computer-Assisted Quantitative Immunolabeling Of 9 Protein Biomarkers (P16, Amacr, P53, Cd&B, Cox-2, CdASRo, HiTLA, Her-2, K20) And Morphology, Formalin- Yes 0109U To Assess Small Nerve Fiber Sensation And Hyperalgesia No 0109U Infectious Disease (Asperagillus Species), Real-Time PCR For Detection Of DNA From 4 Species (A. No 0109U Infectious Disease (Fabergillus Species), Real-Time PCR For Detection Of DNA From 4 Species (A. No 0110 Room & Board - Private (One Bed): General Classification Yes 01101 Room & Board - Private (One Bed): General Classification Yes <td>0106T</td> <td>Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Touch Pressure</td> <td>Yes</td>	0106T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Touch Pressure	Yes
0107T Quantitative Sensory Testing (Gst), Testing And Interpretation Per Extremity; Using Vibration Stimuli Yes 0107U Clostridium Difficile Toxin(s) Antigen Detection By Immunoassay Technique, Stool, Qualitative, Multiple-Step Method No 0108T Quantitative Sensory Testing (Ost), Testing And Interpretation Per Extremity; Using Cooling Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia Yes 0108U Gastroenterology (Barrett's Esophagus), Whole Silde-Digital Imaging, Including Morphometric Analysis, Computer-Assisted Quantitative Immunolabeling Of 9 Protein Biomarkers (P16, Amarc, P53, Cd68, Cor-2, Cd4SRo, Hif1A, Her-2, K20 And Morphology, Formalin- Yes 0109T Quantitative Sensory Testing (Cs1, Testing And Interpretation Per Extremity; Using Heat-Pain Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia No 0109U Infectious Disease (Aspergillus Species), Real-Time PCR for Detection Of DNA From 4 Species (A, Furnigatus, A. Terreus, A. Niger, And A. Flavus), Blood, Lavage Fluid, Or Tissue, Qualitative Reporting Of Presence Or Absence Of Each Species No 0110 Room & Board - Private (One Bed): General Classification 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 Chromatography, Serum Or Plasma From Capillary Blood Or Venous Blood, Quantitative Report With Chromatography, Serum Or Plasma From Capillary Blood	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	Yes
Multiple-Step Method Image: Control State 0108T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity, Using Cooling Stimuli To Yes 0108U Gastroenterology (Barrett'S Esophagus), Whole Side-Digital Imaging, Including Morphometric Yes 0108U Gastroenterology (Barrett'S Esophagus), Whole Side-Digital Imaging, Including Morphometric Yes 0109T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Heat-Pain Stimuli Yes 0109T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Heat-Pain Stimuli Yes 0109U Infectious Disease (Aspergillus Species), Real-Time PCR For Detection Of DNA From 4 Species (A. No 011 FOHC - Licensed Unical Social Worker (Lscw) No No 01100 Room & Board - Private (One Bed): General Classification Yes Yes 01101 Quantitative Report With Chromatorgaphy, Serum Or Plasma From Capillary Blood Or Venous Blood, Quantitative Report With Steady-State Range For The Prescribed D Yes 01101 Room & Board - Private (One Bed): Medical/Surgital/GYN Yes Yes 01111 Room & Board - Private (One Bed): Medical/Surgital/GYN Yes Yes 01112	0107T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Vibration Stimuli	Yes
Assess Small Nerve Fiber Sensation And Hyperalgesia Image: Construct of the image	0107U		No
Analysis, Computer-Assisted Quantitative Immunolabeling Of 9 Protein Biomarkers (P16, Amarr, P53, Cd68, Cox-2, Cd4SR0, HiTA, Her-2, K20) And Morphology, Formalin- 0109T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Heat-Pain Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia No 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 0110 Room & Board - Private (One Bed): General Classification Yes 01100 Room & Board - Private (One Bed): General Classification Yes 01100 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 01111 Room & Board - Private (One Bed): Medical/Surgical/GYN Yes 0112 Anesthesia For Bone Marrow Aspiration And/Or Biopsy, Anterior Or Posterior Iliac Crest No 01110 Oncology (Colon Cancer), Targeted Kras (Codons 12, 13, And 61) And Nras (Codons 12, 13, And 61) Yes 0112 Anesthesia For Procedures On Bony Pelvis No 01120 Anesthesia For Procedures On Bony Pelvis No 0	0108T		Yes
To Assess Small Nerve Fiber Sensation And HyperalgesiaInfectious Disease (Aspergillus Species), Real-Time PCR For Detection Of DNA From 4 Species (A. Funigatus, A. Terreva, A. Niger, And A. Flavus), Blood, Lavage Fluid, Or Tissue, Qualitative Reporting Of Presence Or Absence Of Each SpeciesNo011FQHC - Licensed Clinical Social Worker (Lscw)No0110Room & Board - Private (One Bed): General ClassificationYes01101Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Other Stimuli To Assess SensationYes01100Prescription 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 DYes0111Room & Board - Private (One Bed): Medical/Surgical/GYNYes0112Anesthesia For Bone Marrow Aspiration And/Or Biopsy, Anterior Or Posterior Illac CrestNo0112Anesthesia For Procedures On Bony PelvisNo01120Anesthesia For Procedures On Bony PelvisNo01120Anesthesia For Procedures On Bony PelvisNo01130Anesthesia For Procedures On Bony PelvisNo01130Anesthesia For Box Gast Application Or RevisionNo01130Anesthesia For Interpelviabdominal (Hindquarter) AmputationYes01130Anesthesia For Box Gast Application Or RevisionNo0114Room & Board - Private (One Bed): PediatricYes01130Anesthesia For Box Gast Application Or RevisionNo01130Anesthe	0108U	Analysis, Computer-Assisted Quantitative Immunolabeling Of 9 Protein Biomarkers (P16, Amacr, P53,	Yes
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 01110 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 No 0112 Room & Board - Private (One Bed): Obstetrics (OB) No 01120 Anesthesia For Procedures On Bony Pelvis No 0113 Room & Board - Private (One Bed): Destetrics (OB) No 0112 Room & Board - Private (One Bed): Destetrics (OB) No 0113 Room & Board - Private (One Bed): Destetrics (OB) No 0113 Room	0109T		Yes
O11 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 01110 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 No 0112 Room & Board - Private (One Bed): Obstetrics (OB) No 01120 Anesthesia For Procedures On Bony Pelvis No 0113 Room & Board - Private (One Bed): Pediatric Yes 01130 Anesthesia For Body Cast Application Or Revision No 01130 Anesthesia For Body Cast Application Or Revision No 01130 Anesthesia For Ibdy Cast Application Or R	0109U	Fumigatus, A. Terreus, A. Niger, And A. Flavus), Blood, Lavage Fluid, Or Tissue, Qualitative Reporting	No
0110T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Other Stimuli To Yes 0110U Prescription Drug Monitoring, One Or More Oral Oncology Drug(S) And Substances, Definitive Yes 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 01110 Oncology (Colon Cancer), Targeted Kras (Codons 12, 13, And 61) And Nras (Codons 12, 13, And 61) Yes 0112 Room & Board - Private (One Bed): Obstetrics (OB) No No 01120 Anesthesia For Procedures On Bony Pelvis No Yes 0113 Room & Board - Private (One Bed): Pediatric Yes Yes 0113 Room & Board - Private (One Bed): Pediatric Yes Yes 01130 Anesthesia For Body Cast Application Or Revision No No 01130 Anesthesia For Body Cast Application And Fluorescence-Based Detection, Algorithm Reported As Risk Score Yes 0114 Room & Board - Private (One Bed): Psychiatric Yes 01	011		No
0110T Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Other Stimuli To Yes 0110U Prescription Drug Monitoring, One Or More Oral Oncology Drug(S) And Substances, Definitive Yes 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 01110 Oncology (Colon Cancer), Targeted Kras (Codons 12, 13, And 61) And Nras (Codons 12, 13, And 61) Yes 0112 Room & Board - Private (One Bed): Obstetrics (OB) No No 01120 Anesthesia For Procedures On Bony Pelvis No Yes 0113 Room & Board - Private (One Bed): Pediatric Yes Yes 0113 Room & Board - Private (One Bed): Pediatric Yes Yes 01130 Anesthesia For Body Cast Application Or Revision No No 01130 Anesthesia For Body Cast Application And Fluorescence-Based Detection, Algorithm Reported As Risk Score Yes 0114 Room & Board - Private (One Bed): Psychiatric Yes 01	0110	Room & Board - Private (One Bed): General Classification	Yes
0110U Prescription Drug Monitoring, One Or More Oral Oncology Drug(S) And Substances, Definitive Yes 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 Yes 01112 Anesthesia For Bone Marrow Aspiration And/Or Biopsy, Anterior Or Posterior Iliac Crest No 01110 Oncology (Colon Cancer), Targeted Kras (Codons 12, 13, And 61) And Nras (Codons 12, 13, And 61) Yes 0112 Room & Board - Private (One Bed): Obstetrics (OB) No 01120 Anesthesia For Procedures On Bony Pelvis No 01130 Infectious Agent Detection And Identification, Targeted Sequence Analysis (16s And 18s Rrna Genes) Yes 01130 Anesthesia For Body Cast Application Or Revision No 01130 Anesthesia For Body Cast Application Or Revision No 01130 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 <t< td=""><td>0110T</td><td>Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Other Stimuli To</td><td>Yes</td></t<>	0110T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Other Stimuli To	Yes
01112Anesthesia For Bone Marrow Aspiration And/Or Biopsy, Anterior Or Posterior Iliac CrestNo0111UOncology (Colon Cancer), Targeted Kras (Codons 12, 13, And 61) And Nras (Codons 12, 13, And 61) Gene Analysis Utilizing Formalin-Fixed Paraffin-Embedded TissueYes0112Room & Board - Private (One Bed): Obstetrics (OB)No01120Anesthesia For Procedures On Bony PelvisNo01121Infectious Agent Detection And Identification, Targeted Sequence Analysis (16s And 18s Rrna Genes)Yes0113Room & Board - Private (One Bed): PediatricYes0113Room & Board - Private (One Bed): PediatricYes01130Anesthesia For Body Cast Application Or RevisionNo01130Oncology (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 ScoreYes0114Room & Board - Private (One Bed): PsychiatricYes0114UGastroenterology (Barrett's Esophagus), Vim And Ccna1 Methylation Analysis, Esophageal Cells, Algorithm Reported As Likelihood For Barrett's EsophagusYes	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	
01112Anesthesia For Bone Marrow Aspiration And/Or Biopsy, Anterior Or Posterior Iliac CrestNo0111UOncology (Colon Cancer), Targeted Kras (Codons 12, 13, And 61) And Nras (Codons 12, 13, And 61) Gene Analysis Utilizing Formalin-Fixed Paraffin-Embedded TissueYes0112Room & Board - Private (One Bed): Obstetrics (OB)No01120Anesthesia For Procedures On Bony PelvisNo01121Infectious Agent Detection And Identification, Targeted Sequence Analysis (16s And 18s Rrna Genes)Yes0113Room & Board - Private (One Bed): PediatricYes0113Room & Board - Private (One Bed): PediatricYes01130Anesthesia For Body Cast Application Or RevisionNo01130Oncology (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 ScoreYes0114Room & Board - Private (One Bed): PsychiatricYes0114UGastroenterology (Barrett's Esophagus), Vim And Ccna1 Methylation Analysis, Esophageal Cells, Algorithm Reported As Likelihood For Barrett's EsophagusYes	0111	Room & Board - Private (One Bed): Medical/Surgical/GYN	Yes
Gene Analysis Utilizing Formalin-Fixed Paraffin-Embedded TissueNo0112Room & Board - Private (One Bed): Obstetrics (OB)No01120Anesthesia For Procedures On Bony PelvisNo01120Infectious Agent Detection And Identification, Targeted Sequence Analysis (16s And 18s Rrna Genes)Yes0113Room & Board - Private (One Bed): PediatricYes01130Anesthesia For Body Cast Application Or RevisionNo01130Oncology (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 ScoreYes0114Room & Board - Private (One Bed): PsychiatricYes01140Anesthesia For Interpelviabdominal (Hindquarter) AmputationNo0114UGastroenterology (Barrett's Esophagus), Vim And Ccna1 Methylation Analysis, Esophageal Cells, Algorithm Reported As Likelihood For Barrett's EsophagusYes			
01120 Anesthesia For Procedures On Bony Pelvis No 0112U Infectious Agent Detection And Identification, Targeted Sequence Analysis (16s And 18s Rrna Genes) Yes 0113 Room & Board - Private (One Bed): Pediatric Yes 01130 Anesthesia For Body Cast Application Or Revision No 01130 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	0111U		Yes
0112UInfectious Agent Detection And Identification, Targeted Sequence Analysis (16s And 18s Rrna Genes) With Drug-Resistance GeneYes0113Room & Board - Private (One Bed): PediatricYes01130Anesthesia For Body Cast Application Or RevisionNo0113UOncology (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 ScoreYes0114Room & Board - Private (One Bed): PsychiatricYes0114UAnesthesia For Interpelviabdominal (Hindquarter) AmputationNo0114UGastroenterology (Barrett's Esophagus), Vim And Ccna1 Methylation Analysis, Esophageal Cells, Algorithm Reported As Likelihood For Barrett's EsophagusYes	0112		No
With Drug-Resistance GeneYes0113Room & Board - Private (One Bed): PediatricYes01130Anesthesia For Body Cast Application Or RevisionNo0113UOncology (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 ScoreYes0114Room & Board - Private (One Bed): PsychiatricYes01140Anesthesia For Interpelviabdominal (Hindquarter) AmputationNo0114UGastroenterology (Barrett's Esophagus), Vim And Ccna1 Methylation Analysis, Esophageal Cells, Algorithm Reported As Likelihood For Barrett's EsophagusYes	01120		No
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		With Drug-Resistance Gene	Yes
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			
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		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	
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	0114		Yes
0114U Gastroenterology (Barrett's Esophagus), Vim And Ccna1 Methylation Analysis, Esophageal Cells, Yes Algorithm Reported As Likelihood For Barrett's Esophagus			
		Gastroenterology (Barrett's Esophagus), Vim And Ccna1 Methylation Analysis, Esophageal Cells,	-
	0115	Room & Board - Private (One Bed): Hospice	No

Procedure Code	Description	Prior Auth Required
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	Yes
	And 2 Bacterial Targets, Amplified Probe Technique, Including Multiplex Reverse Transcription For	
	Rna Targets, Each Analyte Reported As Detected Or Not Detec	
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,	Yes
	Oral Fluid, Algorithm Results Reported As A Patient-Compliance Measurement With Risk Of Drug To	
	Drug Interactions For Prescribed Medications	
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	No
011711	Acetabulum	
0117U	Pain Management, Analysis Of 11 Endogenous Analytes (Methylmalonic Acid, Xanthurenic Acid,	Yes
	Homocysteine, Pyroglutamic Acid, Vanilmandelate, 5-Hydroxyindoleacetic Acid,	
	Hydroxymethylglutarate, Ethylmalonate, 3-Hydroxypropyl Mercapturic Acid (3-Hpma), Quino	
0110		
0118	Room & Board - Private (One Bed): Rehabilitation	Yes
0118U	Transplantation Medicine, Quantification Of Donor-Derived Cell-Free DNA Using Whole Genome Next-	Yes
	Generation Sequencing, Plasma, Reported As Percentage Of Donor-Derived Cell-Free DNA In The Total Cell-Free DNA	
0119	Room & Board - Private (One Bed): Other	Yes
0119	Cardiology, Ceramides By Liquid Chromatography-Tandem Mass Spectrometry, Plasma, Quantitative	Yes
01190	Report With Risk Score For Major Cardiovascular Events	103
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	No
	Hybridization Of 58 Genes (45 Content And 13 Housekeeping Genes), Formalin-Fixed Paraffin-	
	Embedded Tissue, Algorithm Reported As Likelihood For Primary Mediast	
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 Opper 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	No
01272	Specified Anesthesia For Procedures Involving Arteries Of Upper Leg, Including Bypass Graft; Femoral Artery	No
01272	Ligation	
01274	Anesthesia For Procedures Involving Arteries Of Upper Leg, Including Bypass Graft; Femoral Artery	No
012/4	Embolectomy	
0128	Room & Board - Semi-private (Two Beds): Rehabilitation	Yes
0129	Room & Board - Semi-private (Two Beds): Nenabilitation	Yes
0123	הסטות ש שטמוע - שבווויקוועמנב (דאיט שבעש). טנוובו	103

Procedure Code	Description	Prior Auth Required
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)	
013	FQHC - Psychiatrist	No
0130	Room & Board - Three and Four Beds: General Classification	Yes
0130U	Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden	Yes
	Syndrome, Familial Adenomatosis Polyposis), Targeted Mrna Sequence Analysis Panel (Apc, Cdh1,	
	Chek2, Mlh1, Msh2, Msh6, Mutyh, Pms2, Pten, And Tp53) (List Separately In	
0131	Room & Board - Three and Four Beds: Medical/Surgical/GYN	Yes
0131U	Hereditary Breast Cancer-Related Disorders (eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer,	Yes
	Hereditary Endometrial Cancer), Targeted MRNA Sequence Analysis Panel (13 Genes) (List Separately	
	In Addition To Code For Primary Procedure)	
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	No
	Popliteal Area	
0132U	Hereditary Ovarian Cancer-Related Disorders (eg, Hereditary Breast Cancer, Hereditary Ovarian	Yes
	Cancer, Hereditary Endometrial Cancer), Targeted MRNA Sequence Analysis Panel (17 Genes) (List	
	Separately In Addition To Code For Primary Procedure)	
0133	Room & Board - Three and Four Beds: Pediatric	Yes
0133U	Hereditary Prostate Cancer-Related Disorders, Targeted MRNA Sequence Analysis Panel (11 Genes)	Yes
	(List Separately In Addition To Code For Primary Procedure)	
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,	Yes
01010	Hereditary Colorectal Cancer), Targeted MRNA Sequence Analysis Panel (18 Genes) (List Separately In	
	Addition To Code For Primary Procedure)	
0135	Room & Board - Three and Four Beds: Hospice	No
0135U	Hereditary Gynecological Cancer (eg, Hereditary Breast And Ovarian Cancer, Hereditary Endometrial	Yes
01350	Cancer, Hereditary Colorectal Cancer), Targeted MRNA Sequence Analysis Panel (12 Genes) (List	105
	Separately In Addition To Code For Primary Procedure)	
0136	Room & Board - Three and Four Beds: Detoxification	Yes
01360	Anesthesia For All Open Procedures On Lower One-Third Of Femur	No
01360	Atm (Ataxia Telangiectasia Mutated) (eg, Ataxia Telangiectasia) MRNA Sequence Analysis (List	Yes
01300	Separately In Addition To Code For Primary Procedure)	103
0137	Room & Board - Three and Four Beds: Oncology	Yes
0137 0137U	Palb2 (Partner And Localizer Of Brca2) (eg, Breast And Pancreatic Cancer) MRNA Sequence Analysis	Yes
01370		163
0138	(List Separately In Addition To Code For Primary Procedure) Room & Board - Three and Four Beds: Rehabilitation	Yes
01380	Anesthesia For All Closed Procedures On Knee Joint	No
01382		No
0138U	Anesthesia For Diagnostic Arthroscopic Procedures Of Knee Joint	
01380	Brca1 (Brca1, DNA Repair Associated), Brca2 (Brca2, DNA Repair Associated) (eg, Hereditary Breast	Yes
	And Ovarian Cancer) MRNA Sequence Analysis (List Separately In Addition To Code For Primary	
0139	Procedure) Room & Board - Three and Four Beds: Other	Vac
0139		Yes No
	Anesthesia For All Closed Procedures On Upper Ends Of Tibia, Fibula, And/Or Patella	
01392 014	Anesthesia For All Open Procedures On Upper Ends Of Tibia, Fibula, And/Or Patella FQHC - Marriage, Family And Child Counselor (Mfcc)	No 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	Aposthosis For Open Or Surgical Arthressenia Dressedures Or Kress Isist Tatal Kress Arthressen	No
01402	Anesthesia For Open Or Surgical Arthroscopic Procedures On Knee Joint; Total Knee Arthroplasty	No
01404	Anosthosis For Onon Or Curried Arthursonic Describing On Key State Disette Little Arth	No
01404	Anesthesia For Open Or Surgical Arthroscopic Procedures On Knee Joint; Disarticulation At Knee	No
014011		NIE
0140U	Infectious Disease (Fungi), Fungal Pathogen Identification, DNA (15 Fungal Targets), Blood Culture,	No
04.44	Amplified Probe Technique, Each Target Reported As Detected Or Not Detected	
0141	Room & Board - Deluxe Private: Medical/Surgical/GYN	Yes
0141U	Infectious Disease (Bacteria And Fungi), Gram-Positive Organism Identification And Drug Resistance	No
	Element Detection, DNA (20 Gram-Positive Bacterial Targets, 4 Resistance Genes, 1 Pan Gram-	
	Negative Bacterial Target, 1 Pan Candida Target), Blood Culture,	
0142	Room & Board - Deluxe Private: Obstetrics (OB)	No

Procedure Code	Description	Prior Auth Required
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	No
	Element Detection, DNA (21 Gram-Negative Bacterial Targets, 6 Resistance Genes, 1 Pan Gram-	
	Positive Bacterial Target, 1 Pan Candida Target), Amplified Prob	
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	No
	Thromboendarterectomy, With Or Without Patch Graft	
01444	Anesthesia For Procedures On Arteries Of Knee And Popliteal Area; Popliteal Excision And Graft Or	No
	Repair For Occlusion Or Aneurysm	
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;	No
01472	Not Otherwise Specified	No
01472	Anesthesia For Procedures On Nerves, Muscles, Tendons, And Fascia Of Lower Leg, Ankle, And Foot;	NO
01474	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;	No
0148	Gastrocnemius Recession (eg, Strayer Procedure)	Yes
0148	Room & Board - Deluxe Private: Rehabilitation	No
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	No
01.02	(Including Below Knee Amputation)	
01484		No
	Of Tibia And/Or Fibula	
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	No
	With Catheter	
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
045011		N .
0152U	Infectious Disease (Bacteria, Fungi, Parasites, And Dna Viruses), Microbial Cell-Free Dna, Plasma,	Yes
	Untargeted Next-Generation Sequencing, Report For Significant Positive Pathogens	
0153	Desar & Desard Wend Dedictric	
0153	Room & Board - Ward: Pediatric	Yes
0153U	Oncology (Breast), Mrna, Gene Expression Profiling By Next-Generation Sequencing Of 101 Genes,	Yes
	Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Triple Negative Breast	
0154	Cancer Clinical Subtype(S) With Information On Immune Cell Inv Room & Board - Ward: Psychiatric	Yes
0154 0154U	Oncology (Urothelial Cancer), Rna, Analysis By Real-Time Rt-Pcr Of The Fgfr3 (Fibroblast Growth	No
01040	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	
0155	Room & Board - Ward: Hospice	No
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic	No
	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	
0156	Room & Board - Ward: Detoxification	Yes
		<u>.</u>

Procedure Code	Description	Prior Auth Required
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	No
	Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	
0158	Room & Board - Ward: Rehabilitation	Yes
0158U	MLH1 (Mutl Homolog 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Mrna	No
	Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	
0159	Room & Board - Ward: Other	Yes
0159U	MSH2 (Muts Homolog 2) (Eg, Hereditary Colon Cancer, Lynch Syndrome) Mrna Sequence Analysis (List	No
	Separately In Addition To Code For Primary Procedure)	
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	No
	Separately In Addition To Code For Primary Procedure)	
01610	Anesthesia For All Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Shoulder And	No
	Axilla	
0161U	PMS2 (PMS1 Homolog 2, Mismatch Repair System Component) (Eg, Hereditary Non-Polyposis	No
	Colorectal Cancer, Lynch Syndrome) Mrna Sequence Analysis (List Separately In Addition To Code For	
	Primary Procedure)	
01620	Anesthesia For All Closed Procedures On Humeral Head And Neck, Sternoclavicular Joint,	No
	Acromioclavicular Joint, And Shoulder Joint	
01622	Anesthesia For Diagnostic Arthroscopic Procedures Of Shoulder Joint	No
0162U	Hereditary Colon Cancer (Lynch Syndrome), Targeted Mrna Sequence Analysis Panel (MLH1, MSH2,	No
	MSH6, PMS2) (List Separately In Addition To Code For Primary Procedure)	
01630	Anesthesia For Open Or Surgical Arthroscopic Procedures On Humeral Head And Neck,	No
	Sternoclavicular Joint, Acromioclavicular Joint, And Shoulder Joint; Not Otherwise Specified	
01634	Anesthesia For Open Or Surgical Arthroscopic Procedures On Humeral Head And Neck,	No
	Sternoclavicular Joint, Acromioclavicular Joint, And Shoulder Joint; Shoulder Disarticulation	
01636	Anesthesia For Open Or Surgical Arthroscopic Procedures On Humeral Head And Neck,	No
	Sternoclavicular Joint, Acromioclavicular Joint, And Shoulder Joint; Interthoracoscapular (Forequarter)	
	Amputation	
01638	Anesthesia For Open Or Surgical Arthroscopic Procedures On Humeral Head And Neck,	No
	Sternoclavicular Joint, Acromioclavicular Joint, And Shoulder Joint; Total Shoulder Replacement	
0163U	Oncology (Colorectal) Screening, Biochemical Enzyme-Linked Immunosorbent Assay (ELISA) Of 3	Yes
	Plasma Or Serum Proteins (Teratocarcinoma Derived Growth Factor-1 [TDGF-1, Cripto-1],	
	Carcinoembryonic Antigen [CEA], Extracellular Matrix Protein [ECM]), With Dem	
0164	Room & Board - Other: Sterile Environment	Yes
0164T	Removal Of Total Disc Arthroplasty, (Artificial Disc), Anterior Approach, Each Additional Interspace,	Yes
	Lumbar (List Separately In Addition To Code For Primary Procedure)	
0164U	Gastroenterology (Irritable Bowel Syndrome [IBS]), Immunoassay For Anti-Cdtb And Anti-Vinculin	Yes
	Antibodies, Utilizing Plasma, Algorithm For Elevated Or Not Elevated Qualitative Results	
01650		NI-
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
01657	Powician Including Daplacement Of Total Dise Arthreadacts (Artificial Dise). Arthread Arms of Total	Yes
0165T	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each	105
	Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	
016511	Resput Allergen Specific Quantitative Accordment Of Multiple Faitures Using Farmer Links	No
0165U	Peanut Allergen-Specific Quantitative Assessment Of Multiple Epitopes Using Enzyme-Linked	NO
	Immunosorbent Assay (Elisa), Blood, Individual Epitope Results And Probability Of Peanut Allergy	
0166U	Liver Disease, 10 Biochemical Assays (Alpha2-Macroglobulin, Haptoglobin, Apolipoprotein A1,	No
01000	Bilirubin, GGT, ALT, AST, Triglycerides, Cholesterol, Fasting Glucose) And Biometric And Demographic	
	Data, Utilizing Serum, Algorithm Reported As Scores For Fibros	
0167	Room & Board - Other: Self Care	Yes
01670	Anesthesia For All Procedures On Veins Of Shoulder And Axilla	No
0167U	Gonadotropin, Chorionic (Hcg), Immunoassay With Direct Optical Observation, Blood	No
01680	Anesthesia For Shoulder Cast Application, Removal Or Repair, Not Otherwise Specified	No
0169	Room & Board - Other: Other	Yes
0100	process of board other other	103

Procedure Code	Description	Prior Auth Required
0169U	NUDT15 (Nudix Hydrolase 15) And TPMT (Thiopurine S-Methyltransferase) (Eg, Drug Metabolism)	Yes
	Gene Analysis, Common Variants	
017	FQHC - Heroin Detoxification	No
0170	Nursery: General Classification	Yes
0170U	Neurology (Autism Spectrum Disorder [ASD]), RNA, Next-Generation Sequencing, Saliva, Algorithmic	Yes
	Analysis, And Results Reported As Predictive Probability Of ASD Diagnosis	
0171	Nursery: Newborn - Level I	No
01710	Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Upper Arm And	No
	Elbow; Not Otherwise Specified	
01712	Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Upper Arm And	No
01714	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	INO
01716	Anesthesia For Procedures On Nerves, Muscles, Tendons, Fascia, And Bursae Of Upper Arm And	No
01/10	Elbow; Tenodesis, Rupture Of Long Tendon Of Biceps	110
0171U	Targeted Genomic Sequence Analysis Panel, Acute Myeloid Leukemia, Myelodysplastic Syndrome,	No
	And Myeloproliferative Neoplasms, DNA Analysis, 23 Genes, Interrogation For Sequence Variants,	
	Rearrangements And Minimal Residual Disease, Reported As Presence/Ab	
0172	Nursery: Newborn - Level II	Yes
0172U	Oncology (Solid Tumor As Indicated By The Label), Somatic Mutation Analysis Of Brca1 (Brca1, Dna	Yes
	Repair Associated), Brca2 (Brca2, Dna Repair Associated) And Analysis Of Homologous Recombination	
	Deficiency Pathways, Dna, Formalin-Fixed Paraffin-Embedded T	
0173	Nursery: Newborn - Level III	Yes
01730 01732	Anesthesia For All Closed Procedures On Humerus And Elbow	No No
01732 0173U	Anesthesia For Diagnostic Arthroscopic Procedures Of Elbow Joint Psychiatry (Ie, Depression, Anxiety), Genomic Analysis Panel, Includes Variant Analysis Of 14 Genes	Yes
01750	r sychiati y (le, Depression, Anxiety), Genomic Analysis Panel, includes variant Analysis OF 14 Genes	165
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	No
	Malunion Of Humerus	
0174T	Computer-Aided Detection (Cad) (Computer Algorithm Analysis Of Digital Image Data For Lesion	No
	Detection) With Further Physician Review For Interpretation And Report, With Or Without Digitization	
	Of Film Radiographic Images, Chest Radiograph(S), Performed C	
0174U	Oncology (Solid Tumor), Mass Spectrometric 30 Protein Targets, Formalin-Fixed Paraffin-Embedded	Yes
	Tissue, Prognostic And Predictive Algorithm Reported As Likely, Unlikely, Or Uncertain Benefit Of 39	
04756	Chemotherapy And Targeted Therapeutic Oncology Agents	AL.
01756 01758	Anesthesia For Open Or Surgical Arthroscopic Procedures Of The Elbow; Radical Procedures Anesthesia For Open Or Surgical Arthroscopic Procedures Of The Elbow; Excision Of Cyst Or Tumor Of	No No
01758	Humerus	NO
0175T	Computer-Aided Detection (Cad) (Computer Algorithm Analysis Of Digital Image Data For Lesion	No
	Detection) With Further Physician Review For Interpretation And Report, With Or Without Digitization	
	Of Film Radiographic Images, Chest Radiograph(S), Performed R	
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
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	Yes
	Subunit Alpha) Gene Analysis Of 11 Gene Variants Utilizing Plasma, Reported As Pik3ca Gene Mutation	
01780	Status	Ne
01780 01782	Anesthesia For Procedures On Veins Of Upper Arm And Elbow; Not Otherwise Specified Anesthesia For Procedures On Veins Of Upper Arm And Elbow; Phleborrhaphy	No No
01782 0178U	Peanut Allergen-Specific Quantitative Assessment Of Multiple Epitopes Using Enzyme-Linked	No
	Immunosorbent Assay (Elisa), Blood, Report Of Minimum Eliciting Exposure For A Clinical Reaction	
0179	Nursery: Other Nursery	Yes

Procedure Code	Description	Prior Auth Required
0179U	Oncology (Non-Small Cell Lung Cancer), Cell-Free Dna, Targeted Sequence Analysis Of 23 Genes	Yes
	(Single Nucleotide Variations, Insertions And Deletions, Fusions Without Prior Knowledge Of	
	Partner/Breakpoint, Copy Number Variations), With Report Of Significan	
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	No
	Termination/Conventional Sequencing, Abo (Abo, Alpha 1-3-N-Acetylgalactosaminyltransferase And	
	Alpha 1-3-Galactosyltransferase) Gene, Including Subtyping, 7 Exons	
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	No
01010	Blood Group]) Exon 1	
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	No
01010	[Cromer Blood Group]) Exons 1-10	
0183	Leave of Absence: Therapeutic Leave	No
01830	Anesthesia For Open Or Surgical Arthroscopic/Endoscopic Procedures On Distal Radius, Distal Ulna,	No
	Wrist, Or Hand Joints; Not Otherwise Specified	
01832	Anesthesia For Open Or Surgical Arthroscopic/Endoscopic Procedures On Distal Radius, Distal Ulna,	No
	Wrist, Or Hand Joints; Total Wrist Replacement	
0183U	Red Cell Antigen (Diego Blood Group) Genotyping (Di), Gene Analysis, Slc4a1 (Solute Carrier Family 4	No
	Member 1 [Diego Blood Group]) Exon 19	
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	Yes
	Muscularis Propria (le, Full Thickness)	
0184U	Red Cell Antigen (Dombrock Blood Group) Genotyping (Do), Gene Analysis, Art4 (Adp-	No
	Ribosyltransferase 4 [Dombrock Blood Group]) Exon 2	
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	No
	Blood Group]) Exon 4	
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	No
	2	
0187U	Red Cell Antigen (Duffy Blood Group) Genotyping (Fy), Gene Analysis, Ackr1 (Atypical Chemokine	No
	Receptor 1 [Duffy Blood Group]) Exons 1-2	
0188U	Red Cell Antigen (Gerbich Blood Group) Genotyping (Ge), Gene Analysis, Gypc (Glycophorin C [Gerbich	No
	Blood Group]) Exons 1-4	
0189	Leave of Absence: Other LOA	No
0189U	Red Cell Antigen (Mns Blood Group) Genotyping (Gypa), Gene Analysis, Gypa (Glycophorin A [Mns	No
	Blood Group]) Introns 1, 5, Exon 2	
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	No
	Blood Group]) Introns 1, 5, Pseudoexon 3	
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	No
	Blood Group]) Exons 2, 3, 6	
0192	Subacute Care: Subacute Care - Level II	Yes
01920	Anesthesia For Cardiac Catheterization Including Coronary Angiography And Ventriculography (Not To	No
	Include Swan-Ganz Catheter)	
01922	Anesthesia For Non-Invasive Imaging Or Radiation Therapy	No
01924	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Arterial System; Not	No
	Otherwise Specified	

Procedure Code	Description	Prior Auth Required
01925	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Arterial System;	No
	Carotid Or Coronary	
01926	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Arterial System;	No
	Intracranial, Intracardiac, Or Aortic	
0192U	Red Cell Antigen (Kidd Blood Group) Genotyping (Jk), Gene Analysis, Slc14a1 (Solute Carrier Family 14	No
	Member 1 [Kidd Blood Group]) Gene Promoter, Exon 9	
0193	Subacute Care: Subacute Care - Level III	Yes
01930	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Venous/Lymphatic	No
	System (Not To Include Access To The Central Circulation); Not Otherwise Specified	
01931	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Venous/Lymphatic	No
	System (Not To Include Access To The Central Circulation); Intrahepatic Or Portal Circulation (Eg,	
04000	Transvenous Intrahepatic Portosystemic Shunt[S] [Tips])	
01932	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Venous/Lymphatic	No
	System (Not To Include Access To The Central Circulation); Intrathoracic Or Jugular	
01022	An anthonia Fan Thomas with Internet and Dadialanian Descendance Investigent the Managemetric	No
01933	Anesthesia For Therapeutic Interventional Radiological Procedures Involving The Venous/Lymphatic	No
01937	System (Not To Include Access To The Central Circulation); Intracranial Anesthesia For Percutaneous Image-Guided Injection, Drainage Or Aspiration Procedures On The	No
01957	Spine Or Spinal Cord; Cervical Or Thoracic	NO
01938	Anesthesia For Percutaneous Image-Guided Injection, Drainage Or Aspiration Procedures On The	No
01550	Spine Or Spinal Cord; Lumbar Or Sacral	
01939	Anesthesia For Percutaneous Image-Guided Destruction Procedures By Neurolytic Agent On The	No
01000	Spine Or Spinal Cord; Cervical Or Thoracic	
0193U	Red Cell Antigen (Jr Blood Group) Genotyping (Jr), Gene Analysis, Abcg2 (Atp Binding Cassette	No
	Subfamily G Member 2 [Junior Blood Group]) Exons 2-26	
0194	Subacute Care: Subacute Care - Level IV	Yes
01940	Anesthesia For Percutaneous Image-Guided Destruction Procedures By Neurolytic Agent On The	No
	Spine Or Spinal Cord; Lumbar Or Sacral	
01941	Anesthesia For Percutaneous Image-Guided Neuromodulation Or Intravertebral Procedures (Eg,	No
	Kyphoplasty, Vertebroplasty) On The Spine Or Spinal Cord; Cervical Or Thoracic	
01942	Anesthesia For Percutaneous Image-Guided Neuromodulation Or Intravertebral Procedures (Eg,	No
	Kyphoplasty, Vertebroplasty) On The Spine Or Spinal Cord; Lumbar Or Sacral	
0194U	Red Cell Antigen (Kell Blood Group) Genotyping (Kel), Gene Analysis, Kel (Kell Metallo-Endopeptidase	No
01051	[Kell Blood Group]) Exon 8	NI -
01951	Anesthesia For Second- And Third-Degree Burn Excision Or Debridement With Or Without Skin	No
	Grafting, Any Site, For Total Body Surface Area (Tbsa) Treated During Anesthesia And Surgery; Less	
01952	Than 4% Total Body Surface Area Anesthesia For Second- And Third-Degree Burn Excision Or Debridement With Or Without Skin	No
01952	Grafting, Any Site, For Total Body Surface Area (Tbsa) Treated During Anesthesia And Surgery;	NO
	Between 4% And 9% Of Total Body Surface Area	
01953	Anesthesia For Second- And Third-Degree Burn Excision Or Debridement With Or Without Skin	No
	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	
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	No
	Subarachnoid Needle Placement And Drug Injection And/Or Any Necessary Replacement Of An	
01000	Epidural Catheter During Labor)	NI
01968	Anesthesia For Cesarean Delivery Following Neuraxial Labor Analgesia/Anesthesia (List Separately In	No
01000	Addition To Code For Primary Procedure Performed)	No
01969	Anesthesia For Cesarean Hysterectomy Following Neuraxial Labor Analgesia/Anesthesia (List	No
0196U	Separately In Addition To Code For Primary Procedure Performed) Red Cell Antigen (Lutheran Blood Group) Genotyping (Lu), Gene Analysis, Bcam (Basal Cell Adhesion	No
01900	Molecule [Lutheran Blood Group]) Exon 3	NO

Procedure Code	Description	Prior Auth Required
0197U	Red Cell Antigen (Landsteiner-Wiener Blood Group) Genotyping (Lw), Gene Analysis, Icam4	No
	(Intercellular Adhesion Molecule 4 [Landsteiner-Wiener Blood Group]) Exon 1	
0198T	Measurement Of Ocular Blood Flow By Repetitive Intraocular Pressure Sampling, With Interpretation	Yes
	And Report	
0198U	Red Cell Antigen (Rh Blood Group) Genotyping (Rhd And Rhce), Gene Analysis Sanger/Chain	No
	Termination/Conventional Sequencing, Rhd (Rh Blood Group D Antigen) Exons 1-10 And Rhce (Rh	
	Blood Group Ccee Antigens) Exon 5	
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	No
	Performed By A Different Physician Or Other Qualified Health Care Professional); Other Than The	
	Prone Position	
01992	Anesthesia For Diagnostic Or Therapeutic Nerve Blocks And Injections (When Block Or Injection Is	No
	Performed By A Different Physician Or Other Qualified Health Care Professional); Prone Position	
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	No
020	Membrane Associated Protein [Scianna Blood Group]) Exons 4, 12	N
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	Yes
	Balloon Or Mechanical Device, When Used, 1 Or More Needles, Includes Imaging Guidance And Bone Bionsy, When Derformed	
0200U	Biopsy, When Performed Red Call Antigan (Ky Blood Craun) Constanting (Vk), Const Applysis, Vk (X Linked Ky Blood Craun)	No
02000	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	Yes
02011	Or Mechanical Device, When Used, 2 Or More Needles, Includes Imaging Guidance And Bone Biopsy,	105
	When Performed	
0201U	Red Cell Antigen (Yt Blood Group) Genotyping (Yt), Gene Analysis, Ache (Acetylcholinesterase	Yes
02010	[Cartwright Blood Group] Exon 2	
0202	Intensive Care Unit: Medical	Yes
0202T	Posterior Vertebral Joint(s) Arthroplasty (eg, Facet Joint[s] Replacement), Including Facetectomy,	Yes
	Laminectomy, Foraminotomy, And Vertebral Column Fixation, Injection Of Bone Cement, When	
	Performed, Including Fluoroscopy, Single Level, Lumbar Spine	
0202U		No
	Or Rna), 22 Targets Including Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2),	
	Qualitative Rt-Pcr, Nasopharyngeal Swab, Each Pathogen Rep	
0203	Intensive Care Unit: Pediatric	Yes
0203U	Autoimmune (Inflammatory Bowel Disease), Mrna, Gene Expression Profiling By Quantitative Rt-Pcr,	Yes
	17 Genes (15 Target And 2 Reference Genes), Whole Blood, Reported As A Continuous Risk Score And	
	Classification Of Inflammatory Bowel Disease Aggressiveness	
0204	Intensive Care Unit: Psychiatric	Yes
0204U	Oncology (Thyroid), Mrna, Gene Expression Analysis Of 593 Genes (Including Braf, Ras, Ret, Pax8, And	Yes
	Ntrk) For Sequence Variants And Rearrangements, Utilizing Fine Needle Aspirate, Reported As	
	Detected Or Not Detected	
0205U	Ophthalmology (Age-Related Macular Degeneration), Analysis Of 3 Gene Variants (2 Cfh Gene, 1	Yes
	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	
0206	Intensive Care Unit: Intermediate ICU	Yes
0206U	Neurology (Alzheimer Disease); Cell Aggregation Using Morphometric Imaging And Protein Kinase C-	Yes
	Epsilon (Pkce) Concentration In Response To Amylospheroid Treatment By Elisa, Cultured Skin	
	Fibroblasts, Each Reported As Positive Or Negative For Alzheimer Di	
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	Yes
	To Bradykinin Treatment By In Situ Immunofluorescence, Using Cultured Skin Fibroblasts, Reported As	
	A Probability Index For Alzheimer Disease (List Separately	1

Procedure Code	Description	Prior Auth Required
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	Yes
02000	Number, Structural Changes And Areas Of Homozygosity For Chromosomal Abnormalities	
021	FQHC - Differential Rates	No
0210	Coronary Care Unit: General Classification	Yes
0210T	Speech Audiometry Threshold, Automated;	Yes
0210U		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,	
0212	Tumor Mutational Burden, And Microsatellite Instability, Wit	Yes
0212T	Comprehensive Audiometry Threshold Evaluation And Speech Recognition (0209t, 0211t Combined),	Yes
004011	Automated	
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
0213 0213T		
02131	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	Analysis, Including Small Sequence Changes, Deletions, Duplications, Short Tandem Repeat Gene	No
0214	Expansions, And Variants In Non-Uniquely Mappable Regions, Blood	Yes
	Coronary Care Unit: Intermediate CCU	
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		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		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-	No
0218T	Uniquely Mappable Regions, Blood Or Saliva, Identification And Cat 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	Yes
0218U	Level(S) (List Separately In Addition To Code For Primary Proc 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

Procedure Code	Description	Prior Auth Required
0219	Coronary Care Unit: Other Coronary CCU	Yes
0219T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And	Yes
	Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level; Cervical	
0219U	Infectious Agent (Human Immunodeficiency Virus), Targeted Viral Next-Generation Sequence Analysis	No
	(Ie, Protease [Pr], Reverse Transcriptase [Rt], Integrase [Int]), Algorithm Reported As Prediction Of	
	Antiviral Drug Susceptibility	
0220	Special Charges: General Classification	No
0220T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And	Yes
	Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level; Thoracic	
0220U	Oncology (Breast Cancer), Image Analysis With Artificial Intelligence Assessment Of 12 Histologic And	Yes
	Immunohistochemical Features, Reported As A Recurrence Score	
0221	Special Charges: Admission Charges	No
0221T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And	Yes
	Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level; Lumbar	
0221U	Red Cell Antigen (Abo Blood Group) Genotyping (Abo), Gene Analysis, Next-Generation Sequencing,	No
	Abo (Abo, Alpha 1-3-N-Acetylgalactosaminyltransferase And Alpha 1-3-Galactosyltransferase) Gene	
0222		NL -
0222	Special Charges: Technical Support Charge	No
0222T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And	Yes
	Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level; Each Additional Vertebral Segment	
0222U	(List Separately In Addition To Code For Primary Procedure) Red Cell Antigen (Rh Blood Group) Genotyping (Rhd And Rhce), Gene Analysis, Next-Generation	No
02220	Sequencing, Rh Proximal Promoter, Exons 1-10, Portions Of Introns 2-3	
0223	Special Charges: U.R. Service Charge	No
0223U	Infectious Disease (Bacterial Or Viral Respiratory Tract Infection), Pathogen-Specific Nucleic Acid (Dna	No
02230	Or Rna), 22 Targets Including Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2),	
	Qualitative Rt-Pcr, Nasopharyngeal Swab, Each Pathogen Rep	
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	
0225U	Infectious Disease (Bacterial Or Viral Respiratory Tract Infection) Pathogen-Specific Dna And Rna, 21	No
	Targets, Including Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2), Amplified Probe	
	Technique, Including Multiplex Reverse Transcription For	
0226U	Surrogate Viral Neutralization Test (Svnt), Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-	No
	Cov-2) (Coronavirus Disease [Covid-19]), Elisa, Plasma, Serum	
0227U	Drug Assay, Presumptive, 30 Or More Drugs Or Metabolites, Urine, Liquid Chromatography With	No
	Tandem Mass Spectrometry (LC-MS/MS) Using Multiple Reaction Monitoring (MRM), With Drug Or	
	Metabolite Description, Includes Sample Validation	
0228U	Oncology (Prostate), Multianalyte Molecular Profile By Photometric Detection Of Macromolecules	Yes
	Adsorbed On Nanosponge Array Slides With Machine Learning, Utilizing First Morning Voided Urine,	
	Algorithm Reported As Likelihood Of Prostate Cancer	
0229	Special Charges: Other Special Charges	No
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg,	Yes
	colorectal cancer) promoter methylation analysis	
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	Yes
	Inactivation), Full Sequence Analysis, Including Small Sequence Changes In Exonic And Intronic	
0004	Regions, Deletions, Duplications, Short Tandem Repeat (STR) Expans	
0231	Incremental Nursing Charge: Nursery	No
0231U	CACNA1A (Calcium Voltage-Gated Channel Subunit Alpha 1A) (Eg, Spinocerebellar Ataxia), Full Gene	Yes
	Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications,	
0222	Short Tandem Repeat (STR) Gene Expansions, Mobile Element	No
0232 0232T	Incremental Nursing Charge: OB Injection(s), Platelet Rich Plasma, Any Site, Including Image Guidance, Harvesting And Preparation	No Yes
	When Performed	103
0232U	CSTB (Cystatin B) (Eg, Progressive Myoclonic Epilepsy Type 1A, Unverricht-Lundborg Disease), Full	Yes
02320	Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions,	103
	Duplications, Short Tandem Repeat (STR) Expansions, Mobile Element	
0233	Incremental Nursing Charge: ICU	No
0233U	FXN (Frataxin) (Eg, Friedreich Ataxia), Gene Analysis, Including Small Sequence Changes In Exonic And	Yes
02000	Intronic Regions, Deletions, Duplications, Short Tandem Repeat (STR) Expansions, Mobile Element	
	Insertions, And Variants In Non-Uniquely Mappable Regions	
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Procedure Code	Description	Prior Auth Required
0234	Incremental Nursing Charge: CCU	No
0234T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And	Yes
	Interpretation; Renal Artery	
0234U	MECP2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome), Full Gene Analysis, Including Small	Yes
	Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications, Mobile Element Insertions,	
	And Variants In Non-Uniquely Mappable Regions	
0235	Incremental Nursing Charge: Hospice	No
0235T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And	Yes
	Interpretation; Visceral Artery (Except Renal), Each Vessel	
0235U	PTEN (Phosphatase And Tensin Homolog) (Eg, Cowden Syndrome, PTEN Hamartoma Tumor	Yes
	Syndrome), Full Gene Analysis, Including Small Sequence Changes In Exonic And Intronic Regions,	
	Deletions, Duplications, Mobile Element Insertions, And Variants In Non-Unique	
0236T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And	Yes
	Interpretation; Abdominal Aorta	
0236U	Smn1 (Survival Of Motor Neuron 1, Telomeric) And Smn2 (Survival Of Motor Neuron 2, Centromeric)	Yes
	(Eg, Spinal Muscular Atrophy) Full Gene Analysis, Including Small Sequence Changes In Exonic And	
	Intronic Regions, Duplications, Deletions, And Mobile Element	
0237T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And	Yes
	Interpretation; Brachiocephalic Trunk And Branches, Each Vessel	
0237U	Cardiac Ion Channelopathies (Eg, Brugada Syndrome, Long QT Syndrome, Short QT Syndrome,	Yes
	Catecholaminergic Polymorphic Ventricular Tachycardia), Genomic Sequence Analysis Panel Including	
	ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, And SCN5A	
0238T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And	Yes
	Interpretation; Iliac Artery, Each Vessel	
0238U	Oncology (Lynch Syndrome), Genomic DNA Sequence Analysis Of MLH1, MSH2, MSH6, PMS2, And	No
	EPCAM, Including Small Sequence Changes In Exonic And Intronic Regions, Deletions, Duplications,	
	Mobile Element Insertions, And Variants In Non-Uniquely Mappable Regio	
-		
0239	Incremental Nursing Charge: Other	No
0239U	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm, Cell-Free DNA, Analysis Of 311 Or	Yes
	More Genes, Interrogation For Sequence Variants, Including Substitutions, Insertions, Deletions,	
	Select Rearrangements, And Copy Number Variations	
024	FQHC Medi-Cal Ambulatory Visit	Yes
0240	All Inclusive Ancillary: General Classification	No
0240U	Infectious Disease (Viral Respiratory Tract Infection), Pathogen-Specific Rna, 3 Targets (Severe Acute	No
	Respiratory Syndrome Coronavirus 2 [Sars-Cov-2], Influenza A, Influenza B), Upper Respiratory	
0244	Specimen, Each Pathogen Reported As Detected Or Not Detect	N .
0241	All Inclusive Ancillary: Basic	No
0241U	Infectious Disease (Viral Respiratory Tract Infection), Pathogen-Specific Rna, 4 Targets (Severe Acute	No
	Respiratory Syndrome Coronavirus 2 [Sars-Cov-2], Influenza A, Influenza B, Respiratory Syncytial Virus	
0242	[Rsv]), Upper Respiratory Specimen, Each Pathogen	N
0242 0242U	All Inclusive Ancillary: Comprehensive	No
02420	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm, Cell-Free Circulating Dna Analysis	Yes
	Of 55-74 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, And Gene	
0243	Rearrangements	No
0243U	All Inclusive Ancillary: Specialty	Yes
02430	Obstetrics (Preeclampsia), Biochemical Assay Of Placental-Growth Factor, Time-Resolved	Tes
	Fluorescence Immunoassay, Maternal Serum, Predictive Algorithm Reported As A Risk Score For	
0244U	Preeclampsia Oncology (Solid Organ), Dna, Comprehensive Genomic Profiling, 257 Genes, Interrogation For Single-	Yes
02440	Nucleotide Variants, Insertions/Deletions, Copy Number Alterations, Gene Rearrangements, Tumor-	Tes
0245U	Mutational Burden And Microsatellite Instability, Utilizing Fo Oncology (Thyroid), Mutation Analysis Of 10 Genes And 37 Rna Fusions And Expression Of 4 Mrna	Yes
02730	Markers Using Next-Generation Sequencing, Fine Needle Aspirate, Report Includes Associated Risk Of	103
	Malignancy Expressed As A Percentage	
0246U	Red Blood Cell Antigen Typing, Dna, Genotyping Of At Least 16 Blood Groups With Phenotype	No
02-100	Prediction Of At Least 51 Red Blood Cell Antigens	
0247U	Obstetrics (Preterm Birth), Insulin-Like Growth Factor-Binding Protein 4 (Ibp4), Sex Hormone-Binding	Yes
027/0		103
	Globulin (Shbg), Quantitative Measurement By Lc-Ms/Ms, Utilizing Maternal Serum, Combined With Clinical Data, Reported As Predictive-Risk Stratification F	
0248U	Oncology (Brain), Spheroid Cell Culture In A 3D Microenvironment, 12 Drug Panel, Tumor-Response	Yes
02-100	Prediction For Each Drug	105

Procedure Code	Description	Prior Auth Required
0249	All Inclusive Ancillary: Other All Inclusive Ancillary	No
0249U	Oncology (Breast), Semiquantitative Analysis Of 32 Phosphoproteins And Protein Analytes, Includes	Yes
	Laser Capture Microdissection, With Algorithmic Analysis And Interpretative Report	
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,	Yes
02500	Interrogation For Somatic Alterations (Snvs [Single Nucleotide Variant], Small Insertions And	
	Deletions, One Amplification, And Four Translocations), Microsatellite Inst	
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	Yes
02320	Conception, Reported As Normal (Euploidy), Monosomy, Trisomy, Or Partial Deletion/Duplication, Mosaicism, And Segmental Aneuploidy	103
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	Yes
	Approach, Into The Suprachoroidal Space	
0253U	Reproductive Medicine (Endometrial Receptivity Analysis), Rna Gene Expression Profile, 238 Genes By	Yes
	Next-Generation Sequencing, Endometrial Tissue, Predictive Algorithm Reported As Endometrial	
0054	Window Of Implantation (Eg, Pre-Receptive, Receptive, Post-Rec	••
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	Yes
	Embryonic Dna Genomic Sequence Analysis For Aneuploidy, And A Mitochondrial Dna Score In	
	Euploid Embryos, Results Reported As Normal (Euploidy), Monosomy, Trisomy	
0255	Dharmany (also son 002), an aytomian of 025y), Druge Insident to Dadialany	No
0255 0255U	Pharmacy (also see 063x, an extension of 025x): Drugs Incident to Radiology	
02550	Andrology (Infertility), Sperm-Capacitation Assessment Of Ganglioside Gm1 Distribution Patterns,	Yes
	Fluorescence Microscopy, Fresh Or Frozen Specimen, Reported As Percentage Of Capacitated Sperm	
0256	And Probability Of Generating A Pregnancy Score	No
	Pharmacy (also see 063x, an extension of 025x): Experimental Drugs	
0256U	Trimethylamine/Trimethylamine N-Oxide (Tma/Tmao) Profile, Tandem Mass Spectrometry (Ms/Ms),	Yes
0257	Urine, With Algorithmic Analysis And Interpretive Report	No
0257U	Pharmacy (also see 063x, an extension of 025x): Non-Prescription	Yes
02570	Very Long Chain Acyl-Coenzyme A (Coa) Dehydrogenase (Vlcad), Leukocyte Enzyme Activity, Whole Blood	res
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	Yes
	Genes, Skin-Surface Collection Using Adhesive Patch, Algorithm Reported As Likelihood Of Response	
	To Psoriasis Biologics	
0259	Pharmacy (also see 063x, an extension of 025x): Other Pharmacy	No
0259U	Nephrology (Chronic Kidney Disease), Nuclear Magnetic Resonance Spectroscopy Measurement Of	Yes
	Myo-Inositol, Valine, And Creatinine, Algorithmically Combined With Cystatin C (By Immunoassay) And	
	Demographic Data To Determine Estimated Glomerular Filtration R	
0260	IV Therapy: General Classification	No
0260U	Rare Diseases (Constitutional/Heritable Disorders), Identification Of Copy Number Variations,	Yes
	Inversions, Insertions, Translocations, And Other Structural Variants By Optical Genome Mapping	
0261	IV Therapy: Infusion Pump	No
0261U	Oncology (Colorectal Cancer), Image Analysis With Artificial Intelligence Assessment Of 4 Histologic	Yes
	And Immunohistochemical Features (Cd3 And Cd8 Within Tumor-Stroma Border And Tumor Core),	
	Tissue, Reported As Immune Response And Recurrence-Risk Score	
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,	Yes
	Pi3K, Mapk, Hh, Tgfb, Notch), Formalin-Fixed Paraffin-Embedded (Ffpe), Algorithm Reported As Gene Pathway Activity Score	
0263	IV Therapy: IV Therapy/Drug/Supply Delivery	No
0263T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple	Yes
	Injections, One Leg, Including Ultrasound Guidance, If Performed; Complete Procedure Including	. = #
	Unilateral Or Bilateral Bone Marrow Harvest	
0263U	Neurology (Autism Spectrum Disorder [Asd]), Quantitative Measurements Of 16 Central Carbon	Yes
	Metabolites (le, A-Ketoglutarate, Alanine, Lactate, Phenylalanine, Pyruvate, Succinate, Carnitine,	
	Citrate, Fumarate, Hypoxanthine, Inosine, Malate, S-Sulfocysteine	

Procedure Code	Description	Prior Auth Required
0264	IV Therapy: IV Therapy/Supplies	No
0264T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple	Yes
	Injections, One Leg, Including Ultrasound Guidance, If Performed; Complete Procedure Excluding	
	Bone Marrow Harvest	
0264U	Rare Diseases (Constitutional/Heritable Disorders), Identification Of Copy Number Variations,	Yes
	Inversions, Insertions, Translocations, And Other Structural Variants By Optical Genome Mapping	
0265T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple	Yes
	Injections, One Leg, Including Ultrasound Guidance, If Performed; Unilateral Or Bilateral Bone Marrow	
	Harvest Only For Intramuscular Autologous Bone Marrow Ce	
0265U	Rare Constitutional And Other Heritable Disorders, Whole Genome And Mitochondrial Dna Sequence	Yes
	Analysis, Blood, Frozen And Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Saliva, Buccal Swabs Or	
	Cell Lines, Identification Of Single Nucleotide And Copy Num	
0266T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Total System (Includes	Yes
	Generator Placement, Unilateral Or Bilateral Lead Placement, Intra-Operative Interrogation,	
	Programming, And Repositioning, When Performed)	
0266U	Unexplained Constitutional Or Other Heritable Disorders Or Syndromes, Tissue-Specific Gene	Yes
	Expression By Whole-Transcriptome And Next-Generation Sequencing, Blood, Formalin-Fixed Paraffin-	
	Embedded (Ffpe) Tissue Or Fresh Frozen Tissue, Reported As Presence	
0267T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Lead Only, Unilateral	Yes
	(Includes Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	
0267U	Rare Constitutional And Other Heritable Disorders, Identification Of Copy Number Variations,	Yes
	Inversions, Insertions, Translocations, And Other Structural Variants By Optical Genome Mapping And	
	Whole Genome Sequencing	
0268T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only	Yes
	(Includes Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	
0268U	Hematology (Atypical Hemolytic Uremic Syndrome [Ahus]), Genomic Sequence Analysis Of 15 Genes,	Yes
	Blood, Buccal Swab, Or Amniotic Fluid	
0269	IV Therapy: Other IV Therapy	No
0269T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator	Yes
	Placement, Unilateral Or Bilateral Lead Placement, Intra-Operative Interrogation, Programming, And	
020011	Repositioning, When Performed)	Maa
0269U	Hematology (Autosomal Dominant Congenital Thrombocytopenia), Genomic Sequence Analysis Of 22	Yes
0270	Genes, Blood, Buccal Swab, Or Amniotic Fluid	N
0270	Med/Surg Supplies & Devices (also see 062x, extension of 027x): General Classification	No
0270T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Lead Only, Unilateral (Includes	Yes
	Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	
0270U	Lamatelezy (Cancenitel Coopulation Disorders), Conomis Convenes Analysis Of 20 Cones, Pland	Yes
02700	Hematology (Congenital Coagulation Disorders), Genomic Sequence Analysis Of 20 Genes, Blood, Buccal Swab, Or Amniotic Fluid	res
0271	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Non-sterile Supply	No
0271T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only (Includes	Yes
02711		res
	Intra-Operative Interrogation, Programming, And Repositioning, When Performed)	
0271U	Hematology (Congenital Neutropenia), Genomic Sequence Analysis Of 24 Genes, Blood, Buccal Swab,	No
02710	Or Amniotic Fluid	NO
0272	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Sterile Supply	No
0272T	Interrogation Device Evaluation (In Person), Carotid Sinus Baroreflex Activation System, Including	Yes
02721	Telemetric Iterative Communication With The Implantable Device To Monitor Device Diagnostics And	
	Programmed Therapy Values, With Interpretation And Report (
0272U	Hematology (Genetic Bleeding Disorders), Genomic Sequence Analysis Of 60 Genes And	Yes
02720	Duplication/Deletion Of Plau, Blood, Buccal Swab, Or Amniotic Fluid, Comprehensive	
0273	Med/Surg Supplies &Devices (also see 062x, extension of 027x): Take Home Supplies	No
0273 0273T	Interrogation Device Evaluation (In Person), Carotid Sinus Baroreflex Activation System, Including	Yes
02731		103
	Telemetric Iterative Communication With The Implantable Device To Monitor Device Diagnostics And	
0273U	Programmed Therapy Values, With Interpretation And Report (Ves
02750	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	103
	Genomic Hybridization), Blood, Buccal Swab, Or Amniotic Fl	

Procedure Code	Description	Prior Auth Required
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
0275T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Discectomy, Facetectomy And/Or Foraminotomy), Any Method, Under Indirect Image Guidance (Eg, Fluoroscopic, Ct), Singl	Yes
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, Response To Radiation, Cell-Free Dna, Quantitative Branched Chain Dna Amplification, Plasma, Reported As A Radiation Toxicity Score	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
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

Procedure Code	Description	Prior Auth Required
0292U	Psychiatry (Stress Disorders), Mrna, Gene Expression Profiling By Rna Sequencing Of 72 Genes, Whole	
	Blood, Algorithm Reported As Predictive Risk Score	
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	Yes
	Blood, Algorithm Reported As Predictive Risk Score	
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	Yes
	Blood, Algorithm Reported As Predictive Risk Score	
0295U	Oncology (Breast Ductal Carcinoma In Situ), Protein Expression Profiling By Immunohistochemistry Of	Yes
	7 Proteins (Cox2, Foxa1, Her2, Ki-67, P16, Pr, Siah2), With 4 Clinicopathologic Factors (Size, Age,	
020611	Margin Status, Palpability), Utilizing Formalin-Fixed P	
0296U	Oncology (Oral And/Or Oropharyngeal Cancer), Gene Expression Profiling By Rna Sequencing Of At	Yes
	Least 20 Molecular Features (Eg, Human And/Or Microbial Mrna), Saliva, Algorithm Reported As	
0297U	Positive Or Negative For Signature Associated With Malignancy Oncology (Pan Tumor), Whole Genome Sequencing Of Paired Malignant And Normal Dna Specimens,	Yes
02370	Fresh Or Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Blood Or Bone Marrow, Comparative	103
	Sequence Analyses And Variant Identification	
0298U	Oncology (Pan Tumor), Whole Transcriptome Sequencing Of Paired Malignant And Normal Rna	Yes
	Specimens, Fresh Or Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Blood Or Bone Marrow,	
	Comparative Sequence Analyses And Expression Level And Chimeric Transcript Id	
0299	Durable Medical Equipment (other than renal): Other Equipment	No
0299U	Oncology (Pan Tumor), Whole Genome Optical Genome Mapping Of Paired Malignant And Normal	Yes
	Dna Specimens, Fresh Frozen Tissue, Blood, Or Bone Marrow, Comparative Structural Variant	
	Identification	
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	Yes
	Malignant And Normal Dna Specimens, Fresh Tissue, Blood, Or Bone Marrow, Comparative Sequence	
	Analyses And Variant Identification	
0301	Laboratory: Chemistry	No
0301U	Infectious Agent Detection By Nucleic Acid (Dna Or Rna), Bartonella Henselae And Bartonella	No
	Quintana, Droplet Digital Pcr (Ddpcr);	
0302	Laboratory: Immunology	No
0302U	Infectious Agent Detection By Nucleic Acid (Dna Or Rna), Bartonella Henselae And Bartonella	No
	Quintana, Droplet Digital Pcr (Ddpcr); Following Liquid Enrichment	
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,	Yes
	Functional Assessment, Whole Blood, With Algorithmic Analysis And Result Reported As An Rbc	
0304	Adhesion Index; Hypoxic Laboratory: Non-Routine Dialysis	No
0304U	Hematology, Red Blood Cell (Rbc) Adhesion To Endothelial/Subendothelial Adhesion Molecules,	Yes
03040	Functional Assessment, Whole Blood, With Algorithmic Analysis And Result Reported As An Rbc	105
	Adhesion Index; Normoxic	
0305	Laboratory: Hematology	No
0305U	Hematology, Red Blood Cell (Rbc) Functionality And Deformity As A Function Of Shear Stress, Whole	Yes
	Blood, Reported As A Maximum Elongation Index	
0306	Laboratory: Bacteriology & Microbiology	No
0306U	Oncology (Minimal Residual Disease [Mrd]), Next-Generation Targeted Sequencing Analysis, Cell-Free	Yes
	Dna, Initial (Baseline) Assessment To Determine A Patient-Specific Panel For Future Comparisons To	
	Evaluate For Mrd	
0307	Laboratory: Urology	No
0307U	Oncology (Minimal Residual Disease [MRD]), Next-Generation Targeted Sequencing Analysis Of A	Yes
	Patient-Specific Panel, Cell-Free DNA, Subsequent Assessment With Comparison To Previously	
	Analyzed Patient Specimens To Evaluate For MRD	
0308T	Insertion Of Ocular Telescope Prosthesis Including Removal Of Crystalline Lens Or Intraocular Lens	Yes
	Prosthesis	
0308U	Cardiology (Coronary Artery Disease [Cad]), Analysis Of 3 Proteins (High Sensitivity [Hs] Troponin,	Yes
	Adiponectin, And Kidney Injury Molecule-1 [Kim-1]), With 3 Clinical Parameters (Age, Sex, History Of	
	Cardiac Intervention), Plasma, Algorithm Reported As A	
0309	Laboratory: Other Laboratory	No

Of Metalloproteinase-1 [T As A Risk Score For Major0310Laboratory Pathology: Ger0310UPediatrics (Vasculitis, Kawa Protein, And T-Uptake), PI0311Laboratory Pathology: Cyt0311UInfectious Disease (Bacteri Minimum Inhibitory Conce Identified0312Laboratory Pathology: Hist0312UAutoimmune Diseases (Eg 2 Cell-Bound Complement (ELISA), Flow Cytometry A Of CEA (CEACAM5) Gene F Result (Ie, Negative, Low P0314UOncology (Pancreas), DNA Of CEA (CEACAM5) Gene F Result (Ie, Negative, Low P and 3 Housekeeping), Util As A Categorical Result (Ie0315UOncology (Cutaneous Squi Genes (34 Content And 6 I Algorithm Reported As A C 0316U0317UOncology (Lung Cancer), F Predictive Algorithm-Gene0318UPediatrics (Congenital Epig 50 Or More Genes, Blood0319Laboratory Pathology: Ott0320Radiology - Diagnostic: Gen 0321U0321Radiology - Diagnostic: Gen O322U0321Radiology - Diagnostic: An O321U0321Radiology - Diagnostic: An O321U0322Radiology - Diagnostic: An O321U0321Radiology - Diagnostic: An O321U0322Radiology - Diagnostic: An O321U0322Radiology - Diagnostic: Ar Microbiome-Derived Meta MS/MS), Plasma, Results F Microbiome-Derived Meta MS/MS), Plasma, Results F	ral Classification aki Disease [KD]), Analysis Of 3 Biomarkers (NT-Probnp, C-Reactive sma, Algorithm Reported As A Risk Score For KD ogy I), Quantitative Antimicrobial Susceptibility Reported As Phenotypic tration (Mic)-Based Antimicrobial Susceptibility For Each Organism logy Systemic Lupus Erythematosus [SLE]), Analysis Of 8 Igg Autoantibodies And Activation Products Using Enzyme-Linked Immunosorbent Immunoassay d Indirect Immunofluorescence, Serum, Or and Mrna Next-Generation Sequencing Analysis Of 74 Genes And Analysis pression, Pancreatic Cyst Fluid, Algorithm Reported As A Categorical obability Of Neoplasia Or Positive, Hig	Yes
As A Risk Score For Major0310Laboratory Pathology: Ger0310UPediatrics (Vasculitis, Kawa Protein, And T-Uptake), PI0311Laboratory Pathology: Cyt0311UInfectious Disease (Bacteri Minimum Inhibitory Conce Identified0312Laboratory Pathology: Hisi0312UAutoimmune Diseases (Eg 2 Cell-Bound Complement (ELISA), Flow Cytometry A0313UOncology (Pancreas), DNA Of CEA (CEACAM5) Gene E Result (Ie, Negative, Low F0314Laboratory Pathology: Bio O314U0315UOncology (Cutaneous Meli And 3 Housekeeping), Util As A Categorical Result (Ie0315UOncology (Cutaneous Squ Genes (34 Content And 6 I Algorithm Reported As A C Ogorithm Reported As A C Ogorithm Reported As A C 0317U0318UPediatrics (Congenital Epig 50 Or More Genes, Blood0319Laboratory Pathology: Ott0319UNephrology (Renal Transp Pretransplant Peripheral E 032000320URadiology - Diagnostic: Gen O321U0321Radiology - Diagnostic: Gen O321U0321Radiology - Diagnostic: An O321U0322Radiology - Diagnostic: An O321U0322Radiology - Diagnostic: An O321U0322Radiology - Diagnostic: Ar Microbiome-Derived Meta MS/MS), Plasma, Results F	dverse Cardiac Event ral Classification aki Disease [KD]), Analysis Of 3 Biomarkers (NT-Probnp, C-Reactive sma, Algorithm Reported As A Risk Score For KD ogy I), Quantitative Antimicrobial Susceptibility Reported As Phenotypic tration (Mic)-Based Antimicrobial Susceptibility For Each Organism logy Systemic Lupus Erythematosus [SLE]), Analysis Of 8 Igg Autoantibodies And activation Products Using Enzyme-Linked Immunosorbent Immunoassay d Indirect Immunofluorescence, Serum, Or and Mrna Next-Generation Sequencing Analysis Of 74 Genes And Analysis pression, Pancreatic Cyst Fluid, Algorithm Reported As A Categorical obability Of Neoplasia Or Positive, Hig Sy noma), Mrna Gene Expression Profiling By RT-PCR Of 35 Genes (32 Content ing Formalin-Fixed Paraffin-Embedded (FFPE) Tissue, Algorithm Reported Benign, Intermediate, Malignant) nous Cell Carcinoma), Mrna Gene Expression Profiling By RT-PCR Of 40	Yes No No No Yes No
0310 Laboratory Pathology: Ger 0310U Pediatrics (Vasculitis, Kawa Protein, And T-Uptake), PI 0311 Laboratory Pathology: Cyt 0311U Infectious Disease (Bacter Minimum Inhibitory Concelled Identified 0312 Laboratory Pathology: Hist 0312U Autoimmune Diseases (Eg 2 Cell-Bound Complement (ELISA), Flow Cytometry A 0313U Oncology (Pancreas), DNA Of CEA (CEACAM5) Gene B Result (Ie, Negative, Low P 0314 Laboratory Pathology: Bio 0314U Oncology (Cutaneous Mel And 3 Housekeeping), Util As A Categorical Result (Ie 0315U Oncology (Cutaneous Squa Genes (34 Content And 6 I Algorithm Reported As A 6 0316U Borrelia Burgdorferi (Lyme 0317U 0318U Pediatrics (Congenital Epig 50 Or More Genes, Blood 0319 Laboratory Pathology: Oth 0319U 0320 Radiology - Diagnostic: Ge 0320U Nephrology (Renal Transp Pretransplant Peripheral E 0321U Infectious Agent Detection 20 Bacterial And Fungalou 0321U Infectious Agent Detectior 20 Bacterial And Fungalou 0321U Nephrology (Autism Spectri Microbiome-Derived Metz MS/MS), Plasma, Results F	ral Classification aki Disease [KD]), Analysis Of 3 Biomarkers (NT-Probnp, C-Reactive sma, Algorithm Reported As A Risk Score For KD ogy)), Quantitative Antimicrobial Susceptibility Reported As Phenotypic tration (Mic)-Based Antimicrobial Susceptibility For Each Organism logy Systemic Lupus Erythematosus [SLE]), Analysis Of 8 Igg Autoantibodies And Activation Products Using Enzyme-Linked Immunosorbent Immunoassay d Indirect Immunofluorescence, Serum, Or and Mrna Next-Generation Sequencing Analysis Of 74 Genes And Analysis pression, Pancreatic Cyst Fluid, Algorithm Reported As A Categorical obability Of Neoplasia Or Positive, Hig sy noma), Mrna Gene Expression Profiling By RT-PCR Of 35 Genes (32 Content ing Formalin-Fixed Paraffin-Embedded (FFPE) Tissue, Algorithm Reported Benign, Intermediate, Malignant) nous Cell Carcinoma), Mrna Gene Expression Profiling By RT-PCR Of 40	Yes No No No Yes No
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0314U Oncology (Cutaneous Meli And 3 Housekeeping), Util As A Categorical Result (le 0315U Oncology (Cutaneous Squa Genes (34 Content And 6 I Algorithm Reported As A C 0316U Borrelia Burgdorferi (Lyme 0317U Oncology (Lung Cancer), F Predictive Algorithm-Gene 0318U Pediatrics (Congenital Epig 50 Or More Genes, Blood 0319 Laboratory Pathology: Oth 0319U Nephrology (Renal Transp Pretransplant Peripheral E 0320 Radiology - Diagnostic: Ge 0321U Infectious Agent Detection 20 Bacterial And Fungal Of Multiplex Amplified Probe 0322 Radiology - Diagnostic: Ant 322U Neurology (Autism Spectru Microbiome-Derived Meta MS/MS), Plasma, Results F	noma), Mrna Gene Expression Profiling By RT-PCR Of 35 Genes (32 Content ing Formalin-Fixed Paraffin-Embedded (FFPE) Tissue, Algorithm Reported Benign, Intermediate, Malignant) nous Cell Carcinoma), Mrna Gene Expression Profiling By RT-PCR Of 40	
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0315UOncology (Cutaneous Squa Genes (34 Content And 6 I Algorithm Reported As A C0316UBorrelia Burgdorferi (Lyme0317UOncology (Lung Cancer), F Predictive Algorithm-Gene0318UPediatrics (Congenital Epig 50 Or More Genes, Blood0319Laboratory Pathology: Oth0319UNephrology (Renal Transp Pretransplant Peripheral E03200Radiology - Diagnostic: Ge0321UInfectious Agent Detectior 20 Bacterial And Fungal O Multiplex Amplified Probe0322Radiology - Diagnostic: Art0322UNeurology (Autism Spectru Microbiome-Derived Meta MS/MS), Plasma, Results F	nous Cell Carcinoma), Mrna Gene Expression Profiling By RT-PCR Of 40	
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0318U Pediatrics (Congenital Epig 50 Or More Genes, Blood 0319 Laboratory Pathology: Oth 0319U Nephrology (Renal Transp Pretransplant Peripheral E 0320 Radiology - Diagnostic: Ge 0320U Nephrology (Renal Transp Posttransplant Peripheral 0321 Radiology - Diagnostic: An 0321U Infectious Agent Detection 20 Bacterial And Fungal Of Multiplex Amplified Probe 0322 Radiology - Diagnostic: Art 0322U Neurology (Autism Spectro Microbiome-Derived Meta MS/MS), Plasma, Results F	Disease), Ospa Protein Evaluation, Urine	Yes
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0319 Laboratory Pathology: Oth 0319U Nephrology (Renal Transp Pretransplant Peripheral E Pretransplant Peripheral E 0320 Radiology - Diagnostic: Ge 0320U Nephrology (Renal Transp Posttransplant Peripheral Posttransplant Peripheral 0321 Radiology - Diagnostic: An 0321U Infectious Agent Detection 20 Bacterial And Fungal O Multiplex Amplified Probe 0322 Radiology - Diagnostic: Art 0322U Neurology (Autism Spectru Microbiome-Derived Meta MS/MS), Plasma, Results F	netic Disorders), Whole Genome Methylation Analysis By Microarray For	Yes
0319U Nephrology (Renal Transp Pretransplant Peripheral E 0320 Radiology - Diagnostic: Ge 0320U Nephrology (Renal Transp Posttransplant Peripheral 0321 Radiology - Diagnostic: An 0321U Infectious Agent Detection 20 Bacterial And Fungal Of Multiplex Amplified Probe 0322 Radiology - Diagnostic: Art 0322U Neurology (Autism Spectru Microbiome-Derived Meta MS/MS), Plasma, Results F	r Laboratory Pathology	No
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0320U Nephrology (Renal Transp 0321 Radiology - Diagnostic: An 0321U Infectious Agent Detection 20 Bacterial And Fungal Of Multiplex Amplified Probe 0322 Radiology - Diagnostic: Art 0322 Neurology (Autism Spectru Microbiome-Derived Meta MS/MS), Plasma, Results F	eral Classification	No
0321U Infectious Agent Detection 20 Bacterial And Fungal On Multiplex Amplified Probe 0322 Radiology - Diagnostic: Art 0322U Neurology (Autism Spectru Microbiome-Derived Meta MS/MS), Plasma, Results F	nt), RNA Expression By Select Transcriptome Sequencing, Using lood, Algorithm Reported As A Risk Score For Acute Cellular Rejection	Yes
0321U Infectious Agent Detection 20 Bacterial And Fungal Ou Multiplex Amplified Probe 0322 Radiology - Diagnostic: Art 0322U Neurology (Autism Spectru Microbiome-Derived Meta MS/MS), Plasma, Results F	ocardiography	No
0322U Neurology (Autism Spectro Microbiome-Derived Meta MS/MS), Plasma, Results F	By Nucleic Acid (DNA Or RNA), Genitourinary Pathogens, Identification Of anisms And Identification Of 16 Associated Antibiotic-Resistance Genes,	No
0322U Neurology (Autism Spectro Microbiome-Derived Meta MS/MS), Plasma, Results F		No
	n Disorder [ASD]), Quantitative Measurements Of 14 Acyl Carnitines And olites, Liquid Chromatography With Tandem Mass Spectrometry (LC- ported As Negative Or Positive For Risk Of Me	Yes
0323 Radiology - Diagnostic: Art	riography	No
0323U Infectious Agent Detection		No
0324 Radiology - Diagnostic: Ch	By Nucleic Acid (Dna And Rna), Central Nervous System Pathogen, ion Sequencing, Cerebrospinal Fluid (Csf), Identification Of Pathogenic Or Fungi	No
0326U Targeted Genomic Sequer Of 83 Or More Genes, Inte	ion Sequencing, Cerebrospinal Fluid (Csf), Identification Of Pathogenic Or Fungi	No
0327U Fetal Aneuploidy (Trisomy Plasma, Algorithm Report	ion Sequencing, Cerebrospinal Fluid (Csf), Identification Of Pathogenic Or Fungi	

Procedure Code	Description	Prior Auth Required
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	No
0330	Radiology - Therapeutic and/or Chemotherapy Administration: General Classification	No
0330T	Tear Film Imaging, Unilateral Or Bilateral, With Interpretation And Report	No
0330U	Infectious Agent Detection By Nucleic Acid (Dna Or Rna), Vaginal Pathogen Panel, Identification Of 27 Organisms, Amplified Probe Technique, Vaginal Swab	No
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
0339Т	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

Procedure Code	Description	Prior Auth Required
0340U	Oncology (Pan-Cancer), Analysis Of Minimal Residual Disease (Mrd) From Plasma, With Assays	Yes
	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	
0341	Nuclear Medicine: Diagnostic	No
0341U	Fetal Aneuploidy Dna Sequencing Comparative Analysis, Fetal Dna From Products Of Conception,	No
	Reported As Normal (Euploidy), Monosomy, Trisomy, Or Partial Deletion/Duplication, Mosaicism, And	
	Segmental Aneuploid	
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	No
	(Opg), Gelsolin, Igfbp3, Ca125 And Multiplex Electrochemiluminescent Immunoassay (Eclia) For Ca19-	
	9, Serum, Diagnostic Algorithm Reported Qualitatively As	
0343	Nuclear Medicine: Diagnostic Radiopharmaceuticals	No
0343U	Oncology (Prostate), Exosome-Based Analysis Of 442 Small Noncoding Rnas (Sncrnas) By Quantitative	No
	Reverse Transcription Polymerase Chain Reaction (Rt-Qpcr), Urine, Reported As Molecular Evidence	
0244	Of No-, Low-, Intermediate- Or High-Risk Of Prostate Cancer	No
0344	Nuclear Medicine: Therapeutic Radiopharmaceuticals	No
0344U	Hepatology (Nonalcoholic Fatty Liver Disease [Nafld]), Semiquantitative Evaluation Of 28 Lipid Markers	NO
	By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Serum, Reported As At-Risk	
0345T	For Nonalcoholic Steatohepatitis (Nash) Or Not Nash	Yes
0345U	Transcatheter Mitral Valve Repair Percutaneous Approach Via The Coronary Sinus	
03430	Psychiatry (Eg, Depression, Anxiety, Attention Deficit Hyperactivity Disorder [Adhd]), Genomic Analysis	165
	Panel, Variant Analysis Of 15 Genes, Including Deletion/Duplication Analysis Of Cyp2D6	
0346U	Beta Amyloid, Ab40 And Ab42 By Liquid Chromatography With Tandem Mass Spectrometry (Lc-	Yes
05400	Ms/Ms), Ratio, Plasma	165
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,	
03470	16 Gene Report, With Variant Analysis And Reported Phenotypes	
0348T	Radiologic Examination, Radiostereometric Analysis (Rsa); Spine, (Includes Cervical, Thoracic And	No
	Lumbosacral, When Performed)	
0348U	Drug Metabolism Or Processing (Multiple Conditions), Whole Blood Or Buccal Specimen, Dna Analysis,	Yes
	25 Gene Report, With Variant Analysis And Reported Phenotypes	
0349	Nuclear Medicine: Other Nuclear Medicine	No
0349T	Radiologic Examination, Radiostereometric Analysis (Rsa); Upper Extremity(les), (Includes Shoulder,	No
	Elbow, And Wrist, When Performed)	
0349U	Drug Metabolism Or Processing (Multiple Conditions), Whole Blood Or Buccal Specimen, Dna Analysis,	Yes
	27 Gene Report, With Variant Analysis Including Reported Phenotypes And Impacted Gene-Drug	
	Interactions	
0350	CT Scan: General Classification	No
0350T	Radiologic Examination, Radiostereometric Analysis (Rsa); Lower Extremity(les), (Includes Hip,	No
	Proximal Femur, Knee, And Ankle, When Performed)	
0350U	Drug Metabolism Or Processing (Multiple Conditions), Whole Blood Or Buccal Specimen, Dna Analysis,	Yes
	27 Gene Report, With Variant Analysis And Reported Phenotypes	
0351	CT Scan: CT - Head Scan	No
0351T	Optical Coherence Tomography Of Breast Or Axillary Lymph Node, Excised Tissue, Each Specimen;	Yes
	Real-Time Intraoperative	
0351U	Infectious Disease (Bacterial Or Viral), Biochemical Assays, Tumor Necrosis Factor-Related Apoptosis-	Yes
	Inducing Ligand (Trail), Interferon Gamma-Induced Protein-10 (Ip-10), And C-Reactive Protein, Serum,	
	Or Venous Whole Blood, Algorithm Reported	
0352	CT Scan: CT - Body Scan	No
0352T	Optical Coherence Tomography Of Breast Or Axillary Lymph Node, Excised Tissue, Each Specimen;	No
	Interpretation And Report, Real-Time Or Referred	
0352U		No
	Detection Of Bacterial Vaginosis-Associated Bacteria (Bvab-2, Atopobium Vaginae, And Megasphera	
	Type 1), Algorithm Reported As Detected Or Not Detected And Se	
00507		~
0353T	Optical Coherence Tomography Of Breast, Surgical Cavity; Real-Time Intraoperative	Yes
0353U	Infectious Agent Detection By Nucleic Acid (Dna), Chlamydia Trachomatis And Neisseria Gonorrhoeae,	No
	Multiplex Amplified Probe Technique, Urine, Vaginal, Pharyngeal, Or Rectal, Each Pathogen Reported	
	As Detected Or Not Detected	

Procedure Code	Description	Prior Auth Required
0354T		No
0354U	Human Papilloma Virus (Hpv), High-Risk Types (Ie, 16, 18, 31, 33, 45, 52 And 58) Qualitative Mrna Expression Of E6/E7 By Quantitative Polymerase Chain Reaction (Qpcr)	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
0361U	Neurofilament Light Chain, Digital Immunoassay, Plasma, Quantitative	Yes
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		No
0365U	Oncology (Bladder), Analysis Of 10 Protein Biomarkers (A1At, Ang, Apoe, Ca9, Il8, Mmp9, Mmp10, Pai1, Sdc1, And Vegfa) By Immunoassays, Urine, Algorithm Reported As A Probability Of Bladder Cancer	Yes
0366U	Oncology (Bladder), Analysis Of 10 Protein Biomarkers (A1At, Ang, Apoe, Ca9, II8, 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, II8, 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		Yes
0369		No
0369U		No
0370	Anesthesia: General Classification	No
0370U	Infectious Agent Detection By Nucleic Acid (Dna And Rna), Surgical Wound Pathogens, 34 Microorganisms And Identification Of 21 Associated Antibiotic-Resistance Genes, Multiplex Amplified Probe Technique, Wound Swab	Yes
0371	Anesthesia: Anesthesia Incident to Radiology	No
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	No
	Technique Via Quantitative Polymerase Chain Reaction (Qpcr),	

Procedure Code	Description	Prior Auth Required
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
0373U	Infectious Agent Detection By Nucleic Acid (Dna And Rna), Respiratory Tract Infection, 17 Bacteria, 8 Fungus, 13 Virus, And 16 Antibiotic-Resistance Genes, Multiplex Amplified Probe Technique, Upper Or Lower Respiratory Specimen	No
0374	Anesthesia: Acupuncture	No
0374U	Infectious Agent Detection By Nucleic Acid (Dna Or Rna), Genitourinary Pathogens, Identification Of 21 Bacterial And Fungal Organisms And Identification Of 21 Associated Antibiotic-Resistance Genes, Multiplex Amplified Probe Technique, Urine	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
0379Т	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
0380U	Drug Metabolism (Adverse Drug Reactions And Drug Response), Targeted Sequence Analysis, 20 Gene Variants And Cyp2D6 Deletion Or Duplication Analysis With Reported Genotype And Phenotype	Yes
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

Procedure Code	Description	Prior Auth Required
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
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
0394T	High Dose Rate Electronic Brachytherapy, Skin Surface Application, Per Fraction, Includes Basic Dosimetry, When Performed	No
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
0396U	Obstetrics (Pre-Implantation Genetic Testing), Evaluation Of 300000 Dna Single-Nucleotide Polymorphisms (Snps) By Microarray, Embryonic Tissue, Algorithm Reported As A Probability For Single-Gene Germline Conditions	Yes
0397T	Endoscopic Retrograde Cholangiopancreatography (Ercp), With Optical Endomicroscopy (List Separately In Addition To Code For Primary Procedure)	Yes
0398T		No
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

Procedure Code	Description	Prior Auth Required
0402U	Infectious Agent (Sexually Transmitted Infection), Chlamydia Trachomatis, Neisseria Gonorrhoeae, Trichomonas Vaginalis, Mycoplasma Genitalium, Multiplex Amplified Probe Technique, Vaginal,	Yes
	Endocervical, Or Male Urine, Each Pathogen Reported As Detected Or	
0403		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 Post-Digital Rectal Examination Urine (Or Processed First-Catch Urine), Algorithm Reported As Percentage Of Likelihood Of Detecting Clinically Significant Prostate Cancer	Yes
0404		No
0404U		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		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
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

Procedure Code	Description	Prior Auth Required
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
0416U	Infectious Agent Detection By Nucleic Acid (Dna), Genitourinary Pathogens, Identification Of 20 Bacterial And Fungal Organisms, Including Identification Of 20 Associated Antibiotic-Resistance Genes, If Performed, Multiplex Amplified Probe Technique, Urine	No
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		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
0421T	Transurethral Waterjet Ablation Of Prostate, Including Control Of Post-Operative Bleeding, Including Ultrasound Guidance, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included When P	Yes
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	Yes
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)	Yes
0426U	Genome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome), Ultra-Rapid Sequence Analysis	Yes
0427U	Monocyte Distribution Width, Whole Blood (List Separately In Addition To Code For Primary Procedure)	Yes
0428U	Oncology (Breast), Targeted Hybrid-Capture Genomic Sequence Analysis Panel, Circulating Tumor Dna (Ctdna) Analysis Of 56 Or More Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, Microsatellite Instability,	Yes
0429		No

Procedure Code	Description	Prior Auth Required
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
0440	Speech Therapy - Language Pathology: General Classification	No
0440T	Ablation, Percutaneous, Cryoablation, Includes Imaging Guidance; Upper Extremity Distal/Peripheral Nerve	Yes
0441	Speech Therapy - Language Pathology: Visit	No
0441T	Ablation, Percutaneous, Cryoablation, Includes Imaging Guidance; Lower Extremity Distal/Peripheral Nerve	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
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
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
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
0446T	Creation Of Subcutaneous Pocket With Insertion Of Implantable Interstitial Glucose Sensor, Including System Activation And Patient Training	Yes
0447T	Removal Of Implantable Interstitial Glucose Sensor From Subcutaneous Pocket Via Incision	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
0450	Emergency Room: General Classification	No

Procedure Code	Description	Prior Auth Required
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
0456	Emergency Room: Urgent Care	No
0459	Emergency Room: Other Emergency Room	No
0460	Pulmonary Function: General Classification	No
0464T	Visual Evoked Potential, Testing For Glaucoma, With Interpretation And Report	Yes
0469	Pulmonary Function: Other Pulmonary	No
0469T	Retinal Polarization Scan, Ocular Screening With On-Site Automated Results, Bilateral	Yes
0470	Audiology: General Classification	No
0471	Audiology: Diagnostic	No
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
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
0474T	Insertion Of Anterior Segment Aqueous Drainage Device, With Creation Of Intraocular Reservoir, Internal Approach, Into The Supraciliary Space	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
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
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
0482	Cardiology: Stress Test	No
0483	Cardiology: Echocardiology	No
0483T	Transcatheter Mitral Valve Implantation/Replacement (Tmvi) With Prosthetic Valve; Percutaneous Approach, Including Transseptal Puncture, When Performed	Yes
0484T	Transcatheter Mitral Valve Implantation/Replacement (Tmvi) With Prosthetic Valve; Transthoracic Exposure (eg, Thoracotomy, Transapical)	Yes
0485T	Optical Coherence Tomography (Oct) Of Middle Ear, With Interpretation And Report; Unilateral	Yes
0486Т	Optical Coherence Tomography (Oct) Of Middle Ear, With Interpretation And Report; Bilateral	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
0489	Cardiology: Other Cardiology	No
0489Т	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
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
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
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
0496Т	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

Procedure Code	Description	Prior Auth Required
0499	Ambulatory Surgical Care: Other Ambulatory Surgical Care	No
0500	Outpatient Services: General Classification	No
0500F	Initial Prenatal Care Visit (Report At First Prenatal Encounter With Health Care Professional Providing	No
	Obstetrical Care. Report Also Date Of Visit And, In A Separate Field, The Date Of The Last Menstrual	
	Period [Lmp]) (Prenatal)	
0500H	Enteral Nutrition (Basic Formula - Bolus)	Yes
0500T	Infectious Agent Detection By Nucleic Acid (DNA Or RNa), Human Papillomavirus (HPV) For Five Or	Yes
	More Separately Reported High-Risk HPV Types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	
	(le, Genotyping)	
0501F	Prenatal Flow Sheet Documented In Medical Record By First Prenatal Visit (Documentation Includes	No
	At Minimum Blood Pressure, Weight, Urine Protein, Uterine Size, Fetal Heart Tones, And Estimated	
0502F	Date Of Delivery). Report Also: Date Of Visit And, In A Separ Subsequent Prenatal Care Visit (Prenatal) [Excludes: Patients Who Are Seen For A Condition Unrelated	No
05021	To Pregnancy Or Prenatal Care (eg, An Upper Respiratory Infection; Patients Seen For Consultation	NO
	Only, Not For Continuing Care)]	
0503F	Postpartum Care Visit (Prenatal)	No
0503H	Enteral Nutrition (Basic Formula - Gravity)	Yes
0505F	Hemodialysis Plan Of Care Documented (Esrd, P-Esrd)	Yes
0505T	Endovenous Femoral-Popliteal Arterial Revascularization, With Transcatheter Placement Of	Yes
	Intravascular Stent Graft(S) And Closure By Any Method, Including Percutaneous Or Open Vascular	
	Access, Ultrasound Guidance For Vascular Access When Performed, All Ca	
0506H	Enteral Nutrition (Basic Formula - Pump)	Yes
0506T	Macular Pigment Optical Density Measurement By Heterochromatic Flicker Photometry, Unilateral Or	Yes
	Bilateral, With Interpretation And Report	
0507F	Peritoneal Dialysis Plan Of Care Documented (Esrd)	Yes
0507T	Near Infrared Dual Imaging (Ie, Simultaneous Reflective And Transilluminated Light) Of Meibomian	No
	Glands, Unilateral Or Bilateral, With Interpretation And Report	
0509		No
0509F	Urinary Incontinence Plan Of Care Documented (Ger)	Yes
0509H	Enteral Nutrition (Specialized Formula - Bolus)	Yes
0509T 0510	Electroretinography (Erg) With Interpretation And Report, Pattern (Perg)	Yes No
0510 0510T	Clinic: General Classification Removal Of Sinus Tarsi Implant	Yes
0511	Clinic: Chronic Pain Center	No
0511T	Removal And Reinsertion Of Sinus Tarsi Implant	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	Yes
	Dressing Care; Initial Wound	
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	Yes
	Dressing Care; Each Additional Wound (List Separately In Addition To Code For Primary Procedure)	
0514	Clinic: OB-GYN Clinic	No
0514F	Plan Of Care For Elevated Hemoglobin Level Documented For Patient Receiving Erythropoiesis-	Yes
0545	Stimulating Agent Therapy (Esa) (Ckd)	AL -
0515	Clinic: Pediatric Clinic	No
0515H 0515T	Enteral Nutrition (Specialized Formula - Pump)	Yes Yes
05121	Insertion Of Wireless Cardiac Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming, And Imaging Supervision And Interpretation, When Performed; Complete System	res
	(Includes Electrode And Generator [Transmitter And Battery])	
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	Yes
	And Programming, And Imaging Supervision And Interpretation, When Performed; Electrode Only	
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	Yes
	And Programming, And Imaging Supervision And Interpretation, When Performed; Both Components	
	Of Pulse Generator (Battery And Transmitter) Only	

Distant Removal OF Plus Generator For Wireless Cardiac Stimulator For Left Venticular Pacing, Battery Yes 0519 Clinic: Other Clinic No 0519 Planed Chemotherapy Regimen, Including AA. Minimum: Drug(5) Prescribed, Dose, And Duration, For State Standard, Tor Wireless Cardiac Stimulator For Left Venticular Ves No 05197 Removal And Replacement OF Plus Generators Tor Wireless Cardiac Stimulator For Left Venticular Ves Yes 05207 Removal And Replacement OF Plus Generators Tor Wireless Cardiac Stimulator For Left Venticular Ves No 05208 Removal And Replacement OF Plus Generator Tor Wireless Cardiac Stimulator For Left Ventricular Ves No 05207 Removal And Replacement Of Plus Generator Tor Wireless Cardiac Stimulator For Left Ventricular Ves No 05218 Fere-Standing Clinic Clinic Clinic Of Bulk Coherator Tor Wireless Cardiac Stimulator For Left Ventricular Ves No 05219 Fere-Standing Clinic Clinic Of Bulk Coherator Tor Wireless Cardiac Stimulator For Left Ventricular Ves No 05211 Fere-Standing Clinic Clinic Remot Plus Development Mole Plus Development Ves No 05221 Pres-Standing Clinic Tore Visit by Plus Plus Development Ves No 05221 Pres-Standing Clinic Tore Visit by Plus Plus Plus Plus Plus Plus Plus Plus	Procedure Code	Description	Prior Auth Required
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619 Clinic: Other Clinic No 0519F Planed Chemotherany Regimen, Including J.4. Minimum: Drug(5) Proceided, Dava, And Duration, Tes 0519T Removal and Replacement Of Plane Generator Tor Wireless Cardia: Stimulator For Left Ventricular 0519T Removal and Replacement Of Plane Generator Tor Wireless Cardia: Stimulator For Left Ventricular 0520F Removal and Replacement Of Plane Generator Tor Wireless Cardia: Stimulator For Left Ventricular 0520F Removal and Replacement Of Plane Generator Tor Wireless Cardia: Stimulator For Left Ventricular 0520F Removal and Replacement Of Plane Generator Tor Wireless Cardia: Stimulator For Left Ventricular 0521 Free Stamding Clinic Clinic Virus D Monker to ReV/FDMC No 0521 Free Stamding Clinic Clinic Virus D Monker to ReV/FDMC No 0521 Free Stamding Clinic Clinic Virus D Monker to ReV/FDMC No 0521 Free Stamding Clinic Clinic Virus D Monker to ReV/FDMC No 0521 Free Stamding Clinic Home Virus D Monker to ReV/FDMC No 0521 Free Stamding Clinic Home Virus D Monker to ReV/FDMC No 0521 Free Stamding Clinic Home Virus D Monker to ReV/FDMC No 0521 Free Stamding Clinic Home Virus D Monker to ReV/	0518T		Yes
9519F Planned Chemotherapy Regimen, Including Ar, Minimum: Drug(3) Presched, Doz, And Duration, Documented Prior To Initiation Of A. New Trainents Regimen (Don) Yes 05197 Removal And Replacement OF Fluide Generator For Wireless Cardiac Stimulator For Left Venticular Parking, Including Device Interrygation And Programming, Both Components (Dattery, And Trainsmitter) Yes 05207 Fee-Standing Clinic: General Classification No 05208 Radiation Dose Limits To Normal Tissue Stabibled Prior To The Initiation Of A Course Of 30 Yes 05207 Removal And Replacement Of Fluide Generator For Wireless Cardiac Stimulator For Left Venticular Parking, Including Device Avalors Faun Documented (Cau) (Onc) Yes 05217 Plan Of Care To Address Faun Documented (Cau) (Onc) Yes 05218 Plan Of Care To Address Faun Documented (Cau) (Onc) Yes 05217 Plan Of Care To Address Faun Documented (Cau) (Onc) Yes 0522 Fee-Standing Clinic: Home Visit by MAC/FOHC Pracethoner Mo 0523 Fee-Standing Clinic: Home Visit by MAC/FOHC Pracethoner Mo 0524 Fee-Standing Clinic: Home Visit by MAC/FOHC Pracethoner Mo 0523 Fee-Standing Clinic: Visit by MAC/FOHC Pracethoner Mo 0524 Fee-Standing Clinic: Visit by		Component Only	
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Status Removal And Replacement OF Fluide Generator for Wireless Cardiac Stimulator for Left Ventricular Pacing, Including Device Interrogation And Programming: Both Components (Battery And Transmitter) Yes 05201 Free-Stunding Clinic: General Classification No 05208 Radiation Dose Linits To Normal Tassue Stabilished Prior To The Inhibition Df A Course Of 3d Conformal Badiation To A Unimum Of 2 Tassue/Gran (Onc) Yes 05210 Removal And Replacement Of Fluide Generator for Wireless Cardiac Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming: Battery Component Only No 05211 Free Stunding Clinic: Clinic Walt by Member to RHC/FOHC No 05212 Free Stunding Clinic: Clinic Walt by Member to RHC/FOHC No 05213 Plan Of Care To Address Pain Executore, Wireless Cardiac Stimulator For Left Ventricular Pacing Yes 05221 Free-Stunding Clinic: tome Walt by RHC/FOHC Practitioner No 05222 Free-Stunding Clinic: Clinic Walt by RHC/FOHC Practitioner No 05231 Free-Stunding Clinic: Stanlight Free Matter For Left No 0524 Free-Stunding Clinic: Stanlight Free Matter For Left No 05237 The Growany Tree, Derived From Coronary Angiogram Date, For Real Time Review And Interpretation Of The Eaditor And Programming, States	0519F	Planned Chemotherapy Regimen, Including At A Minimum: Drug(S) Prescribed, Dose, And Duration,	Yes
Pacing, Including Device Interrogation And Programming: Both Components (Battery And Taxamitter) No 0520 Free-Standing Clinic: General Classification No 05201 Relation Dose Linits: to Normal Tissues Stabilished Prior To The Initiation Of A Course Of 3d Conformal Realization For A Minimum Of 2 Tassue/Orgn (Onc) Yes 05201 Removal And Replacement OF Public General Classification No 05211 Removal And Replacement OF Public General Class Cardia: Stimulator For Left Ventricular Pacing, Including Device Interrogation Device Stabilished Prior To The Initiation Of A Course Of 3d Conformal Realization For A Minimum Of 2 Tassue/Orgn (Onc) No 05212 Free-Standing Clinic: Clinic Visit by Member to BHC/FOHC Recording, And Disconscion Per Patient Incounter, Wrieles Cardia: Stimulator For Left Ventricular Pacing No 05217 Free-Standing Clinic: Home Visit by BHC/FOHC Practitioner No 05227 Free-Standing Clinic: Home Visit by BHC/FOHC Practitioner No 05231 Interrogation Device Evaluation (In Person) With Interalitive Adjustment Of The Implantable Device To Yes 0524 Free-Standing Clinic: Yamary Practice Clinic Clinica Yamary Practitive Adjustment Of Interroperative Adjustment Practinang Prace Prace Practitive Adjustment Pragment Adjustment Prace		Documented Prior To Initiation Of A New Treatment Regimen (Onc)	
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05200 Free-Standing Clinic: General Classification No 05207 Rediation Dock Limits To Aromal Tissue: Stabilished Prior To The Initiation of A Course Of 3d Conformal Radiation For A Minimum Of 2 Tissue/Organ (Dnc.) Yes 05208 Removal And Replacement Of Pluis General For Wireless Cardia: Stimulator For Left Ventricular Pacing, Including Device Interrogation And Programming: Battery Component Only Yes 05217 Pan Of Cares To Address Pain Decomment (On) Yes 05218 Pan Of Cares To Address Pain Decomment (On) Yes 05219 Pan Of Cares To Address Pain Decomment (On) (Prior Pacificance) No 05211 Interrogation Device Evaluation (In Person) With Hanaylais, Review And Report, Includes Cornection, Ves No 05221 Free Standing Clinic: Home Wish by RH/CDHC Practitioner No No 05221 Free Standing Clinic: Home Wish by RH/CDHC Practitioner No No 05221 Free Standing Clinic: Home Wish by RH/CDHC Practitioner No No 05221 Free Standing Clinic: Home Wish by RH/CPHC Practitioner No No 05231 Free Standing Clinic: Home Wish by RH/CPHC Practitioner No No 05232 Free Standing Clinic: Wish by RH/CPHC Pra		Pacing, Including Device Interrogation And Programming; Both Components (Battery And	
D520F Radiation Doce Limits To Normal Tissues Stabilished Prior To The Initiation Of A Course Of 3d Yes D520T Removal And Replacement OF Nulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing, including Device Interrogation And Programming, Battery Component Only Yes D521 Free-Standing Clinic: Units Visit by Member to BHC/FCMC No D5217 Plan OF Care To Address Pain Documented (Col) [Onl Yes D5217 Interrogation Dovice Stabilishof NULS Adjustment Of The Intplantable Device To Pacing Yes D522 Free-Standing Clinic: Home Visit by RHC/FCMC Practitioner No D522 Free-Standing Clinic: Home Visit by RHC/FCMC Practitioner No D522 Free-Standing Clinic: Home Visit by RHC/FCMC Practitioner No D523 Free-Standing Clinic: Home Visit by RHC/FCMC Practitioner No D524 Free-Standing Clinic: Home Visit by RHC/FCMC Practitioner No D523 Free-Standing Clinic: Home Visit by RHC/FCMC Freet (Fr) No D524 Free-Standing Clinic: Visit by RHC/FCMC Freet (Free (Fr/F) With JD Functional Mapping Of Color-Coded Hr Values for the Comony Tree, Derver (Free Visit by RHC/FCMC Freattioner to a Member in a SMF or Skilled Swing Bed in a No D524 Free-Standing Clinic: Visit by RHC/FCMC Frea			
Conformal Radiation For A Minimum Of 2 Tissue/Open (Dnc) 95301 Section 2 Add Replacement Of Palls Generator For Writelias Cardiac Stimulator For Left Ventricular Pacing, including Device Interrogation And Programming; Battery Component Only No 0521 Free-Standing Clinic: Clinic Visit by Member to RMC/FQHC No 05211 Interrogation Device Statiation (In Person) With Indepis, Review And Report, Includes Connection, Pres No 05221 Free-Standing Clinic: Home Visit by RMC/FOHC Practitioner No 05222 Free-Standing Clinic: Home Visit by RMC/FOHC Practitioner No 05223 Free-Standing Clinic: Home Visit by RMC/FOHC Practitioner No 05241 Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Yes 05237 Free-Standing Clinic: Home Visit by RMC/FOHC Practitioner for Left No 05243 Free-Standing Clinic: Yes The Coronary Tectional How Reserve (FI) With 3D Functional Mapping Of Color Coded No 05341 Intraprocedural Coronary Factional Flow Reserve (FI) With 3D Functional Mapping Of Color Coded No 05345 Free-Standing Clinic: Yes Ty MRHC/FOHC Practitioner to a Member in a SNF or Skilled Swing Bed In a No 05246 Free-Standing Clinic: Yes Ty MRHC/FOHC Practitioner to a Mem			
D5301 Removal And Replacement Of Public Generator For Wireless Cardiac Stimulator For Left Ventriculur Pacing, Including Device Interrogation And Programming, Battery Component Only Yes 0521 Free-Standing Clinic: Clinic VMI1 by Member to BHC/FCMC No 05217 Plan Of Care To Address Pain Documented (Col) (Ond Yes 05218 Plan Of Care To Address Pain Documented (Col) (Ond Yes 05221 Free-Standing Clinic: Home Visits by BRC/FOMC Practitioner No 05222 Free-Standing Clinic: Home Visits by BRC/FOMC Practitioner No 05221 Free-Standing Clinic: Home Visits by BRC/FOMC Practitioner No 05227 Free-Standing Clinic: Home Visits by BRC/FOMC Practitioner No 05237 Induding Review And Report, Wrieless Cardiac Stimulator For Left No 05237 IntrogroceOurgi Coronary Free, Deriver Forocoronary Angingam Data, For Real-Time Review And No 05241 Free-Standing Clinic: Visit by RRC/FOR Coronary Angingam Data, For Real-Time Review And No 05241 Endownous Catheter Oirected Chemical Abation With Balloon Isolation Of Incompetent Extremity Yes 05255 Free-Standing Clinic: Visit by RRC/FOR Cracitioner to a Member in a SNF (not in a Covered Part A stay No	0520F		Yes
Pacing, Including Device Interrogation And Programming; Battery Component Only No 05211 Free-Standing Clinic: Clinic Visit by Member to BHC/FQHC No 05211 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 No 0522 Free-Standing Clinic: Home Visit by MRC/FQHC Practitioner No 0523 Free-Standing Clinic: Home Visit by MRC/FQHC Practitioner No 0524 Free-Standing Clinic: Family Practice Clinic Bernament Programmed Values With Analysis, including Review And Report, Wireless Cardios Stimulator For Left No 05237 Free-Standing Clinic: Family Practice Clinic Bernament Programmed Values With Analysis, Including Review And Report, Wireless Cardios Stimulator For Left No 05237 Free-Standing Clinic: Visit by RRF/CPLC Practitioner to a Member in a SNF or Skilled Swing Bed in a Covered Part A Stay No 05247 Free-Standing Clinic: Visit by RRF/CPLC Practitioner to a Member in a SNF foot in a Covered Part A stay No 0525 Free-Standing Clinic: Visit by RRF/CPLC Practitioner to a Member in a SNF foot in a Covered Part A stay No 0525 Free-Standing Clinic: Visit by RRF/CPLC Practitioner to a Member in a SNF foot in a Covered Part A stay No	05207		Vec
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Ffr Values For The Coronary Tree, Derived From Coronary Angiogram Data, For Real-Time Review And Interpretation Of Possible Atherosciencia Stanosite(s) Inter No 0524 Free-Standing Clinic: Visi by RK/CPQH CPractitioner to a Member in a SNF or Skilled Swing Bed in a Covered Part A Stay No 05241 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 05255 Entrestanding Clinic: Visi by RK/CPQH Cractitioner to a Member in a SNF (not in a Covered Part A stay) or NF or LF MR or Other Residential Facility No 05255 Initial Visit For Episode (Bkp) Yes 05256 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 05267 Free-Standing Clinic: Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area No 05277 Free-Standing Clinic: Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area No 05277 Free-Standing Clinic: Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area No 05277 Free-Standing Clinic: Visitity RHC/PQHC Practitioner to Other non-RHC/FQHC Site	0523	Free-Standing Clinic: Family Practice Clinic	No
Interpretation Of Possible Atherosclerotic Stenosis[Es] Inter Intervention 0524 Free-Standing Clinic: Visit by RHC/PQL Practitioner to a Member in a SNF or Skilled Swing Bed in a No 0524 Endownous 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 0525 Free-Standing Clinic: Visit by RHC/PQHC Practitioner to a Member in a SNF (not in a Covered Part A stay) or N for ICF NM or Other Residential Facility No 0525F Initial Visit For Episode (Bkp) Yes 0526 Free-Standing Clinic: Urgent Programming, And Imaging Supervision And Interpretation, Complete System (Electrode And Implantable Monitor) 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 No 0526T 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 No 0527T Free-Standing Clinic: Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area No	0523T	Intraprocedural Coronary Fractional Flow Reserve (Ffr) With 3D Functional Mapping Of Color-Coded	No
D524 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 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 0525 Free-Standing Clinic: Visit by RHC/FQIC 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 (8kp) Yes 05256 Free-Standing Clinic: Usit Sty RHC/FQIC Practitioner to a Member in a SNF (not in a Covered Part A Stystem (Electrode And Implantable Monitoring System, Including Testing Of The Lead And Monitor, Initial System Programming, And Imaging Supervision And Interpretation; Complete System (Electrode And Implantable Monitor) Yes 0526F Subsequent Visit For Episode (8kp) Yes Yes 0526F Subsequent Visit For Episode (8kp) Yes Yes 0526F Subsequent Visit For Episode (8kp) Yes 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; Implantable Monitor Only Yes 0527T Free-Standing Clinic: Visiting Nurse Service(s) to a Me			
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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 0526 Free-Standing Clinic: Urgent Care Clinic No 05267 Subsequent Visit For Episode (Bkp) Yes 05268 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 No 0527 Free-Standing Clinic: Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area No 0528 Free-Standing Clinic: Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Monitor Only Yes 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 0528F Programming Device Evaluation (In Person) Of Intracardiac Ischemia Monitoring System With Iterative Adjustment Of Programmed Values, With Analysis, Review, And Report No 0528F Precommended Follow-Up Interval For Repeat Colonoscopy, Documented (End/Polyp)	0323		NO
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0530T Removal Of Intracardiac Ischemia Monitoring System, Including All Imaging Supervision And Yes Interpretation; Complete System (Electrode And Implantable Monitor) Yes	0530	Osteopathic Services: General Classification	No
	0530T		Yes
0531 Osteopathic Services: Osteopathic Therapy No		Interpretation; Complete System (Electrode And Implantable Monitor)	
	0531	Osteopathic Services: Osteopathic Therapy	No

Interpretation: Electrode Only Interpretation: Indexide Monitor Only 05217 Removal Of Intracardiac Inchemia Monitoring System, Including All Imaging Supervision And Interpretation: Implantable Monitor Only Yes 05257 Oppned Management PL Interpretation Of Carp. Documented [Pail (C) Yes 05271 Chimeric Antigen Receptor T-Cell (Car-1) Therapy, Harpersting Of Blood-Derived T Lymphocytes For Transportation Ing. Cryoprevention, Storage) Yes 05381 Chimeric Antigen Receptor T-Cell (Car-1) Therapy, Receptor And Preparation Of Elocod-Derived T Lymphocytes For Transportation Ing. Cryoprevention, Storage) No 05397 Chimeric Antigen Receptor T-Cell (Car-1) Therapy, Recept And Preparation Of Car-T Cells For Administration No 05408 Glucocorricold Management Plan Documented (Ra) Yes 05401 Chimeric Antigen Receptor T-Cell (Car-1) Therapy, Cart Cell Administration, Autologous Yes 05411 Moutance: Semeral Gastification No No 05422 Ambulance: Semeral Gastification No No 05431 Moutance: Singer Administration, Autologous Yes 05422 Ambulance: Semeral Gastification Mo No 05432 Ambulance: Hanaping Sympatic Cell Gastification Of Cardiac Ischem	Procedure Code	Description	Prior Auth Required
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05371 Chimeric Antigen Receptor T-Cell (Car-T) Therapy, Harvesting Of Blood-Derived T Lymphocytes For Development Of Genetically Modified Autolegous Car-T Cells, Per Day Yes 05381 Chimeric Antigen Receptor T-Cell (Car-T) Therapy, Preparation Of Blood-Derived T Lymphocytes For Transportation (cg. Cryongescrution, Storage) No 05391 Obteopathic Services: Other Ostcopathic Services No 0540 Administration No 05401 Administration No 05402 Chimeric Antigen Receptor T-Cell (Car-T) Therapy, Car-T Cell Administration, Autologous Yes 05403 Glucocorticold Management P Ian Documented (Rg) No 05404 Ambulance: General Classification No 05407 Chimeric Antigen Receptor T-Cell (Car-T) Therapy, Car-T Cell Administration, Autologous Yes 05411 Myocardial Imaging By Magnetocardiography (Mgc) For Detection Of Cardiac Ischemia By Signal Acquistion Using Minimum 36 Channel Grid, Generation Of Magnetic Field Time Series Images, Quantifable: Analysis, Magnetic Dipoles, Machine Learning-Derived Cl No 05427 Myocardial Imaging By Magnetocardiography (Mcg) For Detection Of Cardiac Ischemia By Signal Acquistion Using Minimum 36 Channel Grid, Generation Of Magnetic Teld Time Series Images, Quantifable: Analysis, Magnetic Dipoles, Machine Learning Derived Cl No 05437	05521		
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GSB8T Chimeric Antigen Receptor T-Cell (Car-1) Therapy: Preparation Of Blood-Derived T Lymphocytes For Yes GSB9 Osteopathic Services: Other Osteopathic Services No GSB91 Chimeric Antigen Receptor T-Cell (Car-1) Therapy: Recept And Preparation Of Car-1 Cells For Administration No GS40 Ambulance: General Classification No GS40 Administration Yes GS40 Chimeric Antigen Receptor T-Cell (Car-1) Therapy: Cerl Cell Administration, Autologuas Yes GS401 Ambulance: Services No GS411 Myocadall Imaging By Magnetocardiography (Mxg) For Detection Of Cardine Schemia, By Signal Acquisition Using Minimum 36 Ohannel Grid, Generation of Magnetic Schemia, By Signal Acquisition Using Minimum 36 Ohannel Grid, Generation of Magnetic Schemia, By Signal Acquisition Using Minimum 36 Ohannel Grid, Generation of Magnetic Schemia, By Signal Acquisition Using Minimum 36 Ohannel Grid, Generation of Magnetic Schemia, By Signal Acquisition Using Minimum 36 Ohannel Grid, Generation of Magnetic Schemia, By Signal Acquisition Using Minimum 36 Ohannel Grid, Generation of Magnetic Teld Time Services Images, Quantifiathe Analysis Cercosanceus Approach Including Transbracic Echocardiography, When Performed, With Placement Of Artificial Chordse Including Transbracic Echocardiography, When Performed, With Placement Of Adjustable Annulus No GS41 Ambulance: Mirca Magnetic Depressive Disorder, Documented [Mid Addi] Yes	0537T		Yes
Disp Option Services. Other Osteopathic Services No. 05997 Chimric Antigen Receptor T.Cell (Car.T) Therapy, Receipt And Preparation Of Car.T Cells For Yes 0540 Ambulance: General Classification No. 0540 Chimicistration No. 0540 Chimcorticol Management Plan Documented (Ra). Yes 0541 Ambulance: Supplis No. 0541 Ambulance: Mergin T-Cell (Car.T) Therapy, Car.T Cell Administration, Autologous Yes 0541 Ambulance: Mergin Py Magnetocardiography (Mgg) For Detection Of Cardiac Ischemia, By Signal No. 0542 Ambulance: Mergin Tansport No. No. 0542 Ambulance: Mergin Tansport No. No. 0543 Ambulance: Instruct Instruct Coardiography (Mgg) For Detection Of Cardiac Ischemia, By Signal No. 0543 Ambulance: Instruct Noble No. No. 0544 Ambulance: Instruct Noble No. No. 0545 Ambulance: Instruct Noble No. No. 0546 Ambulance: Anatypic Inducing Transhoract Echocardiography, When Performed, With Yes 054	0538T	Chimeric Antigen Receptor T-Cell (Car-T) Therapy; Preparation Of Blood-Derived T Lymphocytes For	Yes
Administration No. 0540 Anbidance: General Classification No. 05407 Clincocritold Management Plan Documented (Ra). Yes 05411 Ambulance: Supplies No. 05411 Ambulance: Supplies No. 05411 Ambulance: Supplies No. 0542 Ambulance: Media 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. 0542 Ambulance: Heart Mobile No. 0543 Ambulance: Heart Mobile No. 0543 Ambulance: Heart Mobile No. 05444 Ambulance: Heart Mobile No. 05447 Transapical Miral Valve Repair, Including Transtoraci Echocardiography, When Performed, With Placement Of Artifical Chordse Tendinese No. 05447 Transapical Miral Valve Repair, Including Transtoraci Echocardiography, When Performed, With Placement Of Artifical Chordse Tendinese No. 0545 Ambulance: Art Ambulance No. Science 05461 Transapical Mublance: Amale Reconstruction With Implantation Of Adjustable An	0539		No
0540 Ambulance: General Classification No 0540F Glucocorticol Management Plan Documented (Ra) Yes 0541 Chimeric Antigen Receptor I-Cell (Car-T) Therapy: Car-T Cell Administration, Autologous Yes 0541 Ambulance: Supplies No 05411 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 05427 Ambulance: Medical Transport No 05437 Capasitiative Analysis Of Magnetic Dipoles, Machine Learning-Derived Cl No 05437 Transpical Mitral Valve Repair, Including Transtheratic Echocardiography, When Performed, With Yes No 05437 Transpical Mitral Valve Repair, Including Transtheratic Echocardiography, When Performed, With Yes No 05437 Transcruther Mitral Valve Annulus Reconstruction, With Implantation Of Adjustable Annulus Yes 05441 Ambulance: Near Major Depressive Disorder, Documented (Mdd Adol) Yes 05451 Plan For Follow-Up Care For Major Depressive Disorder, Documented (Mdd Adol) Yes 05454 Ambulance: Kont Ambulance No	0539T		Yes
0540T Chimeric Antigen Receptor T-Cell (Car-T) Therapy: Car-T Cell Administration, Autologous Yes 0541 Ambulance: Supplies No 0541 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 Dioples, Machine Learning-Derived Cl No 0542 Ambulance: Medical Transport No 05437 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 Dioples, Machine Learning-Derived Cl No 05437 Transaptical Mitral Valve Repair, Including Transthoracic Echocardiography, When Performed, With Placement Of Artificial Chordae Tendineae No 05447 Transaptical Mitral Valve Annulus Reconstruction, With Implantation Of Adjustable Annulus Yes Yes 05447 Transatheter Mitral Valve Annulus Reconstruction, With Implantation Of Adjustable Annulus Yes Yes 05457 Plan For Follow-Up Care For Major Depressive Disorder, Documented (Mdd Adol) Yes 05457 Plan For Follow-Up Care For Major Depressive Disorder, Documented Andulate Annulus Reconstruction Device, Percutaneous Approach No 0546 Ambulance: Pharumatha Reconst	0540		No
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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 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 0543T Transpitcal Mitrix Valve Repair, Including Transthoracic Echocardiography, When Performed, With Placement Of Artificial Chardae Tendineae No 0544 Ambulance: Oxygen No 05441 Transcatheter Mitral Valve Repair, Including Transstpatel Puncture No 05455 Ambulance: Oxygen No 05467 Reconstruction Device, Percutaneous Approach Including Transseptal Puncture No 05455 Plan For Follow-Up Care For Major Depressive Disorder, Documented (Mdd Adol) Yes 05467 Radiofrequency Spectroscopy, Real Time, Intraoperative Margin Assessment, At The Time Of Partial Yes 05477 Bone-Material Quality Testing By Microindentation(S) Of The Tibia(S), With Results Reported As A Yes 0546 Ambulance: Exercing By Microindentation(S) Of The Tibia(S), With Results Reported As A Yes </td <td>0540T</td> <td></td> <td>Yes</td>	0540T		Yes
Acquisition Using Minimum 36 Channel Grid, Generation Of Magnetic-Field Time-Series Images, Quantitative Analysis Of Magnetic Dipoles, Machine Learning-Derived Cl No 0542 Ambulance: Medical Transport No 05421 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 0543 Ambulance: Heart Mobile No 0544 Ambulance: Heart Mobile No 0543 Ambulance: Heart Mobile No 0544 Ambulance: Hore Annulus Reconstruction, With Implantation Of Adjustable Annulus Yes 0544 Ambulance: Oragen No 0545 Ambulance: Air Ambulance No 0545 Ambulance: Air Ambulance No 0545 Paln for follow-US Care for Magine Depressive Diodrer, Documented (Mdd Adol) Yes 05457 Transcatheter Tricuspid Valve Annulus Reconstruction With Implantation Of Adjustable Annulus Yes 05466 Ambulance: Nearantal Ambulance Services No No 05471 Radiofrequency Spectroscopy, Real Time, Intraoperative Margin Assessment, At The Time Of Partial Mastect	0541	Ambulance: Supplies	No
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Reconstruction Device, Percutaneous Approach Including Transseptal Puncture No 0545 Ambulance: Air Ambulance No 0545F Plan For Follow-Up Care For Major Depressive Disorder, Documented (Mdd Adol) Yes 0545F Transcatheter Tricuspid Valve Annulus Reconstruction With Implantation Of Adjustable Annulus Reconstruction Device, Percutaneous Approach No 0546 Ambulance: Neonatal Ambulance Services No 0547 Radiofrequency Spectroscopy, Real Time, Intraoperative Margin Assessment, At The Time Of Partial Mastectomy, With Report No 0547 Ambulance: Fharmacy No 0548 Ambulance: CBG Transmission No 0549 Ambulance: CBG Transmission No 0550 Skilled Nursing: General Classification Yes 0551 Skilled Nursing: General Classification Yes 0551 Skilled Nursing: General Classification Yes 0551 Skilled Nursing: Wait, Charge Yes 0552 Skilled Nursing: Hourly Charge No 0552 Skilled Nursing: Hourly Charge No 05531 Skilled Nursing: Hourly Charge No	0544	Ambulance: Oxygen	No
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0546T Radiofrequency Spectroscopy, Real Time, Intraoperative Margin Assessment, At The Time Of Partial Mastectomy, With Report Yes 0547T Ambulance: Pharmacy No 0547T Bone-Material Quality Testing By Microindentation(S) Of The Tibia(S), With Results Reported As A Score Yes 0548 Ambulance: CHer Ambulance No 0549 Ambulance: CHer Ambulance No 0550 Skilled Nursing: General Classification Yes 0551 Cytopathology Report On Routine Nongynecologic Specimen Finalized Within Two Working Days Of Accession Date (Path) Yes 0551 Skilled Nursing: Visit Charge Yes 0552 Skilled Nursing: Wisit Charge Yes 0552 Skilled Nursing: Hourly Charge No 05527 Low-Level Laser Therapy, Dynamic Photonic And Dynamic Thermokinetic Energies, Provided By A Physician Or Other Qualified Health Care Professional Yes 05537 Percutaneous Transcatheter Placement Of Iliac Arteriovenous Anastomosis Implant, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention No 05547 Bone strength and fracture risk using finite element an	0546		No
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0549 Ambulance: Other Ambulance No 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 0552 Skilled Nursing: Visit Charge Yes 0552 Skilled Nursing: Hourly Charge No 0552 Skilled Nursing: Hourly Charge No 0553T Low-Level Laser Therapy, Dynamic Photonic And Dynamic Thermokinetic Energies, Provided By A Yes 0553T Percutaneous Transcatheter Placement Of Iliac Arteriovenous Anastomosis Implant, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance No 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 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 <td>0547T</td> <td></td> <td>Yes</td>	0547T		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 05527 Low-Level Laser Therapy, Dynamic Photonic And Dynamic Thermokinetic Energies, Provided By A Physician Or Other Qualified Health Care Professional Yes 0553T Percutaneous Transcatheter Placement Of Iliac Arteriovenous Anastomosis Implant, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention No 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 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 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 tomograp	0548		No
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 0552 Skilled Nursing: Hourly Charge No 0552 Skilled Nursing: Hourly Charge No 05527 Low-Level Laser Therapy, Dynamic Photonic And Dynamic Thermokinetic Energies, Provided By A Physician Or Other Qualified Health Care Professional Yes 0553T Percutaneous Transcatheter Placement Of Iliac Arteriovenous Anastomosis Implant, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention No 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 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 0555F Symptom Management Plan Of Care Documented (Hf) Yes 0555T Bone strength and fracture risk using finite element analysis of functional data	0549	Ambulance: Other Ambulance	No
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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 0553T Percutaneous Transcatheter Placement Of Iliac Arteriovenous Anastomosis Implant, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention 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 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, assessment of bone strength and fracture risk and bone-m No 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	0550F		Yes
Non-Routine (Path)No0552Skilled Nursing: Hourly ChargeNo0552CostLow-Level Laser Therapy, Dynamic Photonic And Dynamic Thermokinetic Energies, Provided By A Physician Or Other Qualified Health Care ProfessionalYes0553TPercutaneous Transcatheter Placement Of Iliac Arteriovenous Anastomosis Implant, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The InterventionYes0554TBone 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 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 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 using finite element analysis of functional data and bone-mineral density utilizing data from a computed tomography scan; retrieval and transmission of the scan dataNo	0551	Skilled Nursing: Visit Charge	Yes
0552T Low-Level Laser Therapy, Dynamic Photonic And Dynamic Thermokinetic Energies, Provided By A Yes 0552T Physician Or Other Qualified Health Care Professional Yes 0553T Percutaneous Transcatheter Placement Of Iliac Arteriovenous Anastomosis Implant, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance 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 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, assessment of bone strength and fracture risk and bone-m No 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	0551F		Yes
Physician Or Other Qualified Health Care Professional Yes 0553T Percutaneous Transcatheter Placement Of Iliac Arteriovenous Anastomosis Implant, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention 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 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, assessment of bone strength and fracture risk and bone-m No 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	0552	Skilled Nursing: Hourly Charge	No
Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention0554TBone 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-mNo0555FSymptom Management Plan Of Care Documented (Hf)Yes0555TBone 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 dataNo	0552T		Yes
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 0555F 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	0553T	Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance	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	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,	No
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	0555F		Yes
0556F Plan Of Care To Achieve Lipid Control Documented (CAD) Yes	0555T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral	No
	0556F	Plan Of Care To Achieve Lipid Control Documented (CAD)	Yes

Procedure Code 0556T 0557F 0557T	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 Plan Of Care To Manage Anginal Symptoms Documented (CAD)	Prior Auth Required No
	density utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone-mineral density	
	risk and bone-mineral density	
		Yes
	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral	No
	density utilizing data from a computed tomography scan; interpretation and report	
0558T	Computed Tomography Scan Taken For The Purpose Of Biomechanical Computed Tomography	Yes
00001	Analysis	
0559	Skilled Nursing: Other Skilled Nursing	Yes
0559T	Anatomic Model 3d-Printed From Image Data Set(S); First Individually Prepared And Processed	No
05551	Component Of An Anatomic Structure	
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	No
05001	Processed Component Of An Anatomic Structure (List Separately In Addition To Code For Primary	
	Procedure)	
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
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	No
03021		
0563T	(List Separately In Addition To Code For Primary Procedure)	Yes
	Evacuation Of Meibomian Glands, Using Heat Delivered Through Wearable, Open-Eye Eyelid Treatment Devices And Manual Gland Expression, Bilateral	103
0564T		Yes
05041	Oncology, Chemotherapeutic Drug Cytotoxicity Assay Of Cancer Stem Cells (Cscs), From Cultured Cscs	res
	And Primary Tumor Cells, Categorical Drug Response Reported Based On Percent Of Cytotoxicity	
0565T	Observed, A Minimum Of 14 Drugs Or Drug Combinations Autologous Cellular Implant Derived From Adipose Tissue For The Treatment Of Osteoarthritis Of The	Voc
10001		res
OFECT	Knees; Tissue Harvesting And Cellular Implant Creation	Voc
0566T		Yes
	Knees; Injection Of Cellular Implant Into Knee Joint Including Ultrasound Guidance, Unilateral	
0567T	Dermanant Follonian Tube Occlusion With Degradable Dianalymer Implant Transcervicel Approach	Vac
05071	Permanent Fallopian Tube Occlusion With Degradable Biopolymer Implant, Transcervical Approach,	Yes
ΟΓΟΟΤ	Including Transvaginal Ultrasound	Vec
0568T	Introduction Of Mixture Of Saline And Air For Sonosalpingography To Confirm Occlusion Of Fallopian	Yes
	Tubes, Transcervical Approach, Including Transvaginal Ultrasound And Pelvic Ultrasound	
05.00	Liene Liesth (UU) Madical Social Services: Other Med. Social Services	No
0569	Home Health (HH) - Medical Social Services: Other Med. Social Services	-
0569T	Transcatheter Tricuspid Valve Repair, Percutaneous Approach; Initial Prosthesis	Yes
0570	Home Health (HH) Aide: General Classification	No
0570T	Transcatheter Tricuspid Valve Repair, Percutaneous Approach; Each Additional Prosthesis During	res
05.71	Same Session (List Separately In Addition To Code For Primary Procedure)	NI-
0571 0571T	Home Health (HH) Aide: Visit Charge	No
05711	Insertion Or Replacement Of Implantable Cardioverter-Defibrillator System With Substernal	Yes
	Electrode(S), Including All Imaging Guidance And Electrophysiological Evaluation (Includes	
	Defibrillation Threshold Evaluation, Induction Of Arrhythmia, Evaluation O	
0572	Home Health (HH) Aide: Hourly Charge	No
0572	Home Health (HH) Aide: Hourly Charge	No
0572T	Insertion Of Substernal Implantable Defibrillator Electrode	Yes
0573T	Removal Of Substernal Implantable Defibrillator Electrode	Yes
0574T	Repositioning Of Previously Implanted Substernal Implantable Defibrillator-Pacing Electrode	Yes
05755	Liv PNa Central Plan Of Care, Decumented (Hiv)	Voc
0575F	Hiv RNa Control Plan Of Care, Documented (Hiv)	Yes
0575T	Programming Device Evaluation (In Person) Of Implantable Cardioverter-Defibrillator System With	Yes
	Substernal Electrode, With Iterative Adjustment Of The Implantable Device To Test The Function Of	
05767	The Device And Select Optimal Permanent Programmed Values Wit	Vec
0576T	Interrogation Device Evaluation (In Person) Of Implantable Cardioverter-Defibrillator System With	Yes
	Substernal Electrode, With Analysis, Review And Report By A Physician Or Other Qualified Health Care	
0777	Professional, Includes Connection, Recording And Disconn	Maria
0577T	Electrophysiologic Evaluation Of Implantable Cardioverter-Defibrillator System With Substernal	Yes
0577T		Yes

Procedure Code	Description	Prior Auth Required
0578T	Interrogation Device Evaluation(S) (Remote), Up To 90 Days, Substernal Lead Implantable	Yes
	Cardioverter-Defibrillator System With Interim Analysis, Review(S) And Report(S) By A Physician Or	
	Other Qualified Health Care Professional	
0579	Home Health (HH) Aide: Other HH - Aide	No
0579T	Interrogation Device Evaluation(S) (Remote), Up To 90 Days, Substernal Lead Implantable	Yes
	Cardioverter-Defibrillator System, Remote Data Acquisition(S), Receipt Of Transmissions And	
	Technician Review, Technical Support And Distribution Of Results	
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
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	Yes
00011	Performed, Unilateral	
0582	Home Health (HH) - Other Visits: Hourly Charge	No
0582F	Patient Not Transferred Directly From Anesthetizing Location To Critical Care Unit (Peri2)	Yes
0582F	Transurethral Ablation Of Malignant Prostate Tissue By High-Energy Water Vapor Thermotherapy,	Yes
03021	Including Intraoperative Imaging And Needle Guidance	Tes
05.02		No
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,	Yes
05045	Iontophoresis Local Anesthesia	N
0584F	Transfer Of Care Checklist Not Used (Peri2)	Yes
0584T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including	Yes
	Guidance, And Radiological Supervision And Interpretation, When Performed; Percutaneous	
0585T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including	Yes
	Guidance, And Radiological Supervision And Interpretation, When Performed; Laparoscopic	
0586T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including	Yes
	Guidance, And Radiological Supervision And Interpretation, When Performed; Open	
0587T	Percutaneous Implantation Or Replacement Of Integrated Single Device Neurostimulation System For	Yes
	Bladder Dysfunction Including Electrode Array And Receiver Or Pulse Generator, Including Analysis,	
	Programming, And Imaging Guidance When	
0588T	Revision Or Removal Of Percutaneously Placed Integrated Single Device Neurostimulation System For	Yes
	Bladder Dysfunction Including Electrode Array And Receiver Or Pulse Generator, Including Analysis,	
	Programming, And Imaging Guidance When	
0589	Home Health (HH) - Other Visits: Other Home Health Visit	No
0589T	Electronic Analysis With Simple Programming Of Implanted Integrated Neurostimulation System For	Yes
	Bladder Dysfunction (Eg, Electrode Array And Receiver), Including Contact Group(S), Amplitude, Pulse	
	Width, Frequency (Hz), On/Off Cycling, Burst,	
0590		No
0590T	Electronic Analysis With Complex Programming Of Implanted Integrated Neurostimulation System For	Yes
	Bladder Dysfunction (Eg, Electrode Array And Receiver), Including Contact Group(S), Amplitude, Pulse	
	Width, Frequency (Hz), On/Off Cycling, Burst,	
0591T	Health And Well-Being Coaching Face-To-Face; Individual, Initial Assessment	Yes
0592T	Health And Well-Being Coaching Face-To-Face; Individual, Follow-Up Session, At Least 30 Minutes	Yes
0002.		
0593T	Health And Well-Being Coaching Face-To-Face; Group (2 Or More Individuals), At Least 30 Minutes	Yes
00001		103
0594T	Osteotomy, Humerus, With Insertion Of An Externally Controlled Intramedullary Lengthening Device,	Yes
05541	Including Intraoperative Imaging, Initial And Subsequent Alignment Assessments, Computations Of	105
	Adjustment Schedules, And Management Of The Intramedullary Le	
0596T	Tomporary Fomale Intraurathral Value Dump (In Vaiding Prosthesis), Initial Incertion, Including	Yes
05901	Temporary Female Intraurethral Valve-Pump (Ie, Voiding Prosthesis); Initial Insertion, Including	103
0507T	Urethral Measurement	Voc
0597T	Temporary Female Intraurethral Valve-Pump (Ie, Voiding Prosthesis); Replacement	Yes
0598T	Noncontact Real-Time Fluorescence Wound Imaging, For Bacterial Presence, Location, And Load, Per	Yes
05007	Session; First Anatomic Site (Eg, Lower Extremity)	N
0599T	Noncontact Real-Time Fluorescence Wound Imaging, For Bacterial Presence, Location, And Load, Per	Yes
	Session; Each Additional Anatomic Site (Eg, Upper Extremity) (List Separately In Addition To Code For	
	Primary Procedure)	

Procedure Code	Description	Prior Auth Required
0600	Home Health (HH) - Oxygen: General Classification	No
0600T	Ablation, Irreversible Electroporation; 1 Or More Tumors Per Organ, Including Imaging Guidance,	Yes
	When Performed, Percutaneous	
0601	Home Health (HH) - Oxygen: Oxygen - Stat Equip/Supply/Content	No
0601T	Ablation, Irreversible Electroporation; 1 Or More Tumors Per Organ, Including Fluoroscopic And	Yes
	Ultrasound Guidance, When Performed, Open	
0602	Home Health (HH) - Oxygen: Oxygen - Stat Equip/Supply<1 LPM	No
0602T	Glomerular Filtration Rate (Gfr) Measurement(S), Transdermal, Including Sensor Placement And	No
	Administration Of A Single Dose Of Fluorescent Pyrazine Agent	
0603	Home Health (HH) - Oxygen: Oxygen - Stat Equip/Supply>4 LPM	No
0603T	Glomerular Filtration Rate (Gfr) Monitoring, Transdermal, Including Sensor Placement And	No
	Administration Of More Than One Dose Of Fluorescent Pyrazine Agent, Each 24 Hours	
0604	Home Health (HH) - Oxygen: Oxygen - Port Add-on	No
0604T	Optical Coherence Tomography (Oct) Of Retina, Remote, Patient-Initiated Image Capture And	Yes
	Transmission To A Remote Surveillance Center, Unilateral Or Bilateral; Initial Device Provision, Set-Up	
	And Patient Education On Use Of Equipment	
0605T	Optical Coherence Tomography (Oct) Of Retina, Remote, Patient-Initiated Image Capture And	Yes
	Transmission To A Remote Surveillance Center, Unilateral Or Bilateral; Remote Surveillance Center	
	Technical Support, Data Analyses And Reports, With A Minimum Of 8 D	
0606T	Optical Coherence Tomography (Oct) Of Retina, Remote, Patient-Initiated Image Capture And	Yes
	Transmission To A Remote Surveillance Center, Unilateral Or Bilateral; Review, Interpretation And	
	Report By The Prescribing Physician Or Other Qualified Health Care	
0607T	Remote Monitoring Of An External Continuous Pulmonary Fluid Monitoring System, Including	Yes
	Measurement Of Radiofrequency-Derived Pulmonary Fluid Levels, Heart Rate, Respiration Rate,	
	Activity, Posture, And Cardiovascular Rhythm (Eg, Ecg Data), Transmitted T	
0608T	Remote Monitoring Of An External Continuous Pulmonary Fluid Monitoring System, Including	Yes
	Measurement Of Radiofrequency-Derived Pulmonary Fluid Levels, Heart Rate, Respiration Rate,	
	Activity, Posture, And Cardiovascular Rhythm (Eg, Ecg Data), Transmitted T	
0609	Home Health (HH) - Oxygen: Oxygen - Other	No
0609T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical,	No
	Thoracic, Or Lumbar); Acquisition Of Single Voxel Data, Per Disc, On Biomarkers (le, Lactic Acid,	
	Carbohydrate, Alanine, Laal, Propionic Acid, Proteoglycan, And	
0610	Magnetic Resonance Technology (MRT): General Classification	No
0610T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical,	No
0.044	Thoracic, Or Lumbar); Transmission Of Biomarker Data For Software Analysis	
0611	Magnetic Resonance Technology (MRT): MRI - Brain/Brainstem	No
0611T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical,	No
	Thoracic, Or Lumbar); Postprocessing For Algorithmic Analysis Of Biomarker Data For Determination	
0612	Of Relative Chemical Differences Between Discs	N
0612	Magnetic Resonance Technology (MRT): MRI - Spinal Cord/Spine	No
0612T	Magnetic Resonance Spectroscopy, Determination And Localization Of Discogenic Pain (Cervical,	No
0012T	Thoracic, Or Lumbar); Interpretation And Report	Vec
0613T	Percutaneous Transcatheter Implantation Of Interatrial Septal Shunt Device, Including Right And Left	Yes
	Heart Catheterization, Intracardiac Echocardiography, And Imaging Guidance By The Proceduralist,	
0614	When Performed	No
0614T	Magnetic Resonance Technology (MRT): MRI - Other Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator	-
0615		Yes No
0615T	Magnetic Resonance Technology (MRT): MRA - Head and Neck	Yes
0616	Eye-Movement Analysis Without Spatial Calibration, With Interpretation And Report	No
	Magnetic Resonance Technology (MRT): MRA - Lower Extremities	-
0616T	Insertion Of Iris Prosthesis, Including Suture Fixation And Repair Or Removal Of Iris, When Performed;	Yes
	Without Removal Of Crystalline Lens Or Intraocular Lens, Without Insertion Of Intraocular Lens	
0617T	Insertion Of Iris Prosthesis, Including Suture Fixation And Repair Or Removal Of Iris, When Performed;	Vos
001/1		103
0618	With Removal Of Crystalline Lens And Insertion Of Intraocular Lens	No
0618F	Magnetic Resonance Technology (MRT): MRA - Other	No
0618H	Anti-Infective Therapy (Fourth Therapy)	No
0618S	Anti-Infective Therapy (All Dosing)	No
0618T	Anti-Infective Therapy (Second Therapy) Insertion Of Iris Prosthesis, Including Suture Fixation And Repair Or Removal Of Iris, When Performed;	No
00101	With Secondary Intraocular Lens Placement Or Intraocular Lens Exchange	
0619	Magnetic Resonance Technology (MRT): Other MRT	No

Procedure Code	Description	Prior Auth Required
0619T	Cystourethroscopy With Transurethral Anterior Prostate Commissurotomy And Drug Delivery, Including Transrectal Ultrasound And Fluoroscopy, When Performed	Yes
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
0621	Medical/Surgical Supplies - Extension of 27x: Supplies Incident to Radiology	No
0621T	Trabeculostomy Ab Interno By Laser;	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
0623	Medical/Surgical Supplies - Extension of 27x: Surgical Dressings	No
0623T	Automated Quantification And Characterization Of Coronary Atherosclerotic Plaque To Assess Severity Of Coronary Disease, Using Data From Coronary Computed Tomographic Angiography; Data Preparation And Transmission, Computerized Analysis Of Data, With Revi	No
0624	Medical/Surgical Supplies - Extension of 27x: FDA Investigational Devices	No
0624T	Automated Quantification And Characterization Of Coronary Atherosclerotic Plaque To Assess Severity Of Coronary Disease, Using Data From Coronary Computed Tomographic Angiography; Data Preparation And Transmission	No
0625T	Automated Quantification And Characterization Of Coronary Atherosclerotic Plaque To Assess Severity Of Coronary Disease, Using Data From Coronary Computed Tomographic Angiography; Computerized Analysis Of Data From Coronary Computed Tomographic Angiograph	No
0626T	Automated Quantification And Characterization Of Coronary Atherosclerotic Plaque To Assess Severity Of Coronary Disease, Using Data From Coronary Computed Tomographic Angiography; Review Of Computerized Analysis Output To Reconcile Discordant Data, Interp	No
0627T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue-Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With Fluoroscopic Guidance, Lumbar; First Level	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
0629T	Percutaneous Injection Of Allogeneic Cellular And/Or Tissue-Based Product, Intervertebral Disc, Unilateral Or Bilateral Injection, With CT Guidance, Lumbar; First Level	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
0631	Pharmacy - Extension of 25x: Single Source Drug	No
0631T	Transcutaneous Visible Light Hyperspectral Imaging Measurement Of Oxyhemoglobin, Deoxyhemoglobin, And Tissue Oxygenation, With Interpretation And Report, Per Extremity	Yes
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

Procedure Code	Description	Prior Auth Required
0640	Home IV Therapy Services: General Classification	No
0640T	Noncontact Near-Infrared Spectroscopy (Eg, For Measurement Of Deoxyhemoglobin, Oxyhemoglobin,	No
	And Ratio Of Tissue Oxygenation), Other Than For Screening For Peripheral Arterial Disease, Image	
	Acquisition, Interpretation, And Report; First Anatomic Site	
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	Yes
	Catheterization And Left Ventriculography When Performed, Arterial Approach	
0644	Home IV Therapy Services: Non-routine Nursing, Peripheral Line	No
0644T	Transcatheter Removal Or Debulking Of Intracardiac Mass (Eg, Vegetations, Thrombus) Via Suction	Yes
	(Eg, Vacuum, Aspiration) Device, Percutaneous Approach, With Intraoperative Reinfusion Of Aspirated	
	Blood, Including Imaging Guidance, When Performed	
0645	Home IV Therapy Services: Training Patient/Caregiver, Central Line	No
0645T	Transcatheter Implantation Of Coronary Sinus Reduction Device Including Vascular Access And	Yes
	Closure, Right Heart Catheterization, Venous Angiography, Coronary Sinus Angiography, Imaging	
	Guidance, And Supervision And Interpretation, When Performed	
0646		No
0646T	Transcatheter Tricuspid Valve Implantation (Ttvi)/Replacement With Prosthetic Valve, Percutaneous	Yes
	Approach, Including Right Heart Catheterization, Temporary Pacemaker Insertion, And Selective Right	
	Ventricular Or Right Atrial Angiography, When Performed	
0647	Home IV Therapy Services: Training, Patient/Caregiver, Peripheral Line	No
0647T	Insertion Of Gastrostomy Tube, Percutaneous, With Magnetic Gastropexy, Under Ultrasound	Yes
00471	Guidance, Image Documentation And Report	105
0648		No
0648T	Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg, Fat, Iron, Water Content),	No
00401		NU
	Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation And	
0649	Report, Obtained Without Diagnostic Mri Examination Of The	No
0649 0649T	Home IV Therapy Services: Other IV Therapy Services	No
00491	Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg, Fat, Iron, Water Content),	NU
	Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation And	
0050	Report, Obtained With Diagnostic Mri Examination Of The Sa	No
0650		
0650T	Programming Device Evaluation (Remote) Of Subcutaneous Cardiac Rhythm Monitor System, With	Yes
	Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select	
	Optimal Permanently Programmed Values With Analysis, Review And Report	
0051	Usersian Comitan Deutine Userse Com	Na
0651		No
0651T	Magnetically Controlled Capsule Endoscopy, Esophagus Through Stomach, Including Intraprocedural	Yes
0.550	Positioning Of Capsule, With Interpretation And Report	
0652		No
0652T	Esophagogastroduodenoscopy, Flexible, Transnasal; Diagnostic, Including Collection Of Specimen(S)	Yes
00507	By Brushing Or Washing, When Performed (Separate Procedure)	
0653T	Esophagogastroduodenoscopy, Flexible, Transnasal; With Biopsy, Single Or Multiple	Yes
0654T	Esophagogastroduodenoscopy, Flexible, Transnasal; With Insertion Of Intraluminal Tube Or Catheter	Yes
0.000		••
0655	Hospice Service: Inpatient Respite Care	No
0655T	Transperineal Focal Laser Ablation Of Malignant Prostate Tissue, Including Transrectal Imaging	Yes
	Guidance, With Mr-Fused Images Or Other Enhanced Ultrasound Imaging	
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
	Hospice Service: Other Hospice Service	No
0659		
0659 0659T	Transcatheter Intracoronary Infusion Of Supersaturated Oxygen In Conjunction With Percutaneous	Yes
	Transcatheter Intracoronary Infusion Of Supersaturated Oxygen In Conjunction With Percutaneous Coronary Revascularization During Acute Myocardial Infarction, Including Catheter Placement,	Yes
		Yes

Procedure Code	Description	Prior Auth Required
0660Т	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
0662T	Scalp Cooling, Mechanical; Initial Measurement And Calibration Of Cap	Yes
0663	Respite Care: Daily Respite Charge	No
0663T	Scalp Cooling, Mechanical; Placement Of Device, Monitoring, And Removal Of Device (List Separately In Addition To Code For Primary Procedure)	Yes
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
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	
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	Yes
0675T	Pulse Generator And Diaphragmatic Lead(S) 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	-
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

Procedure Code	Description	Prior Auth Required
0683T	Programming Device Evaluation (In-Person) With Iterative Adjustment Of The Implantable Device To	Yes
	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	
0684		No
0684T		Yes
	Or After A Surgery, Procedure, Or Test With Analysis, Review, And Report By A Physician Or Other	
	Qualified Health Care Professional, Permanent Implantable Syn	
0685T	Interrogation Device Evaluation (In-Person) With Analysis, Review And Report By A Physician Or Other	Yes
	Qualified Health Care Professional, Including Connection, Recording And Disconnection Per Patient	
	Encounter, Permanent Implantable Synchronized Diaphragma	
0686T	Histotripsy (Ie, Non-Thermal Ablation Via Acoustic Energy Delivery) Of Malignant Hepatocellular	Yes
	Tissue, Including Image Guidance	
0687T	Treatment Of Amblyopia Using An Online Digital Program; Device Supply, Educational Set-Up, And	Yes
	Initial Session	
0688T	Treatment Of Amblyopia Using An Online Digital Program; Assessment Of Patient Performance And	Yes
00001	Program Data By Physician Or Other Qualified Health Care Professional, With Report, Per Calendar	105
	Month	
0689	Trauma Response: Other Trauma Response	No
0689T	Quantitative Ultrasound Tissue Characterization (Non-Elastographic), Including Interpretation And	No
00001	Report, Obtained Without Diagnostic Ultrasound Examination Of The Same Anatomy (Eg, Organ,	
0690	Gland, Tissue, Target Structure) Pre-hospice/Palliative Care Services: General Classification	Yes
0690T		No
06901		NO
	Report, Obtained With Diagnostic Ultrasound Examination Of The Same Anatomy (Eg, Organ, Gland,	
0.004	Tissue, Target Structure) (List Separately In Addition To Code	N
0691	Pre-hospice/Palliative Care Services: Visit Charge	Yes
0691T	Automated Analysis Of An Existing Computed Tomography Study For Vertebral Fracture(S), Including	No
	Assessment Of Bone Density When Performed, Data Preparation, Interpretation, And Report	
0692	Pre-hospice/Palliative Care Services: Hourly Charge	Yes
0692T	Therapeutic Ultrafiltration	Yes
0693	Pre-hospice/Palliative Care Services: Evaluation	Yes
0693T	Comprehensive Full Body Computer-Based Markerless 3D Kinematic And Kinetic Motion Analysis And	No
	Report	
0694	Pre-hospice/Palliative Care Services: Consultation and Education	Yes
0694T		No
	Excised Specimen, 3-Dimensional Automatic Specimen Reorientation, Interpretation And Report, Real-	
	Time Intraoperative	
0695	Pre-hospice/Palliative Care Services: Inpatient Care	Yes
0695T	Body Surface-Activation Mapping Of Pacemaker Or Pacing Cardioverter-Defibrillator Lead(S) To	Yes
	Optimize Electrical Synchrony, Cardiac Resynchronization Therapy Device, Including Connection,	
	Recording, Disconnection, Review, And Report; At Time Of Implant Or	
0696	Pre-hospice/Palliative Care Services: Physician Services	Yes
0696T	Body Surface-Activation Mapping Of Pacemaker Or Pacing Cardioverter-Defibrillator Lead(S) To	Yes
	Optimize Electrical Synchrony, Cardiac Resynchronization Therapy Device, Including Connection,	
	Optimize Electrical Synchrony, Cardiac Resynchronization merapy Device, including connection,	
	Recording, Disconnection, Review, And Report; At Time Of Follow-Up	
0697T		No
0697T	Recording, Disconnection, Review, And Report; At Time Of Follow-Up	No
0697T	Recording, Disconnection, Review, And Report; At Time Of Follow-Up 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
0697T 0698T	Recording, Disconnection, Review, And Report; At Time Of Follow-Up Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg, Fat, Iron, Water Content), Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation And	No
	Recording, Disconnection, Review, And Report; At Time Of Follow-Up 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	
	Recording, Disconnection, Review, And Report; At Time Of Follow-Up 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 Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg, Fat, Iron, Water Content),	
	Recording, Disconnection, Review, And Report; At Time Of Follow-Up 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 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 Quantitative Magnetic Resonance For Analysis Of Tissue Composition (Eg, Fat, Iron, Water Content), Including Multiparametric Data Acquisition, Data Preparation And Transmission, Interpretation And	
0698T	Recording, Disconnection, Review, And Report; At Time Of Follow-Up 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 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
0698T 0699	Recording, Disconnection, Review, And Report; At Time Of Follow-Up 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 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 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 Pre-hospice/Palliative Care Services: Other Pre-hospice/Palliative Care Services	No Yes
0698T 0699 0699T	Recording, Disconnection, Review, And Report; At Time Of Follow-UpQuantitative 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 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 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 SaPre-hospice/Palliative Care Services: Other Pre-hospice/Palliative Care ServicesInjection, Posterior Chamber Of Eye, MedicationCast Room: General Classification	No Yes Yes
0698T 0699 0699T 0700	Recording, Disconnection, Review, And Report; At Time Of Follow-UpQuantitative 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 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 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 SaPre-hospice/Palliative Care Services: Other Pre-hospice/Palliative Care ServicesInjection, Posterior Chamber Of Eye, MedicationCast Room: General Classification	No Yes Yos No

Procedure Code	Description	Prior Auth Required
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
0706Т	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	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
0720T	Percutaneous Electrical Nerve Field Stimulation, Cranial Nerves, Without Implantation	Yes
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
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

Procedure Code	Description	Prior Auth Required
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	Yes
	Other Qualified Health Care Professional; Supply And Technical Support, Per 30 Days	
0734T	Remote Real-Time, Motion Capture-Based Neurorehabilitative Therapy Ordered By A Physician Or	Yes
	Other Qualified Health Care Professional; Treatment Management Services By A Physician Or Other Qualified Health Care Professional, Per Calendar Month	
0735T	Preparation Of Tumor Cavity, With Placement Of A Radiation Therapy Applicator For Intraoperative	Yes
	Radiation Therapy (lort) Concurrent With Primary Craniotomy (List Separately In Addition To Code For	
	Primary Procedure)	
0736T	Colonic Lavage, 35 Or More Liters Of Water, Gravity-Fed, With Induced Defecation, Including Insertion	Yes
	Of Rectal Catheter	
0737T	Xenograft Implantation Into The Articular Surface	Yes
0738T	Treatment Planning For Magnetic Field Induction Ablation Of Malignant Prostate Tissue, Using Data	Yes
0700	From Previously Performed Magnetic Resonance Imaging (Mri) Examination	•
0739	EKG/ECG (Electrocardiogram): Other EKG/ECG	No
0739T	Ablation Of Malignant Prostate Tissue By Magnetic Field Induction, Including All Intraprocedural,	Yes
	Transperineal Needle/Catheter Placement For Nanoparticle Installation And Intraprocedural	
0740	Temperature Monitoring, Thermal Dosimetry, Bladder Irrigation, And	Ne
0740	EEG (Electroencephalogram): General Classification	No
0740T	Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And	Yes
0741T	Titration; Initial Set-Up And Patient Education	Yes
07411	Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration; Provision Of Software, Data Collection, Transmission, And Storage, Each 30 Days	res
0742T		No
	Tomography (Spect), With Exercise Or Pharmacologic Stress, And At Rest, When Performed (List	
07407	Separately In Addition To Code For Primary Procedure)	Ne
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	No
	Tomography Scan, Retrieval And Transmission Of The Scan Data, Me	
0744T	Insertion Of Bioprosthetic Valve, Open, Femoral Vein, Including Duplex Ultrasound Imaging Guidance,	Yes
07441	When Performed, Including Autogenous Or Nonautogenous Patch Graft (Eg, Polyester, Eptfe, Bovine	
	Pericardium), When Performed	
0745T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Noninvasive Arrhythmia	Yes
	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	
0746T		Yes
	Localization And Mapping Of Arrhythmia Site (Nidus) Into A Multidimensional Radiation Treatment	
	Plan	
0747T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Delivery Of Radiation Therapy,	Yes
	Arrhythmia	
0748T	Injections Of Stem Cell Product Into Perianal Perifistular Soft Tissue, Including Fistula Preparation (Eg,	Yes
0749T	Removal Of Setons, Fistula Curettage, Closure Of Internal Openings) Bone Strength And Fracture-Risk Assessment Using Digital X-Ray Radiogrammetry-Bone Mineral	No
07451	Density (Dxr-Bmd) Analysis Of Bone Mineral Density (Bmd) Utilizing Data From A Digital X Ray,	NO
	Retrieval And Transmission Of Digital X-Ray Data, Assessment Of Bone S	
0750		No
0750T	Bone Strength And Fracture-Risk Assessment Using Digital X-Ray Radiogrammetry-Bone Mineral	No
	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	
0751T		Yes
	Examination (List Separately In Addition To Code For Primary Procedure)	
0752T	Digitization Of Glass Microscope Slides For Level III, Surgical Pathology, Gross And Microscopic	Yes
	Examination (List Separately In Addition To Code For Primary Procedure)	
0753T	Digitization Of Glass Microscope Slides For Level Iv, Surgical Pathology, Gross And Microscopic	Yes
	Examination (List Separately In Addition To Code For Primary Procedure)	
0754T	Digitization Of Glass Microscope Slides For Level V, Surgical Pathology, Gross And Microscopic	Yes
1	Examination (List Separately In Addition To Code For Primary Procedure)	

Procedure Code	Description	Prior Auth Required
0755T		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		Yes
0759T		Yes
0760	Specialty Services: General Classification	No
0760T		Yes
0761		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		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 Marking Of The Treatment Location, Including Noninvasive Electroneurographic Localization (Nerve Conduction	Yes
0767T		Yes
0769		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		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		Yes
0773T		Yes
0774T		Yes
0776T	The Diagnostic of Therapeutic Service That The VEPIC 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

Procedure Code	Description	Prior Auth Required
0777Т	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
0779Т	Gastrointestinal Myoelectrical Activity Study, Stomach Through Colon, With Interpretation And Report	Yes
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
0786Т	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
0789Т	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
0792Т	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
0796Т	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
0797Т	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

Procedure Code	Description	Prior Auth Required
0799T	Transcatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance	Yes
	(Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral	
	Venography), When Performed; Right Atrial Pacemaker Component	
0800	Inpatient Renal Dialysis: General Classification	No
0800T	Transcatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker, Including Imaging Guidance	Yes
	(Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right Ventriculography, Femoral	
	Venography), When Performed; Right Ventricular Pacemaker Componen	
0801	Inpatient Renal Dialysis: Inpatient Hemodialysis	No
0801T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker, Including	
00011	Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right	
	Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogat	
0802	Inpatient Renal Dialysis: Inpatient Peritoneal (Non-CAPD)	No
0802T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker, Including	Yes
	Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right	
	Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogat	
0803	Inpatient Renal Dialysis: Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	No
0803T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker, Including	res
	Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Right Atrial Angiography, Right	
	Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogat	
0804	Inpatient Renal Dialysis: Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	No
0804T	Programming Device Evaluation (In Person) With Iterative Adjustment Of Implantable Device To Test	Yes
	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	
0805T	Transcatheter Superior And Inferior Vena Cava Prosthetic Valve Implantation (Ie, Caval Valve	Yes
	Implantation [Cavi]); Percutaneous Femoral Vein Approach	
0806T	Transcatheter Superior And Inferior Vena Cava Prosthetic Valve Implantation (Ie, Caval Valve	Yes
	Implantation [Cavi]); Open Femoral Vein Approach	
0807T	Pulmonary Tissue Ventilation Analysis Using Software-Based Processing Of Data From Separately	Yes
	Captured Cinefluorograph Images; In Combination With Previously Acquired Computed Tomography	
	(Ct) Images, Including Data Preparation And Transmission, Quantifica	
0808T	Pulmonary Tissue Ventilation Analysis Using Software-Based Processing Of Data From Separately	Yes
00001	Captured Cinefluorograph Images; In Combination With Computed Tomography (Ct) Images Taken	105
	For The Purpose Of Pulmonary Tissue Ventilation Analysis, Including Da	
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	Yes
0812	Education On Use Of Equipment Acquisition of Body Components: Cadaver Donor	No
0812 0812T	Remote Multi-Day Complex Uroflowmetry (Eg, Calibrated Electronic Equipment); Device Supply With	Yes
00121	Automated Report Generation, Up To 10 Days	103
0813	Acquisition of Body Components: Unknown Donor	No
0813T	Esophagogastroduodenoscopy, Flexible, Transoral, With Volume Adjustment Of Intragastric Bariatric	Yes
	Balloon	
0814	Acquisition of Body Components: Unsuccessful Organ Search - Donor Bank Charges	No
0814T	Percutaneous Injection Of Calcium-Based Biodegradable Osteoconductive Material, Proximal Femur,	Yes
	Including Imaging Guidance, Unilateral	
0815	Allogeneic Stem Cell Acquisition Services	No
0815T	Ultrasound-Based Radiofrequency Echographic Multi-Spectrometry (Rems), Bone-Density Study And	No
	Fracture-Risk Assessment, 1 Or More Sites, Hips, Pelvis, Or Spine	
0816T	Open Insertion Or Replacement Of Integrated Neurostimulation System For Bladder Dysfunction	Yes
	Including Electrode(S) (Eg, Array Or Leadless), And Pulse Generator Or Receiver, Including Analysis,	
	Programming, And Imaging Guidance, When Performed, Posterior T	
		<u> </u>

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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
0839Т	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
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

Procedure Code	Description	Prior Auth Required
0850T	Digitization Of Glass Microscope Slides For In Situ Hybridization (Eg, Fish), Per Specimen; Each	Yes
	Multiplex Probe Stain Procedure (List Separately In Addition To Code For Primary Procedure)	
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	Yes
	Or Semiquantitative), Manual, Per Specimen; Initial Single Probe Stain Procedure (List Separately In	
	Addition To Code For Primary Procedure)	
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	Yes
	Or Semiquantitative), Manual, Per Specimen; Each Additional Single Probe Stain Procedure (List	
	Separately In Addition To Code For Primary Procedure)	
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	Yes
	Or Semiquantitative), Manual, Per Specimen; Each Multiplex Probe Stain Procedure (List Separately In	
	Addition To Code For Primary Procedure)	
0854		No
0854T	Digitization Of Glass Microscope Slides For Blood Smear, Peripheral, Interpretation By Physician With	Yes
	Written Report (List Separately In Addition To Code For Primary Procedure)	
0855		No
0855T	Digitization Of Glass Microscope Slides For Bone Marrow, Smear Interpretation (List Separately In	Yes
	Addition To Code For Primary Procedure)	
0856T	Digitization Of Glass Microscope Slides For Electron Microscopy, Diagnostic (List Separately In Addition	Yes
	To Code For Primary Procedure)	
0857T		No
	Documentation, Augmentative Analysis And Report (List Separately In Addition To Code For Primary	
	Procedure)	
0858T	Externally Applied Transcranial Magnetic Stimulation With Concomitant Measurement Of Evoked	Yes
	Cortical Potentials With Automated Report	
0859		No
0859T		Yes
	And Ratio Of Tissue Oxygenation), Other Than For Screening For Peripheral Arterial Disease, Image	
	Acquisition, Interpretation, And Report; Each Additional Anatom	
0860	Magnetoencephalography (MEG): General Classification	No
0860T		Yes
08001	And Ratio Of Tissue Oxygenation), For Screening For Peripheral Arterial Disease, Including Provocative	163
	Maneuvers, Image Acquisition, Interpretation, And Report,	
0861		No
0861T	Removal Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing; Both	Yes
00011	Components (Battery And Transmitter)	
0862T	Relocation Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing, Including	Yes
	Device Interrogation And Programming; Battery Component Only	
0863T	Relocation Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing, Including	Yes
	Device Interrogation And Programming; Transmitter Component Only	
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	Yes
	Magnetic Resonance (Mr) Study(les), Including Lesion Identification, Characterization, And	
	Quantification, With Brain Volume(S) Quantification And/Or Severity Score	
0866T	Quantitative Magnetic Resonance Image (Mri) Analysis Of The Brain With Comparison To Prior	Yes
	Magnetic Resonance (Mr) Study(les), Including Lesion Detection, Characterization, And Quantification,	
	With Brain Volume(S) Quantification And/Or Severity Score, Whe	
0880		No
0881	Miscellaneous Dialysis: Ultrafiltration	No
0882	Miscellaneous Dialysis: Home Dialysis Aid Visit	No
0889		No
0900		No
0901	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Electroshock Treatment	No
0902		No
0903		No

Procedure Code	Description	Prior Auth Required
0905	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Intensive Outpatient Services- Psychiatric	No
0906	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Intensive Outpatient Services-Chemical Dependency	No
0907	Behavioral Health Treatments/Serv(also see 091x,ext of 090x): Community Behavioral Health Program (Day Treatment)	No
0911		No
0912	Behavioral Health Treatments/Services - Extension of 090x: Partial Hospitalization - Less Intensive	No
0913	Behavioral Health Treatments/Services - Extension of 090x: Partial Hospitalization - Intensive	No
0914	Behavioral Health Treatments/Services - Extension of 090x: Individual Therapy	No
0915	Behavioral Health Treatments/Services - Extension of 090x: Group Therapy	No
0916	Behavioral Health Treatments/Services - Extension of 090x: Family Therapy	No
0917	Behavioral Health Treatments/Services - Extension of 090x: Bio Feedback	No
0918	Behavioral Health Treatments/Services - Extension of 090x: Testing	No
0919	Behavioral Health Treatments/Services - Extension of 090x: Other Behavioral Health Treatments	No
0920	Other Diagnostic Services: General Classification	No
0921	Other Diagnostic Services: Peripheral Vascular Lab	No
0922	Other Diagnostic Services: Electromyelgram	No
0923	Other Diagnostic Services: Pap Smear	No
0924		No
0925	Other Diagnostic Services: Pregnancy Test	No
0929	Other Diagnostic Services: Other Diagnostic Service	No
0931	Medical Rehabilitation Day Program: Half Day	No
0932	Medical Rehabilitation Day Program: Full Day	No
0940	Other Therapeutic Services (also see 095x, extension of 094x): General Classification	No
0941	Other Therapeutic Services (also see 095x, extension of 094x): Recreational Therapy	No
0942	Other Therapeutic Services (also see 095x, extension of 094x): Education/Training	No
0943		No
0944		No
0945	Other Therapeutic Services (also see 095x, extension of 094x): Alcohol Rehabilitation	No
0946		No
0947	Other Therapeutic Services (also see 095x, extension of 094x): Complex Medical Equipment - Ancillary	No
0948	Other Therapeutic Services (also see 095x, extension of 094x): Pulmonary Rehabilitation	No
0949		No
0951		No
0952	Other Therapeutic Services (Extension of 094x): Kinesiotherapy	No
0953	Other Therapeutic Services (Extension of 094x): Chemical Dependency (Drug and Alcohol)	No
0960	Professional Fees (also see 097x and 098x): General Classification	No
0961	Professional Fees (also see 097x and 098x): Psychiatric	No
0962	Professional Fees (also see 097x and 098x): Ophthalmology	No
0963	Professional Fees (also see 097x and 098x): Anesthesiologist (MD)	No
0964	Professional Fees (also see 097x and 098x): Anesthesiologist (CRNA)	No
0969	Professional Fees (also see 097x and 098x): Other Professional Fees	No
0971	Professional Fees (Extension of 096x): Laboratory	No
0972	Professional Fees (Extension of 096x): Radiology - Diagnostic	No
0973	Professional Fees (Extension of 096x): Radiology - Therapeutic	No
0974	Professional Fees (Extension of 096x): Radiology - Nuclear	No
0975	Professional Fees (Extension of 096x): Operating Room	No
0976	Professional Fees (Extension of 096x): Respiratory Therapy	No
0977	Professional Fees (Extension of 096x): Physical Therapy	No
0978		No
0979		No
0981		No
0982	Professional Fees (Extension of 096x and 097x): Outpatient Services	No
0983	Professional Fees (Extension of 096x and 097x): Clinic	No
		NIa
0984	Professional Fees (Extension of 096x and 097x): Medical Social Services	No
		No

Professional Feez Estension d PSRs and 9275, Hospital Visit. No 988 Professional Feez Estension d PSRs and 9275, Envirable Duty Nurse. No 9890 Patient Convenience Items: General Classification No 9891 Patient Convenience Items: Calleriar/Guest Tray. No 9892 Patient Convenience Items: Calleriar/Guest Tray. No 9893 Patient Convenience Items: TyRabio No 9894 Patient Convenience Items: TyRabio No 9894 Patient Convenience Items: TyRabio No 9895 Patient Convenience Items: TyRabio No 9897 Patient Convenience Items: Admission Etems No 9897 Patient Convenience Items: Admission Etems No 9899 Patient Convenience Items: Admission Etems No 9890 Patient Convenience Items: Admission Etems No 9891 Patient Convenience Items: Admission Etems No 9800 Etem Needle Aspatiano Biogy, Including Patiensonal Guidance, First Lesion No 9800 Etem Needle Aspatiano Biogy, Including Patiensonal Guidance, First Lesion No 9800 <	Procedure Code	Description	Prior Auth Required
2959 Professional Fees (Estansion of 096 and 0972). Private Duty Nurge No 0990 Patent Convenience Items. Cafetari/Suest Tray No 0991 Patent Convenience Items. Cafetari/Suest Tray No 0992 Patent Convenience Items. Tray No 0993 Patent Convenience Items. Tray No 0994 Patent Convenience Items. Tray No 0995 Patent Convenience Items. Tray No 0996 Patent Convenience Items. Tray No 0997 Patent Convenience Items. Tray No 0998 Patent Convenience Items. Tray No 0999 Patent Convenience Items. Tray No 0000 Behavioral Health Accommodulors: Cereral Classification No 00004 Free Needle Appriton Biogry, Industry Uncacutor No 00005 Free Needle Appriton Biogry, Industry Uncacutor No 00006 Free Needle Appriton Biogry, Industry Uncacutor No 00007 Free Needle Appriton Biogry, Industry Uncacutor No 00006 Free Needle Appriton Biogry, Industry Uncacutors No	0987	Professional Fees (Extension of 096x and 097x): Hospital Visit	
9990 Patient Convention: Items: General Calesrification No 9991. Patient Convention: Items: Private Lines Service No 9992. Patient Convention: Items: Private Lines Service No 9993. Patient Convention: Items: No-patient Room Rentals No 9994. Patient Convention: Items: No-patient Room Rentals No 9995. Patient Convention: Items: Admission Rits No 9996. Patient Convention: Items: Admission Rits No 9997. Patient Convention: Items: Admission Rits No 9998. Patient Convention: Items: Admission Rits No 9003. Eater Convention: Items: Admission Rits No 9003. Eater Convention: Items: Admission Rits No 9003. Eater Convention: Items: Admission Rits No 9004. Eater Convention: Items: Admission Rits No 9003. Eater Admission Rits No 9004. Enter Needle Aspiration Biopxy, Including Illurisound Guidonce; Each Additional Licion (List Separately In No 9005. Fine Needle Aspiration Biopxy, Including Illurisocxopic Culudance; First Licion No	0988		No
9991 Patient Convenience items: Calescript/Seast Tray No 9992 Patient Convenience items: Product Lines Service No 9993 Patient Convenience items: TVRatio No 9994 Patient Convenience items: TVRatio No 9995 Patient Convenience items: Non patient Room Rentab No 9996 Patient Convenience items: Like biocharge No 9997 Patient Convenience items: Like biocharge No 9998 Patient Convenience items: Like biocharge No 9099 Patient Convenience items: Charter Convenience items: No No 9000 Patient Convenience items: Charter Convenience items: No No 0001 Behavioral Health Accommodations: General Classification No 00015 Fine Needle Aspratoto Itology, Including Utrasound Guidance; Exch Additional Lesion (List Separately In Additional Code of Primary Procedure) No 00005 Fine Needle Aspratoto Itology, Including Pluctacopic Guidance; Fast Additional Lesion (List Separately In Additional Code of Primary Procedure) No 00006 Fine Needle Aspratoto Itology, Including Pluctacopic Guidance; Fast Additional Lesion (List Separately In Addition I Code for Primary Procedure) No	0989	Professional Fees (Extension of 096x and 097x): Private Duty Nurse	No
Patient Convenience terms: Pirotac luens Service No 9933 Patient Convenience terms: TVRBadio No 9944 Patient Convenience terms: TVR Tadio No 9955 Patient Convenience terms: Non-patient Room Rentals No 9966 Patient Convenience terms: Non-patient Room Rentals No 9977 Patient Convenience terms: Debuty Shap/Barber No 9988 Patient Convenience terms: Obter Convenience terms No 9989 Patient Convenience terms: Obter Convenience terms No 90061 Rehavioral Ited/It Accommodations: General Classification No 00063 Rehavioral Ited/It Accommodations: General Classification No 00064 Fine Keedle Aspiration Biopsy, Including Utrasound Guidance; Each Additional Lesion (List Separately In No 00065 Fine Keedle Aspiration Biopsy, Including Ruissound Guidance; Each Additional Lesion (List Separately In No 00067 Fine Keedle Aspiration Biopsy, Including Ruissound Guidance; Each Additional Lesion (List Separately In No 00068 Fine Keedle Aspiration Biopsy, Including Ruissound Guidance; Each Additional Lesion (List Separately In No 00069 Fine Keedle Aspira	0990	Patient Convenience Items: General Classification	No
Patient Convenience terms 'Telephone/Telecom No 9994 Detect Convenience terms 'Non-patient Boom Bentals No 9995 Patient Convenience terms :Non-patient Boom Bentals No 9996 Patient Convenience terms :Non-patient Boom Bentals No 9997 Patient Convenience terms: Boardy BoyBarber No 9998 Patient Convenience terms: Boardy BoyBarber No 9099 Patient Convenience terms: Boardy BoyBarber No 9000 Behavioral Health Accommodations: Ceneral Classification No 00000 Behavioral Health Accommodations: Ceneral Classification No 00000 Fine Needle Aspritation Biopsy, Induding Ultrasound Guidance; First Lesion No 00000 Fine Needle Aspritation Biopsy, Induding Puroracopic Guidance; First Lesion No 00000 Fine Needle Aspritation Biopsy, Induding Puroracopic Guidance; First Lesion No 00000 Fine Needle Aspritation Biopsy, Induding Puroracopic Guidance; First Lesion No 00000 Fine Needle Aspritation Biopsy, Induding Puroracopic Guidance; First Lesion No 00000 Fine Needle Aspritation Biopsy, Induding Furoracopic Guidance; Each Additional Lesion (List Separat	0991	Patient Convenience Items: Cafeteria/Guest Tray	No
9994 Patient Convenience terms: VM:Radia No 9995 Patient Convenience terms: Non-patient Boom Rentals No 9996 Patient Convenience terms: Admitsion Kits No 9997 Patient Convenience terms: Dear Submitsion Kits No 9998 Patient Convenience terms: Dear Submitsion Kits No 9999 Patient Convenience terms: Observ ShortSature No 9000 Behavioral Health Accommodations: General Classification No 9000 Behavioral Health Accommodations: General Classification No 9000 Reneedle Appriction Biopsy, Induding Ultrasound Guidance; Each Additional Lesion (List Separately in Addition To Code For Primary Proceedure) No 90005 Fine Needle Appriction Biopsy, Induding The Source South Additional Lesion (List Separately in Addition To Code For Primary Proceedure) No 90006 Fine Needle Appriction Biopsy, Induding The Source South Additional Lesion (List Separately in Addition To Code For Primary Proceedure) No 90007 Fine Needle Appriction Biopsy, Induding CT Guidance; First Lesion No 90008 Fine Needle Aspriction Biopsy, Including CT Guidance; First Lesion No 90009 Fine Needle Asprinchon Biopsy, Including CT Guida	0992	Patient Convenience Items: Private Linen Service	No
Patient Convenience terms: Non-patient Boom Bentals No 09966 Patient Convenience terms: Jack Bisharpe No 09977 Patient Convenience terms: Jack Bisharpe No 0998 Patient Convenience terms: Banzy ShopBarber No 0999 Patient Convenience terms: Other Convenience terms No 0000 Behavioral Health Accommodations: General Classification No 0000 Behavioral Health Accommodations: General Classification No 0000 Fine Needle Aspritotion Biopxy, Including Uitrasound Guidance; Erxt Lesion No 00005 Fine Needle Aspritotion Biopxy, Including Puroracopic Guidance; Exh Additional Lesion (List Separately In Addition To Code For Primary Procedure) No 00007 Fine Needle Aspritotion Biopxy, Including Puroracopic Guidance; Exh Additional Lesion (List Separately In Addition To Code For Primary Procedure) No 00008 Fine Needle Aspritotion Biopxy, Including Furoracopic Guidance; First Lesion No 00009 Fine Needle Aspritotion Biopxy, Including Furoracopic Guidance; Exh Additional Lesion (List Separately In No No 00009 Fine Needle Aspritotion Biopxy, Including Furoracopic Guidance; First Lesion No 00001 To Write Work Work Work Firm	0993	Patient Convenience Items: Telephone/Telecom	No
P996 Patient Convenience Hems: Admission Kits No 9997 Patient Convenience Hems: Bearly Shop/Barbar No 9998 Patient Convenience Hems: Other Convenience Hems No 9998 Patient Convenience Hems: Other Convenience Hems No 9006 Behavioral Health Accommodation: General Classification No 9006 Fine Neede Apariation Biopsy, Mithout Imaging Guidance; Each Additional Lesion (List Separately In No 9007 Fine Neede Apariation Biopsy, Including Uhrasound Guidance; First Lesion No 90006 Fine Neede Apariation Biopsy, Including Harsaund Guidance; First Lesion No 90007 Fine Neede Apariation Biopsy, Including Fluorescopic Guidance, First Lesion No 90007 Fine Neede Apariation Biopsy, Including Fluorescopic Guidance, First Lesion No 90007 Fine Neede Apariation Biopsy, Including CT Guidance, First Lesion No 90007 Fine Neede Apariation Biopsy, Including CT Guidance, First Lesion No 90007 Fine Neede Apariation Biopsy, Including CT Guidance, First Lesion No 90007 Fine Neede Apariation Biopsy, Including M Guidance, First Lesion No 90007 Fi	0994	Patient Convenience Items: TV/Radio	No
Patient Convenience Itemis Admission Ris No 9998 Patient Convenience Itemis Boury Shortpather No 9999 Patient Convenience Itemis Boury Shortpather No 9999 Patient Convenience Itemis Boury Shortpather No 9909 Patient Convenience Itemis Boury Shortpather No 9000 Behavioral Health Accommodations: General Classification No 9000 Behavioral Health Accommodations: General Classification No 9000 Frine Needle Appriation Biopsy, Including Urtasound Guidance; First Lesion No 9000 Frine Needle Appriation Biopsy, Including Pruorscopic Guidance; First Lesion No 90000 Frine Needle Appriation Biopsy, Including Pruorscopic Guidance; First Lesion No 90000 Frine Needle Appriation Biopsy, Including Pruorscopic Guidance; First Lesion No 90000 Frine Needle Appriation Biopsy, Including Pruorscopic Guidance; First Lesion No 90000 Frine Needle Appriation Biopsy, Including Pruorscopic Guidance; First Lesion No 90001 The Needle Appriation Biopsy, Including Pruorscopic Guidance; First Lesion No 90001 Frine Needle Appriation Biopsy, Including Pruorscopic G	0995	Patient Convenience Items: Non-patient Room Rentals	No
Patient Convenience Items: Denzy Shap/Barber No 9999 Patient Convenience Items: Other Convenience Items No 1000 Behavioral Health Accommodulous: General Classification No 1000 Behavioral Health Accommodulous: General Classification No 1000 Addition To Code For Primary Procedure) No 10005 Fine Needle Aspiration Biopsy, Including Ultrasound Guidance; Fark Additional Lesion (List Separately IN 10005 Fine Needle Aspiration Biopsy, Including Pluroscopic Guidance; Fark Lesion No 10006 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Fark Additional Lesion (List Separately IN No 10007 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Fark Additional Lesion (List Separately IN No 10008 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Fark Additional Lesion (List Separately IN No 10009 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Fark Lesion No 10009 Fine Needle Aspiration Biopsy, Including C Guidance; Fark Lesion No 10009 Fine Needle Aspiration Biopsy, Including C Guidance; Fark Lesion No 10001 Hehavioral Heasih Accommodations: Residential - Cohential Decion	0996	Patient Convenience Items: Late Discharge	No
999 Patient Convenience Items: Other Convenience Items. No 9008 ItePS Code 00601 No 9000 Behavioral Health Accommodations: General Classification No 9000 Fine Needle Appriation Biopsy, Including Utrasound Guidance; First Lesion No 9000 Fine Needle Appriation Biopsy, Including Utrasound Guidance; First Lesion No 9000 Fine Needle Appriation Biopsy, Including Thuroscopic Guidance; First Lesion No 9000 Fine Needle Appriation Biopsy, Including Thuroscopic Guidance; First Lesion No 9000 Fine Needle Appriation Biopsy, Including Pruoroscopic Guidance; First Lesion No 9000 Fine Needle Appriation Biopsy, Including Pruoroscopic Guidance; First Lesion No 90000 Fine Needle Appriation Biopsy, Including Pruoroscopic Guidance; First Lesion No 90000 Fine Needle Appriation Biopsy, Including WT Guidance; First Lesion No 90000 Fine Needle Appriation Biopsy, Including WT Guidance; First Lesion No 90001 Behavioral Health Accommodations: Steedential - Psychiatric No 90011 Eine Needle Appriation Biopsy, Including WT Guidance; First Lesion No 90012 <td>0997</td> <td>Patient Convenience Items: Admission Kits</td> <td>No</td>	0997	Patient Convenience Items: Admission Kits	No
DDG81 HIPS Code DDG81 No D00 Behavioral Health Accommodations: General Classification No D004 Addition To Code For Primary Proceedure) No D005 Then Needle Aspiration Biopsy, Including Ultrasound Guidance; Fast Lesion No D006 In Addition To Code For Primary Proceedure) No D007 Fine Needle Aspiration Biopsy, Including Ultrasound Guidance; Fast Lesion No D007 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Fast Lesion No D007 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Fast Lesion No D009 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Fast Lesion No D009 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Fast Lesion No D0001 Tobacco Use Assessed (Cad, Cap, Copt, Pc) (Dm) Yes D0001 Tobacco Use Assessed (Cad, Cap, Copt, Pc) (Dm) Yes D0011 Fine Needle Aspiration Biopsy, Including MF Guidance; First Lesion No D011 Fine Needle Aspiration Biopsy, Including MF Guidance; First Lesion No D012 Fine Needle Aspiration Biopsy, Including MF Guidance; First Lesion	0998	Patient Convenience Items: Beauty Shop/Barber	No
1000 Behavioral Health Accommodations: General Classification No 10004 Fire Needle Aspiration Biopsy, Miculaing Ultrasound Guidance; First Lesion No 10005 Fire Needle Aspiration Biopsy, Including Ultrasound Guidance; First Lesion No 10006 Fire Needle Aspiration Biopsy, Including Ultrasound Guidance; First Lesion No 10007 Fire Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No 10008 Fire Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No 10009 Fire Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No 10009 Tibe Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No 10009 Tibe Needle Aspiration Biopsy, Including CT Guidance; First Lesion No 10001 Behavioral Health Accommodations: Residential - Synhatric Yes 10011 Fire Needle Aspiration Biopsy, Including MF Guidance; First Lesion No 10011 Fire Needle Aspiration Biopsy, Including MF Guidance; First Lesion No 10021 Fire Needle Aspiration Biopsy, Including MF Guidance; First Lesion No 10021 Fire Needle Aspiration Biopsy, Including MF Guidance; Fir	0999	Patient Convenience Items: Other Convenience Items	No
D004 Fine Needle Aspiration Biopsy, Uncluding Diffasound Guidance; Each Additional Lesion (List Separately In No No D005 Fine Needle Aspiration Biopsy, Including Ultrasound Guidance; First Lesion No D006 In Addition To Code For Primary Procedure) No D007 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No D007 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No D007 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No D008 Fine Needle Aspiration Biopsy, Including C T Guidance; First Lesion No D009 Fine Needle Aspiration Biopsy, Including C T Guidance; First Lesion No D009 Tobacco Use Assessed (Cad. Cap, Copt, Py) (Dm) Yes D010 Ehalvioral Health Accommodations: Residential - Psychiatric Yes D011 Fine Needle Aspiration Biopsy, Including Mr Guidance; Each Additional Lesion (List Separately In No Addition To Code For Primary Procedure) No D012 Fine Needle Aspiration Biopsy, Including Mr Guidance; Each Additional Lesion (List Separately In No No D012 Fine Needle Aspiration Biopsy, Including Mr Guidance; Finst Lesion No	0DGB1	HIPPS Code 0DGB1	No
Addition To Code For Primary Procedure) No 10005 Fine Needle Aspiration Biopsy, Including Ultrasound Guidance; First Lesion No 10006 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No 10007 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No 10008 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No 10009 Fine Needle Aspiration Biopsy, Including T Guidance; First Lesion No 10009 Tihe Needle Aspiration Biopsy, Including T Guidance; First Lesion No 10009 Tihe Needle Aspiration Biopsy, Including T Guidance; First Lesion No 10001 Behavioral Health Accommodations: Residential - Synhatric Yes 10011 Behavioral Health Accommodations: Residential - Synhatric No 10021 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10021 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10022 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10021 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10022	1000	Behavioral Health Accommodations: General Classification	No
1005 Fine Needle Aspiration Biosy, Including Ultrasound Guidance; First Lesion No 10006 Fine Needle Aspiration Biosy, Including Throscopic Guidance; First Lesion No 10007 Fine Needle Aspiration Biosy, Including Fluoroscopic Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure) No 10009 Fine Needle Aspiration Biosy, Including T Guidance, First Lesion No 10009 Fine Needle Aspiration Biosy, Including T Guidance, First Lesion No 10009 Fine Needle Aspiration Biosy, Including C T Guidance, First Lesion No 10009 The Needle Aspiration Biosy, Including C T Guidance, First Lesion No 10001 The Needle Aspiration Biosy, Including CT Guidance, First Lesion No 10010 Behavioral Health Accommodations, Residential - Psychiatric Yes 10011 Fine Needle Aspiration Biosy, Including Mr Guidance, Fast Lesion No 10012 Fine Needle Aspiration Biosy, Nichuding T Guidance, Fast Lesion No 10021 Fine Needle Aspiration Biosy, Nichuding Mr Guidance, Fast Lesion No 10022 Behavioral Health Accommodations, Residential - Chemical Dependency No 10023 Agnial Symptoms And Levell Of	10004		No
Bits Fine Needle Aspiration Biopsy, Including Utrasound Guidance; Each Additional Lesion (List Separately No No 10007 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No 10008 Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No 10009 Fine Needle Aspiration Biopsy, Including C Guidance; First Lesion No 10009 Fine Needle Aspiration Biopsy, Including C Guidance; First Lesion No 10000 Tobaco Use Assessed (Cat.) Cat., Copd, PV) [Dm) Yes 10001 Behavioral Health Accommodations: Residential - Sychiatric Yes 10011 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10011 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10011 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10012 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10012 Fine needle aspiration Biopsy, Including Mr Guidance; First Lesion No 10021 Fine needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10022 Behavioral Health Accommodations: Supervised Living Neessure Associated)<	10005		No
D007 Fine Neelle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No D008 Fine Neelle Aspiration Biopsy, Including Fluoroscopic Guidance; Fach Additional Lesion (List No D009 Fine Neelle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion No D009 Fine Neelle Aspiration Biopsy, Including CT Guidance; First Lesion No D0001 Tobacco Use Assessed (Cad, Cap, Copi, PV) (Dm) Yes D0010 Behavioral Health Accommodations: Residential - Psychiatric Yes D0011 Fine Needle Aspiration Biopsy, Including Mr Guidance; Each Additional Lesion (List Separately In No No D0012 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No D0013 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No D0021 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No D0021 Fine needle aspiration Biopsy, Michuit Twaging guidance; first Lesion No D0021 Fine needle Aspiration Biopsy, Michuit Twaging guidance; first Lesion No D0030 Behavioral Health Accommodations: Residential - Meenical Dependency No D0031 Behavioral Health Accommodations: Supervised	10006	Fine Needle Aspiration Biopsy, Including Ultrasound Guidance; Each Additional Lesion (List Separately	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 100004 To Nacco Use Assessed (Cad, Cap, Copd, PV) (Dm) Yes 100014 To With Or Whubout Fat (Up To Liter) Yes 10010 Behavioral Health Accommodations: Residential - Psychiatric Yes 10010 Fine Needle Aspiration Biopsy, Including MT Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure) No 10011 Fine Needle Aspiration Biopsy, Including MT Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure) No 10021 Fine Needle Aspiration Biopsy, Including MT Guidance; First Lesion No 10021 Fine Needle Aspiration Biopsy, Including MT Guidance; First Lesion No 10021 Fine Needle Aspiration Biopsy, Winduring MT Guidance; First Lesion No 10021 Fine Needle Aspiration Biopsy, Winduring MT Guidance; First Lesion No 10025 Anginal Symptoms And Level Of Activity Assessed (Mma-No Measure Associated) Yes 10030 Image-Guidance; First Lesion No <	10007		No
Separately In Addition To Code For Primary Procedure) No 10009 Fine Needle Aspiration Biopsy, Including CT Guidance; First Lesion No 10000F Tobacco Use Assessed (Cad, Cap, Copl, PV) (Dm) Yes 10001 Behavioral Health Accommodations: Residential - Bxychiatric 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; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure) No 10021 Fine Needle Aspiration Biopsy, Including Mr Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure) No 10021 Fine needle aspiration Biopsy, Including Mr Guidance; First Lesion No 10021 Fine needle aspiration biopsy, without Imaging guidance; first Lesion No 10032 Behavioral Health Accommodations: Supervised Living No 10033 Behavioral Health Accommodations: Supervised Living No 10034 Behavioral Health Accommodations: Supervised Living No 10035 Placement Of Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive No			
1000F Tobacco Use Assessed (Cad, Cap, Cop, Dy) (Dm) Yes 1000H Tpn With Or Without Fat (Up To 1 Liter) 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 Prinary Procedure) No 10011 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10012 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10021 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No 10021 Fine needle aspiration biopsy without imaging guidance; first Lesion No 10021 Fine needle aspiration biopsy without imaging guidance; first Lesion No 10021 Fine needle aspiration biopsy without imaging guidance; first Lesion No 10030 Image-Guided Huid Collection Drainage By Cather (teg, Ascess, Hematoma, Seroma, Lymphocele, No Secess, Percutaneous, Including Imaging Guidance; First Lesion No 10036 Placement Of Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seed(s), Percutaneous, Including Imaging Guidance; First Lesion No 10036 Placement Of Soft T	10000		
D00H Tpn With Or Without Fat (Up To 1 Liter) Yes D01 Behavioral Health Accommodations: Residential - Psychiatric Yes D010 Fine Needle Aspiration Biopsy, Including CT Guidance; Each Additional Lesion (List Separately In No Addition To Code For Primary Procedure) No D011 Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion No D020 Behavioral Health Accommodations: Residential - Chemical Dependency No D021 Fine Needle aspiration biopsy, without imaging guidance; First Lesion No D021 Fine needle aspiration biopsy, without imaging guidance; First Lesion No D027 Anginal Symptoms And Level Of Activity Assessed (Nma-No Measure Associated) Yes D030 Image-Guided Fluid Collection Drainage By Catheter (eg., Abscess, Hematoma, Seroma, Lymphocele, Cyst), Soft Tissue Localization Device(s) (eg., Clip, Metallic Pellet, Wire/Needle, Radioactive No D035 Placement Of Soft Tissue clazitation Device(s) (eg., Clip, Metallic Pellet, Wire/Needle, Radioactive No D036 Placement Of Soft Tissue clazitation Device(s) (eg., Clip, Metallic Pellet, Wire/Needle, Radioactive No D037 Level Of Activity Assessed (Mma-No Measure Associated) Yes D038 Placement Of Soft Tiss	10009	Fine Needle Aspiration Biopsy, Including CT Guidance; First Lesion	No
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 MT Guidance; First Lesion No 10012 Fine Needle Aspiration Biopsy, Including MT Guidance; First Lesion No 1002 Behavioral Health Accommodations: Separately in Addition To Code For Primary Procedure) No 1002 Behavioral Health Accommodations: Specify, Irst Lesion No 10021 Fine needle aspiration biopsy, Without Imaging guidance; First Lesion No 10021 Behavioral Health Accommodations: Supervised Living No 10030 Behavioral Health Accommodations: Supervised Living No 10031 Behavioral Health Accommodations: Supervised Living No 10032 Placement OT Soft Tissue Legizatiaton Device(s) (eg. Clip, Matalli cPellet, Wire/Needle, Radioactive Seeds), Percutaneous, Including Imaging Guidance; First Lesion No 10036 Placement OT Soft Tissue Legizatiaton Device(s) (eg. Clip, Matalli cPellet, Wire/Needle, Radioactive Seeds), Percutaneous, Including Imaging Guidance; First Lesion No 10035 Placement OT Soft Tissue L			
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; First Lesion No 10012 Behavioral Health Accommodations: Residential - Chemical Dependency No 10021 Behavioral Health Accommodations: Residential - Chemical Dependency No 10021 Fine needle aspiration biopsy, without imaging guidance; first lesion No 10021 Fine needle aspiration biopsy, without imaging guidance; first lesion No 10030 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 10034 Behavioral Health Accommodations: Haffway House No 10035 Placement Of Soft Tissue Localization Device(s) (eg. Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous, Including Imaging Guidance; Fir			
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 1002 Behavioral Health Accommodations: Residential - Chemical Dependency No 10021 Fine needle aspiration Biopsy, without imaging guidance; first lesion No 10021 Fine needle aspiration Biopsy, without imaging guidance; first lesion No 10021 Anginal Symptoms And Level Of Activity Assessed (Nma-No Measure Associated) Yes 10030 Behavioral Health Accommodations: Supervised Living No 10031 Behavioral Health Accommodations: Supervised Living No 10035 Placement Of Soft Tissue Localization Device(s) (eg. Clip, Metallic Pellet, Wire/Needle, Radioactive No 10036 Placement Of Soft Tissue Localization Device(s) (eg. Clip, Metallic Pellet, Wire/Needle, Radioactive No 10037 Level Of Activity Assessed (Nma-No Measure Associated) Yes 10036 Placement Of Soft Tissue Localization Device(s) (eg. Clip, Metallic Pellet, Wire/Needle, Radioactive No 10037 Level	1001		
10012 Fine Needle Aspiration Biopsy, Including Mr Guidance; Each Additional Lesion (List Separately In Addition To Code For Primary Procedure) No 1002 Behavioral Health Accommodations: Residential - Chemical Dependency No 10021 Fine needle aspiration biopsy, without imaging guidance; first lesion No 10027 Anginal Symptoms And Level Of Activity Assessed (Nma-No Measure Associated) Yes 10030 Behavioral Health Accommodations: Supervised Living B No 10031 Behavioral Health Accommodations: Supervised Living B 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 10037 Level Of Activity Assessed (Nma-No Measure Associated) Yes 1004 Behavioral Health Accommodations: Group Home No 1004 Clinical	10010		No
Addition To Code For Primary Procedure) No 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 10030 Behavioral Health Accommodations: Supervised Living No 10030 Image-Guided Fluid Collection Drainage By Catheter (eg. Abscess, Hematoma, Seroma, Lymphocele, No 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; First Lesion No 10037 Level Of Activity Assessed (Nma-No Measure Associated) Yes 10040 Behavioral Health Accommodations: Haffway House No 10047 Clinical Symptoms Of Volume Overload (Excess) Assessed (Nma-No Measure Associated) Yes 10050 Behavioral Health Accommodations: Group Home No 10051 Behavioral Health Accommodations: Group Home No 10052 Behavioral Guid (Includes Documentation of Numeric Frequ	10011	Fine Needle Aspiration Biopsy, Including Mr Guidance; First Lesion	No
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 1003 Behavioral Health Accommodations: Supervised Living No 10030 Image-Guided Fluid Collection Drainage By Catheter (eg, Assess, Hematoma, Seroma, Lymphocele, Cyst), Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive 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; First Lesion No 10036 Placement Of Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous, Including Imaging Guidance; First Lesion No 10037 Level Of Activity Assessed (Nma-No Measure Associated) Yes 10038 Level Of Activity Assessed (Nma-No Measure Associated) Yes 10040 Behavioral Health Accommodations: Halfway House No No 10041 Clini	10012		No
Internet Fine needle aspiration biopsy, without imaging guidance; first lesion No 1002F Anginal Symptoms And Level Of Activity Assessed (Nma-No Measure Associated) Yes 1003 Behavioral Health Accommodations: Supervised Living No 10030 Image-Guided Fluid Collection Drainage By Catheter (eg, Abscess, Hematoma, Seroma, Lymphocele, Cyst), Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive No 10036 Placement Of Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive No 10036 Placement Of Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive No 10036 Placement Of Soft Tissue Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive No 10037 Level Of Activity Assessed (Nma-No Measure Associated) Yes 10038 Behavioral Health Accommodations: Halfway House No 10040 Behavioral Health Accommodations: Group Home No 1005 Behavioral Health Accommodations: Group Home No 1005 Behavioral Health Accommodations: Group Home No 1005 Behavioral Health Accommodations: Group Home No 1005 <td< td=""><td>1002</td><td></td><td>No</td></td<>	1002		No
1002F Anginal Symptoms And Level Of Activity Assessed (Nma-No Measure Associated) 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() (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds), Percutaneous, Including Imaging Guidance; First Lesion No 10036 Placement Of Soft Tissue Localization Device() (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 10037 Level Of Activity Assessed (Nma-No Measure Associated) Yes 10040 Behavioral Health Accommodations: Halfway House No 10041 Behavioral Health Accommodations: Group Home No 1005 Behavioral Health Accommodations: Grou			-
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To Code For Primary Procedure)Image: Code For Primary Procedure1003FLevel Of Activity Assessed (Nma-No Measure Associated)Yes1004Behavioral Health Accommodations: Halfway HouseNo10040Acne Surgery (eg, Marsupialization, Opening Or Removal Of Multiple Milia, Comedones, Cysts, Pustules)No1004FClinical Symptoms Of Volume Overload (Excess) Assessed (Nma-No Measure Associated)Yes1005Behavioral Health Accommodations: Group HomeNo1005Behavioral Health Accommodations: Group HomeNo1005Incision And Drainage Of Abscess (eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Simple Or SingleNo10061Incision And Drainage Of Abscess (eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Complicated Or MultipleNo1006FOsteoarthritis 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 AddreYes1006HTpn With Or Without Fat (Up To 2 Liters)YesYes1007FUse Of Anti-Inflammatory Or Analgesic Over-The-Counter (Otc) Medications For Symptom Relief Assessed (OA)Yes <td></td> <td></td> <td></td>			
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1005FAsthma Symptoms Evaluated (Includes Documentation Of Numeric Frequency Of Symptoms Or Patient Completion Of An Asthma Assessment Tool/Survey/Questionnaire) (Nma - No Measure Associated)Yes10060Incision And Drainage Of Abscess (eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Simple Or SingleNo10061Incision And Drainage Of Abscess (eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Complicated Or MultipleNo10061Osteoarthritis 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 AddreYes1006HTpn With Or Without Fat (Up To 2 Liters)Yes1007FUse Of Anti-Inflammatory Or Analgesic Over-The-Counter (Otc) Medications For Symptom Relief Assessed (OA)Yes	1005		
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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 1007F Use Of Anti-Inflammatory Or Analgesic Over-The-Counter (Otc) Medications For Symptom Relief Yes	10060	Incision And Drainage Of Abscess (eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or	No
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Questionnaire) (Oa) [Instructions: Report When Osteoarthritis Is Addre 1006H Tpn With Or Without Fat (Up To 2 Liters) Yes 1007F Use Of Anti-Inflammatory Or Analgesic Over-The-Counter (Otc) Medications For Symptom Relief Assessed (OA) Yes	1006F		Yes
1006H Tpn With Or Without Fat (Up To 2 Liters) Yes 1007F Use Of Anti-Inflammatory Or Analgesic Over-The-Counter (Otc) Medications For Symptom Relief Yes Assessed (OA) Yes			
1007F Use Of Anti-Inflammatory Or Analgesic Over-The-Counter (Otc) Medications For Symptom Relief Yes Assessed (OA)			
Assessed (OA)	1006H		
10080 Incision And Drainage Of Pilonidal Cyst; Simple No	1007F		Yes
	10080	Incision And Drainage Of Pilonidal Cyst; Simple	No

Procedure Code	Description	Prior Auth Required
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-	Yes
	Inflammatory Drug (Nsaid) (OA)	
1009H	Tpn With Or Without Fat (Greater Than 2 Liters)	Yes
1010F	Severity Of Angina Assessed By Level Of Activity (CAD)	Yes
1011F	Angina Present (CAD)	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
10140	Incision And Drainage Of Hematoma, Seroma Or Fluid Collection	No
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	Yes
10160	Completed (Copd)	No
10160	Puncture Aspiration Of Abscess, Hematoma, Bulla, Or Cyst	-
10180	Incision And Drainage, Complex, Postoperative Wound Infection	No
1018F	Dyspnea Assessed, Not Present (Copd)	Yes
1019F	Dyspnea Assessed, Present (Copd)	Yes
1022F	Pneumococcus Immunization Status Assessed (Cap, Copd)	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 (MI)	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

Procedure Code	Description	Prior Auth Required
11010		No
	Open Dislocation (eg, Excisional Debridement); Skin And Subcutaneous Tissues	
11011		No
	Open Dislocation (eg, Excisional Debridement); Skin, Subcutaneous Tissue, Muscle Fascia, And Muscle	110
11012	Debridement Including Removal Of Foreign Material At The Site Of An Open Fracture And/Or An	No
11012	Open Dislocation (eg, Excisional Debridement); Skin, Subcutaneous Tissue, Muscle Fascia, Muscle, And	110
	Bone	
1101F		Yes
11011	Without Injury In The Past Year (Ger)	105
11042		No
11042	Less	
11043		No
11045	Performed); First 20 Sq Cm Or Less	110
11044	Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If	No
11044	Performed); First 20 Sq Cm Or Less	
11045	Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); Each Additional 20	No
11045	Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	NO
	sq cm, of Part mereor (List separately in Addition to code For Printary Procedure)	
11046	Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If	No
11070	Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For	
11047	Primary Procedure) Debridement, Pope (Includes Enidermic, Dermis, Subsutaneous Tissue, Muscle And/Or Eassia, If	No
11047		
	Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For	
11055	Primary Procedure)	No
11055 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		No
11103	Tangential Biopsy Of Skin (eg, Shave, Scoop, Saucerize, Curette); Each Separate/Additional Lesion (List	NO
11104	Separately In Addition To Code For Primary Procedure)	A1 -
11104		No
11105		No
11100	(List Separately In Addition To Code For Primary Procedure)	A1 -
11106	Incisional Biopsy Of Skin (eg, Wedge) (Including Simple Closure, When Performed); Single Lesion	No
11107		N1 -
11107	Incisional Biopsy Of Skin (eg, Wedge) (Including Simple Closure, When Performed); Each	No
11105	Separate/Additional Lesion (List Separately In Addition To Code For Primary Procedure)	M
1110F		Yes
	Facility) Within The Last 60 Days (Ger)	
1111F	Discharge Medications Reconciled With The Current Medication List In Outpatient Medical Record	Yes
14465	(Coa) (Ger)	M
1116F	Auricular Or Periauricular Pain Assessed (Ace)	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		N1 -
11201	Removal Of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Each Additional 10 Lesions, Or Part	No
11015	Thereof (List Separately In Addition To Code For Primary Procedure)	
1121F	Subsequent Evaluation For Condition (Hep C) (Epi)	Yes
1123F	Advance Care Planning Discussed And Documented Advance Care Plan Or Surrogate Decision Maker	Yes
11015	Documented In The Medical Record (Dem) (Ger, Pall Cr)	
1124F	Advance Care Planning Discussed And Documented In The Medical Record, Patient Did Not Wish Or	Yes
	Was Not Able To Name A Surrogate Decision Maker Or Provide An Advance Care Plan (Dem) (Ger, Pall	
	Cr)	
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	No
	Or Less	
		No
11301	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 0.6 To	NO

Procedure Code	Description	Prior Auth Required
11302	Shaving Of Epidermal Or Dermal Lesion, Single Lesion, Trunk, Arms Or Legs; Lesion Diameter 1.1 To	No
	2.0 Cm	
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	No
1130F	Diameter Over 2.0 Cm 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
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,	No
11442	Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 0.6 To 1.0 Cm Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Evelide, Nose, Lips, Mucous Membrane; Evelided Diameter 1.1 To 2.0 Cm	No
11443	Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 1.1 To 2.0 Cm Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears,	No
11444	Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 2.1 To 3.0 Cm Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears,	No
11446	Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 3.1 To 4.0 Cm Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears,	No
	Exclaim rag (offield Ering) Lesion including inlagins, Except skin rag (offield Ersewhere), race, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter Over 4.0 Cm	

Procedure Code	Description	Prior Auth Required
11450	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Axillary; With Simple Or Intermediate	No
	Repair	
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	No
	Repair	
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	No
	Simple Or Intermediate Repair	
11471	Excision Of Skin And Subcutaneous Tissue For Hidradenitis, Perianal, Perineal, Or Umbilical; With	No
11505	Complex Repair	No.
1150F 1151F	Documentation That A Patient Has A Substantial Risk Of Death Within 1 Year (Pall Cr)	Yes
11215	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
1152F	Documentation of Advanced Disease Diagnosis, Goals of Care Do Not Prioritize Comfort (Pall Cr)	Yes
11551		
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
1160F	Deview Of All Madiantians Du A Drassriking Drastitianar Or Clinical Dharmonist (Such As Drassriptians	Voc
1100F	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
	otos, nerbar merapies And Supplements, Documented in me Medical Record (Coa)	
11620	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.5	No
	Cm Or Less	
11621	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.6	No
	To 1.0 Cm	
11622	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 1.1	No
	To 2.0 Cm	
11623	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 2.1	No
	To 3.0 Cm	
11624	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 3.1	No
11000	To 4.0 Cm	
11626	Excision, Malignant Lesion Including Margins, Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter	No
11640	Over 4.0 Cm Excision Malignant Losion Including Margins, Ease, Ease, Evolids, Nosa, Line, Excised Diameter 0.5 Cm	No
11040	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	No
11041	1.0 Cm	
11642	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter 1.1 To	No
	2.0 Cm	
11643	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter 2.1 To	No
	3.0 Cm	
11644	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter 3.1 To	No
	4.0 Cm	
11646	Excision, Malignant Lesion Including Margins, Face, Ears, Eyelids, Nose, Lips; Excised Diameter Over	No
	4.0 Cm	
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

Procedure Code	Description	Prior Auth Required
11732	Avulsion Of Nail Plate, Partial Or Complete, Simple; Each Additional Nail Plate (List Separately In	No
	Addition To Code For Primary Procedure)	
11740	Evacuation Of Subungual Hematoma	No
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL),	No
	FOR PERMANENT REMOVAL	
11755	Biopsy Of Nail Unit (eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate	No
	Procedure)	
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,	Yes
	Including Micropigmentation; 6.0 Sq Cm Or Less	
11921	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin,	Yes
	Including Micropigmentation; 6.1 To 20.0 Sq Cm	
11922	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin,	Yes
	Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition	
11050	To Code For Primary Procedure)	N
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 11970	Insertion Of Tissue Expander(s) For Other Than Breast, Including Subsequent Expansion	Yes Yes
11970	Replacement Of Tissue Expander With Permanent Implant 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	No
11500	Beneath The Skin)	
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
12001	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or	No
	Extremities (Including Hands And Feet); 2.5 Cm Or Less	
12002	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or	No
	Extremities (Including Hands And Feet); 2.6 Cm To 7.5 Cm	
12004	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or	No
	Extremities (Including Hands And Feet); 7.6 Cm To 12.5 Cm	
12005	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or	No
	Extremities (Including Hands And Feet); 12.6 Cm To 20.0 Cm	
12006	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or	No
	Extremities (Including Hands And Feet); 20.1 Cm To 30.0 Cm	
12007	Simple Repair Of Superficial Wounds Of Scalp, Neck, Axillae, External Genitalia, Trunk And/Or	No
	Extremities (Including Hands And Feet); Over 30.0 Cm	
1200F	Seizure Type(s) And Current Seizure Frequency(les) Documented (Epi)	Yes
12011	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes;	No
	2.5 Cm Or Less	
12013	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes;	No
	2.6 Cm To 5.0 Cm	
12014	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes;	No
	5.1 Cm To 7.5 Cm	
12015	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes;	No
	7.6 Cm To 12.5 Cm	
12016	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes;	No
	12.6 Cm To 20.0 Cm	

Procedure Code	Description	Prior Auth Required
12017	Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes;	No
12018	20.1 Cm To 30.0 Cm Simple Repair Of Superficial Wounds Of Face, Ears, Eyelids, Nose, Lips And/Or Mucous Membranes;	No
10000	Over 30.0 Cm	
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
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

Procedure Code	Description	Prior Auth Required
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	No
	(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	
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
1501F	Not Initial Evaluation For Condition (Dsp)	Yes
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

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
15273		No
	Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of Infants And	
	Children	
15274	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or	No
	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	
15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia,	No
	Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or	
	Less Wound Surface Area	
15276	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia,	No
	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	
15277	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia,	No
	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	
15278	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia,	No
	Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm;	
15530	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,	No
45536	Neck, Axillae, Genitalia, Hands Or Feet	N
15576	Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Eyelids, Nose, Ears, Lips, Or Intraoral	NO
15600	Delay of Elan Or Socializing of Elan (Division And Inset), At Trunk	No
15610	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Trunk	No
15620	Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Scalp, Arms, Or Legs	No
13020	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
13030	Transfer, intermediate, of Any Fedicie Trap (eg, Abdomen To Wrist, Walking Tube), Any Location	110
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	No
	(Flap)	
15733	Muscle, Myocutaneous, Or Fasciocutaneous Flap; Head And Neck With Named Vascular Pedicle (Ie,	No
	Buccinators, Genioglossus, Temporalis, Masseter, Sternocleidomastoid, Levator Scapulae)	
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	No
	Area	
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,	Yes
	And/Or Legs; 50 Cc Or Less Injectate	
15772	Grafting Of Autologous Fat Harvested By Liposuction Technique To Trunk, Breasts, Scalp, Arms,	Yes
	And/Or Legs; Each Additional 50 Cc Injectate, Or Part Thereof (List Separately In Addition To Code For	
	Primary Procedure)	
15773	Grafting Of Autologous Fat Harvested By Liposuction Technique To Face, Eyelids, Mouth, Neck, Ears,	Yes
4 5 7 7 4	Orbits, Genitalia, Hands, And/Or Feet; 25 Cc Or Less Injectate	
15774	Grafting Of Autologous Fat Harvested By Liposuction Technique To Face, Eyelids, Mouth, Neck, Ears,	Yes
	Orbits, Genitalia, Hands, And/Or Feet; Each Additional 25 Cc Injectate, Or Part Thereof (List Separately	
15775	In Addition To Code For Primary Procedure)	Vec
15775	Punch Graft For Hair Transplant; 1 To 15 Punch Grafts	Yes
15776	Punch Graft For Hair Transplant; More Than 15 Punch Grafts	Yes

Procedure Code	Description	Prior Auth Required
15777	Implantation Of Biologic Implant (eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (le,	No
	Breast, Trunk) (List Separately In Addition To Code For Primary Procedure)	
15778	Implantation Of Absorbable Mesh Or Other Prosthesis For Delayed Closure Of Defect(S) (Ie, External	No
	Genitalia, Perineum, Abdominal Wall) Due To Soft Tissue Infection Or Trauma	
15780	Dermabrasion; Total Face (eg, For Acne Scarring, Fine Wrinkling, Rhytids, General Keratosis)	Yes
15781	Dermabrasion; Segmental, Face	Yes
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	No
	Procedure)	
15788	Chemical Peel, Facial; Epidermal	Yes
15789	Chemical Peel, Facial; Dermal	Yes
15792	Chemical Peel, Nonfacial; Epidermal	Yes
15793	Chemical Peel, Nonfacial; Dermal	Yes
15819	Cervicoplasty	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	Yes
	Panniculectomy	
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,	Yes
	Abdominoplasty) (Includes Umbilical Transposition And Fascial Plication) (List Separately In Addition	
	To Code For Primary Procedure)	
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
	Excision, Sacral Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft	No
15936	Excision, sacrai rressure olcer, in rreparation for muscle of myoculaneous riap of skin draft	

Procedure Code	Description	Prior Auth Required
15937	Excision, Sacral Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft	No
	Closure; With Ostectomy	
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
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)	
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), O Benign Lesions Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions; Up To 14 Lesions	f No
17111	Destruction (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), O Benign Lesions Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions; 15 Or More Lesions	
17250	Chemical Cauterization Of Granulation Tissue (Ie, Proud Flesh)	No
17260	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgica Curettement), Trunk, Arms Or Legs; Lesion Diameter 0.5 Cm Or Less	I No
17261	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgica Curettement), Trunk, Arms Or Legs; Lesion Diameter 0.6 To 1.0 Cm	I No
17262	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgica Curettement), Trunk, Arms Or Legs; Lesion Diameter 1.1 To 2.0 Cm	I No
17263	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgica Curettement), Trunk, Arms Or Legs; Lesion Diameter 2.1 To 3.0 Cm	I No
17264	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgica Curettement), Trunk, Arms Or Legs; Lesion Diameter 3.1 To 4.0 Cm	I No
17266	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgica Curettement), Trunk, Arms Or Legs; Lesion Diameter Over 4.0 Cm	I No
17270	Destruction, Malignant Lesion (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgica Curettement), Scalp, Neck, Hands, Feet, Genitalia; Lesion Diameter 0.5 Cm Or Less	I No
	1	

Procedure Code	Description	Prior Auth Required
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	
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
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

Procedure Code	Description	Prior Auth Required
19083		No
	Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion,	
	Including Ultrasound Guidance	
19084		No
1000	Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; Each Additional	
	Lesion, Including Ultrasound Guidance (List Separately In Additi	
19085		No
15005	Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; First Lesion,	NO
	Including Magnetic Resonance Guidance	
19086	Biopsy, Breast, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When	No
15000	Performed, And Imaging Of The Biopsy Specimen, When Performed, Percutaneous; Each Additional	
19100	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		Yes
19105	Ablation, Cryosurgical, Of Fibroadenoma, Including Ultrasound Guidance, Each Fibroadenoma	Tes
19110	Nipple Exploration, With Or Without Excision Of A Solitary Lactiferous Duct Or A Papilloma Lactiferous	No
10110	Duct	
19112	Excision Of Lactiferous Duct Fistula	No
19112	Excision Of Cyst, Fibroadenoma, Or Other Benign Or Malignant Tumor, Aberrant Breast Tissue, Duct	No
19120	Lesion, Nipple Or Areolar Lesion (Except 19300), Open, Male Or Female, 1 Or More Lesions	NU
	Lesion, Nipple of Aleolai Lesion (Except 19500), Open, Male of Penale, 1 of More Lesions	
10125	Evolution Of Dreast Lesien Identified Dy Dreasarctive Disconant Of Dediclogical Marker, Open, Single	No
19125	Excision Of Breast Lesion Identified By Preoperative Placement Of Radiological Marker, Open; Single	No
40426	Lesion	NL.
19126		No
	Additional Lesion Separately Identified By A Preoperative Radiological Marker (List Separately In	
10001	Addition To Code For Primary Procedure)	
19281	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds),	No
	Percutaneous; First Lesion, Including Mammographic Guidance	
19282	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds),	No
	Percutaneous; Each Additional Lesion, Including Mammographic Guidance (List Separately In Addition	
	To Code For Primary Procedure)	
19283	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds),	No
	Percutaneous; First Lesion, Including Stereotactic Guidance	
19284	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds),	No
	Percutaneous; Each Additional Lesion, Including Stereotactic Guidance (List Separately In Addition To	
	Code For Primary Procedure)	
19285	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds),	No
	Percutaneous; First Lesion, Including Ultrasound Guidance	
19286	Placement Of Breast Localization Device(s) (eg, Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds),	No
	Percutaneous; Each Additional Lesion, Including Ultrasound Guidance (List Separately In Addition To	
	Code For Primary Procedure)	
19287	Placement Of Breast Localization Device(s) (Eg Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds),	No
	Percutaneous; First Lesion, Including Magnetic Resonance Guidance	
19288	Placement Of Breast Localization Device(s) (Eg Clip, Metallic Pellet, Wire/Needle, Radioactive Seeds),	No
	Percutaneous; Each Additional Lesion, Including Magnetic Resonance Guidance (List Separately In	
	Addition To Code For Primary Procedure)	
19294	Preparation Of Tumor Cavity, With Placement Of A Radiation Therapy Applicator For Intraoperative	No
	Radiation Therapy (lort) 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	
19296	Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging	
19296		
19296 19297	Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging	No
	Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy	
	Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy 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 Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging	
19297	Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy 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 Placement Of Radiotherapy Afterloading Brachytherapy Catheters (Multiple Tube And Button Type)	No
19297	Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy 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
19297	Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy 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 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)	No

Procedure Code	Description	Prior Auth Required
19302	Mastectomy, Partial (eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy); With Axillary	Yes
	Lymphadenectomy	
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	Yes
	(Urban Type Operation)	
19307	Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With Or Without Pectoralis Minor	Yes
	Muscle, But Excluding Pectoralis Major Muscle	
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
10200		N
19368		Yes
10200	Requiring Separate Microvascular Anastomosis (Supercharging)	V
19369	Breast Reconstruction; With Bipedicled Transverse Rectus Abdominis Myocutaneous (Tram) Flap	Yes
19370	Devision Of Devi Implant Consula Dreast Including Consulatory, Consular hand/Or Devision	Yes
19370	Revision Of Peri-Implant Capsule, Breast, Including Capsulotomy, Capsulorrhaphy, And/Or Partial	res
19371	Capsulectomy Peri-Implant Capsulectomy, Breast, Complete, Including Removal Of All Intracapsular Contents	Yes
19371	Peri-implant Capsulectomy, Breast, complete, including Removal Of All Intracapsular contents	165
19380	Revision Of Reconstructed Breast (Eg, Significant Removal Of Tissue, Re-Advancement And/Or Re-	Yes
15500	Inset Of Flaps In Autologous Reconstruction Or Significant Capsular Revision Combined With Soft	105
	Tissue Excision In Implant-Based Reconstruction)	
19396	Preparation Of Moulage For Custom Breast Implant	Yes
19499	Unlisted Procedure, Breast	Yes
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)	Yes
	(OA) [Instructions: Report Only For Initial Osteoarthritis Visit Or For Visits For New Joint Involvement]	
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	Yes
	(Cap) (Em)	
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	No
	Fascial Incision	
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	Yes
20200	Thickening Or Hemorrhage And The Level Of Macular Degeneration Severity (Ec)	No
20200	Biopsy, Muscle; Superficial	No
20205	Biopsy, Muscle; Deep	No

Procedure Code	Description	Prior Auth Required
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	Yes
	Of Macular Edema And Level Of Severity Of Retinopathy (Ec)	
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	No
	And Reviewed; With Evidence Of Retinopathy (Dm)	
2023F	Dilated Retinal Eye Exam With Interpretation By An Ophthalmologist Or Optometrist Documented	Yes
	And Reviewed; Without Evidence Of Retinopathy (Dm)	
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON	No
	PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX)	
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	No
	Optometrist Documented And Reviewed; With Evidence Of Retinopathy (Dm)	
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	Yes
	Optometrist Documented And Reviewed; Without Evidence Of Retinopathy (Dm)	
2026F	Eye Imaging Validated To Match Diagnosis From 7 Standard Field Stereoscopic Retinal Photos Results	No
	Documented And Reviewed; With Evidence Of Retinopathy (Dm)	
2027F	Optic Nerve Head Evaluation Performed (Ec)	Yes
2027H	Inotropic Therapy (Via Infusion Pump)	Yes
2028F	Foot Examination Performed (Includes Examination Through Visual Inspection, Sensory Exam With	Yes
	Monofilament, And Pulse Exam - Report When Any Of The 3 Components Are Completed) (Dm)	
2029F	Complete Dhurizel Skin Fuerr Derformed (A41)	Yes
2029F	Complete Physical Skin Exam Performed (MI)	Yes
2030F 2030H	Hydration Status Documented, Normally Hydrated (Pag) 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	Yes
20351	Documented And Reviewed; Without Evidence Of Retinopathy (Dm)	103
2035F	Tympanic Membrane Mobility Assessed With Pneumatic Otoscopy Or Tympanometry (Ome)	Yes
2000.		
2039H	Non-Listed Therapy (Non-Compounded Medication For Injections {All Doses})	No
20395	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	Yes
	With Specifications (Bkp)	
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	Yes
	Injection) Or For Back Pain Episode Lasting Longer Than 6 Weeks (Bkp)	
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	Yes
	Prior To Debridement Documented (Cwc)	
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	No
	Radioelement Application (At The Time Of Or Subsequent To The Procedure)	
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	No
	Ultrasound Guidance	

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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
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		No
20999	Unlisted Procedure, Musculoskeletal System, General	Yes
2100	Alternative Therapy Services: General Classification	No
2101	Alternative Therapy Services: Acupuncture	No
		Yes
21010	Arthrotomy, Temporomandibular Joint	res
21010 21011	Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm	No

Procedure Code	Description	Prior Auth Required
21013	Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (eg, Subgaleal, Intramuscular); Less Than 2	No
	Cm	
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 21044	Excision Of Benign Tumor Or Cyst Of Mandible, By Enucleation And/Or Curettage	No
21044 21045	Excision Of Malignant Tumor Of Mandible;	No No
21045	Excision Of Malignant Tumor Of Mandible; Radical Resection	Yes
21040	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion[S])	Tes
21047	Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial	Yes
21047	Mandibulectomy (Eg, Locally Aggressive Or Destructive Lesion[S])	103
21048	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive	Yes
21040	Or Destructive Lesion[S])	
21049	Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial	Yes
	Maxillectomy (Eg, Locally Aggressive Or Destructive Lesion[S])	
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,	Yes
	General Or Monitored Anesthesia Care)	
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
21123	Genioplasty; Sliding, Augmentation With Interpositional Bone Grafts (Includes Obtaining Autografts)	No
21125	Augmentation, Mandibular Body Or Angle; Prosthetic Material	Yes
21125	Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes	No
	Obtaining Autograft)	
21137	Reduction Forehead; Contouring Only	No

Procedure Code	Description	Prior Auth Required
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, Bib Carclinge, Autogenous, To Asse, Chin, Neae Or Lex (includes Obtaining Graft) No 21234 Graft, Lex Carclinge, Autogenous, To Nese Or Lex (includes Obtaining Graft) No 21240 Arthroplexty, Temporonamibilue' Lond, With Proxibilic Joint Replacement No 21241 Arthroplexty, Temporonamibilue' Lond, With Prosthelic Joint Replacement No 21242 Arthroplexty, Temporonamibilue' Lond, With Prosthelic Joint Replacement No 21243 Arthroplexty, Temporonamibilue' Lond, With Prosthelic Joint Replacement No 21244 Arthroplexty, Temporonamibilue' Lond, With Prosthelic Joint Replacement No 21245 Reconstruction Of Mandible Or Maalli, Schaperioscal implant: Complete No 21246 Reconstruction Of Mandible Or Maalli, Schaperioscal implant: Complete No 21247 Gorbitil Ge, For Hearfiteil Interosonili Integrature, Bielo, Colinderi, Parinal No 21248 Reconstruction Of Annothe Or Maalli, Schaperioscal Schaperioscal No 21249 Reconstruction Of Annothe Or Maalli, Endostal Implant Tee, Bielo, Colinderi, Parinal No 21240 Reconstruction Of Annothe Or Maalli, Endostal Implant Tee, Bielo, Colinderi, Parinal No 21255	Procedure Code	Description	Prior Auth Required
Dist Ear Cartinge, Autogenous, To Nose Of Ear (Includes Obtaining Graft) No 22240 Arthroplasty, Temporonandibular Jonn, With Voltbour Autograft (Includes Obtaining Graft) No 22241 Arthroplasty, Temporonandibular Jonn, With Prosthetic Jonn Replacement No 22242 Arthroplasty, Temporonandibular Jonn, With Prosthetic Jonn Replacement No 22243 Arthroplasty, Temporonandibular Jonn, With Prosthetic Jonn Replacement No 22244 Reconstruction Of Mandble Or Maxills, Subperiosteal Implant, Complete No 22245 Reconstruction Of Mandble Or Maxills, Subperiosteal Implant, Complete No 22247 Reconstruction Of Mandble Or Maxills, Subperiosteal Implant, Complete No 22248 Reconstruction Of Mandble Or Maxills, Subperiosteal Implant, Complete No 22249 Reconstruction Of Mandble Or Maxills, Biodosteal Implant, Complete No 22254 Reconstruction Of Mandble Or Maxills, Biodosteal Implant, Complete No 22255 Reconstruction Of Orbit Mith Obtocomoles for Lancasani) And With Bone Grafts, Combined Intra- And No 22256 Periorbital Obstatomes for Orbital Imperitatorism, With Bone Grafts, Unblands Advancement No 22261 Pe	21230		
21240 Arthropisky, Temporomandibular John, With Dr. Without Autograft (includes Obtaining Graft) No 21242 Arthropisky, Temporomandibular John, With Allograft No 21244 Attropisky, Temporomandibular John, With Storeshind John Replacement No 21245 Attropisky, Temporomandibular John, With Transstell Implific Tephete No 21245 Reconstruction Of Mandibular Cristally, Subperiosteal Implifit, Complete No 21245 Reconstruction Of Mandibular Condy With Bone And Cartilage Autograft (Indudes Obtaining Grafts) Eq., For Hernitical Microsonial No 21246 Reconstruction Of Mandibular Condy With Bone And Cartilage Autograft (Indudes Obtaining Grafts) Eq., For Hernitical Microsonial No 21247 Reconstruction Of Mandibular Condy With Bone And Cartilage Autograft (Indudes Obtaining Autografts) No 21248 Reconstruction Of Mandibular Condy With Bone And Cartilage Indudes Obtaining Autografts) No 21249 Reconstruction Of Cohin With Obstentomics (Estructuration Microbing Indudes Obtaining Autografts) No 21250 Reconstruction Of Obtain With Obstentomics (Estructuration Microbing Notable Scienters) No 21261 Cartilage Induces Obtain Mygeretorism, With Bone Strafts, Combined Inter-And Estructuratin Autogramath No	21235		No
2243 Arthrophysity. Temporomantibular Joint, With Prochetics Joint Replacement No 2244 Reconstruction Of Mandble, Extraoral, With Transotalal Bone Plate (eg. Mandibular Staple Bone Plate) No 2245 Reconstruction Of Mandble Or Maxills, Subperinsteal Implant; Campiter No 2246 Reconstruction Of Mandble Or Maxills, Subperinsteal Implant; Campiter No 2247 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2248 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2249 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2249 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2255 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2256 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2260 Periorbital Ostectomices for Orbital Hypertelorium, With Bone Grafts; Extracranial Approach No 2261 Periorbital Ostectomices for Orbital Hypertelorium, With Bone Grafts; Extracranial Approach No 2262 Orbital Repotitioning, Periorbital Ostectomices, Uniateral, With Bone Grafts; Extracranial Approach No 22767	21240		No
2243 Arthrophysity. Temporomantibular Joint, With Prochetics Joint Replacement No 2244 Reconstruction Of Mandble, Extraoral, With Transotalal Bone Plate (eg. Mandibular Staple Bone Plate) No 2245 Reconstruction Of Mandble Or Maxills, Subperinsteal Implant; Campiter No 2246 Reconstruction Of Mandble Or Maxills, Subperinsteal Implant; Campiter No 2247 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2248 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2249 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2249 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2255 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2256 Reconstruction Of Mandble Or Maxills, Indosteal Implant; Campiter No 2260 Periorbital Ostectomices for Orbital Hypertelorium, With Bone Grafts; Extracranial Approach No 2261 Periorbital Ostectomices for Orbital Hypertelorium, With Bone Grafts; Extracranial Approach No 2262 Orbital Repotitioning, Periorbital Ostectomices, Uniateral, With Bone Grafts; Extracranial Approach No 22767	21242	Arthroplasty, Temporomandibular Joint, With Allograft	No
State No 22244 Reconstruction Of Mandble, Extrangl, With Transpotal Implant, Partial No 22245 Reconstruction Of Mandble Or Maxila, Subperinstal Implant, Partial No 22246 Reconstruction Of Mandble Or Maxila, Subperinstal Implant, Complete No 22247 Reconstruction Of Mandble Or Maxila, Subperinstal Implant, Complete No 22248 Reconstruction Of Mandble Or Maxila, Indosteal Implant, Ga, Biada, Uninder, Dansila No 22249 Reconstruction Of Mandble Or Maxila, Indosteal Implant, Ga, Biada, Uninder, Dansila No 22255 Reconstruction Of Joint Of Unit Of Datas Arth And Glenoid Fossa With Bone Grafts, Includes Obtaining No 22256 Reconstruction Of Orbit With Osteotomics, Kratacanal Approach No 22261 Periorbial Osteotomics For Orbital Hypertelorism, With Bone Grafts, Includes Obtaining No 22263 Periorbial Osteotomics For Orbital Hypertelorism, With Bone Grafts, Extracanal Approach No 22264 Periorbial Osteotomics For Orbital Hypertelorism, With Bone Grafts, Includes Obtaining No 22265 Critial Repositioning, Periorbital Osteotomics, Unitateral No 22266 Orbital Repositioning, Periorbital Osteotomics, Unitateral, With	21243	Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement	No
Production Of Mandlille Or Maxillis, Subjectioneal Implant, Complete No 21247 Reconstruction Of Mandlille Or Maxillis, Endostreal Implant (g. Blade, Cylinder). Partial No 21248 Reconstruction Of Mandlille Or Maxillis, Endostreal Implant (g. Blade, Cylinder). Partial No 21249 Reconstruction Of Mandlile Or Maxillis, Endostreal Implant (g. Blade, Cylinder). Partial No 21255 Reconstruction Of Or Orbit With Distoctomics Extractanalial And With Bone Grafts. Centrareal Approach No 21250 Reconstruction Of Orbit With Distoctomics Extractanalial And With Bone Grafts. Centrareal Approach No 21260 Periorbital Obsectomics For Orbital Hypertelortsm, With Bone Grafts. Centrareal Approach No 21263 Periorbital Distoctomics For Orbital Hypertelortsm, With Bone Grafts, Centrareal Approach No 21264 Orbital Repositioning, Periorbital Osteotomics, Profibital Osteotomics, Unilateral, With Bone Grafts, Combined Intra-And No 21265 Secondary Revision Of Orbital Reposition (Control Control	21244	Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate (eg, Mandibular Staple Bone	No
Part Reconstruction Of Manifile Or Maxims, Subperiorstal Implant, Complete No 21247 Reconstruction Of Manifile Or Maxims, Endoscel Implant, Cap, Blade, Cylinder), Partial No 21248 Reconstruction Of Manifile Or Maxims, Endoscel Implant (e.g., Blade, Cylinder), Partial No 21249 Reconstruction Of Manifile Or Maxims, Endoscel Implant (e.g., Blade, Cylinder), Complete No 21255 Reconstruction Of Orbit With Oxteotomies (Extracranial) And With Bone Grafts, Includes Obtaining No 21256 Reconstruction Of Orbit With Oxteotomies (Extracranial) And With Bone Grafts, Extracranial Approach No 21260 Periorbital Oxteotomies For Orbital Hypertelorism, With Bone Grafts, Combined Intra- And Extracranial Approach No 21263 Periorbital Oxteotomies, For Orbital Hypertelorism, With Bone Grafts, Combined Intra- And Extracranial Approach No 21264 Orbital Repositioning, Periorbital Oxteotomies, Unilateral, With Bone Grafts, Combined Intra- And Extracranial Approach No 21265 Medial Augmentation, Proshelid Oxteotomies, Unilateral, With Bone Grafts, Combined Intra- And Extracranial Approach No 21266 Orbital Repositioning, Periorbital Oxteotomies, Unilateral, With Bone Grafts, Combined Intra- And Extracranial Approach No 21267 Medial Augmentation, P	21245	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Partial	No
Grafts (pg. Env Hemiticial Microsomia) No 21249 Reconstruction Of Mandille Gr. Makille, Endostal Implant (gg. Blade, Cylinder), Complete No 21255 Reconstruction Of Mandille Gr. Makille, Endostal Implant (gg. Blade, Cylinder), Complete No 21256 Reconstruction Of Drive Wth Osteotomies (Extracrania) and Wth Bone And Carillage (Includes Obtaining No 21256 Reconstruction Of Orbit Wth Osteotomies (Extracrania) and Wth Bone Grafts (Includes Obtaining No 21261 Periorbital Osteotomies For Orbital Hypertelorium, Wth Bone Grafts; Extracranial Approach No 21263 Periorbital Osteotomies For Orbital Hypertelorium, Wth Bone Grafts; Wth Forehead Advancement No 21264 Periorbital Osteotomies For Orbital Hypertelorium, Wth Bone Grafts; Carbined Intra-And Extracranial Approach 21267 Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Grafts; Carbined Intra-And Extracranial Approach 21270 Malar Augmentation, Prosthetic Material No 21281 Lateral Canthopoey; Separate Procedurel No 21282 Lateral Canthopoey; Separate Procedurel No 21283 Interal Canthopoey; Separate Procedurel No 21284 Lateral Canthopoey;	21246		No
21248 Reconstruction Of Manillie Gr Maillo, Endostate Implant (e.g., Bide, Cyulnote); Partial No 22259 Reconstruction Of Anodostal Implant (e.g., Bide, Cyulnote); Complete No 22255 Reconstruction Of Anodostal Implant (e.g., Bide, Cyulnote); Complete No 22256 Reconstruction Of Anodostal Implant (e.g., Bide, Cyulnote); Complete No 22250 Reconstruction Of Orbit With Osteotomics (Extracranal) And With Bone Grafts; Extracranal Approach No 22261 Periorbital Distoctomics For Orbital Hyperteloitsm, With Bone Grafts; Extracranal Approach No 22263 Periorbital Distoctomics For Orbital Hyperteloitsm, With Bone Grafts; Extracranal Approach No 22264 Periorbital Distoctomics For Orbital Hyperteloitsm, With Bone Grafts; Extracranal Approach No 22265 Orbital Repositioning, Periorbital Osteotomics, Unilateral, With Bone Grafts; Extracranal Approach No 22267 Orbital Repositioning, Periorbital Osteotomics, Unilateral, With Bone Grafts; Combined Intra- And No 22270 Malar Augmentation, Prosthetic Material No No 22273 Secondary Revision Of Orbitorariniofacial Reconstruction No No 22285 Reduction Of Masseter Muscle And Bone [rg, For Treat	21247	Reconstruction Of Mandibular Condyle With Bone And Cartilage Autografts (Includes Obtaining	No
21249 Reconstruction Of Mandille Cr Maxilla, Endostal Implant (eg., Blade, Cylinder): Complete No 21255 Reconstruction Of Cygmantic Arch And Glenold Fossa With Bone And Cartilage (Includes Obtaining Autografis) No 21256 Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Grafts; Includes Obtaining Autografis) (ge, Micro-Opthalmia) 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 21262 Orbital Repositioning, Periorbital Osteotomics, Unilateral, With Bone Grafts; Combined Intra- And Extracranial Approach No 21268 Orbital Repositioning, Periorbital Osteotomics, Unilateral, With Bone Grafts; Combined Intra- And Extracranial Approach No 21270 Malar Augmentation, Prosthetic Material No No 21281 Lateral Canthopezy No No 21282 Lateral Canthopezy No No 21283 Lateral Canthopezy No No 21284 Corbital Repositioning Segarate Procedure No No 21285 Reduction Of Masseter Muscle And Bone (eg. F	21248		No
Pactorstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage (Includes Obtaining Autografts) No 21256 Reconstruction Of Orbit With Osceptomies (Extracranial) And With Bone Grafts (Includes Obtaining Autografts) (eg., Micro-Ophthalmia) No 21260 Periorbial Osceptomies For Orbital Hypertelorism, With Bone Grafts; Extracranial Approach No 21261 Periorbial Osceptomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And Extracranial Approach No 21262 Orbital Repositioning, Periorbial Osceptomies, Unilateral, With Bone Grafts; Extracranial Approach No 21263 Orbital Repositioning, Periorbial Osceptomies, Unilateral, With Bone Grafts; Extracranial Approach No 21264 Orbital Repositioning, Periorbial Osceptomies, Unilateral, With Bone Grafts; Combined Intra- And Extracranial Approach No 21275 Secondary Revision Procedurel No 21280 Medial Canthopery (Separate Procedure) No 21283 Reduction Of Masseter Muscle And Bone (eg. For Treatment Of Benign Masseteric Hypertrophy); Extraoral Approach No 21284 Closed Treatment Of Nasal Bone Fracture; With Manipulation; With Stabilization No 21285 Reduction Of Masseter Muscle And Bone (eg. For Treatment Of Benign Masseteric Hypertrophy); Extraoral Approach No	21249		No
21256 Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Grafts (Includes Obtaining Autografts) (ge, Micro-Ophthalma) 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 No 21263 Periorbital Osteotomies for Orbital Hypertelorism, With Bone Grafts; Extracranial Approach No 21264 Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Grafts; Extracranial Approach No 21265 Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Grafts; Combined Intra- And Extracranial Approach No 21275 Secondary Revision Of Orbitoarindical Reconstruction No No 21282 Lateral Canthogeny (Separate Procedure) No No 21285 Reduction Of Masseter Muscle And Bone (eg, For Treatment Of Benign Masseteric Hypertrophy); Intraoral Approach No 21290 United Craninfocial And Maxillofacial Procedure Yes 21291 Lateral Canthogeny Chasseter Muscle And Bone (eg, For Treatment Of Benign Masseteric Hypertrophy); Intraoral Approach No 21292 Closed Treatment Of Nasset Fracture: With Manipulation; With Stabilization No <td>21255</td> <td>Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage (Includes Obtaining</td> <td>No</td>	21255	Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage (Includes Obtaining	No
Periorbital Oxteotomies For Orbital Hypertelorism, With Bone Grafts; Extracranial Approach No 21261 Periorbital Oxteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And No 21263 Periorbital Oxteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And No 21264 Periorbital Oxteotomies For Orbital Hypertelorism, With Bone Grafts; Extracranial Approach No 21267 Orbital Repositioning, Periorbital Oxteotomics, Unilateral, With Bone Grafts; Extracranial Approach No 21268 Orbital Repositioning, Periorbital Oxteotomics, Unilateral, With Bone Grafts; Combined Intra-And No 21275 Secondary, Revision Of Orbitoraniofacial Reconstruction No No 21280 Medal Canthopery (Separate Procedure) No No 21295 Reduction Of Masseter Muscle And Bone (eg. For Treatment Of Benign Masseteric Hypertrophy); Intraoral Approach No 21296 Unitsted Cramiofacial And Maxin And And Bone Fracture With Manipulation; With but Stabilization No 21299 Unitsted Cramiofacial And Maxin Ada Bone Fracture With Manipulation; With Stabilization No 21290 Closed Treatment Of Nasal Bone Fracture With Manipulation; With Stabilization No 21315 Closed Trea	21256	Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Grafts (Includes Obtaining	No
Periorbital Oxteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And No 21263 Periorbital Oxteotomies For Orbital Hypertelorism, With Bone Grafts; With Forehead Advancement No 21264 Orbital Repositioning, Periorbital Oxteotomies, Unilateral, With Bone Grafts; Extracranial Approach No 21265 Orbital Repositioning, Periorbital Oxteotomies, Unilateral, With Bone Grafts; Combined Intra- And Extracranial Approach No 21270 Malar Augementation, Prosthetic Material No 21281 Secondary Revision Of Orbitarainofacial Reconstruction No 21282 Lateral Canthopexy (Separate Procedure) No 21283 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 21295 Closed Treatment Of Nasal Bone Fracture With Manipulation; Without Stabilization No 21290 Unlisted Craniofacial And Maxilofacial Procedure Yes 21301 Cosed Treatment Of Nasal Bone Fracture With Manipulation; With Dut Stabilization No 21325 Open Treatment Of Nasal Stappt Incature, With Concomitant Open Treatment Of Fracture Review (Complex	21260		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 Augementation, Prosthetic Material No 21282 Lateral Canthopexy No 21282 Lateral Canthopexy No 21284 Lateral Canthopexy No 21285 Reduction Of Masseter Muscle And Bone (eg, For Treatment Of Benign Masseteric Hypertrophy); Extraoral Approach No 21290 Unlisted Craniofacial And Maxillofacial Procedure Yes 21310 Closed Treatment Of Mass Bone Fracture With Manipulation; Without Stabilization No 21320 Closed Treatment Of Mass Bone Fracture; Uncomplicated No 21330 Open Treatment Of Mass Bone Fracture; With Manipulation; Without Stabilization No 21331 Open Treatment Of Mass Bergal Fracture; Complicated, With Internal And/Or External Skeletal Fixation No 21332 Open Treatment Of Masal Septal Fracture; Without Stabilization No <td>21261</td> <td>Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And</td> <td></td>	21261	Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And	
Latency Latency Latency 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 Orbitoroniofacial Reconstruction No 21280 Medial Canthopexy (Separate Procedure) No 21281 Lateral Canthopexy No 21295 Reduction Of Masseter Muscle And Bone (eg, For Treatment Of Benign Masseteric Hypertrophy); Extraoral Approach No 21296 Unisted Craniofacial And Maxole And Bone (eg, For Treatment Of Benign Masseteric Hypertrophy); Intraoral Approach No 21299 Unisted Craniofacial And Maxole And Bone Fracture with Manipulation; Without Stabilization No 21315 Closed Treatment Of Nasal Bone Fracture: With Manipulation; With Stabilization No 21320 Open Treatment Of Nasal Fracture; Uncomplicated No 21335 Open Treatment Of Nasal Septal Fracture; With Internal And/Or External Skeletal Fixation No 21336 Open Treatment Of Nasal Septal Fracture; With Drewithout Stabilization No 21336 Open Treatment Of Nasal Septal Fracture; With Drewithout Stabilization	21263		No
Extracranial Approach No 21270 Malar Augmentation, Prosthetic Material No 21275 Secondary Revision Of Orbitocraniofacial Reconstruction No 21280 Medial Canthopexy (Separate Procedure) No 21281 Lateral 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 Inlisted Cranifoscial And Maxillofacial Procedure Yes 21315 Closed Treatment Of Nasal Bone Fracture With Manipulation; With Stabilization No 21320 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 Nasal Septal Fracture; With Or Without Stabilization 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 Nasal Septal Fracture; With Or Without Stabilization No 21339 Open Treatment Of Nasoethmoi	21267	Orbital Repositioning, Periorbital Osteotomies, Unilateral, With Bone Grafts; 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); Extraoral 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 21330 Open Treatment Of Nasal Fracture; With Manipulation; With Stabilization No 21335 Open Treatment Of Nasal Fracture; With Concomitant Open Treatment Of Fracture? No 21336 Open Treatment Of Nasal Fracture; With Or Without Stabilization No 21337 Closed Treatment Of Nasal Septal Fracture; With Concomitant Open Treatment Of Nasal Septal Fracture; With Concomitant Open Treatment Of No 21337 21336 Open Treatment Of Nasal Septa	21268		No
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21344 Open Treatment Of Complicated (eg, Comminuted Or Involving Posterior Wall) Frontal Sinus Fracture, No 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 No No	21343		No
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21347 Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); Requiring Multiple Open No 21348 Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); With Bone Grafting (Includes No 21355 Percutaneous Treatment Of Fracture Of Malar Area, Including Zygomatic Arch And Malar Tripod, With Manipulation No	21346	Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); With Wiring And/Or Local	No
21348 Open Treatment Of Nasomaxillary Complex Fracture (Lefort li 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	21347	Open Treatment Of Nasomaxillary Complex Fracture (Lefort li Type); Requiring Multiple Open	No
21355 Percutaneous Treatment Of Fracture Of Malar Area, Including Zygomatic Arch And Malar Tripod, With No Manipulation	21348	Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); With Bone Grafting (Includes	No
	21355	Percutaneous Treatment Of Fracture Of Malar Area, Including Zygomatic Arch And Malar Tripod, With	No
	21356		No

Procedure Code	Description	Prior Auth Required
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)	No
	Of Malar Area, Including Zygomatic Arch And Malar Tripod; With Internal Fixation And Multiple	
	Surgical Approaches	
21366	Open Treatment Of Complicated (eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(s)	No
	Of Malar Area, Including Zygomatic Arch And Malar Tripod; With Bone Grafting (Includes Obtaining	
	Graft)	
21385	Open Treatment Of Orbital Floor Blowout Fracture; Transantral Approach (Caldwell-Luc Type	No
	Operation)	
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	No
	Implant	
21395	Open Treatment Of Orbital Floor Blowout Fracture; Periorbital Approach With Bone Graft (Includes	No
	Obtaining Graft)	
21400	Closed Treatment Of Fracture Of Orbit, Except Blowout; Without Manipulation	No
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	No
	Fixation Of Denture Or Splint	
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	No
	Involving Cranial Nerve Foramina), Multiple Approaches	
21431	Closed Treatment Of Craniofacial Separation (Lefort lii Type) Using Interdental Wire Fixation Of	No
	Denture Or Splint	
21432	Open Treatment Of Craniofacial Separation (Lefort Iii Type); With Wiring And/Or Internal Fixation	No
21433	Open Treatment Of Craniofacial Separation (Lefort lii Type); Complicated (eg, Comminuted Or	No
	Involving Cranial Nerve Foramina), Multiple Surgical Approaches	
21435	Open Treatment Of Craniofacial Separation (Lefort Iii Type); Complicated, Utilizing Internal And/Or	No
	External Fixation Techniques (eg, Head Cap, Halo Device, And/Or Intermaxillary Fixation)	
21.426	On an Taracture and Of Consistential Conservations (Lefent III Tarac). Consultants of Multiple Consistent	N-
21436	Open Treatment Of Craniofacial Separation (Lefort IIi Type); Complicated, Multiple Surgical	No
21440	Approaches, Internal Fixation, With Bone Grafting (Includes Obtaining Graft)	No
21440 21445	Closed Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure) Open Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure)	No
		No
21450 21451	Closed Treatment Of Mandibular Fracture; With Manipulation	No
21451	Closed Treatment Of Mandibular Fracture; With Manipulation Percutaneous Treatment Of Mandibular Fracture, With External Fixation	No
21452	Closed Treatment Of Mandibular Fracture With Interdental Fixation	No
21454 21461	Open Treatment Of Mandibular Fracture With External Fixation	No No
	Open Treatment Of Mandibular Fracture; Without Interdental Fixation Open Treatment Of Mandibular Fracture; With Interdental Fixation	No
21462 21465	Open Treatment Of Mandibular Fracture; With Interdental Fixation Open Treatment Of Mandibular Condylar Fracture	No
21465	Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including	No
21470		NO
21480	Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints Closed Treatment Of Temporomandibular Dislocation; Initial Or Subsequent	No
21485		No
21 1 0J	Closed Treatment Of Temporomandibular Dislocation; Complicated (eg, Recurrent Requiring Intermaxillary Fixation Or Splinting), Initial Or Subsequent	
21490	Open Treatment Of Temporomandibular Dislocation	No
21490	Interdental Wiring, For Condition Other Than Fracture	No
21497	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 Of Hematoma, Soft Tissues Of Neck Of Thorax, Incision And Drainage, Deep Abscess Or Hematoma, Soft Tissues Of Neck Or Thorax; With Partial Rib	No
21510	Ostectomy Incision, Deep, With Opening Of Bone Cortex (eg, For Osteomyelitis Or Bone Abscess), Thorax	No
21310	incision, beep, with opening of bone cortex (eg, for Osteoniyelitis of bone Abstess), mordx	
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

Procedure Code	Description	Prior Auth Required
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
21632	Radical Resection Of Sternum; With Mediastinal Lymphadenectomy	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
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	
22101	Partial Excision Of Posterior Vertebral Component (eg, Spinous Process, Lamina Or Facet) For Intrinsic	No
	Bony Lesion, Single Vertebral Segment; Thoracic	

Procedure Code	Description	Prior Auth Required
22102	Partial Excision Of Posterior Vertebral Component (eg, Spinous Process, Lamina Or Facet) For Intrinsic	
	Bony Lesion, Single Vertebral Segment; Lumbar	
22103	Partial Excision Of Posterior Vertebral Component (eg, Spinous Process, Lamina Or Facet) For Intrinsic	No
	Bony Lesion, Single Vertebral Segment; Each Additional Segment (List Separately In Addition To Code	
	For Primary Procedure)	
22110	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord	No
	Or Nerve Root(s), Single Vertebral Segment; Cervical	
22112	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord	No
	Or Nerve Root(s), Single Vertebral Segment; Thoracic	
22114	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord	No
	Or Nerve Root(s), Single Vertebral Segment; Lumbar	
22116	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without Decompression Of Spinal Cord	No
	Or Nerve Root(s), Single Vertebral Segment; Each Additional Vertebral Segment (List Separately In	
	Addition To Code For Primary Procedure)	
22206	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 Vertebral Segment (eg,	No
	Pedicle/Vertebral Body Subtraction); Thoracic	
22207	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 Vertebral Segment (eg,	No
	Pedicle/Vertebral Body Subtraction); Lumbar	
22208	Osteotomy Of Spine, Posterior Or Posterolateral Approach, 3 Columns, 1 Vertebral Segment (eg,	No
	Pedicle/Vertebral Body Subtraction); Each Additional Vertebral Segment (List Separately In Addition	
	To Code For Primary Procedure)	
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	No
	Vertebral Segment (List Separately In Addition To Primary Procedure)	
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	No
	Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	
22310	Closed Treatment Of Vertebral Body Fracture(s), Without Manipulation, Requiring And Including	No
	Casting Or Bracing	
22315	Closed Treatment Of Vertebral Fracture(S) And/Or Dislocation(S) Requiring Casting Or Bracing, With	No
	And Including Casting And/Or Bracing By Manipulation Or Traction	
22318	Open Treatment And/Or Reduction Of Odontoid Fracture(s) And Or Dislocation(s) (Including Os	No
	Odontoideum), Anterior Approach, Including Placement Of Internal Fixation; Without Grafting	
22319	Open Treatment And/Or Reduction Of Odontoid Fracture(s) And Or Dislocation(s) (Including Os	No
	Odontoideum), Anterior Approach, Including Placement Of Internal Fixation; With Grafting	
22325	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation(S), Posterior	No
	Approach, 1 Fractured Vertebra Or Dislocated Segment; Lumbar	
22326	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation(S), Posterior	No
	Approach, 1 Fractured Vertebra Or Dislocated Segment; Cervical	
22327	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation(S), Posterior	No
	Approach, 1 Fractured Vertebra Or Dislocated Segment; Thoracic	
22328	Open Treatment And/Or Reduction Of Vertebral Fracture(S) And/Or Dislocation(S), Posterior	No
	Approach, 1 Fractured Vertebra Or Dislocated Segment; Each Additional Fractured Vertebra Or	
225.05	Dislocated Segment (List Separately In Addition To Code For Primary Proce	
22505	Manipulation Of Spine Requiring Anesthesia, Any Region	No
22510	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral	Yes
	Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic	
22511	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral	Yes
	Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	
22512	Percutaneous Vertebroplasty (Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral	Yes
	Or Bilateral Injection, Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or	
	Lumbosacral Vertebral Body (List Separately In Addition To Code F	

Procedure Code	Description	Prior Auth Required
22513	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone	Yes
	Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body,	
	Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance	
22514	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone	Yes
22314	Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body,	105
	Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance	
22515		Yes
22515	Percutaneous Vertebral Augmentation, Including Cavity Creation (Fracture Reduction And Bone	res
	Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body,	
22526	Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance	M
22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic	Yes
	Guidance; Single Level	
22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic	Yes
	Guidance; 1 Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)	
22532	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace	No
	(Other Than For Decompression); Thoracic	
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace	No
	(Other Than For Decompression); Lumbar	
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace	No
	(Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List	
	Separately In Addition To Code For Primary Procedure)	
22548	Arthrodesis, Anterior Transoral Or Extraoral Technique, Clivus-C1-C2 (Atlas-Axis), With Or Without	No
	Excision Of Odontoid Process	
22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And	No
22551	Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2	110
22552	Author design Autorien latente des la destina Dies Gauss Davarantica. Diesente aus Octor als teste aus Aud	Ne
22552	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And	NO
	Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2, Each Additional Interspace	
	(List Separately In Addition To Code For Primary Procedure)	
22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace	No
	(Other Than For Decompression); Cervical Below C2	
22556	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace	No
	(Other Than For Decompression); Thoracic	
22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace	No
	(Other Than For Decompression); Lumbar	
22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace	No
	(Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For	
	Primary Procedure)	
22586	Arthrodesis, Pre-Sacral Interbody Technique, Including Disc Space Preparation, Discectomy, With	Yes
	Posterior Instrumentation, With Image Guidance, Includes Bone Graft When Performed, L5-S1	
	Interspace	
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
22000	in a modesto, rosterior or rosterioraterar reeningue, single interspace, cervicar below ez segment	
22610	Arthrodosis, Doctorior Or Doctorolatoral Tophaisus, Cingle Interropes, Theresis (Mith. Lateral	No
22610	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Thoracic (With Lateral	
22642	Transverse Technique, When Performed)	No
22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Lumbar (With Lateral	No
	Transverse Technique, When Performed)	
22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Interspace (List	No
	Separately In Addition To Code For Primary Procedure)	
22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare	No
	Interspace (Other Than For Decompression), Single Interspace, Lumbar;	
22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare	No
	Interspace (Other Than For Decompression), Single Interspace, Lumbar; Each Additional Interspace	
	(List Separately In Addition To Code For Primary Procedure)	
22633	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique	No
	Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For	
	Decompression), Single Interspace, Lumbar;	
22634	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique	No
22034		
	Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For	
<u>I</u>	Decompression), Single Interspace, Lumbar; Each Additional Interspace (l

Procedure Code	Description	Prior Auth Required
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	No
	Vertebral Segments	
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		No
22846		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		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	No
22257	Microdissection); Single Interspace, Cervical	
22857	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)	No
	To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each	
	Contiguous Defect (List Separately In Addition To Code For Primary	
22860	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare	No
	Interspace (Other Than For Decompression); Second Interspace, Lumbar (List Separately In Addition	
	To Code For Primary Procedure)	
22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single	No
	Interspace; Cervical	
22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single	No
	Interspace; Lumbar	
22864	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	No
2225		
22865	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar	No
22257		
22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion,	No
	Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level	
22000	langestion Of later langing / later regions Decrease Stabilization / Distanction Device With out Surian	No
22868	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion,	NO
	Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level (List	
22869	Separately In Addition To Code For Primary Procedure) Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open	No
22009	Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level	NO
	Decompression of Fusion, including image Guidance when Performed, Lumbar, Single Level	
22870	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open	No
22070	Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Second Level (List	NO
	Separately In Addition To Code For Primary Procedure)	
22899	Unlisted Procedure, Spine	Yes
22900	Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (eg, Intramuscular); Less Than 5 Cm	No
22500		
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	No
	Foreign Body	
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
22075		
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
22077		
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	No
22105	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	No
	Foreign Body	

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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
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	-
23650	Closed Treatment Of Shoulder Dislocation, With Manipulation; Without Anesthesia	No
23655	Closed Treatment Of Shoulder Dislocation, With Manipulation; Without Meetingia	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, Turnor, Soft Tissue Of Upper Arm Or Elbow Area, Subfactal (eg., httranuscular); S Cm Or No No 24075 Excision, Turnor, Soft Tissue Of Upper Arm Or Elbow Area, Subfactaneous; Less Than 3 Cm No 24076 Excision, Turnor, Soft Tissue Of Upper Arm Or Elbow Area, Subfactaneous; Less Than 3 Cm No 24077 Radical Resection Of Turnor (eg. Sarcoma), Soft Tissue Of Upper Arm Or Elbow Area; JS Cm Or Greater No 24078 Radical Resection Of Turnor (eg. Sarcoma), Soft Tissue Of Upper Arm Or Elbow Area; JS Cm Or Greater No 24020 Arthretorem, Elbow With Synohiad Biogay, Orly No 24031 Arthretorem, Elbow With Synohiad Biogay, Orly No 24042 Arthretorem, Elbow With Synohiad Biogay, Orly No 24053 Excision Or Currettage Of Bone Cyct Of Breing Turnor, Humerus; With Autopraft Indudes Obtaining Cript. No 24161 Excision Or Currettage Of Bone Cyct Or Breing Turnor, Humerus; With Autopraft Indudes Obtaining Cript. No 24152 Excision Or Currettage Of Bone Cyct Or Breing Turnor, Humerus; With Autopraft Indudes Obtaining Cript. No 24154 Excision Or Currettage Of Bone Cyct Or Breing Turnor, Humerus; With Autopraft Indudes Obtaining Cript. No 24155 Excision Or Currettage Of	Procedure Code	Description	Prior Auth Required
Greater Instruct of Tassue Of Upper Arm OF Elbow Area, Subcitaneous; Less Than 3 Cm No 24075 Excision, Tunor, Soft Tissue Of Upper Arm OF Elbow Area, Subfactal (eg. Intramuscular); Less Than 5 No No 24077 Radical Resoction Of Tumor (tg., Sarcomal, Soft Tissue Of Upper Arm OF Elbow Area; Less Than 5 Cm No 24079 Radical Resoction Of Tumor (tg., Sarcomal, Soft Tissue Of Upper Arm OF Elbow Area; Sch O'r Greater No 24070 Antirotomy, Elbow; With Synoidal Biopsy Oily No 24100 Antirotomy, Elbow; With Synoidal Biopsy Oily No 24101 Looce Or Fareign Roby No 24102 Antirotomy, Elbow; With Synoidectomy No 24103 Encision OF Curretage OF Bone (Synt D Benign Tumor; Humerus; With Autograft (includes Detaining Graft) No 2413 Encision OF Curretage OF Bone (Synt O Benign Tumor; Humerus; With Autograft (includes Detaining Graft) No 2414 Encision OF Curretage OF Bone (Synt O Benign Tumor; Humerus; With Autograft (includes Detaining Graft) No 2415 Excision OF Curretage OF Bone (Synt O Benign Tumor; Of Head Or Neck Of Radius Or Olecarann Process; With Autograft (includes Detaining Graft) No 2416 Excision OF Curetage OF Bone (Synt O Benign Tumor; Of Head Or Neck Of Radius O	24073		
Science, Turnor, Sort Tissue Of Upper Arm Or Elibow Area, Subfascial (eg. Intramuscular), Less Than 5 No 24077 Radical Resection Of Turnor (eg. Sarcoma), Soft Tissue Of Upper Arm Or Elibow Area, Less Than 5 Cm No 24078 Radical Resection Of Turnor (eg. Sarcoma), Soft Tissue Of Upper Arm Or Elibow Area, S Cm Or Greater No 24130 Arthrotomy, Elibow, With Synowial Biogray Only No 24130 Arthrotomy, Elibow, With Synowial Biogray Only No 24130 Arthrotomy, Elibow, With Synowial Biogray Only No 24130 Arthrotomy, Elibow, With Synowiad Biogray Only No 24131 Cascidor, Of Foreign Body. No 24132 Arthrotomy, Elibow, With Synowectomy No 24135 Excision Of Curettage Of Bione Cycl: Dr Beingn Tumor, Humerus, With Autograft (Includes Oblating, No No 24136 Excision Of Curettage Of Bione Cycl: Dr Beingn Tumor, Humerus, With Autograft No 24137 Excision Of Curettage Of Bione Cycl: Dr Beingn Tumor, Humerus, With Autograft No 24138 Excision Of Curettage Of Bione Cycl: Dr Beingn Tumor, Humerus, With Autograft No 24139 Excision Of Curettage Of Bione Cycl: Dr Beingin Tumor Of Head Or Neck Of Radius Or Olecranon <t< td=""><td></td><td></td><td></td></t<>			
Cm No 24277 Radical Resection Of Tumor (eg. Sarcoma), Soft Tissue Of Upper Arm OF Elbow Area; Ess Than 5.Cm No 24207 Radical Resection Of Tumor (eg. Sarcoma), Soft Tissue Of Upper Arm OF Elbow Area; 5 Cm Or Greater No 24100 Arthrotomy, Elbow; With Synokial Biopsy Only No 24101 Arthrotomy, Elbow; With Synokial Biopsy Only No 24102 Arthrotomy, Elbow; With Synokial Biopsy Only No 24103 Excision Of Curretage Of Bone Cyto P enign Tumor, Humerus; With Autograft (Includes Obtaining No No 24113 Excision Of Curretage Of Bone Cyto D enign Tumor, Humerus; With Autograft (Includes Obtaining No No 24126 Excision Of Curretage Of Bone Cyto D enign Tumor, Humerus; With Autograft (Includes Obtaining No No 24127 Excision Of Curretage Of Bone Cyto D enign Tumor Of Head Or Neck Of Radus Or Olecranon No No 24128 Excision Of Curretage Of Bone Cyto D enign Tumor Of Head Or Neck Of Radus Or Olecranon No No 24139 Excision (Carretage Of Bone Cyto D enign Tumor Of Head Or Neck Of Radus Or Olecranon No No 24140 Excision (Carretarization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyellitis Or Bone Absorbs, Badit Head Or Neck N No 24130	24075	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subcutaneous; Less Than 3 Cm	No
Sadical Resection Of Tumor (eg. Sarcoma), Soft Tissue Of Upper Arm Or Elbow Area; Less Than 5 Cm No 24077 Radical Resection Of Tumor (eg. Sarcoma), Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater No 24090 Arthrotomy, Elbow; With Synovalal Biops Only No 24100 Arthrotomy, Elbow; With Synovala Biops Only No 24101 Arthrotomy, Elbow; With Synovala Biops Only No 24102 Arthrotomy, Elbow; With Synovala Biops Only No 24103 Excision Of Curretage Of Bone Cyst Or Benign Tumor, Humerus; No 24113 Excision Of Curretage Of Bone Cyst Or Benign Tumor, Humerus; With Autograft (Includes Obtaining Graft) No 24120 Excision Or Curretage Of Bone Cyst Or Benign Tumor, Humerus; With Autograft (Includes Obtaining Graft) No 24121 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Nack Of Radius Or Olerranon Process; No 24225 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Nack Of Radius Or Olerranon Process; No 24236 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Nack Of Radius Or Olerranon Process; No 24245 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Nack Of Radius Or Oleranon No No	24076	Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subfascial (eg, Intramuscular); Less Than 5	No
Addical Reservation Of Tumor (eg. Sarcoma), Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater No 24100 Arthrotomy, Elbow, With Synovial Biopy, Oniy No 24101 Arthrotomy, Elbow, With Synovial Biopy, Oniy No 24102 Arthrotomy, Elbow, With Synovectany No 24103 Christen Dev. With Synovectany No 24104 Excision Or Curretage Of Bone Cyst Or Benign Tumor, Humerus, With Autograft (Includes Oblaining Graft) No 24115 Excision Or Curretage Of Bone Cyst Or Benign Tumor, Humerus, With Autograft No 24126 Excision Or Curretage Of Bone Cyst Or Benign Tumor, Humerus, With Autograft No 24130 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24132 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24233 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 2434 Sequestretamy (eg. For Oxteomyelitis Or Bone Abscess), Brafid Produis Dralus Humerus No 2434 Sequestretamy (eg. For Oxteomyelitis Or Bone Abscess), Brafid Pred Kiss No No 24343 Sequestretamy (eg. For Oxteom		Cm	
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Attrivitemy, Elbow, With Synovial Biopy, Only No 24100 Arthrotomy, Elbow, With Joint Exploration, With Or Without Biopy, With Or Without Removal Of No 24101 Construction No 24102 Arthrotomy, Elbow, With Synowstamy No 24103 Excision, Or Curetage Of Bone Cyst Or Benign Tumar, Humerus, With Autograft Includes Obtaining, Cafel) No 24115 Excision of Curetage Of Bone Cyst Or Benign Tumar, Humerus, With Autograft Includes Obtaining, Cafel) No 24126 Excision of Curetage Of Bone Cyst Or Benign Tumar, Humerus, With Autograft Includes Obtaining, Cafel) No 24126 Excision of Curetage Of Bone Cyst Or Benign Tumar, Of Head Or Neck Of Badus Or Olecranon No 24127 Excision or Curetage Of Bone Cyst Or Benign Tumar Of Head Or Neck Of Badus Or Olecranon No 24128 Excision or Curetage Of Bone Cyst Or Benign Tumar Of Head Or Neck Of Badus Or Olecranon No 24129 Excision or Curetage Of Bone Cyst Or Benign Tumar Of Head Or Neck Of Badus Or Olecranon No 24124 Excision or Curetage Of Bone Cyst Or Benign Tumar Of Head Or Neck Of Badus Or Olecranon No 24124 Sequestretamy (gr. For Osteomyelitis Or Bone Abscess), Shaft Or Distal Humerus No 24134			
24101 Arthrotomy, Elbow, With Joint Septoration, With Or Without Removal Of Loose Or Fareign Body No 24102 Arthrotomy, Elbow, With Synowetamy No 24103 Excision Of Curretage Of Bone Opt Or Benign Tumor, Humerus; No 24115 Excision Of Curretage Of Bone Opt Or Benign Tumor, Humerus; With Autograft [Includes Dthalning Graft) No 24115 Excision Of Curretage Of Bone Opt Or Benign Tumor, Humerus; With Autograft [Includes Dthalning Graft) No 24126 Excision Of Curretage Of Bone Opt Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24127 Excision Of Curretage Of Bone Opt Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24128 Excision Or Curretage Of Bone Opt Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24129 Excision Cruteating Of Corteomyelitis Or Bone Abscess), Shaft Or Distal Numerus No 24130 Excision Cruteating Or Osteomyelitis Or Bone Abscess), Shaft Or Distal Numerus No 24131 Sequestrectomy (og, For Osteomyelitis Or Bone Abscess), Shaft Or Distal Numerus No 24133 Sequestrectomy (og, For Osteomyelitis Or Bone Abscess), Andul Head Or Nock No 24134 Sequestrectomy (og, For Osteomyelitis Or Bone Abscess), Shaft Or Distal Numerus<	24079	Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater	No
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Loce Or Farring: Body Non- 24102 Arthoromy: Blook with Sprovectomy No 24103 Excision Dr Curettage Of Bone Cyst Or Benign Tumor, Humerus: No 24110 Excision Dr Curettage Of Bone Cyst Or Benign Tumor, Humerus: No 24111 Excision Dr Curettage Of Bone Cyst Or Benign Tumor, Humerus: With Allograft No 24112 Excision Dr Curettage Of Bone Cyst Or Benign Tumor Of Head Dr Neck Of Radius Or Olecranon Process; No 24125 Excision Dr Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24125 Excision Dr Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24125 Excision Dr Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24126 Excision Cruettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24130 Excision Cruettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24133 Sequestretcomy (eg. For Osteomyelitis Or Bone Abscess), Shaft Or Distal Humerus No 24134 Sequestretcomy (eg. For Osteomyelitis Or Bone Abscess) No 24145 Partial Excision			
24102 Arthrotomy, Elbow, With Synovectomy, No 24105 Excision 0F carretage Of Bane Gyst Or Benign Tumor, Humerus: No 24110 Excision 0F carretage Of Bane Gyst Or Benign Tumor, Humerus: No 24111 Excision 0F carretage Of Bane Gyst Or Benign Tumor, Humerus: With Allograft (Includes Obtaining Graft) No 24112 Excision 0F carretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24125 Facision 0F carretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24126 Excision Dr Carretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24126 Excision Dr Carretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24128 Excision Radial Head No Sciencess, With Allograft No 24139 Excision Radial Head No Sciencess, Neth Allograft No 24130 Excision Radial Head No Sciencess, Neth Allograft No 24130 Excision Crasternyelist Or Bone Abscess), Shaft Or Distal Head Or Neck No Sciencess, Neth Allograft 24131 Sequestretcomy (ge, For Osteomyelistor Bone Abscess), Shaft Or D	24101		NO
24105 Excision, Oleranon Bursa Yes 24110 Excision Of Curretage Of Bane Cyst Of Benign Tumor, Humerus; No 24115 Excision Of Curretage Of Bane Cyst Of Benign Tumor, Humerus; No 24116 Excision Of Curretage Of Bane Cyst Of Benign Tumor, Humerus; No 24116 Excision Of Curretage Of Bane Cyst Of Benign Tumor Of Head Of Neck Of Radius Or Olecranon No 24127 Excision Of Curretage Of Bane Cyst Of Benign Tumor Of Head Of Neck Of Radius Or Olecranon No 24128 Excision Of Curretage Of Bane Cyst Of Benign Tumor Of Head OF Neck Of Radius Or Olecranon No 24129 Excision Of Curretage Of Bane Cyst Of Benign Tumor Of Head OF Neck Of Radius Or Olecranon No 24120 Excision Reg of Bane Cyst Of Benign Tumor Of Head OF Neck Of Radius Or Olecranon No 24121 Excision Red of Bane Cyst Of Benign Tumor Of Head OF Neck Of Radius Or Olecranon No 24123 Excision Curretage Of Bone Cyst Of Benign States, Dietranon Theores No 24134 Sequestretamy (eg. For Osteomyelits Or Bone Abscess), Radial Head OF Neck No 24135 Sequestretamy (eg. For Osteomyelits Or Bone Abscess), Radial Head OF Neck No 24146 Partial Excision (Crateriz	24102		No
2410 Existin OF Currentage Of Bane Cyst OF Benign Tumor, Humerus; No 24115 Excision OF Currentage Of Bane Cyst OF Benign Tumor, Humerus; With Autograft (Includes Obtaining Graft) No 24116 Excision OF Currentage Of Bane Cyst OF Benign Tumor Of Head OF Neck Of Radius OF Olecranon No 24120 Excision OF Currentage Of Bane Cyst OF Benign Tumor Of Head OF Neck Of Radius OF Olecranon No 24121 Excision OF Currentage Of Bane Cyst OF Benign Tumor Of Head OF Neck Of Radius OF Olecranon No 24125 Excision OF Currentage Of Bane Cyst OF Benign Tumor Of Head OF Neck Of Radius OF Olecranon No 24126 Excision OF Currentage Of Bane Cyst OF Benign Tumor Of Head OF Neck Of Radius OF Olecranon No 24126 Excision OF Currentage Of Bane Cyst OF Benign Tumor Of Head OF Neck Of Radius OF Olecranon No 24127 Excision OF Currentage Of Bane Cyst OF Benign Tumor Of Head OF Neck Of Radius OF Olecranon No 24130 Excision OF Currentage Of Bane Cyst OF Bene Abscess, Shaft OF Distal Humerus No 24130 Sequestreationny (Eg. For Ostaomyellitis OF Bane Abscess, Neadul Head OF Neck No 24140 Partial Excision (Craterization, Saucerization, Or Disphysectomy) Bane (eg. Osteomyellitis), Humerus No 24145	24105		
Graft No 24116 Excision Or Curretage Of Bone Cyst Or Benign Tumor, Humerus; With Allograft No 24120 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24121 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24122 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24126 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24130 Excision Or Curretage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon No 24131 Seguestrectomy (eg. For Osteomyelitis Or Bone Abscess), Shaft Or Distal Humerus No 24138 Seguestrectomy (eg. For Osteomyelitis Or Bone Abscess), Olecranon Process No 24149 Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyelitis), Humerus No 24147 Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyelitis), Olecranon No 24149 Radical Resection Of Tumor, Radial Head Or Neck No No 24149 Radical Resection Of Tumor, Radial Head Or Neck No No	24110		No
24116 Excision of currettage Of Bone Cyst Or Benign Tumor, Humerus; With Allograft. No 24120 Excision of currettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24125 Excision of Currettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24126 Excision of Currettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24126 Excision of Currettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; No 24130 Excision Ro Currettage Of Bone Cyst Or Benign Tumor, Of Head Or Neck Of Radius Or Olecranon Process; No 24134 Sequestrettomy (eg. For Otteomyelitis Or Bone Abscess), Baft Or Distal Humerus No 24136 Sequestretomy (eg. For Otteomyelitis Or Bone Abscess), Decranon Process No 24140 Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyelitis), Humerus No 24147 Partial Excision Of Capsule, Soft Tissue, And Heterotopic Bone, Elbow, With Contracture Release (Separate Procedure) No 24150 Radical Resection Of Tumor, Baft Or Neck No 24151 Redical Resection Of Tumor, Radial Head Or Neck No 24152 Redical Resectio	24115		No
24220 Excision Or Currettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Autograft (includes Obtaining Graft) No 24125 Excision Or Currettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Autograft (includes Obtaining Graft) No 24126 Excision Or Currettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Allograft No 24130 Excision Correttage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Allograft No 24134 Sequestrectomy (eg. For Osteomyelitis Or Bone Abscess), Shaft Intervus No 24135 Sequestrectomy (eg. For Osteomyelitis Or Bone Abscess), Badial Head Or Neck No 24149 Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyelitis), Humerus No 24145 Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyelitis), Olecranon Process No 24146 Or Neck No No 24149 Radical Resection Of Capule, Soft Tissue, And Heterotopic Bone, Elbow, With Contracture Release (Separate Procedure) No 24150 Radical Resection Of Tumor, Shaft Or Distal Humerus No 24151 Radical Resection Of Tumor, Shaft Or Distal Humerus <		Graft)	
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24125 Excision Or Curretage Of Bone Cyst or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Autograft (includes Obtaining Graft) No 24126 Excision or Curretage Of Bone Cyst or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Altograft No 24130 Excision, Radial lead No 24131 Sequestrectomy (eg. For Osteomyelitis Or Bone Abscess), Badial Head Or Neck N No 24134 Sequestrectomy (eg. For Osteomyelitis Or Bone Abscess), Oberanon Process No 24138 Sequestrectomy (eg. For Osteomyelitis Or Bone Abscess), Oberanon Process No 24149 Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyelitis), Radial Head No 24145 Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyelitis), Radial Head No 24146 Or Neck Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyelitis), Radial Head No 24147 Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (eg. Osteomyelitis), Radial Head No 24149 Radical Resection Of Tumor, Shaft Or Distal Humerus No 24150 Radical Resection Of Tumor, Radial Head Or Neck No 24151 Radical Re	24120	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon	No
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 24138 Sequestrectomy (eg., For Osteomyelitis Or Bone Abscess), Osteomon Process No 24149 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 24151 Radical Resection Of Tumor, Shaft Or Distal Humerus No 24152 Radical Resection Of Tumor, Shaft Or Distal Humerus No 24164 Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Humeral And Ulnar Components No 24164 Removal Of Foreign Body, Upper Arm Or Elbow Area, Subcutaneous No			
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24160Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Humeral And Ulnar ComponentsNo24164Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Radial HeadNo24200Removal Of Foreign Body, Upper Arm Or Elbow Area; SubcutaneousNo24201Removal Of Foreign Body, Upper Arm Or Elbow Area; Deep (Subfascial Or Intramuscular)No24200Injection Procedure For Elbow ArthrographyNo24300Manipulation, Elbow, Under AnesthesiaNo24301Muscle Or Tendon Transfer, Any Type, Upper Arm Or Elbow, Single (Excluding 24320-24331)No24305Tendon Lengthening, Upper Arm Or Elbow, Each TendonNo24310Tenotomy, Open, Elbow To Shoulder, Each TendonNo24320Frookes Type Procedure)No24330Flexor-Plasty, Elbow (eg, Steindler Type Advancement);No24331Flexor-Plasty, Elbow (eg, Steindler Type Advancement);No24340Tenodysis, TricepsNo24340Tenodysis Of Biceps Tendon At Elbow (Separate Procedure)No24341Repair, Tendon Or Muscle, Upper Arm Or Elbow, Each Tendon Or Muscle, Primary Or Secondary (Excludes Rotator Cuff)No24342Reinsertion Of Ruptured Biceps Or Triceps Tendon, Distal, With Or Without Tendon GraftNo24344Repair Lateral Collateral Ligament, Elbow, With Leadn Graft (Includes Harvesting Of Graft)No24344Repair Lateral Collateral Ligament, Elbow, With Tendon Graft (Includes Harvesting Of Graft)No24344Reosrtuction Lateral Collateral Ligament, Elbow,			
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24343 Repair Lateral Collateral Ligament, Elbow, With Local Tissue No 24344 Reconstruction Lateral Collateral Ligament, Elbow, With Tendon Graft (Includes Harvesting Of Graft) No	2/13/12		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			
	24345	Repair Medial Collateral Ligament, Elbow, With Local Tissue	No

24345 Reconstruction Medial Collateral Ligament, Elbow, With Tendon Graft (Includes Harvesting of Graft) No 24357 Trontomy, Elbow, Lateral Of Medial (eg. Spicondylitis, Tennis Elbow, Golfer's Elbow), Debridement, No No 24358 Tenotomy, Elbow, Lateral Of Medial (eg. Spicondylitis, Tennis Elbow, Golfer's Elbow), Debridement, No No 24358 Tenotomy, Elbow, Lateral Of Medial (eg. Spicondylitis, Tennis Elbow, Golfer's Elbow), Debridement, No No 24360 Arthroplasty, Elbow, With Membrane (eg. Faccas) No 24361 Arthroplasty, Elbow, With Board Marey And Prosent Lise Lighternet No 24362 Arthroplasty, Elbow, With Displant Marey And Prosent Lise Lighternet (eg. Total No No 24363 Arthroplasty, Elbow, With Displant Marey And Prosent Lise Replacement (eg. Total No No 24363 Arthroplasty, Elbow, With Displant Marey And Prosent Lise Replacement (eg. Total No No 24363 Arthroplasty, Elbow, With Megliant And No No No 24364 Arthroplasty, Elbow, With Megliant And No No No 24371 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed, Humeral Or Ulion Component No 24400 Osteototomy, Humerus, Gie, Shortening Or Lingthening J (E	Procedure Code	Description	Prior Auth Required
Tenstomy, Ebow, Lateral Or Medial (eg. Epitomdylitis, Tennis Ebow, Golfer's Ebow), Debridement, Soft Tissue And/Or Bone, Open No 24559 Enotomy, Ebow, Lateral Or Medial (eg. Epitomdylitis, Tennis Ebow, Golfer's Ebow), Debridement, Soft Tissue And/Or Bone, Open With Tendon Repair Or Restackment No 2460 Arthroplasty, Ebow, With Dotal Humeria Prosthetic Reportariosin No 2483 Arthroplasty, Ebow, With Dotal Humerus And Prosimal Unar Prosthetic Replacement No No 2483 Arthroplasty, Ebow, With Distal Humerus And Prosimal Unar Prosthetic Replacement (eg., Total Lebow) No 2483 Arthroplasty, Ebow, With Distal Humerus And Prosimal Unar Prosthetic Replacement (eg., Total Lebow) No 2483 Arthroplasty, Ebow, With Distal Humerus And Prosimal Unar Prosthetic Replacement (eg., Total Lebow) No 2483 Arthroplasty, Ebow, With Distal Humerus And Prosimal Unar Prosthetic Replacement (eg., Total Lebow) No 2483 Arthroplasty, Ebow, With Distal Humerus And Prosthetic Replacement (eg., Total Lebow) No 24841 Arthroplasty, Ebow, With Or Without Internat Flatton No 24842 Component No No 24843 Repair Of Hout Elbow Arthroplasty, Including Allograf Whon Performed, Humeral Shaft Fracture, With Or Without Shaft (Educling 64876) No	24346		
Soft Tosue AnriQC Bone, Open Inclusion 24559 Tenctory, Ellow, Lettor / Medial (eg. Epicondyhits, Tennis Elbow, Golfer's Elbow); Debridement, Soft Tissue AnriQC Bone, Open With Tendon Repair Or Reattachment No 24360 Arthroplastr, Elbow; With Membrane (gr. Sessid) No 24361 Arthroplastr, Elbow; With Membrane (gr. Sessid) No 24362 Arthroplastr, Elbow; With Distal Humeral Prosthetic Replacement No 24363 Arthroplastr, Radal Head; No 24365 Arthroplastr, Radal Head; No 24366 Arthroplastr, Radal Head; No 24367 Revision Of Total Elbow Arthroplastry, Including Allograft When Performed; Humeral Or Ultar No 24371 Revision Of Total Elbow Arthroplastry, Including Allograft When Performed; Humeral And Ultar No 24400 Oxtentomy, Humerus, With Or Without Internal Fixation No No 24410 Multiple Creatornies With Backgrometh Total State St	24357	Tenotomy, Elbow, Lateral Or Medial (eg, Epicondylitis, Tennis Elbow, Golfer's Elbow); Percutaneous	No
24359 Tenotomy, Eliow, Lateral Or Medial (eg. Epicondylit), Tennis Elow, Golfr 2 Elowi); Debridement, Sch Tisce And/Or Roug, Open With Hendhamer (eg. Fascial) No 24360 Arthroplast, Elowy, With Menhamer (eg. Fascial) No 24361 Arthroplast, Elowy, With Instal Humer's Protenter Replacement No 24363 Arthroplast, Elowy, With Instal Humer's And Proximal Unar Prosteric Replacement (eg. Total Elow) No 24363 Arthroplast, Radal Head; No No 24364 Arthroplast, Radal Head; No No 24365 Arthroplast, Radal Head; No No 24366 Arthroplast, Radal Head; No No 24370 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral Or Ulara No 24400 Ostectorny, Humerus, With Or Without Internal Fisation No 24410 Multiple Osteornies With Reakingment On Intramedulary Rod, Humeral Shaft (Sofield Type Procedure) No 24420 Osteoplasty, Humerus (eg. Shortening O Lengthening) (Sculuting 64376) No 24433 Repair Ol Nonuino Or Makinon, Humerus Withou Graft (eg. Corpression Excloring) No 24435 Repair Ol Nonuino Or Makinon, Humerus (With Graft Heady Elboration No 24436 Prophysicit Traatment (Naling, Pinning, Pitring Or Wring), With Or Without Methymerthacrylate, Humeral Shaft Fracture, Within Antipulation	24358		No
24800 Arthropitaty, Eboxy, With Membrane Ige, Fascial) No 24361 Arthropitaty, Eboxy, With Implant And Fascia Lata Ligament Reconstruction No 24362 Arthropitaty, Eboxy, With Implant And Fascia Lata Ligament Reconstruction No 24363 Arthropitaty, Elaboy, With Indplant And Fascia Lata Ligament Reconstruction No 24364 Arthropitaty, Radial Head; No 24365 Arthropitaty, Radial Head; No 24366 Arthropitaty, Radial Head; No 24371 Revision Of Total Elbow Arthropitsty, Including Allgraft When Performed; Humeral Or Ulmar No 24261 Component No No 24262 Otsepitaty, Humerus (eg., Shortening Or Lengthening) (Excluding 64375) No 24200 Otsepitaty, Humerus (eg., Shortening Or Lengthening) (Excluding 64375) No 24331 Repair Of Nonunion Or Maluinon, Humerus Witha Life Crit (Exclusta Subrating Graft) No 24432 Otsepitaty, Humerus (eg., Shortening Or Lengthening) (Excluding 64375) No 24433 Repair Of Nonunion Or Maluinon, Humerus Witha Life Crit (Exclusta Humerus) No 24434 Hemisphyneal Arrets (eg., Cubits Varua Or Valgus,	24359	Tenotomy, Elbow, Lateral Or Medial (eg, Epicondylitis, Tennis Elbow, Golfer's Elbow); Debridement,	No
2432 Artmoplasty, Elboy, With Implant And Facial Lata Liggment Reconstruction No 24393 Artmoplasty, Elboy, With Distal Humerus And Proximal Ulnar Prosthetic Replacement (eg. Total Elbow) No 24365 Artmoplasty, Badui Head; No 24366 Artmoplasty, Radui Head; No 24370 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral And Ulnar No 24371 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral And Ulnar No 24371 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral And Ulnar No 24400 Osteodamy, Humeras, With Or With Out Intramedulary Nod, Humeral Shaft (Sofield Type Procedure) No 24410 Multiple Osteotomics With Realignment On Intramedulary Nod, Humeral Shaft (Sofield Type Procedure) No 24433 Repair Of Ronumion Or Malunion, Humerus; With Buck Other Autograft (Includes Obtaining Graft) No No 24436 Decompression Taciotomy, Forearm, With Back Mich Artery Esploration No 24437 Decompression Taciotomy, Forearm, With Back Mich Artery Esploration No 24438 Prophysical Arterstmetry, Barting OY Wiring, With OY Without Methylumethacrylate, No No <tr< td=""><td>24360</td><td></td><td>No</td></tr<>	24360		No
2483 Arthroplasty, Elbow, With Distal Humerus And Proximal Ulnar Prosthetic Replacement (eg. Total Elbow) No 2485 Arthroplasty, Badial Head; No 24856 Arthroplasty, Badial Head; No 24870 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral Or Ulnar Component No 24871 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral And Ulnar Component No 24870 Oxacoplasty, Humerus (eg. Shortening Or Lengthening) (Excluding 64876) No 24400 Oxacoplasty, Humerus (eg. Shortening Or Lengthening) (Excluding 64876) No 24430 Repair Of Nonunion Or Malunion, Humerus, Without Carf (eg. Compression Technique) No 24433 Repair Of Nonunion Or Malunion, Humerus, Without Graft (eg. Compression Technique) No 24430 Dateoplasty, Humerus (eg. Cubitus Varus Or Valgus, Distal Humerus) No 24430 Hemieplophyseal Arrest (eg. Cubitus Varus Or Valgus, Distal Humerus) No 24430 Hemieplophyseal Arrest (eg. Cubitus Varus Or Valgus, Distal Humerus) No 24435 Decompression Fascontomy, Forearm, With Bracht Fracture, With Nor Without Methylivertharcrylate, Humerus Ishaft Fracture, With Or Without Steletal Traction No	24361	Arthroplasty, Elbow; With Distal Humeral Prosthetic Replacement	No
Elbow Elbow No 24855 Arthroplasty, Badial Head; No No 24866 Arthroplasty, Badial Head; No No 24870 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral And Unar No 24871 Component No No 24870 Ostectomy, Humerus, With Or Without Internal Fixation No 24400 Ostectomy, Humerus, With Or Without Internal Fixation No 24410 Multiple Ostectomics With Realignment On Intramedulary Nod, Humeral Shaft (Sofield Type No No 24420 Ostectomy, Humerus, With Gr Without Internal; Ekedoning Graft (Includes Obtaining Graft I) No 24431 Repair Of Nonunion Or Malunion, Humerus, With Biar Or Merule Autograft (Includes Obtaining Graft I) No 24432 Repair Of Nonunion Or Malunion, Humerus, With Biar Ot Mindue, Mumerus) No No 24433 Repair Of Nonunion Or Malunion, Humerus, With Biar Ot Mindue, Mumerus) No No 24435 Decompression Fascidormy, Forearm, With Brachal Artery Exploration No No 24435 Decompression Fascidormy, Forearm, With Brachal Artery Exploration No	24362	Arthroplasty, Elbow; With Implant And Fascia Lata Ligament Reconstruction	No
24366 Arthropisty, Radial Head; With Implant No 24370 Revision Of Total Elbow Arthropisty, Including Allograft When Performed; Humeral Or Ulnar No 24371 Rovision Of Total Elbow Arthropisty, Including Allograft When Performed; Humeral And Ulnar No 24371 Rovision Of Total Elbow Arthropisty, Including Allograft When Performed; Humeral And Ulnar No 24400 Ocketotomy, Humerus, With Or Without Internal Floation No 24400 Ocketotomy, Humerus, With Or Without Internal Floation No 24400 Ocketotomy, Humerus, With Cargometro On Intramedullary Rod, Humerus Staft [Sofield Type No 24400 Ocketotomy, Humerus (gg. Shortening Or Lengthening) (Excluding 64876) No 24420 Repair Of Nonunion Or Malunion, Humerus, With Biae Or Other Autograft (Includes Obtaining Graft) No 24435 Repair Of Nonunion Or Malunion, Humerus Spital Humerus) No No 24446 Prophysick Treatment Maling, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humerul Shaft Fracture, With Manjulation No 24451 Open Treatment Of Humeral Shaft Fracture, With Manjulation, With Or Without Skelcal Traction No 24515 Open Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With	24363		No
24370 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral Or Ulnar No 24371 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral And Ulnar No 24371 Revision Of Total Elbow Arthroplasty, Including Allograft When Performed; Humeral And Ulnar No 24400 Obtention, Humerus, With Dr Without Internal Fixation No 24410 Multiple Osteotomies With Realignment On Intramedullary Rod, Humeral Shaft (Sofield Type No 24420 Osteoplasty, Humerus (Eg, Shortening Or Lengthening) (Excluding 64376) No 24430 Repair Of Nonunion Or Malunion, Humerus; Without Graft (eg, Compression Technique) No 24431 Repair Of Nonunion Or Malunion, Humerus; Without Graft (eg, Compression Technique) No 24430 Decompression Factorian, With Brachia Artery Exploration No 24431 Repair Of Nonunion Or Malunion, Humerus Shaft Facture; Without Manipulation No 24430 Decompression Factorian; With Brachi Artery Exploration No 24435 Decompression Factorian; With Brachi Artery Exploration No 24436 Prophystict: Treatment (Naling, Pining, Pining, Or Wring), With Or Without Methylimethacrylate, Humeral Shaft Facture; With Brachi Artery Exploration <td>24365</td> <td>Arthroplasty, Radial Head;</td> <td>No</td>	24365	Arthroplasty, Radial Head;	No
Component Component 24371 Revision Of Total Elbox Arthroplasty, Including Allogrif When Performed; Humeral And Ulnar No 24400 Oxteetony, Humerus, With Or Without Internal Fixation No 24410 Multip Oxteetonies With Realignment On Intramedullary Rod, Humeral Shaft [Sofield Type No 24420 Oxteetony, Humerus (g; Shortening Or Lengthening) (Excluding 64876) No 24430 Repair Of Nonunion Or Malunion, Humerus; With Bita Compression Technique) No 24430 Repair Of Nonunion Or Malunion, Humerus; With Bita Compression Technique) No 24435 Repair Of Nonunion Or Malunion, Humerus; With Bita Compression Technique) No 24435 Repair Of Nonunion Or Malunion, Humerus; With Bita Conference Natures (With Bita Marcy Exploration No 24435 Decompression Fasciotomy, Forearm, With Brachil Artery Exploration No 24436 Prophysicic Freatment (Nalling, Pinnieg, Plating, Or Without Methylmetharylate, No No 24500 Closed Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without Cerclage No 24515 Open Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without Shaft Scheletal Traction No 24535 Closed Treatment O	24366	Arthroplasty, Radial Head; With Implant	No
Component Construction 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, Without Graft (eg, Compression Fachingue) No 24435 Repair Of Nonunion Or Malunion, Humerus, With Iliac Or Other Autograft (Includes Obtaining Graft) No 24435 Decompression Faciotomy, Forearm, With Brachial Artery Exploration No 24436 Prophylacit Treatment (Nalling, Pinning, Piating Or Wring), With Or Without Methylimethacrylate, Humeral Shaft No 24505 Closed Treatment Of Humeral Shaft Fracture, Without Manipulation No No 24516 Treatment Of Humeral Shaft Fracture, With Manipulation No No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No No 24533 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No No <td>24370</td> <td></td> <td>No</td>	24370		No
24400 Osteotomy, Humerus, With DC Without Internal Fixation No 24410 Multiple Osteonies With Realignment On Intramedulary 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 24430 Repair Of Nonunion Or Malunion, Humerus; Without Graft (eg, Compression Technique) No 24430 Hemiepiphyseal Arrest (eg, Cubitus Varus Or Valgus, Distal Humerus) No 24470 Hemiepiphyseal Arrest (eg, Cubitus Varus Or Valgus, Distal Humerus) No 24485 Decompression Faciotomy, Forzam, With Brachalt Arrey Exploration No 24495 Decompression Faciotomy, Forzam, With Brachalt Arrey Exploration No 24495 Decompression Faciotomy, Forzam, With Manipulation No 24500 Closed Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without Skeletal Traction No 24516 Treatment Of Humeral Shaft Fracture; With Nanipulation, With Or Without Cerclage No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No No 24531 Op	24371		No
24410 Multiple Osteotomies With Realignment On Intramedullary Rod, Humeral Shaft (Sofield Type Proceedure) 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; Without Graft (Eg. Compression Technique) No 24447 Hemiepiphyseal Arrest (eg. Cubitus Varus Or Valgus, Distal Humerus) No 24495 Decompression Fasciotomy, Forearm, With Brachal Artery Exploration No 24498 Prophylactic Treatment (Nalling, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humeral Shaft No 24500 Closed Treatment Of Humeral Shaft Fracture; Without Manipulation No 24515 Open Treatment Of Humeral Shaft Fracture; Without Manipulation, With Or Without Skeletal Traction No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No 24531 Open Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No 24532 Closed Treatment Of Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, Without Intercondylar Extension No 24533 Closed Treatmen	24400		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; Withia Cor Other Autograft (Includes Obtaining Graft) No 24435 Repair Of Nonunion Or Malunion, Humerus; With Miac Or Other Autograft (Includes Obtaining Graft) No 244470 Hemieplphyseal Arrest (eg., Cubitus Varus Or Valgus, Distal Humerus) No 24495 Decompression Fasciotomy, Forearm, With Brachial Artery Exploration No 24498 Prophylactic Treatment (Nalling, Pinning, Plating Or Wirning), With Or Without Methylmethacrylate, Humeral Shaft No 24505 Closed Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without Skeletal Traction No 24515 Open Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without No No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No No 24531 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No No 24532 Closed Treatment Of Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, Whot Mithout Intercondylar Extension No <	24410	Multiple Osteotomies With Realignment On Intramedullary Rod, Humeral Shaft (Sofield Type	
24430 Repair Of Nonunion Or Malunion, Humerus; Without Grift (eg. Compression Technique) No 24435 Repair Of Nonunion Or Malunion, Humerus; With Illac Or Other Autograft (includes Obtaining Graft) No 24470 Hemiepiphyseal Arrest (eg. Cubitus Varus Or Valgus, Distal Humerus) No 24470 Hemiepiphyseal Arrest (eg. Cubitus Varus Or Valgus, Distal Humerus) No 24495 Decompression Faciotomy, Forearm, With Brachial Attery Exploration No 24498 Prophylactic Treatment (Valling, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humeral Shaft Fracture; With Manipulation, With Or Without Skeletal Traction No 24500 Closed Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without Skeletal Traction No 24515 Open Treatment Of Supracondylar Or Transcondylar Humeral Fracture, 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 Humeral Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; Without Manipulation No 24545 Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; Without Intercondylar Extension No	24420		No
24435 Repair Of Nonunion Or Malunion, Humerus; With Illac 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 Prophysicit Treatment (Mailing, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humeral Shaft No 24500 Closed Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without Skeletal Traction No 24515 Open Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without No 24516 Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No 24531 Closed Treatment Of Supracondylar Or Transcondylar Parature I Fracture, With Or Without No 24532 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No 24533 Closed Treatment Of Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, Without Intercondylar Extension No 24546 Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, Whene Performed, Wit			No
24495 Decompression Fasciotomy, Forearm, With Brachial Artery Exploration No 24498 Prophylactic Treatment (Nalling, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humeral Shaft No 24500 Closed Treatment Of Humeral Shaft Fracture; Without Manipulation No 24515 Open Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without Cerclage No 24516 Treatment Of Humeral Shaft Fracture; With Insertion Of Intramedullary Implant, With Or Without Cerclage No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; Without Manipulation No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; Without Manipulation No 24533 Closed Treatment Of Supracondylar Or Transcondylar Practure, Includes Internal Fixation, Without Intercondylar Extension No 24545 Open Treatment Of Humeral Supracondylar Or Transcondylar Practure, Includes Internal Fixation, When Performed; Without Intercondylar Extension No 24546 Open Treatment Of Humeral Epicondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; With Intercondylar Fracture, Medial Or Lateral; With Manipulation No 24555 Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; With	24435		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 24515 Open Treatment Of Humeral Shaft Fracture; With Manipulation, With Or Without Cerclage No 24516 Treatment Of Humeral Shaft Fracture; With Insertion Of Intramedullary Implant, With Or Without Cerclage No 24515 Open Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Cerclage No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; Without Manipulation No 24533 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; Without With Or Without Skin Or Skeletal Traction No 24545 Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; Without Intercondylar Extension No 24546 Open Treatment Of Humeral Expracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; With Intercondylar Extension No 24546 Open Treatment Of Humeral Expracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed	24470	Hemiepiphyseal Arrest (eg, Cubitus Varus Or Valgus, Distal Humerus)	No
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 Manipulation, With Or Without Carclage No 24516 Treatment Of Humeral Shaft Fracture; With Insertion Of Intramedullary Implant, With Or Without No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No 24535 Closed Treatment Of Supracondylar Or Transcondylar Fuence, With Or Without No 24536 Intercondylar Extension; With Manipulation No 24538 Percutaneous Skeletal Fixation Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without 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 24555 Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; With Manipulation No 24566 Percutaneous Skeletal Fixation Of Humeral Epic	24495		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 Manipulation, With Or Without Cerclage No 24516 Treatment Of Humeral Shaft Fracture; With Insertion Of Intramedullary Implant; With Or Without No 24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture; With Or Without No 24535 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture; With Or Without No 24536 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture; With Or Without No 24538 Percutaneous Skeletal Fixation Of Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, No 24535 Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, No 24546 Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, No 24565 Closed Treatment Of Humeral Epicondylar Practure, Medial Or Lateral; With Manipulation No 24566 Percutaneous Skeletal Fixation Of Humeral Epicondylar Fracture, Medial Or Lateral; With Manipulation No	24498	Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate,	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; With Manipulation, With Or Without Skin Or Skeletal Traction 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 Fracture, Includes Internal Fixation, When Performed; Without Intercondylar Extension No 24546 Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; Without Intercondylar Extension No 24560 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; With Manipulation No 24566 Percutaneous Skeletal Fixation Of Humeral Epic	24500	Closed Treatment Of Humeral Shaft Fracture; Without Manipulation	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; With 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; With Manipulation No 24565 Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; With Manipulation No 24575 Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, With Manipulation No 24566 Percutaneous Skeletal Fixation Of Humeral Epicondylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed No 24575 Open Treatment O	24505		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; With 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; With Manipulation No 24565 Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; With Manipulation No 24575 Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, With Manipulation No 24566 Percutaneous Skeletal Fixation Of Humeral Epicondylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed No 24575 Open Treatment O	24515	Open Treatment Of Humeral Shaft Fracture With Plate/Screws, With Or Without Cerclage	No
24530 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No 24535 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No 24535 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without No 24536 Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without 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; With Intercondylar Extension No 24546 Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; Without Manipulation No 24550 Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; With Manipulation No 24565 Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; With Manipulation No 24575 Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; With Manipulation No 24576 Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; With Manipulation No 24575 Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral; With Manipulation No 24576 <td< td=""><td>24516</td><td>Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without</td><td>No</td></td<>	24516	Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without	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; With Manipulation No 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 24565 Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed No 24575 Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral; With Manipulation No 24576 Closed Treatment Of Humeral Condylar Fracture, Medial Or Lateral; Without Manipulation No 24579 Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral; With Manipulation No <	24530	Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without	No
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24587 Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (Fracture Distal Humerus No	24586		No
	24587	Open Treatment Of Periarticular Fracture And/Or Dislocation Of The Elbow (Fracture Distal Humerus	No

24600 Treatment Of Closed Elbow Dislocation, Without Anesthesia No 24605 Treatment Of Acute Or Chronic Elbow Dislocation No 24615 Open Treatment Of Montegga Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulma No 24625 Open Treatment Of Montegga Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulma No 24635 Open Treatment Of Radial Head). Invokes Tructure Dislocation At Elbow (Fracture Proximal End Of Ulma No 24640 Closed Treatment Of Radial Head Or Neck Fracture, Without Manipulation No 24655 Closed Treatment Of Radial Head Or Neck Fracture, Without Manipulation No 24656 Open Treatment Of Radial Head Or Neck Fracture, Without Manipulation No 24656 Open Treatment Of Radial Head Or Neck Fracture, Without Manipulation No 24656 Open Treatment Of Radial Head Or Neck Fracture, Without Manipulation No 24656 Open Treatment Of Ilmar Fracture, Proximal End (eg. Olecranon Or Coronoid Process[Es]); Without Namipulation No 24670 Closed Treatment Of Ulmar Fracture, Proximal End (eg. Olecranon Or Coronoid Process[Es]); Without Namipulation No 24675 Closed Treatment Of Ulmar Fracture, Proximal End (eg. Olecranon Or Coronoid Process[Es]); Without Namapulation No	quired
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When Performed; 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]); Without Manipulation No 24685 Open Treatment Of Ulnar Fracture, Proximal End (eg. Olecranon Or Coronoid Process[Es]); Nicludes Internal Fixation, When Performed No 24800 Arthrodesis, Elbow Joint; With Autogenous Graft (Includes Obtaining Graft) No 24800 Arthrodesis, Elbow Joint; With Autogenous Graft (Includes Obtaining Graft) No 24920 Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision No 24921 Amputation, Arm Through Humerus; Re-Amputation No 24930 Amputation, Arm Through Humerus; Re-Amputation No 24931 Amputation, Arm Through Humerus; Re-Amputation No 24932 Stump Elongation, Upper Extremity. No 24933 Stump Elongation, Upper Extremity. No 24940 Cineplasty, Upper Extremity, Complete Procedure <	
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]); With und 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]); Nith Manipulation, When Performed No 24800 Arthrodesis, Elbow Joint; Uth Autogenous Graft (includes Obtaining Graft) No 24800 Arthrodesis, Elbow Joint; With Autogenous Graft (includes Obtaining Graft) No 24900 Amputation, Arm Through Humerus; Open, Circular (Guillotine) No 24920 Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision No 24930 Amputation, Arm Through Humerus; With Implant No 24931 Amputation, Arm Through Humerus; With Implant No 24932 Stump Elongation, Upper Extremity. Complete Procedure No 24930 Lineslost, Vupper Extremity. Complete Procedure No 24931 Amputation, Flexor Tendon Sheath, Wrist (eg, Elexor Carpi Radialis) <	
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25028Incision And Drainage, Forearm And/Or Wrist; Deep Abscess Or HematomaNo25031Incision And Drainage, Forearm And/Or Wrist; BursaNo25035Incision, Deep, Bone Cortex, Forearm And/Or Wrist (eg, Osteomyelitis Or Bone Abscess)No25040Arthrotomy, Radiocarpal Or Midcarpal Joint, With Exploration, Drainage, Or Removal Of Foreign BodyNo25065Biopsy, Soft Tissue Of Forearm And/Or Wrist; Deep (Subfascial Or Intramuscular)No25071Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subcutaneous; 3 Cm Or GreaterNo	
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25066Biopsy, Soft Tissue Of Forearm And/Or Wrist; Deep (Subfascial Or Intramuscular)No25071Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subcutaneous; 3 Cm Or GreaterNo	
25066Biopsy, Soft Tissue Of Forearm And/Or Wrist; Deep (Subfascial Or Intramuscular)No25071Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subcutaneous; 3 Cm Or GreaterNo	
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 No	
Greater	
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 Yes	
3 Cm	
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 No	
Greater 25085 Capsulotomy, Wrist (eg, Contracture) Yes	
25085 Capsulotomy, Wrist (eg, Contracture) Yes 25100 Arthrotomy, Wrist Joint; With Biopsy No	
25100 Arthrotomy, Wrist Joint; With Biopsy 25101 Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of No	
Loose Or Foreign Body	
25105 Arthrotomy, Wrist Joint; With Synovectomy No	

Procedure Code	Description	Prior Auth Required
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
25112	Radical Excision Of Bursa, Synovia Of Wrist, Or Forearm Tendon Sheaths (eg, Tenosynovitis, Fungus,	No
25115	Tbc, Or Other Granulomas, Rheumatoid Arthritis); Flexors	
25116	Radical Excision Of Bursa, Synovia Of Wrist, Or Forearm Tendon Sheaths (eg, Tenosynovitis, Fungus,	No
23110		NO
	Tbc, Or Other Granulomas, Rheumatoid Arthritis); Extensors, With Or Without Transposition Of Dorsal	
25110	Retinaculum Supportanyu Extensor Tandan Shaath, Wrist, Single Compartments	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	No
25420	Radius And Olecranon Process); With Allograft	N -
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		No
23130	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) of Bone (eg, For Osteomyentis), onia	
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		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
25300	Tenodesis At Wrist, Extensors Of Fingers	No
25310	Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wrist, Single; Each Tendon	No
23310	rendon mansplantation of mansier, riexor of extensor, rolearni Anu/or wrist, single, each rendon	
25212	Tendon Transplantation Or Transfer, Flexor Or Extensor, Forearm And/Or Wrist, Single; With Tendon	No
25312	Graft(s) (Includes Obtaining Graft), Each Tendon	

Procedure Code	Description	Prior Auth Required
25316	Flexor Origin Slide (eg, For Cerebral Palsy, Volkmann Contracture), Forearm And/Or Wrist; With Tendon(s) Transfer	No
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 25446	Arthroplasty With Prosthetic Replacement; Trapezium Arthroplasty With Prosthetic Replacement; Distal Radius And Partial Or Entire Carpus (Total Wrist)	No No
25447	Arthroplasty, Interposition, Intercarpal Or Carpometacarpal Joints	No
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

Procedure Code	Description	Prior Auth Required
25526	Open Treatment Of Radial Shaft Fracture, Includes Internal Fixation, When Performed, And Open	No
	Treatment Of Distal Radioulnar Joint Dislocation (Galeazzi Fracture/Dislocation), Includes Internal	
	Fixation, When Performed, Includes Repair Of Triangular Fibro	
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
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 25830	Arthrodesis, Wrist; With Autograft (Includes Obtaining Graft) Arthrodesis, Distal Radioulnar Joint With Segmental Resection Of Ulna, With Or Without Bone Graft	No No
	(eg, Sauve-Kapandji Procedure)	
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 25920	Krukenberg Procedure Disarticulation Through Wrist;	No No
23320		110

Procedure Code	Description	Prior Auth Required
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		No
26034	Incision, Bone Cortex, Hand Or Finger (eg, Osteomyelitis Or Bone Abscess)	No
26035		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		No
	Joint	
26075	Arthrotomy, With Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Metacarpophalangeal Joint, Each	
26080	Arthrotomy, With Exploration, Drainage, Or Removal Of Loose Or Foreign Body; Interphalangeal Joint, Each	No
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		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		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	No
26210	Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle, Or Distal Phalanx Of Finger;	No
20210	LACISION OF CUTELLAGE OF DOME CYSE OF DEMIGN FUTTOR OF PTOXIMAL, MILUALE, OF DISEAL PHALADX OF PINGET;	

Procedure Code	Description	Prior Auth Required
26215	Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle, Or Distal Phalanx Of Finger;	No
	With Autograft (Includes Obtaining Graft)	
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
26340	Manipulation, Palmar Fascial Cord (Ie, Dupuytren's Cord), Post Enzyme Injection (eg, Collagenase),	No
20341	Single Cord	
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	No
	Land); Secondary With Free Graft (Includes Obtaining Graft), Each Tendon	
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);	No
20337	Secondary, Without Free Graft, Each Tendon	
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	No
26390	Free Graft, Each Tendon Excision Flexor Tendon, With Implantation Of Synthetic Rod For Delayed Tendon Graft, Hand Or Finger, Each Rod	No
26392	Removal Of Synthetic Rod And Insertion Of Flexor Tendon Graft, Hand Or Finger (Includes Obtaining Graft), Each Rod	No
26410		No
26412	Repair, Extensor Tendon, Hand, Primary Or Secondary; With Free Graft (Includes Obtaining Graft),	No
	Each Tendon	
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)	No
26426	Each Tendon Repair Of Extensor Tendon, Central Slip, Secondary (eg, Boutonniere Deformity); Using Local Tissue(s),	No
26428	Including Lateral Band(s), Each Finger Repair Of Extensor Tendon, Central Slip, Secondary (eg, Boutonniere Deformity); With Free Graft	No
26432	(Includes Obtaining Graft), Each Finger Closed Treatment Of Distal Extensor Tendon Insertion, With Or Without Percutaneous Pinning (eg,	No
26433	Mallet Finger) 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	No
26437	Obtaining Graft) 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		No
26455	Tenotomy, Flexor, Finger, Open, Each Tendon	No
26460		No

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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
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 Arthroidess, carponetacarpal Joint, Digit, Other Than Thumb, Each; No 26844 Arthroidess, Carponetacarpal Joint, Digit, Other Than Thumb, Each; No 26844 Arthroidess, Carponetacarpal Joint, Digit, Other Than Thumb, Each; No 26850 Arthroides, Metacarpophalangeal Joint, With Or Without Internal Fixation; No 26851 Arthroides, Metacarpophalangeal Joint, With Or Without Internal Fixation; No 26852 Arthroides, Interphalangeal Joint, With Or Without Internal Fixation; No 26851 Arthroides, Interphalangeal Joint, With Or Without Internal Fixation; No 26862 Arthroides, Interphalangeal Joint, With Or Without Internal Fixation; No 26863 Arthroides, Interphalangeal Joint, With Or Without Internal Fixation; No 26863 Arthroides, Interphalangeal Joint, With Or Without Internal Fixation; No 26863 Arthroides, Interphalangeal Joint, With Or Without Internal Fixation; No 26863 Arthroides, Interphalangeal Joint, With Or Without Internal Fixation; No 26863 Arthroides, Interphalangeal Joint, With Finger Or Thumb, Rey Angulation, Single, Intuluing No 26863 Arthroides, Metacarphalangeal Joint, With F	th Required
2684 Arthrodesis, Grapometacrapal.John, Digit, Other Than Thumb, Each; No 2684 Arthrodesis, Metacaropohalongsal.John, With Or Without Internal Fixation; No 26850 Arthrodesis, Metacaropohalongsal.John, With Or Without Internal Fixation; No 26850 Arthrodesis, Metacaropohalongsal.John, With Or Without Internal Fixation; No 26851 Arthrodesis, Interphalangsal.John, With Or Without Internal Fixation; No 26862 Arthrodesis, Interphalangsal.John, With Or Without Internal Fixation; No 26863 Arthrodesis, Interphalangsal.John, With Or Without Internal Fixation; No 26864 Arthrodesis, Interphalangsal.Joint, With Or Without Internal Fixation; No 26863 Arthrodesis, Interphalangsal.Joint, With Or Without Internal Fixation; No 26864 Arthrodesis, Interphalangsal.Joint, With Or Without Internal Fixation; No 26863 Arthrodesis, Interphalangsal.Joint, With Or Without Internal Fixation; No 26864 Arthrodesis, Interphalangsal.Joint, With Or Without Internal Fixation; No 26865 Arthrodesis, Interphalangsal.Joint, With Or Without Internal Fixation; No 26866 Arthrodesis, Interphalangsal.Joint, With Or Without	
26844 Arthrodesis, Carponetacarpal Joint, Digt, Other Than Thumb, Each, With Autograft (Includes Obtaining Graft) No 26850 Arthrodesis, Metacarpophalangeal Joint, With Or Without Internal Fixation; No 26851 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; No 26860 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; No 26861 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; No 26862 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional Joint, With For Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional Joint (List Separately in Addition To Code For Primary Proceedury) No 26910 Amputation, Finger Or Thumb, Pinger Or Thumb (Ray Amputation), Single, With Or Without Intercoscous Transfer No 26951 Amputation, Finger Or Thumb, Pinger Or Thumb (Ray Amputation), Single, Including Neurectomies; With Local Advancement Fings (V*, Hood) No 26952 Amputation, Finger Or Thumb, Pinger Or Heigh Assess Or Hematoma No 26959 Unlisted Procedure, Fands Or Finger No 26950 Incicion And Drainage, Pelvis Or Hig Joint (eg. Oxteamwellis Or Themat	
Dotaining Graft No 26850 Arthrodesis, Metacaropphalangeal Joint, With Or Without Internal Fisation; No 26851 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fisation; No 26861 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fisation; No 26861 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fisation; No 26862 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fisation; No 26863 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fisation; With Autograft (Includes No Obtaining Graft), Each Additional Joint (List Separately In Addition To Code For Primary Procedure) No 26863 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fisation; With Autograft (Includes Obtaining Graft), Each Additional Joint (List Separately In Addition To Code For Primary Procedure) No 26951 Amputation, Finger Or Thurub, Primary Or Secondary, Any Joint Or Phalans, Single, Including No 26952 Apputation, Finger Or Thurub, Primary Or Secondary, Any Joint Or Phalans, Single, Including No 26959 Unlisted Procedure, Joint Adorn Finger Or Thurub, Joint Age, Josen Mare, Jone Adorneses) No 26952 Apputation, Finger Or Thurub, Joint Age, Joaten Mare, Jone Mare, Jone Mare, Jone Mare, Joatene	
2650 Arthrodesis, Metacarpophalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft) No 2650 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft) No 2660 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft) No 2662 Obtaining Graft) No No 2663 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional Joint (List Separately In Addition To Code For Primary Porcedure) No 26861 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional Joint (List Separately In Addition To Code For Primary Porcedure) No 26910 Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalans, Single, Including Neurocomes, With Inter Closure No 26951 Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalans, Single, Including No 26960 Unisited Procedure, Hands Or Fingers Yes 26961 Unisited Procedure, Hesh Soft / Thip Joint Area, Deep Abscess / Hematona No 26960 Unisited Procedure, Hesh Soft / Thip Joint Area, Deep Abscess / Hematona No	
Ze852 Arthrodesis, Metacaropophalangeal Jont, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft) No Ze860 Anthrodesis, Interphalangeal Jont, With Or Without Internal Fixation; Each Additional Interphalangeal Joint (List Separately in Addition To Code For Primary Procedure) No Ze861 Anthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft) No Ze863 Anthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Lach Additional Joint (List Separately in Addition To Code For Primary Procedure) No Ze863 Anthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Or Without No Ze863 Anthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Lach Additional Joint (List Separately in Addition To Code For Primary Proceedure) No Ze910 Amputation, Finger Or Thunb, Primary Or Secondary, Any Joint Or Phalans, Single, Including Neurectomics; With Direct Cosure No Ze952 Amputation, Finger Philes Primary Or Secondary, Any Joint Or Phalans, Single, Including No No Ze953 Incision And Drainage, Pekis Or Hi Joint Area, Interdat Bursa No Ze954 Incision And Drainage, Pekis Or Hi Joint Area, Deep Abscess Or Hematona No Ze955<	
Obtaining Graft) No 26800 Arthrodesis, Interphangeal Joins, With Or Without Internal Fixation; No 26811 Arthrodesis, Interphangeal Joins, With Or Without Internal Fixation; Each Additional Interphalangeal No 26822 Orthrodesis, Interphangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft) No 26823 Arthrodesis, Interphangeal 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 Interoseous Transite No 26951 Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalans, Single, Including Nor No 26952 Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalans, Single, Including Nor No 26980 Unitisted Procedure, Haad SOF Fingers Yes 26990 Incision And Dranage, Pelvis Or Hip Joint Area; Deep Abscess Or Hematoma No 27000 Tenotomy, Adductors Or Hip Joint Area; Deep Abscess Or Hematoma No 27001 Tenotomy, Adductors Or Hip Joint Area; Deep Abscess Or Hematoma No 27002 Tenotomy, Adductors Or Hip, Deen Caparate Pro	
26860 Arthrodes, Interphalangeal Joint, With Or Without Internal Fixation; No 26861 Arthrodes, Interphalangeal Joint, With Or Without Internal Fixation; No 26862 Arthrodes, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional 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 Arthrodess, 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, Interphalangeal Joint, With Or Without Internal Fixation; With Or Without Interoseous Transfer No 26951 Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Induding Neurectomies; With Local Advancement Flags (V-; Hood) No 26959 Unlicted Procedure, Heads Of Fliggers No 26950 Incicion And Drainage, Pelvis Or Hj Joint Ares, Infected Bursa No 26951 Incicion And Drainage, Pelvis Or Hj Joint Ares, Infected Bursa No 26952 Incicion And Drainage, Pelvis Or Hj Joint Ares, Infected Bursa No 26951 Incicion And Drainage, Pelvis Or Hju Joint Ares, Infected Bursa No <	
26861 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; Each Additional Interphalangeal No 26862 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional Joint (List Separate) in Addition To Code For Primary Procedure) No 26863 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional Joint (List Separate) in Addition To Code For Primary Procedure) No 26910 Amputation, Metacarpal, With Finger Or Thumb (Ray Amputation), Single, With Or Without Interesseous 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 Filos; (V-Y, Hood) No 26959 Unlisted Procedure, Hands Or Hig Joint Ares, Deg Abscess Or Hematoma No 26969 Inclision And Drainage, Petrix Or Hig Joint Ares, Deg Abscess Or Hematoma No 26991 Inclusion Bone Cortex, Petrik And/Or This Joint (Eq. Osteomyeliti Or Bone Abscess) No 27003 Tenotomy, Adductor Of Hig, Percutaneous (Separate Procedure) No 27004 Tenotomy, Adductor Of Hig, Den N	
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, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectomies; With Direct Closure No 26951 Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectomies; With Local Advancement Fiaps (V-y. Hood) No 26952 Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectomies; With Local Advancement Fiaps (V-y. Hood) No 26959 Unlisted Procedure, Pends And (Pringers) Yes 26990 Incision And Drainage, Pelvis Or Hip Joint (2, Osteomyelitis Or Bone Abscess) No 27001 Tentorw, Adductor Of Hip, Denn No No 27003 Tentorw, Maductors, Subcutaneous, Open, With Obturator Neurectomy No 27004 Tentorw, Maductors, Subcutaneous, Open, With Obturator Neurectomy No 27005 Tenotorw, Hol Previstra Procedure) No	
26862 Arthrodesi, Interphalangeal Jont, With Or Without Internal Fixation; With Autograft (Includes Obtaining Graft), Each Additional Joint (List Separately in Addition To Code For Primary Procedure) 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, Induding Neurectomies; With Direct Obsure Neurectomies; With Direct Adsure Neurectomies; With Direct Adsure No No 26990 Unlisted Procedure, Hands Or Fingers Incision And Drainage, Pelvis Adrifty Phi Joint (Ag. Zhenyelbis Direct Adsure No No 27000 Tenotomy, Adductor Of Hig, Den Zhous No No 27001 Tenotomy, Adductor Of Hig, Den Zhous No No 27005 Tenotomy, Adductor, Subcuanneous, Open, With Obturator Neurectomy No 27025 Fascotomy, Kip Or Thigh, Ary Type No 27030 Te	
Obtaining Graft)	
26863 Arthrodesis, Interphalangeal Joint, With Or Without Internal Fixation; With Audgraft (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, Including Neurectonies; With Direct Closure No 26951 Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectonies; With Direct Closure No 26952 Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectonies; With Local Advancement Fings (V-Y, Hood) No 26989 Unlisted Procedure, Hands Or Fingers Yes 26990 Incision And Drainage, Pelvis Or Hip Joint Area; Infected Bursa No 26991 Incision, Bone Cortex, Pelvis And/Or Hip Joint Cleg, Osteomyelitis Or Bone Abscess) No 27000 Tenotomy, Adductor Of Hip, Dernataeous (Separate Procedure) No 27003 Tenotomy, Adductor, Subcutaneous, Open, With Obturator Neurectomy No 27005 Tenotomy, Adductor, Subcutaneous, Open, With Obturator Neurectomy No 27026 Fasciotomy, Hip Or Thigh, Amy Type No 27030 Arthrotomy, Hip, Induding Exploration Or Kenoval Of Loose Or Foreign Body No 27031 <td></td>	
Obtaining Graft), Each Additional Joint (List Separately in Addition To Code For Primary Procedure) 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 Local Advancement Flaps (V-Y, Hood) 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; Infected Bursa No 26991 Incision And Drainage, Pelvis Or Hip Joint Area; Infected Bursa No 27000 Tenotomy, Adductor Of Hip, Doren (Separate Procedure) No 27001 Tenotomy, Adductor Suburaneous, Open, With Obturator Neurectomy No 27005 Tenotomy, Hip Flexor(s), Open (Separate Procedure) No 27027 Decompression Faciotomy(IEs), Pelvic (Buttock) Compartment(s) (eg, Gluteus Medius-Minimus, Gluteus Maximus, Iliopsoas, And/Or Tensor Facia Lata Muscle), Unlisteral No 27033 Arthrotomy, Hu, With Drainage (eg, Infection) No 27036 Capsulectomy, Hip, Induding Exploration Or Enerov	
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27030Arthrotomy, Hip, With Drainage (eg, Infection)No27033Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign BodyNo27035Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator NervesNo27036Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic Bone, With Release Of Hip Flexor Muscles (le, Gluteus Medius, Gluteus Minimus, Tensor Fascia Latae, Rectus Femoris, Sartorius, Iliopsoas)No27040Biopsy, Soft Tissue Of Pelvis And Hip Area; SuperficialNo27041Biopsy, Soft Tissue Of Pelvis And Hip Area; SuperficialNo27043Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subclataneous; 3 Cm Or GreaterNo27047Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subclataneous; Less Than 3 CmNo27048Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subclataneous; Less Than 3 CmNo27049Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Pelvis And Hip Area, Subfascial (eg, Intramuscular); Less Than 5 CmYes27050Arthrotomy, With Biopsy; Sacroiliac JointNoNo27051Decompression Fasciotomy(Ies), Pelvic (Buttock) Compartment(s) (eg, Gluteus Medius-Minimus, Gluteus Maximus, Iliopsoas, And/Or Tensor Fascia Lata Muscle) With Debridement Of Nonviable Muscle, UnilateralNo27059Radical Resection Of Tumor (eg, Sarcoma), Soft Tissue Of Pelvis And Hip Area; Sec Gluteus Medius-Minimus, Gluteus Maximus, Iliopsoas, And/Or Tensor Fascia Lata Muscle) With Debridement Of Nonviable Muscle, UnilateralNo27052Arthrotomy With Synovectomy, H	
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27062 Excision; Trochanteric Bursa Or Calcification 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 No	
Femur; Superficial, Includes Autograft, When Performed	

Procedure Code	Description	Prior Auth Required
27066	Excision Of Bone Cyst Or Benign Tumor, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of	No
	Femur; Deep (Subfascial), Includes Autograft, When Performed	
27067	Excision Of Bone Cyst Or Benign Tumor, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of	No
	Femur; With Autograft Requiring Separate Incision	
27070	Partial Excision, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur, (Craterization,	No
	Saucerization) (eg, Osteomyelitis Or Bone Abscess); Superficial	
27071	Partial Excision, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur, (Craterization,	No
	Saucerization) (eg, Osteomyelitis Or Bone Abscess); Deep (Subfascial Or Intramuscular)	
27075	Dadical Descetion Of Tumory Wing Of Ilium, 1 Dubis Or Jashiel Demus Or Symphysis Dubis	No
27075	Radical Resection Of Tumor; Wing Of Ilium, 1 Pubic Or Ischial Ramus Or Symphysis Pubis Radical Resection Of Tumor; Ilium, Including Acetabulum, Both Pubic Rami, Or Ischium And	No
27070	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	No
	Without Insertion Of Spacer	
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)	No
	Including Arthrography When Performed	
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	Yes
	Or Without Autograft Or Allograft	
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	Yes
	Allograft	
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	No
	Graft)	
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	No
07470	Obtaining Graft)	
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	No
2,1,5	Procedure)	
L	procedure,	

Procedure Code	Description	Prior Auth Required
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,	No
	Femoral Neck And Proximal Femur	
27197	Closed Treatment Of Posterior Pelvic Ring Fracture(S), Dislocation(S), Diastasis Or Subluxation Of The	No
	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	
27198	Closed Treatment Of Posterior Pelvic Ring Fracture(S), Dislocation(S), Diastasis Or Subluxation Of The	No
	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	
27200	Closed Treatment Of Coccygeal Fracture	No
27202	Open Treatment Of Coccygeal Fracture	No
27215	Open Treatment Of Iliac Spine(s), Tuberosity Avulsion, Or Iliac Wing Fracture(s), Unilateral, For Pelvic	No
	Bone Fracture Patterns That Do Not Disrupt The Pelvic Ring, Includes Internal Fixation, When	
27246	Performed	N
27216	Percutaneous Skeletal Fixation Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture	No
	Patterns That Disrupt The Pelvic Ring, Unilateral (Includes Ipsilateral Ilium, Sacroiliac Joint And/Or	
27217	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	NO
	Symphysis And/Or Ipsilateral Superior/Inferior Rami)	
27218	Open Treatment Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns That	No
27210	Disrupt The Pelvic Ring, Unilateral, Includes Internal Fixation, When Performed (Includes Ipsilateral	NO
	Ilium, Sacroiliac Joint And/Or Sacrum)	
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	No
	Skeletal Traction	
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	No
	Fracture Running Transversely Across The Acetabulum, With Internal Fixation	
27228	Open Treatment Of Acetabular Fracture(S) Involving Anterior And Posterior (Two) Columns, Includes	No
	T-Fracture And Both Column Fracture With Complete Articular Detachment, Or Single Column Or	
	Transverse Fracture With Associated Acetabular Wall Fracture, Wit	
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	No
	Skeletal Traction	
27235	Percutaneous Skeletal Fixation Of Femoral Fracture, Proximal End, Neck	No
27236	Open Treatment Of Femoral Fracture, Proximal End, Neck, Internal Fixation Or Prosthetic	No
	Replacement	
27238	Closed Treatment Of Intertrochanteric, Peritrochanteric, Or Subtrochanteric Femoral Fracture;	No
	Without Manipulation	
27240	Closed Treatment Of Intertrochanteric, Peritrochanteric, Or Subtrochanteric Femoral Fracture; With	No
	Manipulation, With Or Without Skin Or Skeletal Traction	
27244	Treatment Of Intertrochanteric, Peritrochanteric, Or Subtrochanteric Femoral Fracture; With	No
27245	Plate/Screw Type Implant, With Or Without Cerclage	
27245	Treatment Of Intertrochanteric, Peritrochanteric, Or Subtrochanteric Femoral Fracture; With	No
27240	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, Without Anesthesia	No
27253	Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation	No
27254	Open Treatment Of Hip Dislocation, Traumatic, Without internal Hadion Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture,	No
	With Or Without Internal Or External Fixation	
27256	Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By	No
	Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation	
27257	Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By	No
	Abduction, Splint Or Traction; With Manipulation, Requiring Anesthesia	
27258	Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or	No

Procedure Code	Description	Prior Auth Required
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, With Image Guidance, Including Placement Of Intra- Articular Implant(S) (Eg, Bone Allograft[S], Synthetic Device[S]), Without Placement Of Transfixation Device	No
27279	Arthrodesis, Sacroiliac Joint, Percutaneous Or Minimally Invasive (Indirect Visualization), With Image Guidance, Includes Obtaining Bone Graft When Performed, And Placement Of Transfixing Device	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
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

Procedure Code	Description	Prior Auth Required
27360	Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Femur, Proximal Tibia And/Or	No
	Fibula (eg, Osteomyelitis Or Bone Abscess)	
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
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
27445	Arthroplasty, Knee, Hinge Prosthesis (eg, Walldius Type)	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 27465 27466 27468 27470 27472 27472 27475 27475 27477 27479 27485 27486 27488	Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus [Bowleg] Or Genu Valgus [Knock-Knee]); After Epiphyseal ClosureOsteoplasty, Femur; Shortening (Excluding 64876)Osteoplasty, Femur; LengtheningOsteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segment TransferRepair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (eg, Compression Technique)Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And FibulaArrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus)Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component	Yes No No No No No No No Yes
27466 27468 27470 27472 27475 27475 27475 27479 27485 27485 27486 27487	Osteoplasty, Femur; Shortening (Excluding 64876) Osteoplasty, Femur; Lengthening Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segment Transfer Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (eg, Compression Technique) Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No No No No No No
27466 27468 27470 27472 27475 27475 27475 27479 27485 27485 27486 27487	Osteoplasty, Femur; Shortening (Excluding 64876) Osteoplasty, Femur; Lengthening Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segment Transfer Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (eg, Compression Technique) Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No No No No No No
27466 27468 27470 27472 27475 27475 27475 27479 27485 27485 27486 27487	Osteoplasty, Femur; Lengthening Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segment Transfer Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (eg, Compression Technique) Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No No No No No
27468 27470 27472 27475 27475 27477 27479 27485 27485 27486 27487	Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segment Transfer Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (eg, Compression Technique) Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No No No No No
27472 27475 27475 27477 27479 27485 27485 27486 27487	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (eg, Compression Technique) Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No No No
27472 27475 27475 27477 27479 27485 27485 27486 27487	Technique) Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No No No
27475 27477 27479 27485 27486 27486 27487	Technique) Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No No
27475 27477 27479 27485 27486 27486 27487	Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No No
27475 27477 27479 27485 27486 27486 27487	Bone Graft (Includes Obtaining Graft) Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No
27477 27479 27485 27486 27487	Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Distal Femur Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No
27477 27479 27485 27486 27487	Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Tibia And Fibula, Proximal Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No No
27479 27485 27486 27487	Arrest, Epiphyseal, Any Method (eg, Epiphysiodesis); Combined Distal Femur, Proximal Tibia And Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No
27485 27486 27487	Fibula Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	No
27486 27487	Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (eg, Genu Varus Or Valgus) Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	
27486 27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	
27487		Yes
27487		103
	incuision of rotal knee Artinoplasty, with or without Allograft, remotal And Little ribla component	Voc
27488		105
27 100	Removal Of Prosthesis Including Total Knee Prosthesis Methylmothacrulate With Or Without	No
	Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee	
27495		No
27495	Prophylactic Treatment (Nailing, Pinning, Plating, Or Wiring) With Or Without Methylmethacrylate,	NO
27406	Femur	Ne
27496	Decompression Fasciotomy, Thigh And/Or Knee, 1 Compartment (Flexor Or Extensor Or Adductor);	No
27.427		••
27497	Decompression Fasciotomy, Thigh And/Or Knee, 1 Compartment (Flexor Or Extensor Or Adductor);	No
	With Debridement Of Nonviable Muscle And/Or Nerve	
27498	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments;	No
27499	Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of	No
	Nonviable Muscle And/Or Nerve	
27500	Closed Treatment Of Femoral Shaft Fracture, Without Manipulation	No
27501	Closed Treatment Of Supracondylar Or Transcondylar Femoral Fracture With Or Without	No
	Intercondylar Extension, Without Manipulation	
27502	Closed Treatment Of Femoral Shaft Fracture, With Manipulation, With Or Without Skin Or Skeletal	No
	Traction	
27503	Closed Treatment Of Supracondylar Or Transcondylar Femoral Fracture With Or Without	No
	Intercondylar Extension, With Manipulation, With Or Without Skin Or Skeletal Traction	
27506	Open Treatment Of Femoral Shaft Fracture, With Or Without External Fixation, With Insertion Of	No
	Intramedullary Implant, With Or Without Cerclage And/Or Locking Screws	
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	No
	Supracondylar Or Transcondylar, With Or Without Intercondylar Extension, Or Distal Femoral	
	Epiphyseal Separation	
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	No
	Extension, Includes Internal Fixation, When Performed	
27513	Open Treatment Of Femoral Supracondylar Or Transcondylar Fracture With Intercondylar Extension,	No
	Includes Internal Fixation, When Performed	
27514	Open Treatment Of Femoral Fracture, Distal End, Medial Or Lateral Condyle, Includes Internal	No
	Fixation, When Performed	
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	No
	Or Skeletal Traction	
27519	Open Treatment Of Distal Femoral Epiphyseal Separation, Includes Internal Fixation, When Performed	No
27520	Closed Treatment Of Patellar Fracture, Without Manipulation	No
27524		-
	And Soft Tissue Repair	
27530	Closed Treatment Of Tibial Fracture, Proximal (Plateau); Without Manipulation	No

Procedure Code	Description	Prior Auth Required
27532	Closed Treatment Of Tibial Fracture, Proximal (Plateau); With Or Without Manipulation, With Skeletal	
	Traction	
27535	Open Treatment Of Tibial Fracture, Proximal (Plateau); Unicondylar, Includes Internal Fixation, When	No
	Performed	
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	No
	Manipulation	
27540	Open Treatment Of Intercondylar Spine(s) And/Or Tuberosity Fracture(s) Of The Knee, Includes	No
	Internal Fixation, When Performed	
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	No
	Ligamentous Repair Or Augmentation/Reconstruction	
27557	Open Treatment Of Knee Dislocation, Includes Internal Fixation, When Performed; With Primary	No
27550	Ligamentous Repair	N
27558	Open Treatment Of Knee Dislocation, Includes Internal Fixation, When Performed; With Primary	No
27500	Ligamentous Repair, With Augmentation/Reconstruction	No
27560 27562	Closed Treatment Of Patellar Dislocation; Without Anesthesia	No
	Closed Treatment Of Patellar Dislocation; Requiring Anesthesia	-
27566 27570	Open Treatment Of Patellar Dislocation, With Or Without Partial Or Total Patellectomy Manipulation Of Knee Joint Under General Anesthesia (Includes Application Of Traction Or Other	No No
2/5/0	Fixation Devices)	INU
27580	Arthrodesis, Knee, Any Technique	No
27590	Amputation, Thigh, Through Femur, Any Level;	No
27591	Amputation, Thigh, Through Femur, Any Level, Amputation, Thigh, Through Femur, Any Level; Immediate Fitting Technique Including First Cast	No
27331	Amputation, migh, miougin entit, Any Level, inmediate ritting rechnique including rist 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	No
	Loose Or Foreign Body	
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 Curattage Of Pana Curt Or Panian Tumor, Tibia Or Fibula	No
27635	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula;	No
21031	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Autograft (Includes	
27638	Obtaining Graft) Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Allograft	No
27050	Texesion of curettage of bone cyst of benight runnor, fibia of Fibula, with Allograft	110

Procedure Code	Description	Prior Auth Required
27640	Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (eg, Osteomyelitis); Tibia	No
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
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,	No
	Tibia	

Procedure Code	Description	Prior Auth Required
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
27762		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		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

Procedure Code	Description	Prior Auth Required
27860	Manipulation Of Ankle Under General Anesthesia (Includes Application Of Traction Or Other Fixation	No
	Apparatus)	
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
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 28080	Synovectomy; Metatarsophalangeal Joint, Each	No No
28080	Excision, Interdigital (Morton) Neuroma, Single, Each	No
28086	Synovectomy, Tendon Sheath, Foot; Flexor	No
28090	Synovectomy, Tendon Sheath, Foot; Extensor Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (eg, Cyst Or	Yes
28092	Ganglion); Foot Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (eg, Cyst Or Ganglion): Toe(c), Each	Yes
28100	Ganglion); Toe(s), Each	No
28102	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other	No
28102	Autograft (Includes Obtaining Graft)	No
28103	Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Allograft	No

Procedure Code	Description	Prior Auth Required
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
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		

Procedure Code	Description	Prior Auth Required
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE	No
20205	FIRST METATARSOPHALANGEAL JOINT; WITHOUT IMPLANT	NO
28291	Hallux Rigidus Correction With Cheilectomy, Debridement And Capsular Release Of The First	No
20291	Metatarsophalangeal Joint; With Implant	NO
28292	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With	No
20252	Resection Of Proximal Phalanx Base, When Performed, Any Method	
28295	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With	No
20233	Proximal Metatarsal Osteotomy, Any Method	110
28296	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With Distal	Yes
20250	Metatarsal Osteotomy, Any Method	
28297	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With First	No
20237	Metatarsal And Medial Cuneiform Joint Arthrodesis, Any Method	110
28298	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With	No
20230	Proximal Phalanx Osteotomy, Any Method	
28299	Correction, Hallux Valgus With Bunionectomy, With Sesamoidectomy When Performed; With Double	No
20233	Osteotomy, Any Method	
28300	Osteotomy; Calcaneus (eg, Dwyer Or Chambers Type Procedure), With Or Without Internal Fixation	No
20300		
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)	No
	(eg, Fowler Type)	
28306	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First	Yes
20000	Metatarsal	
28307	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First	No
20007	Metatarsal With Autograft (Other Than First Toe)	
28308	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Other Than	Yes
	First Metatarsal, Each	
28309	Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Multiple	No
	(eg, Swanson Type Cavus Foot Procedure)	
28310	Osteotomy, Shortening, Angular Or Rotational Correction; Proximal Phalanx, First Toe (Separate	Yes
	Procedure)	
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,	Yes
	Fifth Toe, Curly Toes)	
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
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	No
	Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft)	
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
28455	Percutaneous Skeletal Fixation Of Tarsal Bone Fracture (Except Talus And Calcaneus), with Manpulation, Each	No
20750	Manipulation, Each	
28465	Open Treatment Of Tarsal Bone Fracture (Except Talus And Calcaneus), Includes Internal Fixation,	No
	When Performed, Each	
28470	Closed Treatment Of Metatarsal Fracture; Without Manipulation, Each	No

Procedure Code	Description	Prior Auth Required
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
28760	Arthrodesis, With Extensor Hallucis Longus Transfer To First Metatarsal Neck, Great Toe,	No
	Interphalangeal Joint (eg, Jones Type Procedure)	
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

Procedure Code	Description	Prior Auth Required
28890	Extracorporeal Shock Wave, High Energy, Performed By A Physician Or Other Qualified Health Care	Yes
	Professional, Requiring Anesthesia Other Than Local, Including Ultrasound Guidance, Involving The	
	Plantar Fascia	
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
29805		
29805	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy	No

Procedure Code	Description	Prior Auth Required
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
29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited, 1 Or 2 Discrete Structures (Eg, Humeral Bone,	No
	Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor	
	Complex, Labrum, Articular Capsule, Articular Side Of	
29823		No
	Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps	
	Anchor Complex, Labrum, Articular Capsule, Articular Si	
29824	Arthroscopy, Shoulder, Surgical; Distal Claviculectomy Including Distal Articular Surface (Mumford	No
	Procedure)	
29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, With Or Without	No
	Manipulation	
29826	Arthroscopy, Shoulder, Surgical; Decompression Of Subacromial Space With Partial Acromioplasty,	No
	With Coracoacromial Ligament (Ie, Arch) Release, When Performed (List Separately In Addition To	
	Code For Primary Procedure)	
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	No
	Debridement	
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	No
	Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy)	
29851	Arthroscopically Aided Treatment Of Intercondylar Spine(s) And/Or Tuberosity Fracture(s) Of The	No
	Knee, With Or Without Manipulation; With Internal Or External Fixation (Includes Arthroscopy)	
20055		
29855	Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Unicondylar, Includes Internal	NO
2005.0	Fixation, When Performed (Includes Arthroscopy)	Ne
29856	Arthroscopically Aided Treatment Of Tibial Fracture, Proximal (Plateau); Bicondylar, Includes Internal	No
29860	Fixation, When Performed (Includes Arthroscopy)	No
29860	Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure)	No
29862	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	No
29002	Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty),	NO
29863	Abrasion Arthroplasty, And/Or Resection Of Labrum Arthroscopy, Hip, Surgical; With Synovectomy	No
29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(s) (eg, Mosaicplasty) (Includes Harvesting Of	No
29800		NO
29867	The Autograft[s]) Arthroscopy, Knee, Surgical; Osteochondral Allograft (eg, Mosaicplasty)	No
29868		No
2,000	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral	
29870	Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	No
29870	Arthroscopy, Knee, Diagnostic, with Or Without Synovial Biopsy (Separate Procedure) Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage	No
29873	Arthroscopy, Knee, Surgical, For Infection, Lavage And Dramage	Yes
29873	Arthroscopy, Knee, Surgical, With Lateral Release Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (eg, Osteochondritis	No
23077	Dissecans Fragmentation, Chondral Fragmentation)	
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (eg, Plica Or Shelf Resection) (Separate Procedure)	No
23075	, an oscopy, mee, surgicul, synovectomy, chined (cg, rind of Shen Resection) (separate Protedule)	
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

Procedure Code	Description	Prior Auth Required
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or	No
	Multiple Drilling Or Microfracture	
29880	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving)	No
	Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate	
	Compartment(S), When Performed	
29881	Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving)	No
	Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate	
	Compartment(s), When Performed	
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	No
	Procedure)	
29885	Arthroscopy, Knee, Surgical; Drilling For Osteochondritis Dissecans With Bone Grafting, With Or	No
	Without Internal Fixation (Including Debridement Of Base Of Lesion)	
29886	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion	No
29887	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation	
25007		110
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	No
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction	No
25005		110
29891	Arthroscopy, Ankle, Surgical, Excision Of Osteochondral Defect Of Talus And/Or Tibia, Including	No
25051	Drilling Of The Defect	
29892	Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Talar Dome Fracture, Or	No
25052		NU
	Tibial Plafond Fracture, With Or Without Internal Fixation (Includes Arthroscopy)	
20002	Endocconic Diantor Escriptomy	No
29893 29894		
29894	Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Removal Of Loose Body Or	No
20005	Foreign Body	No
29895		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	No
20004	Ligament (Eg, Stener Lesion)	
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		No
29916	Arthroscopy, Hip, Surgical; With Labral Repair	No
29999	Unlisted Procedure, Arthroscopy	Yes
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
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	Yes
	And Calculated LdI-C) (CAD)	
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

Procedure Code	Description	Prior Auth Required
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

Procedure Code 30540		Prior Auth Required
		No
30545		No
3055F		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		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		No
3075F		No
3077F		No
3078F	Most Recent Diastolic Blood Pressure Less Than 80 Mm Hg (Htn, Ckd, Cad) (Dm)	No
3079F		No
30801		No
	Radiofrequency Ablation, Or Tissue Volume Reduction); Superficial	
30802		No
	Radiofrequency Ablation, Or Tissue Volume Reduction); Intramural (Ie, Submucosal)	
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		Yes
3085F		Yes
3088F		Yes
3089F		Yes
30901	Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery And/Or Packing) Any Method	No
30903		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		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		No
3093F		Yes
3095F	Central Dual-Energy X-Ray Absorptiometry (Dxa) Results Documented (Op) (Ibd)	Yes
3096F		Yes
30999		Yes
31000		No
31002		No
3100F		No
		No
3101		
3101 3102	Adult Care: Adult Day Care, Social - Hourly	No
		No No

Procedure Code	Description	Prior Auth Required
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
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
51255		

Procedure Code	Description	Prior Auth Required
31257	Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy; Total (Anterior And Posterior), Including	No
	Sphenoidotomy	
31259	Nasal/Sinus Endoscopy, Surgical With Ethmoidectomy; Total (Anterior And Posterior), Including	No
	Sphenoidotomy, With Removal Of Tissue From The Sphenoid Sinus	
31267	Nasal/Sinus Endoscopy, Surgical, With Maxillary Antrostomy; With Removal Of Tissue From Maxillary	No
	Sinus	
3126F	Esophageal Biopsy Report With A Statement About Dysplasia (Present, Absent, Or Indefinite, And If	Yes
	Present, Contains Appropriate Grading) (Path)	
31276	Nasal/Sinus Endoscopy, Surgical, With Frontal Sinus Exploration, Including Removal Of Tissue From	No
24207	Frontal Sinus, When Performed	
31287	Nasal/Sinus Endoscopy, Surgical, With Sphenoidotomy;	No
31288	Nasal/Sinus Endoscopy, Surgical, With Sphenoidotomy; With Removal Of Tissue From The Sphenoid	No
21200	Sinus	Ne
31290	Nasal/Sinus Endoscopy, Surgical, With Repair Of Cerebrospinal Fluid Leak; Ethmoid Region	No
31291 31292	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 Nasal/Sinus Endoscopy, Surgical, With Optic Nerve Decompression	No
31295	Nasal/sinus endoscopy, surgical, with optic verve becompression Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal	No
51255	or via canine fossa	
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
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 3140F	Arytenoidectomy Or Arytenoidopexy, External Approach	No
3140F 3141F	Upper Gastrointestinal Endoscopy Report Indicates Suspicion Of Barrett's Esophagus (Gerd)	Yes Yes
51416	Upper Gastrointestinal Endoscopy Report Indicates No Suspicion Of Barrett's Esophagus (Gerd)	Tes
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
	Laryngoscopy Direct, With Or Without Tracheoscopy; With Dilation, Initial	No
31528	וווומו ביינו איזנו איז	NO
31528 31529	Laryngoscopy Direct, With Or Without Tracheoscopy; With Dilation, Initian	No

Procedure Code	Description	Prior Auth Required
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
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 Erythropoletin 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	Tracheostonia kevision, complex, with hap kotation Tracheobronchoscopy Through Established Tracheostomy Incision	No
31622	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With	No
	Cell Washing, When Performed (Separate Procedure)	

Procedure Code	Description	Prior Auth Required
31623	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Brushing Or Protected Brushings	
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		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
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

	Description	Prior Auth Required
Procedure Code 31652	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With	No
	Endobronchial Ultrasound (Ebus) Guided Transtracheal And/Or Transbronchial Sampling (Eg,	
	Aspiration[S]/Biopsy[Ies]), One Or Two Mediastinal And/Or Hilar Lymph Node Stat	
31653	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With	No
	Endobronchial Ultrasound (Ebus) Guided Transtracheal And/Or Transbronchial Sampling (Eg,	
	Aspiration[S]/Biopsy[Ies]), 3 Or More Mediastinal And/Or Hilar Lymph Node Stati	
31654	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With	No
	Transendoscopic Endobronchial Ultrasound (Ebus) During Bronchoscopic Diagnostic Or Therapeutic	
	Intervention(S) For Peripheral Lesion(S) (List Separately In Addition To	
31660	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Bronchial	Yes
	Thermoplasty, 1 Lobe	
31661	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Bronchial	Yes
	Thermoplasty, 2 Or More Lobes	
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	No
21750	Oxygen Therapy	No
31750	Tracheoplasty; Cervical	
31755	Tracheoplasty; Tracheopharyngeal Fistulization, Each Stage	No
31760 31766	Tracheoplasty; Intrathoracic Carinal Reconstruction	No No
31770		No
31775	Bronchoplasty; Graft Repair Bronchoplasty; Excision Stenosis And Anastomosis	No
31780	Excision Tracheal Stenosis And Anastomosis; Cervical	No
31781		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 Of 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(les) Of Lung Infiltrate(s) (eg, Wedge, Incisional), Unilateral	No
32097	Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(s) Or Mass(Es) (eg, Wedge, Incisional),	No
	Unilateral	
32098	Thoracotomy, With Biopsy(les) 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		Yes
	Treatment For Hepatitis C (Hep-C)	
32200	Pneumonostomy, With Open Drainage Of Abscess Or Cyst	No
3220F	Hepatitis C Quantitative RNa Testing Documented As Performed At 12 Weeks From Initiation Of	Yes
32215	Antiviral Treatment (Hep-C) Pleural Scarification For Repeat Pneumothorax	No

Procedure Code	Description	Prior Auth Required
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
		-

Procedure Code	Description	Prior Auth Required
32607	Thoracoscopy; With Diagnostic Biopsy(les) Of Lung Infiltrate(s) (eg, Wedge, Incisional), Unilateral	No
32608	Thoracoscopy; With Diagnostic Biopsy(les) Of Lung Nodule(s) Or Mass(Es) (eg, Wedge, Incisional), Unilateral	No
32609	Thoracoscopy; With Biopsy(les) 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
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		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)	-
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)	Yes
32701		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/DI (Ckd, Esrd)	Yes
32800	Repair Lung Hernia Through Chest Wall	No

Procedure Code	Description	Prior Auth Required
3280F	Hemoglobin Level 11 G/DI To 12.9 G/DI (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/DI (Ckd, Esrd)	Yes
32820	Major Reconstruction, Chest Wall (Posttraumatic)	No
3284F	Intraocular Pressure (lop) 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
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		No
32997	Total Lung Lavage (Unilateral)	Yes
32998		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
		No
33050	Resection of Pericarula Cyst of Tullion	
	Resection Of Pericardial Cyst Or Tumor Excision Of Intracardiac Tumor, Resection With Cardiopulmonary Bypass	No
33050	Excision Of Intracardiac Tumor, Resection With Cardiopulmonary Bypass	

Procedure Code	Description	Prior Auth Required
33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The Time Of Other Open	Yes
	Cardiac Procedure(s) (List Separately In Addition To Code For Primary Procedure)	
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	Yes
	The Initiation Of Chemotherapy (Onc)	
3318F	Pathology Report Confirming Malignancy Documented In The Medical Record And Reviewed Prior To	Yes
	The Initiation Of Radiation Therapy (Onc)	
3319F	1 Of The Following Diagnostic Imaging Studies Ordered: Chest X-Ray, Ct, Ultrasound, MRI, Pet, Or	Yes
	Nuclear Medicine Scans (MI)	
33202	Insertion Of Epicardial Electrode(s); Open Incision (eg, Thoracotomy, Median Sternotomy, Subxiphoid	No
	Approach)	
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);	No
	Ventricular	
33208	Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(s); Atrial	No
22225	And Ventricular	
3320F	None Of The Following Diagnostic Imaging Studies Ordered: Chest X-Ray, Ct, Ultrasound, MRI, Pet, Or	Yes
22240	Nuclear Medicine Scans (MI)	NL -
33210	Insertion Or Replacement Of Temporary Transvenous Single Chamber Cardiac Electrode Or	No
22244	Pacemaker Catheter (Separate Procedure)	
33211	Insertion Or Replacement Of Temporary Transvenous Dual Chamber Pacing Electrodes (Separate	No
22242	Procedure)	NL -
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	No
	System (Includes Removal Of Previously Placed Pulse Generator, Testing Of Existing Lead, Insertion Of New Lead, Insertion Of New Pulse Generator)	
33215	Repositioning Of Previously Implanted Transvenous Pacemaker Or Implantable Defibrillator (Right	No
55215	Atrial Or Right Ventricular) Electrode	NO
33216	Insertion Of A Single Transvenous Electrode, Permanent Pacemaker Or Implantable Defibrillator	No
55210		
33217	Insertion Of 2 Transvenous Electrodes, Permanent Pacemaker Or Implantable Defibrillator	No
33218	Repair Of Single Transvenous Electrode, Permanent Pacemaker Or Implantable Defibrillator	No
3321F	Ajcc Cancer Stage 0 Or la Melanoma, Documented (MI)	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	No
	To Previously Placed Pacemaker Or Implantable Defibrillator Pulse Generator (Including Revision Of	
	Pocket, Removal, Insertion, And/Or Replacement Of Existin	
33225	Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of	No
	Insertion Of Implantable Defibrillator Or Pacemaker Pulse Generator (Eg, For Upgrade To Dual	
	Chamber System) (List Separately In Addition To Code For Primary Pro	
33226	Repositioning Of Previously Implanted Cardiac Venous System (Left Ventricular) Electrode (Including	No
	Removal, Insertion And/Or Replacement Of Existing Generator)	
33227	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse	No
	Generator; Single Lead System	
33228	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse	No
22222	Generator; Dual Lead System	
33229	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse	No
22225	Generator; Multiple Lead System	Vec
3322F	Melanoma Greater Than Ajcc Stage 0 Or Ia (MI)	Yes
33230	Insertion Of Implantable Defibrillator Pulse Generator Only; With Existing Dual Leads	No
33231 33233	Insertion Of Implantable Defibrillator Pulse Generator Only; With Existing Multiple Leads	No
33233	Removal Of Permanent Pacemaker Pulse Generator Only Removal Of Transvenous Pacemaker Electrode(s): Single Lead System, Atrial Or Ventricular	No
33235	Removal Of Transvenous Pacemaker Electrode(s); Single Lead System, Atrial Or Ventricular Removal Of Transvenous Pacemaker Electrode(s); Dual Lead System	No
55255	Inclinutal OF mansventuus Facemaker Electroue(s), Duar Leau System	110

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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
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

33867 Transcatheter Acre: Valve Replacement (Trav/Tau) Vith Prosthetic Valve; Cardiopulmonary Bypass Support Vith Percursonaeue Peripheral Arterial Advensus Camulation (e.g. Fenoral Vesseld) (Latt Separately in Addition 1C Code For Primary Procedure) No 33368 Transcatheter Acre: Valve Replacement (Tav/Tau) Vith Prosthetic Valve; Cardiopulmonary Bypass Support Vith Open Ferbuler Acterial Advensus Camulation (e.g. Acrian, Byth Atrum, Pulmonary Bypass Support Vith Open Ferbuler) Acterial Advensus Camulation (f.g. Acrian, Byth Atrum, Pulmonary Bypass Support Vith Central Arterial Advensus Camulation (f.g. Acrian, Byth Atrum, Pulmonary Bypass Support Vith Central Arterial Advensus Camulation (f.g. Acrian, Byth Atrum, Pulmonary Bypass Support Vith Central Arterial Advensus Camulation (f.g. Acrian, Byth Atrum, Pulmonary Bypas) No 33370 Transcatheter Pacement Advensus Camulation (f.g. Acrian, Byth Atrum, Pulmonary Bypas) No 33391 Transcatheter Pacement Advensus Camulation (f.g. Acrian, Byth Atrum, Pulmonary Bypas) No 33392 Valvulopiaty, Acrit Valve, Open, With Cardiopulmonary Pypass, Simple IE, Valvutomy, Debridement, Debulking, And/O Simple Commonary Pypass, Simple IE, Valvutomy, No No 33394 Valvulopiaty, Acrit Valve, Open, With Cardiopulmonary Pypass, Simple IE, Valvutomy, No No 33404 Construction Of Apiel Acrit Conduit No No 33405 Replacement, Acrit Valve, Open, With Cardiopulmonary Pypass, With ALLOGRAFT VALVE, No No 33414 <th>Procedure Code</th> <th>Description</th> <th>Prior Auth Required</th>	Procedure Code	Description	Prior Auth Required
Support With Perculanceup Perpletal Arterial And Yenous Camulation (eg. Fermoral Vessels) (List Separately in Addition To Code For Primary Procedure) No 33358 Transcatheter Aortic Velve Replecement (Tevr/Tavi) With Prosthetic Valve; Cardiopulmonary Bypass Support With Come Peripheral Arterial And Yenous Camulation (Eg. Fermoral, Iliac, Axillary Vessels) (List Separately in Addition To Code For Primary Procedure) No 33369 Transcatheter Aortic Valve Replecement (Tevr/Tavi) With Prosthetic Valve; Cardiopulmonary Bypass Support With Central Arterial And Yenous Camulation (Eg. Aorta, Right Afrium, Pulmonary Artery) (List Separately in Addition To Code For Primary Procedure) No 33370 International Code Soft Primary Procedure) No 3391 Valvelopity, Antric Valve, One, With Cardiopulmonary Psysoss Simple (By Moletony, Percutanceus (List Separately in Addition To Code For Primary Pri Valvelopity, Antric Valve, One, With Cardiopulmonary Psysos, Simple (By Moletony, Percutanceus (List Separately in Addition To State (List Note) No 33401 Construction Of Apical-Actic Conduit No No 33404 Construction Of Apical-Actic Conduit No No 33405 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY MPASS, WITH PROSTHELI VALVE (REPLANAN) No 33404 Commercian Code Soft Primary Pri Separately in Addition To State (List Note) No 33405 REPLACEMENT, AORTIC VALVE, OPEN,	33367		
Separately in Addition To Code For Primary Procedure) No 33388 Support Wth Open Peripheral Arterial Add Venos Canual Soute (E-Fornard, Iliar, Avillary Vessell) (LII Separately in Addition To Code For Primary Procedure) No 33389 Transcatheter Antric Valve Replacement (Tev/Tavi) Wth Prosthetic Valve; Cardiopulmonary Bysos Support Wth Central Arterial Add venos Canual Soute, E-Fornard, Iliar, Avillary Vessell) No 33390 Transcatheter Datement And Subsequent Removal Of Carebral Embolic Protection Device(S), Incideding Arterial Access, Catebraration, Imaging, And Radiological Supervision And Interpretation, Percutaneous (LII Separately in Addition To Code For Primary Pro- Sautos) No 33391 Cauley Separately in Addition To Code For Primary Pro- Columbra, Antric Valve, Core, Wth Carebra Hennoscian Resuspension) No 33391 Cauley Separately in Addition To Code For Primary Pro- Sautos No 33391 Cauley Separately in Addition To Code For Primary Pro- Sautos No 33391 Cauley Separately in Addition To Code For Primary Pro- Sautos No 33403 Explore Caulary, Antric Valve, Core, Wth Carebra Caulary Pro- Sautos No 33404 Explore Caulary, Antric Valve, Core, Wth Carebra Caulary Pro- Sautos No 33405 Effection Di Code For Primary Pro- Councerted (Red) No 33406			
Sasses Transcatheter Aortic Valve Replacement (Tav/Tav) With Prosthetic Valve; Cardiopulmonary Sypass Support With Open Peripheral Anterial And Venous Cannulation (Eg. Femoral, Iliac, Axillary Vesseli) (Ual Separatoly in Addition To Code for Primary Procedure) No 33369 Transcatheter Aortic Valve Replacement (Tav/Tav) With Prosthetic Valve; Cardiopulmonary Sypass Support With Cartal Arterial And Venous Cannulation (Eg. Aorta, Right Atrium, Pulmonary Artery) (Ual Separatoly in Addition To Code for Primary Procedure) No 33370 Transcatheter Adrice Valve Replacement (Tav/Tav) With Prosthetic Valve; Cardiopulmonary Marky (Ual Separatoly in Addition To Code for Primary Procedure) No 33370 Transcatheter Acress, Catheterization, Imagin, And Radiological Sepervision And Interpretation, Percitament, Debular, Add/O' Simple Commissual Resuspension No 33384 Construction Of Algoid Adrif Conduit No 33404 Construction Of Algoid Adrif Conduit No 33405 REPACENET, AORT: Walve, OPEN, With CARD/PULMONARY BYPASS; With PROSTHETIC VALVE No No 33406 REPACENET, AORT: Walve, OPEN, With CARD/PULMONARY BYPASS; With ALDGRAFT VALVE No No 33411 Replacement, Aortic Valve, OPEN, With CARD/PULMONARY BYPASS; With STENTESS TISSUE No No 33413 Replacement, Aortic Valve, With Marrie CARD/PULMONARY BYPASS; With ALDGRAFT VALVE No No 33414			
Support With Open Peripheral Anterial And Yenous Cannulation (Eg. Fernoral, Ilac, Axillary Vesseb) International Control of Code For Primary Procedure 33399 Transcatheter Antri Valve Replacement (Tav/Tav) With Prosthetic Valve, Cardiopulmonary Stypass No 33390 Transcatheter Antri Valve Replacement (Tav/Tav) With Prosthetic Valve, Cardiopulmonary Stypass, Simple (Eg. Valvetary) Yes 33370 Transcatheter Proceement And Subsequent Removal Of Certifial Embolic Protection Device(S), Including Arterial Access, Catheterization, Imaging, And Radiological Supervision And Interpretation, Percutaneous (ILI Soparately in Addition To Code For Primary Proceeding) No 33391 Valvaioplasty, Antrix Valve, Open, With Cardiopulmonary Stypass; Simple (Eg. Valvetary), Dechidement, Dechuling, Antris (Alve, Open, With Cardiopulmonary Stypass; Simple (Eg. Valvetary), No No 33404 Construction of Apical-Antric Canduit No No 33405 REPLACEMENT, AORT VALVE, OPEN, WITH CARDIOPULMONARY StyPASS; WITH PLOSTHETH: CVALVE No 33406 REPLACEMENT, AORT VALVE, OPEN, WITH CARDIOPULMONARY StyPASS; WITH ALLOGRAFT VALVE No 33407 Replacement, Antrix Valve, With Antric Annulus Enlargement, Konno Procedure) No 33408 Replacement, Antrix Valve, With Antric Annulus Enlargement (Nonno Procedure) No 33411 Replacement, Antrix Valve, With Antr			
IList Separately In Addition To Code For Primary Procedure Image: Comparison of the image in th	33368	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Cardiopulmonary Bypass	No
assesses No 33369 Transcatheter Aertic Valve Replacement (Taw/Taw) With Prosthetic Valve; Cardiopulmonary Bypass Support With Central Arterial and Venous Canvuistion (<i>g., Aorta, Right Atrium, Pulmonary Artery)</i> (Uist Separately in Addition To Code For Primary Procedure) Yes 33370 Transcatheter Placement And Subsequent Removal Of Central Embolic Protection Device(S), Including Arterial Access, Catheterization, Imaging, And Radiological Supervision And Interpretation, Percutaneous (Uist Separately in Addition To Code For Primary Pr No 33391 Valvuloplasty, Aortic Valve, Open, With Cardiopulmonary Bypass; Simple (eg., Valvutomy, Debridgement, Debuling, Add)(7: Simple Code For Primary Pr No 33491 Valvuloplasty, Aortic Valve, Open, With Cardiopulmonary Bypas; Complex (eg., Leaflet Estension, Leaflet Reconstruction Of Apola-Aortic Conduit No 33405 Canstruction of Apola-Aortic Conduit No 33406 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPAS; WITH ALLOGRAFT VALVE No 33407 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPAS; WITH ALLOGRAFT VALVE No 33408 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPAS; WITH STENTESS TISSUE Valva No 33410 REPLACEMENT, AORTIC VALVE, DEN, WITH CARDIOPULMONARY BYPAS; WITH STENTESS TISSUE Valva No 33413 Replacement, Aortic Valve, WPT Transventricular		Support With Open Peripheral Arterial And Venous Cannulation (Eg, Femoral, Iliac, Axillary Vessels)	
Support With Central Arterial And Venous Camulation (Eg. Aarta, Rijht Atrium, Pulmonary Artery) Itility and the construction To Code For Primary Proceedure) 33370 Transcatheter Placement And Subsequent Removal Of Cerebral Embolic Protection Device(5), Including Arterial Access, Catheter tration, Imaging, And Radiological Supervision And Interpretation, Percuraneous (Ist Separately In Addition To Code for Primary Pr. No 33390 Vabulopisty, Aortic Valve, Open, With Cardiopulmonary Bryass; Simple (Ie, Valvetomy, Devinement, Andre Separately In Addition, Or Analugastry) No 33401 Vabulopisty, Aortic Valve, Open, With Cardiopulmonary Bryass; Simple (Ie, Valvetomy, Devinement, Andre Separately In Addition, Or Analugastry) No 33403 REPLECHENT, AORTIC VALVE, OPEN, WITH CARDOPULMONARY BYPASS; WITH ALLOGRAFT VALVE No 33404 Construction Of AgicEL-Aortic Conduit No 33405 REPLECHENT, AORTIC VALVE, OPEN, WITH CARDOPULMONARY BYPASS; WITH ALLOGRAFT VALVE No 33406 REPLECHENT, AORTIC VALVE, OPEN, WITH CARDOPULMONARY BYPASS; WITH STENTLESS TISSUE No 33410 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDOPULMONARY BYPASS; WITH STENTLESS TISSUE No 33413 Replacement, Aortic ValvE, WITH Araris Annulus Enlargement, Konnor Procedure) No 33414 Replacement, Aortic ValvE, WITH Araris Annulus Enlargement Of The Outflow Tract.		(List Separately In Addition To Code For Primary Procedure	
Support With Central Arterial And Venous Camulation (Eg. Aarta, Rijht Atrium, Pulmonary Artery) Itility and the construction To Code For Primary Proceedure) 33370 Transcatheter Placement And Subsequent Removal Of Cerebral Embolic Protection Device(5), Including Arterial Access, Catheter tration, Imaging, And Radiological Supervision And Interpretation, Percuraneous (Ist Separately In Addition To Code for Primary Pr. No 33390 Vabulopisty, Aortic Valve, Open, With Cardiopulmonary Bryass; Simple (Ie, Valvetomy, Devinement, Andre Separately In Addition, Or Analugastry) No 33401 Vabulopisty, Aortic Valve, Open, With Cardiopulmonary Bryass; Simple (Ie, Valvetomy, Devinement, Andre Separately In Addition, Or Analugastry) No 33403 REPLECHENT, AORTIC VALVE, OPEN, WITH CARDOPULMONARY BYPASS; WITH ALLOGRAFT VALVE No 33404 Construction Of AgicEL-Aortic Conduit No 33405 REPLECHENT, AORTIC VALVE, OPEN, WITH CARDOPULMONARY BYPASS; WITH ALLOGRAFT VALVE No 33406 REPLECHENT, AORTIC VALVE, OPEN, WITH CARDOPULMONARY BYPASS; WITH STENTLESS TISSUE No 33410 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDOPULMONARY BYPASS; WITH STENTLESS TISSUE No 33413 Replacement, Aortic ValvE, WITH Araris Annulus Enlargement, Konnor Procedure) No 33414 Replacement, Aortic ValvE, WITH Araris Annulus Enlargement Of The Outflow Tract.			
(Lisi Separately In Addition To Code For Primary Procedure)	33369		No
Same Transcatheter Placement And Subsequent Removal Of Carebral Embolic Protection Device(S), Including Arterial Access, Catheterization, Imaging, And Radiological Supervision And Interpretation, Percutaneous (BIS Separately In Addition To Code For Planmary Pr No 3390 Vakuloplasty, Aortic Valke, Open, With Cardiopulmonary Bypass; Simple (Ie, Valkotomy, Devicement, Debuking, And/O: Simple, Commisural Resuppension) No 3391 Vakuloplasty, Aortic Valke, Open, With Cardiopulmonary Bypass; Complex (eg. Leaflet Extension, Leaflet Resociation, Carliet Reconstruction, Or Annuloplasty) No 33404 Construction of Agrical Anteric Conduct OTHE THAIN MONGART OR STINLES VALVE No 33405 REFACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE No No 33406 REFACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE No No 33407 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 33412 Replacement, Aortic Valve; With Transcituction Antic Annulus Enlargement, Nencoroary Sinus No 33413 Replacement, Aortic Valve; With Transcituction Antic Annulus Enlargement (Conno Procedure) No 33414 Replacement, Aortic Valve; With T			
Including Arrerial Access, Catheterization, Imaging, And Radiological Supervision And Interpretation, Perviatnances, Litt Separately, In Addinio To Code For Primary Pr Debridment, Debuking, And/CF Simple Commissural Resugencian) No 33391 Valvioplasty, Aortic Valve, Open, With Cardiopulmonary Bypass; Complex (eg. Leaflet Extension, Leaflet Resection, Leaflet Resonance), Or Annuloplasty) No 33404 Construction of Apical Acrite Conduit No 33405 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE No No 33406 Construction of Apical Acrite Conduit No 33407 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE No No 33408 Construction (Leaflet Researcing) Yets No 33409 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTESS TISSUE No No 33410 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTESS 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 Aurulospous Pulmonary Valve With Allograft Replacement of Fulmonary Valve		(List Separately In Addition To Code For Primary Procedure)	
Including Arrerial Access, Catheterization, Imaging, And Radiological Supervision And Interpretation, Perviatnances, Litt Separately, In Addinio To Code For Primary Pr Debridment, Debuking, And/CF Simple Commissural Resugencian) No 33391 Valvioplasty, Aortic Valve, Open, With Cardiopulmonary Bypass; Complex (eg. Leaflet Extension, Leaflet Resection, Leaflet Resonance), Or Annuloplasty) No 33404 Construction of Apical Acrite Conduit No 33405 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE No No 33406 Construction of Apical Acrite Conduit No 33407 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE No No 33408 Construction (Leaflet Researcing) Yets No 33409 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTESS TISSUE No No 33410 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTESS 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 Aurulospous Pulmonary Valve With Allograft Replacement of Fulmonary Valve			
Percutaneous (List Separately in Addition To Code For Primary Pr	33370		Yes
33390 Valvuloplasty, Aortic Valve, Den, With Cardiopulmonary Bypass; Simple (le, Valvotomy, Debrdement, Debudine, and/of Simple Commissural Resugencian) No 33391 Valvuloplasty, Aortic Valve, Open, With Cardiopulmonary Bypass; Complex (leg, Leaflet Extension, Leaflet Resection, Leaflet Reconstruction, Or Annuloplasty) No 33404 Construction of Apical-Aortic Conduct OTHER THAN HOMOGRAFT OR STEPHTESS VALVE No 33405 REPLACEMENT, ADRIC VALVE, DEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STEPHTESS VALVE No 33406 REPLACEMENT, ADRIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHAND) No 33407 Marmogram Assessment Category Of "Incomplete: Need Additional Imaging Evaluation" Documented (Rad) Yes 33411 Replacement, Aortic VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE No 33412 Replacement, Aortic ValVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE No 33413 Replacement, Aortic ValVE, With Aortic Annulus Enlargement, Noncoronary Sinus No 33414 Replacement, Aortic ValVE, By Translocation Of Autologous Pulmonary Valve With Allograft No 33415 Resection Of Ludvalvalur Tissue For Discrete SubvalvaluAr Aortic Stenosis No 33416 Ventrolamytot			
Debridement, Debuking, And/Cr Simple Commissural Resignents) Mo 33391 Leaflet Resection, Leaflet Reconstruction, Or Annuloplasty) No 33401 Construction Of Apical Aortic Conduit No 33403 Construction Of Apical Aortic Conduit No 33404 Construction Of Apical Aortic Conduit No 33405 REPLACEMENT, AORTIC VAIVE, OPEN, WITH CARDIOPULMONARY BYPASS, WITH PROSTHETIC VAIVE No 33406 REPLACEMENT, AORTIC VAIVE, OPEN, WITH CARDIOPULMONARY BYPASS, WITH ALLOGRAFT VAIVE No 33407 Mammogram Assessment Category Of "Incomplete: Need Additional Imaging Evaluation" Yes 33408 Replacement, Aortic Vaive, DEN, WITH CARDIOPULMONARY BYPASS, WITH STENTLESS TISSUE No 33411 Replacement, Aortic Vaive, With Arotic Annulus Enlargement, Noncoronary Sinus No 33412 Replacement, Aortic Vaive, By Translocation Of Autologous Pulmonary Vaive With Allograft No 33413 Replacement, Aortic Vaive, By Translocation Of Autologous Pulmonary Vaive With Allograft No 33414 Replacement, Aortic Vaive, By Translocation Of Autologous Pulmonary Vaive With Allograft No 33415 Resection Or inclision Of Subvalvalar Tissue Eor Discrete Subvalvalar Aortic Stenos	22200		No
3391 Valuation of Aprice Valve, Open, With Cardiopulmonary Spass; 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 ALLOGRAFT VALVE OTHER HIAH NONCGAFT OR STRUCTSS VALVE (REEHAND) No 33406 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (REEHAND) No 33407 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, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE No 33412 Replacement, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE No 33413 Replacement, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE No 33414 Replacement, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE No 33415 Replacement, AORTIC VALVE, WITH TORNERVICIAR AORTIC ANAVER No 33416 Ventricular Valve, Bays Translocation Of Autologous Pulmonary Valve With Allograft No	33390		INO
Leaflet Resection, Leaflet Reconstruction, Or Annuloplasty) No 33404 Construction Of Apical Acric 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 (REEHAND) No 33407 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 Artic Annulus Enlargement, Noncoronary Sinus No 33412 Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft No 33413 Replacement, Aortic Valve; By Translocation OF Autologous Pulmonary Valve With Allograft No 33414 Replacement, Aortic Valve; With Artic Obstruction By Patch Enlargement Of The Outflow Tract No 33415 Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic Stenosis No 33417 Aortolpsbty (Gusset) For Supravuluar Stenosis No 33418 Tran	22201		No
33404 Construction Of Aprice-April: Conduit No 33405 REPLACEMENT, ARCITE CANL, CEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE No 33406 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (REEHAND) No 33407 Mammogram Assessment Category Of "Incomplete: Need Additional Imaging Evaluation" Documented (Rad) Yes 33411 Replacement, Aortic Valve, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE No 33412 Replacement, Aortic Valve; With Antric Annulus Enlargement, Noncoronary Sinus No 33413 Replacement, Aortic Valve; WITH Transventricular Aortic Annulus Enlargement (Konno Procedure) No 33414 Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft Replacement Of Pulmonary Valve (Res Procedure) 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 Hypertrophyl) No 33418 Transcatheter Mitral Valve Repair, Percutaneous Approach, Including Transseptal Puncture When Performed; Additional Prosthesis[C) During Same Session (List Separatel) In Addition To Code For Primary Procedure) No	55551		NO
33405 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH AROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE No 33406 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHAND) No 33407 Mammogram Assessment Category Of "Incomplete: Need Additional Imaging Evaluation" Documented (Rad) Yes 33410 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE No No 33411 Replacement, Aortic Valve; With Aortic Annulus Enlargement, Noncoronary Sinus No No 33412 Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement (Konno Procedure) No 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 No 33415 Resection Or Incision Of Subvalvalar Tissue for Discrete Subvalvalvalar Stenosis (Mo No 33417 Aortoplasty (Guess) For Supravalvalar Stenosis No 33418 Transcatheter Mitral Valve Repair, Percutaneous Approach, Including Transseptal Puncture When Performed; Antiliar Porsthesis (ED) During Same Session (List Separately In Addition To Code For Primary Procedure) No	33/0/		No
OTHER THAN HOMOGRAFT OR STENTLESS VALVE Image: constraint of the step of t			-
33406 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHADD) No 33407 Mammogram Assessment Category Of "Incomplete: Need Additional Imaging Evaluation" Documented (Rad) Yes 33410 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE No No 33411 Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement, Noncoronary Sinus No 33412 Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft No 33413 Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft No 33414 Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft No 33415 Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic Stenosis No 33416 Ventriculary outperforsphic Subaortic Stenosis (sg., asymmetric Septal Hypertrophy) No 33419 Transchetter 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 33420 Valvotory, Mitral Valve, Weth Cardiopulmonary Bypass; No	55-105		
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3340F Mammogram Assessment Category Of "Incomplete: Need Additional Imaging Evaluation" Yes 33410 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE 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 No 33414 Replacement Of Pulmonary Valve (Ross Procedure) No 33415 Resection Or Incision Of Subavlaular Tissue For Discrete Subavlaua Aortic Stenosis No 33416 Ventriculomyotomy (-Myectomy) For Idiopathic Hypertrophic Subaortic Stenosis (eg. Asymmetric No 33417 Aortoplasty (Gusset) For Supravalvular Tissue For Discrete Subavlauar Aortic Stenosis (eg. Asymmetric No 33418 Transcatheter Mitral Valve Repair, Percutaneous Approach, Including Transseptal Puncture When Performed; Indital Prosthesis(Es) During Same Session (List Separately In Addition To Code For Primary Procedure) No 33420 Valvotomy, Mitral Valve, With Cardiopulmonary Bypass; No 33425 Valvotopasty, Mitral Valve, With Cardiopulmonary Bypass; No 33	33400		
Documented (Rad) Documented (Rad) 33410 REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE No 33411 Replacement, Aortic Valve; With Aortic Annulus Enlargement, Noncoronary Sinus No 33412 Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement (Kono Procedure) No 33413 Replacement of Pulmonary Valve (Ross Procedure) No 33414 Replacement of Pulmonary Valve (Ross Procedure) No 33415 Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic Stenosis No 33416 Ventriculomyotomy (Myectomy) For Idiopathic Hypertrophic Subaortic Stenosis (eg, Asymmetric Septial Hypertrophy) No 33417 Aortoplasty (Gusset) For Supravalvular Stenosis No 33418 Transcatheter Mitral Valve Repair, Percutaneous Approach, Including Transseptal Puncture When Performed), ritial Prosthesis (Es) During Same Session (List Separately In Addition To Code For Primary Procedure) No 33420 Valvotomy, Mitral Valve, With Cardiopulmonary Bypass; No 33421 Valvotomy, Mitral Valve, With Cardiopulmonary Bypass; No 33422 Valvotoplasty, Mitral Valve, With Cardiopulmonary Bypass; No 33423	3340F		Yes
Bit No REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE No 33410 Replacement, Aortic Valve; With Aortic Annulus Enlargement, Noncoronary Sinus No 33411 Replacement, Aortic Valve; With Arrise Annulus Enlargement, Konno Procedure) 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 No 33414 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 (eg, Asymmetric Sepatal Hypertrophy) No 33417 Aortoplasty (Gusset) For Supravalvular Stenosis No 33418 Transcatheter Mitral Valve Repair, Percutaneous Approach, Including Transseptal Puncture When Performed; Initial Prosthesis (Es) During Same Session (LIS Separately In Addition To Code For Primary Procedure) No 33420 Valvotomy, Mitral Valve; Cosed Heart No 33422 Valvotomy, Mitral Valve; Cosed Heart No 33424 Valvotopary, Mitral Valve; With Ca			
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 No 33414 Replacement Of Pulmonary Valve (Ross Procedure) No 33415 Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic Stenosis No 33416 Ventriculamyotomy (-Mvectomy) For Idiopathic Hypertrophic Subaortic Stenosis (eg. Asymmetric Septal Hypertrophy) No 33417 Aortoplasty (Gusset) For Supravalvular Stenosis No No 33418 Transcatheter Mitral Valve Repair, Percutaneous Approach, Including Transseptal Puncture When Performed, Inditional Prosthesis(Es) During Same Session (List Separately In Addition To Code For Primary Procedure) No 33419 Transcatheter Mitral Valve, Closed Heart No 33420 Valvotomy, Mitral Valve; Osen Heart, With Cardiopulmonary Bypass; No 33421 Valvotomy, Mitral Valve; With Cardiopulmonary Bypass; No 33422 Valvotomy, Mitral Valve; With Cardiopulmonary Bypass; No 33425	33410		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 Septial 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 33425 Valvutormy, Mitral Valve; Oben Heart, With Cardiopulmonary Bypass; No 33426 Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; No 33430 Replacement, Mitral			
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33427Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass; Radical Reconstruction, With Or Without RingNo3342FMammogram Assessment Category Of "Benign," Documented (Rad)Yes33430Replacement, Mitral Valve, With Cardiopulmonary BypassNo3343FMammogram Assessment Category Of "Probably Benign," Documented (Rad)Yes33440Replacement, 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)No3344FMammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3345FMammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3344FMammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3345FValvectomy, Tricuspid Valve, With Cardiopulmonary BypassNo33463Valvuloplasty, Tricuspid Valve; Without Ring InsertionNo			
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3342FMammogram Assessment Category Of "Benign," Documented (Rad)Yes33430Replacement, Mitral Valve, With Cardiopulmonary BypassNo3343FMammogram Assessment Category Of "Probably Benign," Documented (Rad)Yes33440Replacement, 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)No3344FMammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3345FMammogram Assessment Category Of "Highly Suggestive Of Malignancy," Documented (Rad)Yes33460Valvectomy, Tricuspid Valve, With Cardiopulmonary BypassNo33463Valvuloplasty, Tricuspid Valve; Without Ring InsertionNo	55727		
33430Replacement, Mitral Valve, With Cardiopulmonary BypassNo3343FMammogram Assessment Category Of "Probably Benign," Documented (Rad)Yes33440Replacement, 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)No3344FMammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3345FMammogram Assessment Category Of "Highly Suggestive Of Malignancy," Documented (Rad)Yes33460Valvectomy, Tricuspid Valve, With Cardiopulmonary BypassNo33463Valvuloplasty, Tricuspid Valve; Without Ring InsertionNo	3342F		Yes
3343FMammogram Assessment Category Of "Probably Benign," Documented (Rad)Yes33440Replacement, 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)No3344FMammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3345FMammogram Assessment Category Of "Highly Suggestive Of Malignancy," Documented (Rad)Yes33460Valvectomy, Tricuspid Valve, With Cardiopulmonary BypassNo33463Valvuloplasty, Tricuspid Valve; Without Ring InsertionNo			
33440Replacement, 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)No3344FMammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3345FMammogram Assessment Category Of "Highly Suggestive Of Malignancy," Documented (Rad)Yes33460Valvectomy, Tricuspid Valve, With Cardiopulmonary BypassNo33463Valvuloplasty, Tricuspid Valve; Without Ring InsertionNo			
Aortic Annulus Enlargement Of The Left Ventricular Outflow Tract With Valved Conduit Replacement Of Pulmonary Valve (Ross-Konno Procedure)3344FMammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3345FMammogram Assessment Category Of "Highly Suggestive Of Malignancy," Documented (Rad)Yes33460Valvectomy, Tricuspid Valve, With Cardiopulmonary BypassNo33463Valvuloplasty, Tricuspid Valve; Without Ring InsertionNo			
Of Pulmonary Valve (Ross-Konno Procedure)Mammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3345FMammogram Assessment Category Of "Highly Suggestive Of Malignancy," Documented (Rad)Yes33460Valvectomy, Tricuspid Valve, With Cardiopulmonary BypassNo33463Valvuloplasty, Tricuspid Valve; Without Ring InsertionNo			
3344FMammogram Assessment Category Of "Suspicious," Documented (Rad)Yes3345FMammogram Assessment Category Of "Highly Suggestive Of Malignancy," Documented (Rad)Yes33460Valvectomy, Tricuspid Valve, With Cardiopulmonary BypassNo33463Valvuloplasty, Tricuspid Valve; Without Ring InsertionNo			
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	3344F		Yes
33460Valvectomy, Tricuspid Valve, With Cardiopulmonary BypassNo33463Valvuloplasty, Tricuspid Valve; Without Ring InsertionNo	3345F		
33463 Valvuloplasty, Tricuspid Valve; Without Ring Insertion No			
33463 Valvuloplasty, Tricuspid Valve; Without Ring Insertion No	33460	Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass	No
	33463		
	33464		No

Procedure Code	Description	Prior Auth Required
33465	Replacement, Tricuspid Valve, With Cardiopulmonary Bypass	No
33468	Tricuspid Valve Repositioning And Plication For Ebstein Anomaly	No
33471	Valvotomy, Pulmonary Valve, Closed Heart, Via Pulmonary Artery	No
33474		No
33475		No
33476		No
33477	Transcatheter Pulmonary Valve Implantation, Percutaneous Approach, Including Pre-Stenting Of The	No
55477	Valve Delivery Site, When Performed	110
33478	Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection	No
55476	Outhow fract Augmentation (Gussel), with or without commissurotomy of infundibular Resection	NO
33496	Densis Of Nen Structurel Breethetic Value Ducturation With Cardionulmeners Dunges (Constate	No
55490		NU
22500	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	No
	Bypass	
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	No
	Cardiopulmonary Bypass	
33504	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Graft, With Cardiopulmonary	No
	Bypass	
33505	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; With Construction Of	No
	Intrapulmonary Artery Tunnel (Takeuchi Procedure)	
33506	Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Translocation From	No
	Pulmonary Artery To Aorta	
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	No
	Procedure (List Separately In Addition To Code For Primary Procedure)	
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
33301	Wanningran Assessment Category of Known Biopsy Proven Manghancy, Documented (Rad)	103
33510	Caranary Artary Runace Vicin Only Single Caranary Vanaus Craft	No
	Coronary Artery Bypass, Vein Only; Single Coronary Venous Graft	
33511 33512	Coronary Artery Bypass, Vein Only; 2 Coronary Venous Grafts	No
	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		No
33517	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); Single Vein Graft (List Separately	Yes
	In Addition To Code For Primary Procedure)	
33518	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 2 Venous Grafts (List Separately	Yes
	In Addition To Code For Primary Procedure)	
33519	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 3 Venous Grafts (List Separately	Yes
	In Addition To Code For Primary Procedure)	
3351F	Negative Screen For Depressive Symptoms As Categorized By Using A Standardized Depression	Yes
	Screening/Assessment Tool (Mdd)	
33521	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 4 Venous Grafts (List Separately	Yes
	In Addition To Code For Primary Procedure)	
33522	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 5 Venous Grafts (List Separately	Yes
	In Addition To Code For Primary Procedure)	
33523	Coronary Artery Bypass, Using Venous Graft(s) And Arterial Graft(s); 6 Or More Venous Grafts (List	Yes
00020	Separately In Addition To Code For Primary Procedure)	
3352F	No Significant Depressive Symptoms As Categorized By Using A Standardized Depression Assessment	Yes
	Tool (Mdd)	
33530	Reoperation, Coronary Artery Bypass Procedure Or Valve Procedure, More Than 1 Month After	No
0000		
22522	Original Operation (List Separately In Addition To Code For Primary Procedure)	Vee
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	Yes
	Screening/Assessment Tool (Mdd)	

Procedure Code	Description	Prior Auth Required
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,	No
	Ventricular Remodeling, Svr, Saver, Dor Procedures)	
3354F	Clinically Significant Depressive Symptoms As Categorized By Using A Standardized Depression	Yes
	Screening/Assessment Tool (Mdd)	
33572	Coronary Endarterectomy, Open, Any Method, Of Left Anterior Descending, Circumflex, Or Right	No
	Coronary Artery Performed In Conjunction With Coronary Artery Bypass Graft Procedure, Each Vessel	
	(List Separately In Addition To Primary Procedure)	
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	No
	Enlargement Of Ventricular Septal Defect	
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
33615	Repair Of Complex Cardiac Anomalies (eg, Tricuspid Atresia) By Closure Of Atrial Septal Defect And	No
	Anastomosis Of Atria Or Vena Cava To Pulmonary Artery (Simple Fontan Procedure)	
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	No
	Left Heart Syndrome) (eg, Norwood Procedure)	
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,	No
	Hybrid Approach Stage 1)	
33622	Reconstruction Of Complex Cardiac Anomaly (Eg, Single Ventricle Or Hypoplastic Left Heart) With	No
	Palliation Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch Hypoplasia, Creation Of	
	Cavopulmonary Anastomosis, And Removal Of Right And Left	
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	No
	Without Atrioventricular Valve Repair	
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	No
	(Acyanotic)	
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	No
	Infundibular Resection (Acyanotic)	
33688	Closure Of Single Ventricular Septal Defect, With Or Without Patch; With Removal Of Pulmonary	No
	Artery Band, With Or Without Gusset	
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	No
22720	Defect	No
33720 33724	Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass Repair Of Isolated Partial Anomalous Pulmonary Venous Return (eg, Scimitar Syndrome)	No No
55724	Incean of isolated Fairlia Anomalous Fullmonally venous return (eg. Schnitzh Syndronie)	110

Procedure Code	Description	Prior Auth Required
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
33737	Atrial Septectomy Or Septostomy; Open Heart, With Inflow Occlusion	Yes
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 li 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
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 lii 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
33813	Obliteration Of Aortopulmonary Septal Defect; Without Cardiopulmonary Bypass	No

Procedure Code	Description	Prior Auth Required
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 Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption); Involving Coverage Of Left Subclavian Artery Origin, Initial Endoprosthesis Plus Descending Thora	No
33881	Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption); Not Involving Coverage Of Left Subclavian Artery Origin, Initial Endoprosthesis Plus Descending T	No
33883	Placement Of Proximal Extension Prosthesis For Endovascular Repair Of Descending Thoracic Aorta (eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption); Initial Extension	No
33884	Placement Of Proximal Extension Prosthesis For Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption); Each Additional Proximal Extension (List Separatel	No
33886	Placement Of Distal Extension Prosthesis(s) Delayed After Endovascular Repair Of Descending Thoracic Aorta	No
33889	Open Subclavian To Carotid Artery Transposition Performed In Conjunction With Endovascular Repair Of Descending Thoracic Aorta, By Neck Incision, Unilateral	No
3388F	Ajcc Colon Cancer, Stage lii Documented (Onc)	Yes
33891	Bypass Graft, With Other Than Vein, Transcervical Retropharyngeal Carotid-Carotid, Performed In Conjunction With Endovascular Repair Of Descending Thoracic Aorta, By Neck Incision	No
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

Procedure Code	Description	Prior Auth Required
33901	Percutaneous Pulmonary Artery Revascularization By Stent Placement, Initial; Normal Native	No
	Connections, Bilateral	
33902	Percutaneous Pulmonary Artery Revascularization By Stent Placement, Initial; Abnormal Connections,	No
	Unilateral	
33903	Percutaneous Pulmonary Artery Revascularization By Stent Placement, Initial; Abnormal Connections,	No
	Bilateral	
33904	Percutaneous Pulmonary Artery Revascularization By Stent Placement, Each Additional Vessel Or	No
	Separate Lesion, Normal Or Abnormal Connections (List Separately In Addition To Code For Primary	
	Procedure)	
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	No
	Conduit From Right Or Left Ventricle To Pulmonary Artery	
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	No
	Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure)	
33925	Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary	No
	Bypass	
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	Yes
	Separately In Addition To Code For Primary Procedure)	
33930	Donor Cardiectomy-Pneumonectomy (Including Cold Preservation)	Yes
33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation,	Yes
	Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava,	
	Inferior Vena Cava, And Trachea For Implantation	
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	Yes
	Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior	
	Vena Cava, Pulmonary Artery, And Left Atrium For Impla	
33945		Yes
33946	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By	No
	Physician; Initiation, Veno-Venous	
33947	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By	Yes
	Physician; Initiation, Veno-Arterial	
33948	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By	No
	Physician; Daily Management, Each Day, Veno-Venous	
33949	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By	No
	Physician; Daily Management, Each Day, Veno-Arterial	
3394F	Quantitative Her2 Immunohistochemistry (Ihc) Evaluation Of Breast Cancer Consistent With The	Yes
22254	Scoring System Defined In The Asco/Cap Guidelines (Path)	••
33951		No
	Physician; Insertion Of Peripheral (Arterial And/Or Venous) Cannula(E), Percutaneous, Birth Through 5	
22252	Years Of Age (Includes Fluoroscopic Guidance, When Performed)	••
33952		No
	Physician; Insertion Of Peripheral (Arterial And/Or Venous) Cannula(E), Percutaneous, 6 Years And	
22052	Older (Includes Fluoroscopic Guidance, When Performed)	N1.
33953	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By	No
	Physician; Insertion Of Peripheral (Arterial And/Or Venous) Cannula(E), Open, Birth Through 5 Years	
22054	Of Age	NIT
33954	Extracorporeal Membrane Oxygenation (Ecmo)/Extracorporeal Life Support (Ecls) Provided By	No
	Physician; Insertion Of Peripheral (Arterial And/Or Venous) Cannula(E), Open, 6 Years And Older	

Procedure Code	Description	Prior Auth Required
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

Procedure Code	Description	Prior Auth Required
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
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	No
	Artery, By Neck Incision	
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		No

Procedure Code	Description	Prior Auth Required
34704	Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(les) By Deployment Of An Aorto-Uni-Iliac	No
54704	Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All	
	Associated Radiological Supervision And Interpreta	
34705	Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(les) By Deployment Of An Aorto-Bi-Iliac	No
54705	Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All	110
	Associated Radiological Supervision And Interpretat	
34706	Endovascular Repair Of Infrarenal Aorta And/Or Iliac Artery(les) By Deployment Of An Aorto-Bi-Iliac	No
54700	Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All	110
	Associated Radiological Supervision And Interpretat	
34707	Endovascular Repair Of Iliac Artery By Deployment Of An Ilio-Iliac Tube Endograft Including Pre-	No
51707	Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological	
	Supervision And Interpretation, And All Endograft Exten	
34708	Endovascular Repair Of Iliac Artery By Deployment Of An Ilio-Iliac Tube Endograft Including Pre-	No
	Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological	
	Supervision And Interpretation, And All Endograft Exten	
34709	Placement Of Extension Prosthesis(Es) Distal To The Common Iliac Artery(les) Or Proximal To The	No
0.1700	Renal Artery(les) For Endovascular Repair Of Infrarenal Abdominal Aortic Or Iliac Aneurysm, False	
	Aneurysm, Dissection, Penetrating Ulcer, Including Pre-Proced	
3470F	Rheumatoid Arthritis (Ra) Disease Activity, Low (Ra)	Yes
34710	Delayed Placement Of Distal Or Proximal Extension Prosthesis For Endovascular Repair Of Infrarenal	No
	Abdominal Aortic Or Iliac Aneurysm, False Aneurysm, Dissection, Endoleak, Or Endograft Migration,	
	Including Pre-Procedure Sizing And Device Selection, All N	
34711	Delayed Placement Of Distal Or Proximal Extension Prosthesis For Endovascular Repair Of Infrarenal	No
54711	Abdominal Aortic Or Iliac Aneurysm, False Aneurysm, Dissection, Endoleak, Or Endograft Migration,	
	Including Pre-Procedure Sizing And Device Selection, All N	
34712	Transcatheter Delivery Of Enhanced Fixation Device(s) To The Endograft (eg, Anchor, Screw, Tack)	No
54712	And All Associated Radiological Supervision And Interpretation	110
34713	Percutaneous Access And Closure Of Femoral Artery For Delivery Of Endograft Through A Large	No
54715	Sheath (12 French Or Larger), Including Ultrasound Guidance, When Performed, Unilateral (List	NO
	Separately In Addition To Code For Primary Procedure)	
34714		No
57717	For Establishment Of Cardiopulmonary Bypass, By Groin Incision, Unilateral (List Separately In	110
	Addition To Code For Primary Procedure)	
34715	Open Axillary/Subclavian Artery Exposure For Delivery Of Endovascular Prosthesis By Infraclavicular	No
54715	Or Supraclavicular Incision, Unilateral (List Separately In Addition To Code For Primary Procedure)	NO
	of Supraciavicular meision, of material (List Separately in Addition to Code For Frinary Frocedure)	
34716	Open Axillary/Subclavian Artery Exposure With Creation Of Conduit For Delivery Of Endovascular	No
51710	Prosthesis Or For Establishment Of Cardiopulmonary Bypass, By Infraclavicular Or Supraclavicular	
	Incision, Unilateral (List Separately In Addition To Code For P	
34717	Endovascular Repair Of Iliac Artery At The Time Of Aorto-Iliac Artery Endograft Placement By	No
0.7.27	Deployment Of An Iliac Branched Endograft Including Pre-Procedure Sizing And Device Selection, All	
	Ipsilateral Selective Iliac Artery Catheterization(S), All Asso	
34718	Endovascular Repair Of Iliac Artery, Not Associated With Placement Of An Aorto-Iliac Artery Endograft	No
0.1120	At The Same Session, By Deployment Of An Iliac Branched Endograft, Including Pre-Procedure Sizing	
	And Device Selection, All Ipsilateral Selective Iliac A	
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, Fool Prognosis Documented (Ra)	Yes
34808	Endovascular Placement Of Iliac Artery Occlusion Device (List Separately In Addition To Code For	No
	Primary Procedure)	
34812	Open Femoral Artery Exposure For Delivery Of Endovascular Prosthesis, By Groin Incision, Unilateral	No
	(List Separately In Addition To Code For Primary Procedure)	
34813	Placement Of Femoral-Femoral Prosthetic Graft During Endovascular Aortic Aneurysm Repair (List	No
	Separately In Addition To Code For Primary Procedure)	-
34820	Open Iliac Artery Exposure For Delivery Of Endovascular Prosthesis Or Iliac Occlusion During	No
	Endovascular Therapy, By Abdominal Or Retroperitoneal Incision, Unilateral (List Separately In	
	Addition To Code For Primary Procedure)	
34830	Open Repair Of Infrarenal Aortic Aneurysm Or Dissection, Plus Repair Of Associated Arterial Trauma,	No
	Following Unsuccessful Endovascular Repair; Tube Prosthesis	
34831	Open Repair Of Infrarenal Aortic Aneurysm Or Dissection, Plus Repair Of Associated Arterial Trauma,	No
5.051	Following Unsuccessful Endovascular Repair; Aorto-Bi-Iliac Prosthesis	
	r onowing onsuccessive endowascalar repair, Auro Brinder rostifesis	

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
35152	Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With	No
	Or Without Patch Graft; For Ruptured Aneurysm, Popliteal Artery	
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	Yes
	First Course Of Anti-Tnf (Tumor Necrosis Factor) Therapy (Ibd)	
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 35190	Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen	No
35201	Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities	No
35201	Repair Blood Vessel, Direct; Neck 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	No
	Incision	
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	No
55500	Artery (List Separately In Addition To Code For Primary Procedure)	NO
35311	Thromboendarterectomy, Including Patch Graft, If Performed; Subclavian, Innominate, By Thoracic	No
55511	Incision	
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	No
	Separately In Addition To Code For Primary Procedure)	
35400	Angioscopy (Noncoronary Vessels Or Grafts) During Therapeutic Intervention (List Separately In	No
	Addition To Code For Primary Procedure)	
35500	Harvest Of Upper Extremity Vein, 1 Segment, For Lower Extremity Or Coronary Artery Bypass	No
	Procedure (List Separately In Addition To Code For Primary Procedure)	
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

Procedure Code	Description	Prior Auth Required
35511	Bypass Graft, With Vein; Subclavian-Subclavian	No
35512		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		No
35526	Bypass Graft, With Vein; Aortosubclavian, Aortoinnominate, Or Aortocarotid	No
3552F	High Risk For Thromboembolism (Afib)	Yes
35531		No
35533		No
35535	Bypass Graft, With Vein; Hepatorenal	No
35536		No
35537 35538	Bypass Graft, With Vein; Aortoiliac	No
		No
35539 35540	Bypass Graft, With Vein; Aortofemoral	No No
35556	Bypass Graft, With Vein; Aortobifemoral 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, All tolenal Bypass Graft, With Vein; Ilioiliac	No
35565	Bypass Graft, With Vein, Illiofemoral	No
35566	Bypass Graft, With Vein; Femoral-Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal	No
55500	Vessels	
35570		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
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		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 35647	Bypass Graft, With Other Than Vein; Aortobifemoral	No No
35650	Bypass Graft, With Other Than Vein; Aortofemoral	No
35654	Bypass Graft, With Other Than Vein; Axillary-Axillary Bypass Graft, With Other Than Vein; Avillary-Femoral-Femoral	No
35656	Bypass Graft, With Other Than Vein; Axillary-Femoral-Femoral Bypass Graft, With Other Than Vein; Femoral-Popliteal	No
35661	Bypass Graft, With Other Than Vein; Femoral-Popilitean	No
35663	Bypass Graft, With Other Than Vein, remotal-remotal Bypass Graft, With Other Than Vein; Ilioiliac	No
35665	Bypass Graft, With Other Than Vein, Illiofemoral	No
35666	Bypass Graft, With Other Than Vein, Horenolal 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

Procedure Code	Description	Prior Auth Required
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,	No
	Within A Vascular Family	
36216	Selective Catheter Placement, Arterial System; Initial Second Order Thoracic Or Brachiocephalic	No
	Branch, Within A Vascular Family	
36217	Selective Catheter Placement, Arterial System; Initial Third Order Or More Selective Thoracic Or	No
	Brachiocephalic Branch, Within A Vascular Family	
36218	Selective Catheter Placement, Arterial System; Additional Second Order, Third Order, And Beyond,	No
	Thoracic Or Brachiocephalic Branch, Within A Vascular Family (List In Addition To Code For Initial	
	Second Or Third Order Vessel As Appropriate)	
36221	Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid,	No
	Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological	
	Supervision And Interpretation, Includes Angiography Of The Ce	
36222	Selective Catheter Placement, Common Carotid Or Innominate Artery, Unilateral, Any Approach, With	No
	Angiography Of The Ipsilateral Extracranial Carotid Circulation And All Associated Radiological	
	Supervision And Interpretation, Includes Angiography Of The C	
36223	Selective Catheter Placement, Common Carotid Or Innominate Artery, Unilateral, Any Approach, With	No
	Angiography Of The Ipsilateral Intracranial Carotid Circulation And All Associated Radiological	
26224	Supervision And Interpretation, Includes Angiography Of The E	N1 .
36224		No
	Intracranial Carotid Circulation And All Associated Radiological Supervision And Interpretation,	
26225	Includes Angiography Of The Extracranial Carotid And Ce	No
36225	Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The	No
	Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation,	
	Includes Angiography Of The Cervicocerebral Arch, When Per	
36226	Selective Catheter Placement, Vertebral Artery, Unilateral, With Angiography Of The Ipsilateral	No
50220	Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes	NO
	Angiography Of The Cervicocerebral Arch, When Performed	
36227		No
	External Carotid Circulation And All Associated Radiological Supervision And Interpretation (List	
	Separately In Addition To Code For Primary Procedure)	
36228	Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries,	No
	Unilateral, With Angiography Of The Selected Vessel Circulation And All Associated Radiological	
	Supervision And Interpretation (Eg, Middle Cerebral Arter	
36245	Selective Catheter Placement, Arterial System; Each First Order Abdominal, Pelvic, Or Lower Extremity	No
	Artery Branch, Within A Vascular Family	
36246	Selective Catheter Placement, Arterial System; Initial Second Order Abdominal, Pelvic, Or Lower	No
	Extremity Artery Branch, Within A Vascular Family	
36247	Selective Catheter Placement, Arterial System; Initial Third Order Or More Selective Abdominal,	No
	Pelvic, Or Lower Extremity Artery Branch, Within A Vascular Family	
36248	Selective Catheter Placement, Arterial System; Additional Second Order, Third Order, And Beyond,	No
	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	
36251	Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For	No
	Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast	
	Injection(S), Image Postprocessing, Permanent Recording Of	
36252	Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For	No
	Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast	
	Injection(S), Image Postprocessing, Permanent Recording Of	••
36253	Superselective Catheter Placement (One Or More Second Order Or Higher Renal Artery Branches)	No
	Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture,	
26254	Catheterization, Fluoroscopy, Contrast Injection(S), Image Post	N1 -
36254	Superselective Catheter Placement (One Or More Second Order Or Higher Renal Artery Branches)	No
	Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture,	
26260	Catheterization, Fluoroscopy, Contrast Injection(S), Image Post	Voc
36260 36261	Insertion Of Implantable Intra-Arterial Infusion Pump (eg, For Chemotherapy Of Liver) Revision Of Implanted Intra-Arterial Infusion Pump	Yes No

Procedure Code 36262 36299 36400	Description Removal Of Implanted Intra-Arterial Infusion Pump Unlisted Procedure, Vascular Injection 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	Prior Auth Required No Yes No
36299 36400	Unlisted Procedure, Vascular Injection Venipuncture, Younger Than Age 3 Years, Necessitating The Skill Of A Physician Or Other Qualified	Yes
36400	Venipuncture, Younger Than Age 3 Years, Necessitating The Skill Of A Physician Or Other Qualified	
26405		
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
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

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
36596	Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device	
	Through Device Lumen	
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	No
	Fluoroscopy, Image Documentation And Report	
36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis	No
36620	Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate	No
	Procedure); Percutaneous	
36625	Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate	No
	Procedure); Cutdown	
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	No
	(Scribner Type)	
36815	Insertion Of Cannula For Hemodialysis, Other Purpose (Separate Procedure); Arteriovenous, External	No
	Revision, Or Closure	
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	No
	Chemotherapy Perfusion To An Extremity, With Or Without Hyperthermia, With Removal Of	
	Cannula(s) And Repair Of Arteriotomy And Venotomy Sites	
36825	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate	No
	Procedure); Autogenous Graft	
36830	Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate	No
	Procedure); Nonautogenous Graft (eg, Biological Collagen, Thermoplastic Graft)	
36831	Thrombectomy, Open, Arteriovenous Fistula Without Revision, Autogenous Or Nonautogenous	No
00001	Dialysis Graft (Separate Procedure)	
36832	Revision, Open, Arteriovenous Fistula; Without Thrombectomy, Autogenous Or Nonautogenous	No
50052	Dialysis Graft (Separate Procedure)	
36833	Revision, Open, Arteriovenous Fistula; With Thrombectomy, Autogenous Or Nonautogenous Dialysis	No
	Graft (Separate Procedure)	
36835	Insertion Of Thomas Shunt (Separate Procedure)	No
36836	Percutaneous Arteriovenous Fistula Creation, Upper Extremity, Single Access Of Both The Peripheral	No
	Artery And Peripheral Vein, Including Fistula Maturation Procedures (Eg, Transluminal Balloon	
	Angioplasty, Coil Embolization) When Performed, Including All	
36837	Percutaneous Arteriovenous Fistula Creation, Upper Extremity, Separate Access Sites Of The	No
	Peripheral Artery And Peripheral Vein, Including Fistula Maturation Procedures (Eg, Transluminal	
	Balloon Angioplasty, Coil Embolization) When Performed, Including A	
36838	Distal Revascularization And Interval Ligation (Dril), Upper Extremity Hemodialysis Access (Steal	No
	Syndrome)	
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	No
00001	Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast,	
	All Necessary Imaging From The Arterial Anastomosis	
36902	Introduction Of Needle(S) And/Or Catheter(S), Dialysis Circuit, With Diagnostic Angiography Of The	No
	Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast,	
	All Necessary Imaging From The Arterial Anastomosis	
36903	Introduction Of Needle(S) And/Or Catheter(S), Dialysis Circuit, With Diagnostic Angiography Of The	No
	Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast,	
	All Necessary Imaging From The Arterial Anastomosis	
36904	Percutaneous Transluminal Mechanical Thrombectomy And/Or Infusion For Thrombolysis, Dialysis	No
00004	Circuit, Any Method, Including All Imaging And Radiological Supervision And Interpretation, Diagnostic	
	Angiography, Fluoroscopic Guidance, Catheter Placement(S),	

Procedure Code	Description	Prior Auth Required
36905	Percutaneous Transluminal Mechanical Thrombectomy And/Or Infusion For Thrombolysis, Dialysis	No
	Circuit, Any Method, Including All Imaging And Radiological Supervision And Interpretation, Diagnostic	
	Angiography, Fluoroscopic Guidance, Catheter Placement(S),	
36906	Percutaneous Transluminal Mechanical Thrombectomy And/Or Infusion For Thrombolysis, Dialysis	No
50500	Circuit, Any Method, Including All Imaging And Radiological Supervision And Interpretation, Diagnostic	
	Angiography, Fluoroscopic Guidance, Catheter Placement(S),	
36907	Transluminal Balloon Angioplasty, Central Dialysis Segment, Performed Through Dialysis Circuit,	No
50907		NO
	Including All Imaging And Radiological Supervision And Interpretation Required To Perform The	
2000	Angioplasty (List Separately In Addition To Code For Primary Proc	No
36908	Transcatheter Placement Of Intravascular Stent(S), Central Dialysis Segment, Performed Through	NO
	Dialysis Circuit, Including All Imaging And Radiological Supervision And Interpretation Required To	
26000	Perform The Stenting, And All Angioplasty In The Central Dia	
36909	Dialysis Circuit Permanent Vascular Embolization Or Occlusion (Including Main Circuit Or Any	No
	Accessory Veins), Endovascular, Including All Imaging And Radiological Supervision And Interpretation	
	Necessary To Complete The Intervention (List Separately In A	
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,	No
	Any Technique)	
37182	Insertion Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Includes Venous Access, Hepatic	No
	And Portal Vein Catheterization, Portography With Hemodynamic Evaluation, Intrahepatic Tract	
	Formation/Dilatation, Stent Placement And All Associated Imag	
37183	Revision Of Transvenous Intrahepatic Portosystemic Shunt(S) (Tips) (Includes Venous Access, Hepatic	No
57105		NO
	And Portal Vein Catheterization, Portography With Hemodynamic Evaluation, Intrahepatic Tract	
	Recannulization/Dilatation, Stent Placement And All Associated	
27404		NL -
37184	Primary Percutaneous Transluminal Mechanical Thrombectomy, Noncoronary, Non-Intracranial,	No
	Arterial Or Arterial Bypass Graft, Including Fluoroscopic Guidance And Intraprocedural	
	Pharmacological Thrombolytic Injection(s); Initial Vessel	
37185	Primary Percutaneous Transluminal Mechanical Thrombectomy, Noncoronary, Non-Intracranial,	No
	Arterial Or Arterial Bypass Graft, Including Fluoroscopic Guidance And Intraprocedural	
	Pharmacological Thrombolytic Injection(S); Second And All Subsequent Vessel(S)	
37186	Secondary Percutaneous Transluminal Thrombectomy (Eg, Nonprimary Mechanical, Snare Basket,	No
	Suction Technique), Noncoronary, Non-Intracranial, Arterial Or Arterial Bypass Graft, Including	
	Fluoroscopic Guidance And Intraprocedural Pharmacological Thrombolyt	
37187	Percutaneous Transluminal Mechanical Thrombectomy, Vein(s), Including Intraprocedural	No
	Pharmacological Thrombolytic Injections And Fluoroscopic Guidance	
37188	Percutaneous Transluminal Mechanical Thrombectomy, Vein(s), Including Intraprocedural	No
	Pharmacological Thrombolytic Injections And Fluoroscopic Guidance, Repeat Treatment On	
	Subsequent Day During Course Of Thrombolytic Therapy	
37191	Insertion Of Intravascular Vena Cava Filter, Endovascular Approach Including Vascular Access, Vessel	No
	Selection, And Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And	
	Imaging Guidance (Ultrasound And Fluoroscopy), When Performed	
37192	Repositioning Of Intravascular Vena Cava Filter, Endovascular Approach Including Vascular Access,	No
0,101	Vessel Selection, And Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And	
37193	Imaging Guidance (Ultrasound And Fluoroscopy), When Perfo Retrieval (Removal) Of Intravascular Vena Cava Filter, Endovascular Approach Including Vascular	No
5, 155		
	Access, Vessel Selection, And Radiological Supervision And Interpretation, Intraprocedural	
27105	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	No
	Arterial Catheter), Includes Radiological Supervision And Interpretation, And Imaging Guidance	
	(Ultrasound Or Fluoroscopy), When Performed	
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	No
	Method, Including Radiological Supervision And Interpretation, Initial Treatment Day	

Procedure Code	Description	Prior Auth Required
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
37220	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unilateral, Initial Vessel; With Transluminal Angioplasty	No
37221	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Unilateral, Initial Vessel; With Transluminal Stent Placement(s), Includes Angioplasty Within The Same Vessel, When Performed	No
37222	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each Additional Ipsilateral Iliac Vessel; With Transluminal Angioplasty (List Separately In Addition To Code For Primary Procedure)	No
37223	Revascularization, Endovascular, Open Or Percutaneous, Iliac Artery, Each Additional Ipsilateral Iliac Vessel; With Transluminal Stent Placement(S), Includes Angioplasty Within The Same Vessel, When Performed (List Separately In Addition To Code For Prima	No
37224	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(s), Unilateral; With Transluminal Angioplasty	No
37225	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(s), Unilateral; With Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed	No
37226	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(s), Unilateral; With Transluminal Stent Placement(s), Includes Angioplasty Within The Same Vessel, When Performed	No
37227	Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(s), Unilateral; With Transluminal Stent Placement(s) And Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed	No
37228	Revascularization, Endovascular, Open Or Percutaneous, Tibial, Peroneal Artery, Unilateral, Initial Vessel; With Transluminal Angioplasty	No
37229	Revascularization, Endovascular, Open Or Percutaneous, Tibial, Peroneal Artery, Unilateral, Initial Vessel; With Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed	No
37230	Revascularization, Endovascular, Open Or Percutaneous, Tibial, Peroneal Artery, Unilateral, Initial Vessel; With Transluminal Stent Placement(s), Includes Angioplasty Within The Same Vessel, When Performed	No
37231	Revascularization, Endovascular, Open Or Percutaneous, Tibial, Peroneal Artery, Unilateral, Initial Vessel; With Transluminal Stent Placement(s) And Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed	No
37232	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Each Additional Vessel; With Transluminal Angioplasty (List Separately In Addition To Code For Primary Procedure)	No
37233	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Each Additional Vessel; With Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed (List Separately In Addition To Code For Primary Procedure)	No
37234	Revascularization, Endovascular, Open Or Percutaneous, Tibial/Peroneal Artery, Unilateral, Each Additional Vessel; With Transluminal Stent Placement(S), Includes Angioplasty Within The Same Vessel, When Performed (List Separately In Addition To Code For P	No

	Description	Prior Auth Required
Procedure Code 37235		No
	Additional Vessel; With Transluminal Stent Placement(S) And Atherectomy, Includes Angioplasty	
	Within The Same Vessel, When Performed (List Separately In Additi	
37236	Transcatheter Placement Of An Intravascular Stent(S) (Except Lower Extremity Artery(S) For Occlusive	Νο
0.200	Disease, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary),	
	Open Or Percutaneous, Including Radiological Super	
37237	Transcatheter Placement Of An Intravascular Stent(S) (Except Lower Extremity Artery(S) For Occlusive	Νο
57257	Disease, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary),	110
	Open Or Percutaneous, Including Radiological Super	
37238		No
57250	Supervision And Interpretation And Including Angioplasty Within The Same Vessel, When Performed;	110
	Initial Vein	
37239	Transcatheter Placement Of An Intravascular Stent(S), Open Or Percutaneous, Including Radiological	No
57255	Supervision And Interpretation And Including Angioplasty Within The Same Vessel, When Performed;	110
	Each Additional Vein (List Separately In Addition To Code F	
37241	Vascular Embolization Or Occlusion, Inclusive Of All Radiological Supervision And Interpretation,	No
57241		NO
	Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention;	
	Venous, Other Than Hemorrhage (Eg, Congenital Or Acquired Venous Ma	
27242		N -
37242	Vascular Embolization Or Occlusion, Inclusive Of All Radiological Supervision And Interpretation,	No
	Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention;	
	Arterial, Other Than Hemorrhage Or Tumor (Eg, Congenital Or Acquire	
27242		N1 -
37243		No
	Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention; For	
	Tumors, Organ Ischemia, Or Infarction	
37244	, , , , , , , , , , , , , , , , , , , ,	No
	Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention; For	
	Arterial Or Venous Hemorrhage Or Lymphatic Extravasation	
37246	Transluminal Balloon Angioplasty (Except Lower Extremity Artery(les) For Occlusive Disease,	No
	Intracranial, Coronary, Pulmonary, Or Dialysis Circuit), Open Or Percutaneous, Including All Imaging	
	And Radiological Supervision And Interpretation Necessary To P	
37247	Transluminal Balloon Angioplasty (Except Lower Extremity Artery(les) For Occlusive Disease,	No
	Intracranial, Coronary, Pulmonary, Or Dialysis Circuit), Open Or Percutaneous, Including All Imaging	
	And Radiological Supervision And Interpretation Necessary To P	
37248	Transluminal Balloon Angioplasty (Except Dialysis Circuit), Open Or Percutaneous, Including All	No
	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty	
	Within The Same Vein; Initial Vein	
37249	Transluminal Balloon Angioplasty (Except Dialysis Circuit), Open Or Percutaneous, Including All	
	······································	No
	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty	No
	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In Add	
37252	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In Add	No
37252	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In Add	
37252	Imaging And Radiological Supervision And Interpretation Necessary To Perform The AngioplastyWithin The Same Vein; Each Additional Vein (List Separately In AddIntravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic	
37252 37253	Imaging And Radiological Supervision And Interpretation Necessary To Perform The AngioplastyWithin The Same Vein; Each Additional Vein (List Separately In AddIntravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or TherapeuticIntervention, Including Radiological Supervision And Interpretation; Initial Noncoronary Vessel (List	
37252 37253	Imaging And Radiological Supervision And Interpretation Necessary To Perform The AngioplastyWithin The Same Vein; Each Additional Vein (List Separately In AddIntravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or TherapeuticIntervention, Including Radiological Supervision And Interpretation; Initial Noncoronary Vessel (ListSeparately In Addition To Code For Primary Procedure)	No
	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic	No
	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In Add 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) Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Each Additional Noncoronary	No
37253	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In Add 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) Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic 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
37253 3725F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic 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 ProcedurScreening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)	No No Yes
37253 3725F 37500	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic 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 ProcedurScreening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy Procedure	No No Yes Yes
37253 3725F 37500 37501	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic 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 ProcedurScreening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps) Unlisted Vascular Endoscopy ProcedurePatient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater	No No Yes Yes Yes
37253 3725F 37500 37501	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic 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 ProcedurScreening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy ProcedurePatient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)	No No Yes Yes Yes
37253 3725F 37500 37501 3750F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Each Additional Noncoronary Vessel (List Separately In Addition To Code For Primary ProcedurScreening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy ProcedurePatient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested),	No No Yes Yes Yes Yes
37253 3725F 37500 37501 3750F 3751F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Each Additional Noncoronary Vessel (List Separately In Addition To Code For Primary Procedur Screening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy Procedure Patient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested), Documented, And Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)	No No Yes Yes Yes Yes Yes
37253 3725F 37500 37501 3750F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Each Additional Noncoronary Vessel (List Separately In Addition To Code For Primary Procedure)Intervention, Including Radiological Supervision And Interpretation; Each Additional Noncoronary Vessel (List Separately In Addition To Code For Primary ProcedurScreening For Depression Performed (Dem) Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy ProcedurePatient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested), Documented, And Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Not Conducted (Or Requested),	No No Yes Yes Yes Yes
37253 3725F 37500 37501 3750F 3751F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Each Additional Noncoronary Vessel (List Separately In Addition To Code For Primary Procedur Screening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy Procedure Patient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested), Documented, And Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)	No No Yes Yes Yes Yes Yes
37253 3725F 37500 37501 3750F 3751F 3752F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Each Additional Noncoronary Vessel (List Separately In Addition To Code For Primary Procedure)Screening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy ProcedurePatient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested), Documented, And Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Not Conducted (Or Requested), Documented, Or Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)	No No Yes Yes Yes Yes Yes Yes
37253 3725F 37500 37501 3750F 3751F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)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 ProcedurScreening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy ProcedurePatient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested), Documented, And Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Not Conducted (Or Requested), Documented, Or Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)Patient Has Clear Clinical Symptoms And Signs That Are Highly Suggestive Of Neuropathy And Cannot	No No Yes Yes Yes Yes Yes
37253 3725F 37500 37501 3750F 3751F 3752F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation; Each Additional Noncoronary Vessel (List Separately In Addition To Code For Primary Procedure)Screening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy ProcedurePatient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested), Documented, And Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Not Conducted (Or Requested), Documented, Or Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)	No No Yes Yes Yes Yes Yes
37253 3725F 37500 37501 3750F 3751F 3752F 3753F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)Intravascular Ultrasound (Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic 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 ProcedurScreening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy ProcedurePatient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested), Documented, And Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Not Conducted (Or Requested), Documented, Or Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)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)	No No Yes Yes Yes Yes Yes Yes
37253 3725F 37500 37501 3750F 3751F 3752F	Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Vein; Each Additional Vein (List Separately In AddIntravascular 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)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 ProcedurScreening For Depression Performed (Dem)Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps)Unlisted Vascular Endoscopy ProcedurePatient Not Receiving Dose Of Corticosteroids Greater Than Or Equal To 10mg/Day For 60 Or Greater Consecutive Days (Ibd)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Conducted (Or Requested), Documented, And Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)Electrodiagnostic Studies For Distal Symmetric Polyneuropathy Not Conducted (Or Requested), Documented, Or Reviewed Within 6 Months Of Initial Evaluation For Condition (Dsp)Patient Has Clear Clinical Symptoms And Signs That Are Highly Suggestive Of Neuropathy And Cannot	No No Yes Yes Yes Yes Yes

Procedure Code	Description	Prior Auth Required
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	No
	Crutchfield Clamp	
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	Yes
57755	Of Ulcer And Skin Graft And/Or Interruption Of Communicating Veins Of Lower Leg, With Excision Of	
27755	Deep Fascia	N
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
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,	No
I	With Washing, Per Donor	

Procedure Code	Description	Prior Auth Required
38210	Transplant Preparation Of Hematopoietic Progenitor Cells; Specific Cell Depletion Within Harvest, T-	Yes
	Cell Depletion	
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,	Yes
	Mononuclear, Or Buffy Coat Layer	
38220	Diagnostic Bone Marrow; Aspiration(S)	No
38221	Diagnostic Bone Marrow; Biopsy(les)	No
38222	Diagnostic Bone Marrow; Biopsy(Ies) And Aspiration(s)	No
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	No
	Sampling (Biopsy), Single Or Multiple	
38573	Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy And Peri-Aortic Lymph Node	No
	Sampling, Peritoneal Washings, Peritoneal Biopsy(les), Omentectomy, And Diaphragmatic Washings, Including Diaphragmatic And Other Serosal Biopsy(les), When Perfo	
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

Procedure Code	Description	Prior Auth Required
38770	Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes (Separate Procedure)	No
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	Νο
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(les) (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
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
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

Procedure Code	Description	Prior Auth Required
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	Yes
	Incision Nor Given Intraoperatively (Peri 2)	
4043F	Documentation That An Order Was Given To Discontinue Prophylactic Antibiotics Within 48 Hours Of	Yes
	Surgical End Time, Cardiac Procedures (Peri 2)	
4044F	Documentation That An Order Was Given For Venous Thromboembolism (Vte) Prophylaxis To Be	Yes
	Given Within 24 Hours Prior To Incision Time Or 24 Hours After Surgery End Time (Peri 2)	
4045F	Appropriate Empiric Antibiotic Prescribed (Cap), (Em)	Yes
4046F	Documentation That Prophylactic Antibiotics Were Given Within 4 Hours Prior To Surgical Incision Or	Yes
	Given Intraoperatively (Peri 2)	
4047F	Documentation Of Order For Prophylactic Parenteral Antibiotics To Be Given Within 1 Hour (If	Yes
	Fluoroquinolone Or Vancomycin, 2 Hours) Prior To Surgical Incision (Or Start Of Procedure When No	
	Incision Is Required) (Peri 2)	
4048F	Documentation That Administration Of Prophylactic Parenteral Antibiotic Was Initiated Within 1 Hour	Yes
	(If Fluoroquinolone Or Vancomycin, 2 Hours) Prior To Surgical Incision (Or Start Of Procedure When	
	No Incision Is Required) As Ordered (Peri 2)	
40490	Biopsy Of Lip	No
4049F	Documentation That Order Was Given To Discontinue Prophylactic Antibiotics Within 24 Hours Of	Yes
	Surgical End Time, Non-Cardiac Procedure (Peri 2)	
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 4067F	Electroconvulsive Therapy (Ect) Provided (Mdd)	Yes
	Patient Referral For Electroconvulsive Therapy (Ect) Documented (Mdd) Venous Thromboembolism (Vte) Prophylaxis Received (Ibd)	Yes
4069F 40700	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral	Yes No
40700	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, 1-Stage Procedure	No
40702		No
40702 4070F	Plastic Repair Of Cleft Lip/Nasal Deformity; Primary Bilateral, 1 Of 2 Stages Deep Vein Thrombosis (Dvt) Prophylaxis Received By End Of Hospital Day 2 (Str)	Yes
4070P 40720	Plastic Repair Of Cleft Lip/Nasal Deformity; Secondary, By Recreation Of Defect And Reclosure	No
-0720	riastic hepair of ciert lip/hasai beformity, secondary, by hetreation of befett and hetrosure	
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),	No
	Including Sectioning And Inserting Of Pedicle	
40775	Documentation That Tissue Plasminogen Activator (T-Pa) Administration Was Considered (Str)	Yes
40775		
4077F		
	Unlisted Procedure. Lips	Yes
4077F 40799 4079F	Unlisted Procedure, Lips Documentation That Rehabilitation Services Were Considered (Str)	Yes Yes
40799	Unlisted Procedure, Lips Documentation That Rehabilitation Services Were Considered (Str) Drainage Of Abscess, Cyst, Hematoma, Vestibule Of Mouth; Simple	

Procedure Code	Description	Prior Auth Required
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	No
	Underlying Muscle	
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	Yes
	Department Stay (Em)	
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

Procedure Code	Description	Prior Auth Required
41130	Glossectomy; Hemiglossectomy	No
41135	Glossectomy; Partial, With Unilateral Radical Neck Dissection	No
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)	
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	Yes
	Importance Of Treatment Adherence Provided To Patient And/Or Caregiver(s) (Ec)	

Procedure Code	Description	Prior Auth Required
4175F	Best-Corrected Visual Acuity Of 20/40 Or Better (Distance Or Near) Achieved Within The 90 Days	Yes
	Following Cataract Surgery (Ec)	
4176F	Counseling About Value Of Protection From Uv Light And Lack Of Proven Efficacy Of Nutritional	Yes
	Supplements In Prevention Or Progression Of Cataract Development Provided To Patient And/Or	
	Caregiver(s) (Nma-No Measure Associated)	
4177F	Counseling About The Benefits And/Or Risks Of The Age-Related Eye Disease Study (Areds)	Yes
	Formulation For Preventing Progression Of Age-Related Macular Degeneration (Amd) Provided To	
	Patient And/Or Caregiver(s) (Ec)	
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
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	Yes
	Antagonist (H2ra) Received (Gerd)	
4186F	No Continuous (12-Months) Therapy With Either Proton Pump Inhibitor (Ppi) Or Histamine H2	Yes
	Receptor Antagonist (H2ra) Received (Gerd)	
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		Yes
	Monitoring Test Ordered Or Performed (Am)	
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	Yes
	Glucocorticoid Use Is For Less Than 6 Months (Ra)	
4194F	PATIENT RECEIVING >= 10 MG DAILY PREDNISONE (OR EQUIVALENT) FOR LONGER THAN 6 MONTHS,	Yes
	AND IMPROVEMENT OR NO CHANGE IN DISEASE ACTIVITY (RA)	
4195F	Patient Receiving First-Time Biologic Disease Modifying Anti-Rheumatic Drug Therapy For Rheumatoid	Yes
	Arthritis (Ra)	
4196F	Patient Not Receiving First-Time Biologic Disease Modifying Anti-Rheumatic Drug Therapy For	Yes
	Rheumatoid Arthritis (Ra)	
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	Yes
	Prostate Cancer Patient (Prca)	
42100	Biopsy Of Palate, Uvula	No
42100	Excision, Lesion Of Palate, Uvula; Without Closure	No
42104	Excision, Lesion Of Palate, Uvula; With Simple Primary Closure	No
42107	Excision, Lesion Of Palate, Uvula; With Local Flap Closure	No
0/		

Procedure Code 4210F 42120 42140	Angiotensin Converting Enzyme (Ace) Or Angiotensin Receptor Blockers (Arb) Medication Therapy For 6 Months Or More (Mm)	Prior Auth Required Yes
42120 42140	6 Months Or More (Mm)	
42140		
42140		No
	Uvulectomy, Excision Of Uvula	No
42145	Palatopharyngoplasty (eg, Uvulopalatopharyngoplasty, Uvulopharyngoplasty)	Yes
42160		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	No
	(Includes Obtaining Graft)	
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		No
42227		No
42235		No
42260		No
42280	Maxillary Impression For Palatal Prosthesis	No
42281	Insertion Of Pin-Retained Palatal Prosthesis	No
42299	Unlisted Procedure, Palate, Uvula	Yes
42300		No
42305		No
4230F	Anticonvulsant Medication Therapy For 6 Months Or More (Mm)	Yes
42310		No
42320		No
42330		No
42335	Sialolithotomy; Submandibular (Submaxillary), Complicated, Intraoral	No
42340	Sialolithotomy; Parotid, Extraoral Or Complicated Intraoral	No
42400		No
42405		No
42408	Excision Of Sublingual Salivary Cyst (Ranula)	No
42409		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		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		No
42450		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	Yes
	Or Longer (Bkp)	
42500		No
42505		No
42507		No
42509	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Excision Of Both Submandibular Glands	
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

Procedure Code	Description	Prior Auth Required
42510	Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Ligation Of Both Submandibular	No
	(Wharton'S) Ducts	
42550	Injection Procedure For Sialography	No
4255F	Duration Of General Or Neuraxial Anesthesia 60 Minutes Or Longer, As Documented In The	Yes
	Anesthesia Record (Crit) (Peri2)	
4256F	Duration Of General Or Neuraxial Anesthesia Less Than 60 Minutes, As Documented In The Anesthesia	Yes
	Record (Crit) (Peri2)	
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	Yes
	Technique, Semi-Quantitative Or Quantitative Swab Technique) Or Wound Surface Culture Technique	
42650	Not Used (Cwc) 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	Yes
	Replacement Of Compression Stockings Received (Cwc)	
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	Yes
	Antiretroviral Therapy (Hiv)	
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
42809	Removal Of Foreign Body From Pharynx	No
4280F	Pneumocystis Jiroveci Pneumonia Prophylaxis Prescribed Within 3 Months Of Low Cd4+ Cell Count Or	Yes
42810	Percentage (Hiv) Excision Branchial Cleft Cyst Or Vestige, Confined To Skin And Subcutaneous Tissues	Yes
42810	Excision Branchial Cleft Cyst, Vestige, Or Fistula, Extending Beneath Subcutaneous Tissues And/Or Into	
42015	Pharynx	103
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	No
	And Posterior Pharyngeal Walls	
42894	Resection Of Pharyngeal Wall Requiring Closure With Myocutaneous Or Fasciocutaneous Flap Or Free	No
	Muscle, Skin, Or Fascial Flap With Microvascular Anastomosis	
42900	Suture Pharynx For Wound Or Injury	No
4290F	Patient Screened For Injection Drug Use (Hiv)	Yes

Procedure Code	Description	Prior Auth Required
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	Yes
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
43118		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

Procedure Code	Description	Prior Auth Required
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	No
43238	To The Esophagus, Stomach Or Duodenum, And Adjacent Structures 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

Procedure Code	Description	Prior Auth Required
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	No
43241	Ultrasound, When Performed) Esophagogastroduodenoscopy, Flexible, Transoral; With Insertion Of Intraluminal Tube Or Catheter	No
43242	Esophagogastroduodenoscopy, Flexible, Transoral; With Transendoscopic Ultrasound-Guided	No
	Intramural Or Transmural Fine Needle Aspiration/Biopsy(S) (Includes Endoscopic Ultrasound	
	Examination Of The Esophagus, Stomach, And Either The Duodenum Or A Surgicall	
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		No
43248		No
43249	Esophagogastroduodenoscopy, Flexible, Transoral; With Transendoscopic Balloon Dilation Of	No
	Esophagus (Less Than 30 Mm Diameter)	
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	Transmural Injection Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Neurolytic Agent) Or	No
43254	Fiducial Marker(S) (Includes Endoscopic Ultrasound Examination Of Esophagogastroduodenoscopy, Flexible, Transoral; With Endoscopic Mucosal Resection	No
43255		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		No
43262		No
43263	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Pressure Measurement Of Sphincter Of Oddi	No
43264		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

Procedure Code	Description	Prior Auth Required
43274	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Placement Of Endoscopic Stent Into	No
	Biliary Or Pancreatic Duct, Including Pre- And Post-Dilation And Guide Wire Passage, When	
	Performed, Including Sphincterotomy, When Performed, Each Stent	
43275	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Removal Of Foreign Body(s) Or	No
	Stent(s) From Biliary/Pancreatic Duct(s)	
43276	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Removal And Exchange Of Stent(S),	No
	Biliary Or Pancreatic Duct, Including Pre- And Post-Dilation And Guide Wire Passage, When	
	Performed, Including Sphincterotomy, When Performed, Each Stent Exchang	
43277	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Trans-Endoscopic Balloon Dilation Of	No
	Biliary/Pancreatic Duct(s) Or Of Ampulla (Sphincteroplasty), Including Sphincterotomy, When	
	Performed, Each Duct	
43278	Endoscopic Retrograde Cholangiopancreatography (Ercp); With Ablation Of Tumor(s), Polyp(s), Or	No
	Other Lesion(s), Including Pre- And Post-Dilation And Guide Wire Passage, When Performed	
42270		N
43279	Laparoscopy, Surgical, Esophagomyotomy (Heller Type), With Fundoplasty, When Performed	No
42200		No
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty (eg, Nissen, Toupet Procedures)	
43281	Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed;	No
43282	Without Implantation Of Mesh Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed;	No
43282		NO
43283	With Implantation Of Mesh Laparoscopy, Surgical, Esophageal Lengthening Procedure (eg, Collis Gastroplasty Or Wedge	No
43203	Gastroplasty) (List Separately In Addition To Code For Primary Procedure)	NO
43284	Laparoscopy, Surgical, Esophageal Sphincter Augmentation Procedure, Placement Of Sphincter	No
45204	Augmentation Device (le, Magnetic Band), Including Cruroplasty When Performed	NO
	Augmentation Device (ie, Magnetic Band), including churopiasty when renormed	
43285	Removal Of Esophageal Sphincter Augmentation Device	No
43286	Esophagectomy, Total Or Near Total, With Laparoscopic Mobilization Of The Abdominal And	No
	Mediastinal Esophagus And Proximal Gastrectomy, With Laparoscopic Pyloric Drainage Procedure If	
	Performed, With Open Cervical Pharyngogastrostomy Or Esophagogastrostom	
43287	Esophagectomy, Distal Two-Thirds, With Laparoscopic Mobilization Of The Abdominal And Lower	No
	Mediastinal Esophagus And Proximal Gastrectomy, With Laparoscopic Pyloric Drainage Procedure If	
	Performed, With Separate Thoracoscopic Mobilization Of The Middle A	
43288	Esophagectomy, Total Or Near Total, With Thoracoscopic Mobilization Of The Upper, Middle, And	No
	Lower Mediastinal Esophagus, With Separate Laparoscopic Proximal Gastrectomy, With Laparoscopic	
	Pyloric Drainage Procedure If Performed, With Open Cervical Phary	
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
42201		Maa
43291	Esophagogastroduodenoscopy, Flexible, Transoral; With Removal Of Intragastric Bariatric Balloon(S)	Yes
43300	Esophagoplasty (Plastic Repair Or Reconstruction), Cervical Approach; Without Repair Of	No
43300	Tracheoesophageal Fistula	NO
43305	Esophagoplasty (Plastic Repair Or Reconstruction), Cervical Approach; With Repair Of	No
-5505	Tracheoesophageal Fistula	
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	No
	Tracheoesophageal Fistula	
43312	Esophagoplasty (Plastic Repair Or Reconstruction), Thoracic Approach; With Repair Of	No
	Tracheoesophageal Fistula	-
43313		No
	Repair Of Congenital Tracheoesophageal Fistula	
43314	Esophagoplasty For Congenital Defect (Plastic Repair Or Reconstruction), Thoracic Approach; With	No
	Repair Of Congenital Tracheoesophageal Fistula	
43320	Esophagogastrostomy (Cardioplasty), With Or Without Vagotomy And Pyloroplasty, Transabdominal	No
	Or Transthoracic Approach	
	Esophagogastric Fundoplasty, With Fundic Patch (Thal-Nissen Procedure)	No
43325	Esophagogastric Fundoplasty, with Fundic Patch (Thai-Nissen Procedure)	NO
43325 43327	Esophagogastric Fundoplasty Partial Or Complete; Laparotomy	No

Procedure Code	Description	Prior Auth Required
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;	No
	Without Implantation Of Mesh Or Other Prosthesis	
43333	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via Laparotomy, Except Neonatal;	No
	With Implantation Of Mesh Or Other Prosthesis	
43334	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via Thoracotomy, Except Neonatal;	No
	Without Implantation Of Mesh Or Other Prosthesis	
43335	Repair, Paraesophageal Hiatal Hernia (Including Fundoplication), Via Thoracotomy, Except Neonatal;	No
	With Implantation Of Mesh Or Other Prosthesis	
43336	Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via Thoracoabdominal Incision,	No
	Except Neonatal; Without Implantation Of Mesh Or Other Prosthesis	
43337	Repair, Paraesophageal Hiatal Hernia, (Including Fundoplication), Via Thoracoabdominal Incision,	No
	Except Neonatal; With Implantation Of Mesh Or Other Prosthesis	
43338	Esophageal Lengthening Procedure (eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In	No
	Addition To Code For Primary Procedure)	
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	No
	Fistula, Or For Previous Esophageal Exclusion; With Stomach, With Or Without Pyloroplasty	
43361	Gastrointestinal Reconstruction For Previous Esophagectomy, For Obstructing Esophageal Lesion Or	No
	Fistula, Or For Previous Esophageal Exclusion; With Colon Interposition Or Small Intestine	
	Reconstruction, Including Intestine Mobilization, Preparation, And	
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 No
43450 43453	Dilation Of Esophagus, By Unguided Sound Or Bougie, Single Or Multiple Passes	No
43460	Dilation Of Esophagus, Over Guide Wire	No
43496	Esophagogastric Tamponade, With Balloon (Sengstaken Type) Free Jejunum Transfer With Microvascular Anastomosis	No
43497	Lower Esophageal Myotomy, Transoral (le, Peroral Endoscopic Myotomy [Poem])	No
43499	Unlisted Procedure, Esophagus	Yes
43500	Gastrotomy; With Exploration Or Foreign Body Removal	No
43501	Gastrotomy; With Exploration of Folegin Body Kentoval	No
43502	Gastrotomy; With Suture Repair Of Pre-Existing Esophagogastric Laceration (eg, Mallory-Weiss)	No
45502	Casti otomy, with Suture repair of Pre-Existing Esophagogastic Lateration (eg. Mailory-Weiss)	
4350F	Counseling Provided On Symptom Management, End Of Life Decisions, And Palliation (Dem)	Yes
-5501		
43510	Gastrotomy; With Esophageal Dilation And Insertion Of Permanent Intraluminal Tube (eg, Celestin Or	No
15510	Mousseaux-Barbin)	
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]	No
	For Primary Procedure)	
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
43041	vagotority including i violopiasty, with or without cash ostority, i anetal cell (inginy selective)	

Procedure Code	Description	Prior Auth Required
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Roux-En-Y	Yes
	Gastroenterostomy (Roux Limb 150 Cm Or Less)	
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine	Yes
	Reconstruction To Limit Absorption	
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		No
	(Separate Procedure)	
43659	Unlisted Laparoscopy Procedure, Stomach	Yes
43752		No
	Fluoroscopy, Image Documentation And Report)	
43753	Gastric Intubation And Aspiration(s) Therapeutic, Necessitating Physician's Skill (eg, For	No
40754	Gastrointestinal Hemorrhage), Including Lavage If Performed	N1 .
43754	Gastric Intubation And Aspiration, Diagnostic; Single Specimen (eg, Acid Analysis)	No
43755	Gastric Intubation And Aspiration, Diagnostic; Collection Of Multiple Fractional Specimens With	No
	Gastric Stimulation, Single Or Double Lumen Tube (Gastric Secretory Study) (Eg, Histamine, Insulin, Pentagastrin, Calcium, Secretin), Includes Drug Administrat	
43756	Duodenal Intubation And Aspiration, Diagnostic, Includes Image Guidance; Single Specimen (eg, Bile	No
43730	Study For Crystals Or Afferent Loop Culture)	NO
43757	Duodenal Intubation And Aspiration, Diagnostic, Includes Image Guidance; Collection Of Multiple	No
43737	Fractional Specimens With Pancreatic Or Gallbladder Stimulation, Single Or Double Lumen Tube,	NO
	Includes Drug Administration	
43761		No
-5701		
43762	Replacement Of Gastrostomy Tube, Percutaneous, Includes Removal, When Performed, Without	No
	Imaging Or Endoscopic Guidance; Not Requiring Revision Of Gastrostomy Tract	
43763		No
	Imaging Or Endoscopic Guidance; Requiring Revision Of Gastrostomy Tract	
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Gastric Restrictive	Yes
	Device (eg, Gastric Band And Subcutaneous Port Components)	
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gastric Restrictive Device	Yes
	Component Only	
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device	Yes
	Component Only	
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of Adjustable Gastric	Yes
	Restrictive Device Component Only	
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device	Yes
	And Subcutaneous Port Components	
43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve	Yes
10000	Gastrectomy)	••
43800	Pyloroplasty	No
43810	Gastroduodenostomy	No
43820	Gastrojejunostomy; Without Vagotomy	No
43825 43830	Gastrojejunostomy; With Vagotomy, Any Type Gastrostomy, Open; Without Construction Of Gastric Tube (eg, Stamm Procedure) (Separate	No No
43830	Procedure)	INO
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	Yes
	Gastric Restrictive Procedure, Without Gastric Bypass, For Worbid Obesity, Vertical Banded	
43843	Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-	Yes
	Banded Gastroplasty	
43845	Gastric Restrictive Procedure With Partial Gastrectomy, Pylorus-Preserving Duodenoileostomy And	Yes
	Ileoileostomy (50 To 100 Cm Common Channel) To Limit Absorption (Biliopancreatic Diversion With	
	Duodenal Switch)	
43846	Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With Short Limb (150 Cm Or	Yes
	Less) Roux-En-Y Gastroenterostomy	
		N
43847	Gastric Restrictive Procedure, With Gastric Bypass For Morbid Obesity; With Small Intestine	Yes

Procedure Code	Description	Prior Auth Required
43848	Revision, Open, Of Gastric Restrictive Procedure For Morbid Obesity, Other Than Adjustable Gastric	Yes
	Restrictive Device (Separate Procedure)	
43860	Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstruction, With Or Without	No
	Partial Gastrectomy Or Intestine Resection; Without Vagotomy	
43865	Revision Of Gastrojejunal Anastomosis (Gastrojejunostomy) With Reconstruction, With Or Without	No
	Partial Gastrectomy Or Intestine Resection; With Vagotomy	
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
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	No
44020	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	No
	Procedure)	
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,	No
	Or Fistulization; Multiple Enterotomies	
44120	Enterectomy, Resection Of Small Intestine; Single Resection And Anastomosis	No
44121	Enterectomy, Resection Of Small Intestine; Each Additional Resection And Anastomosis (List	No
	Separately In Addition To Code For Primary Procedure)	
44125	Enterectomy, Resection Of Small Intestine; With Enterostomy	No
44126	Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Resection And Anastomosis	No
	Of Proximal Segment Of Intestine; Without Tapering	
44127	Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Resection And Anastomosis	No
	Of Proximal Segment Of Intestine; With Tapering	
44128	Enterectomy, Resection Of Small Intestine For Congenital Atresia, Single Resection And Anastomosis	No
	Of Proximal Segment Of Intestine; Each Additional Resection And Anastomosis (List Separately In	
	Addition To Code For Primary Procedure)	
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 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	No
	Separately In Addition To Primary Procedure)	
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

Procedure Code	Description	Prior Auth Required
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,	No
	And Rectal Mucosectomy, When Performed	
44158	Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, Creation Of Ileal	No
	Reservoir (s Or J), Includes Loop Ileostomy, And Rectal Mucosectomy, When Performed	
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	No
	Addition To Code For Primary Procedure)	
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	Yes
	(Hartmann Type Procedure)	
44207	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic	Yes
	Anastomosis)	
44208	Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic	Yes
	Anastomosis) With Colostomy	
44210	Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or	Yes
	lleoproctostomy	
44211	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis,	Yes
	Creation Of Ileal Reservoir (s Or J), With Loop Ileostomy, Includes Rectal Mucosectomy, When	
	Performed	
44212	Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy	Yes
44213	Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With	No
	Partial Colectomy (List Separately In Addition To Primary Procedure)	
44227	Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And	No
	Anastomosis	
44238	Unlisted Laparoscopy Procedure, Intestine (Except Rectum)	Yes
44300	Placement, Enterostomy Or Cecostomy, Tube Open (eg, For Feeding Or Decompression) (Separate	No
	Procedure)	
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	No
	Procedure)	
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;	No
	Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate	
	Procedure)	
44361	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum;	No
	With Biopsy, Single Or Multiple	
44363	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum;	No
	With Removal Of Foreign Body(s)	
44364	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum;	No
	With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique	
44365	Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum;	No
	With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps Or Bipolar Cautery	

Procedure Code	Description	Prior Auth Required
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

Procedure Code	Description	Prior Auth Required
44603	Suture Of Small Intestine (Enterorrhaphy) For Perforated Ulcer, Diverticulum, Wound, Injury Or	No
	Rupture; Multiple Perforations	
44604	Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum, Wound, Injury Or Rupture	No
	(Single Or Multiple Perforations); Without Colostomy	
44605	Suture Of Large Intestine (Colorrhaphy) For Perforated Ulcer, Diverticulum, Wound, Injury Or Rupture	No
	(Single Or Multiple Perforations); With Colostomy	
44615	Intestinal Stricturoplasty (Enterotomy And Enterorrhaphy) With Or Without Dilation, For Intestinal	No
	Obstruction	
44620	Closure Of Enterostomy, Large Or Small Intestine;	No
44625	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Anastomosis Other Than	No
	Colorectal	
44626	Closure Of Enterostomy, Large Or Small Intestine; With Resection And Colorectal Anastomosis (eg,	No
	Closure Of Hartmann Type Procedure)	
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	No
	Omentum)	
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	Yes
	Transplantation, Including Mobilization And Fashioning Of The Superior Mesenteric Artery And Vein	
44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft Prior To Transplantation;	Yes
	Venous Anastomosis, Each	
44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft Prior To Transplantation;	Yes
	Arterial Anastomosis, Each	
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
11015		
4481F	Patient Receiving Ace Inhibitor/Arb Therapy And Beta-Blocker Therapy For Less Than 3 Months Or	Yes
44020	Patient Not Receiving Ace Inhibitor/Arb Therapy And Beta-Blocker Therapy (Hf)	No
44820	Excision Of Lesion Of Mesentery (Separate Procedure)	No
44850 44899	Suture Of Mesentery (Separate Procedure)	No
44899	Unlisted Procedure, Meckel's Diverticulum And The Mesentery	Yes No
44900	Incision And Drainage Of Appendiceal Abscess, Open	
44955	Appendectomy; Appendectomy; When Done For Indicated Purpose At Time Of Other Major Procedure (Not As	No No
44555	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, Abdominal And Transsacral Approach Proctectomy, Partial, With Anastomosis; Transsacral Approach Only (Kraske Type)	No
-3110	In recectionity, Fantial, with Anastoniosis, Hanssachar Approach Only (Maske Type)	

Procedure Code	Description	Prior Auth Required
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
45171	Excision Of Rectal Tumor, Transanal Approach; Not Including Muscularis Propria (le, 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

Description Sigmoidoscopy, Flexible; With Placement Of Endoscopic Stent (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed)	Prior Auth Required No
Sigmoidoscopy, Flexible; With Endoscopic Mucosal Resection	No
Sigmoidoscopy, Flexible; With Band Ligation(s) (eg, Hemorrhoids)	No
Colonoscopy, Flexible; Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When	No
	No
	No
	No
	No
Colonoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps	No
Colonoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique	No
Colonoscopy, Flexible; With Transendoscopic Balloon Dilation	No
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
Colonoscopy, Flexible; With Endoscopic Stent Placement (Includes Pre- And Post-Dilation And Guide	No
	No
Colonoscopy, Flexible; With Endoscopic Ultrasound Examination Limited To The Rectum, Sigmoid,	No
Descending, Transverse, Or Ascending Colon And Cecum, And Adjacent Structures	
Colonoscopy, Flexible; With Transendoscopic Ultrasound Guided Intramural Or Transmural Fine Needle Aspiration/Biopsy(S), Includes Endoscopic Ultrasound Examination Limited To The Rectum,	No
Colonoscopy, Flexible; With Decompression (For Pathologic Distention) (eg, Volvulus, Megacolon),	No
Laparoscopy, Surgical; Proctectomy, Complete, Combined Abdominoperineal, With Colostomy	No
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
	No
Unlisted Procedure, Colon	Yes
Laparoscopy, Surgical; Proctopexy (For Prolapse)	No
Laparoscopy, Surgical; Proctopexy (For Prolapse), With Sigmoid Resection	No
Disease Modifying Pharmacotherapy Discussed (ALS)	Yes
Patient Offered Treatment For Pseudobulbar Affect, Sialorrhea, Or ALS-Related Symptoms (ALS)	Yes
Unlisted Laparoscopy Procedure, Rectum	Yes
Proctoplasty; For Stenosis	No
Proctoplasty; For Prolapse Of Mucous Membrane	Yes
Options For Noninvasive Respiratory Support Discussed With Patient (ALS)	Yes
Nutritional Support Offered (ALS)	Yes
Perirectal Injection Of Sclerosing Solution For Prolapse	No
	Yes
Patient Offered Assistance In Planning For End Of Life Issues (ALS)	Yes
Proctopexy (eg, For Prolapse); Abdominal Approach	No
	No
	Yes
	No
	Yes
	No
	No
	No
Patient Exhibits 3 Or More Risk Factors For Post-Operative Nausea And Vomiting (Peri2) Patient Does Not Exhibit 3 Or More Risk Factors For Post-Operative Nausea And Vomiting (Peri2)	Yes Yes
Patient Received At Least 2 Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes Preoperatively And Intraoperatively (Peri2)	Yes
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	Yes
	Colonoscopy, Flexible: Diagnostic, Including Collection Of Specimen(s) By Brushing Or Washing, When Performed (Separate Procedure) Colonoscopy, Flexible: With Bienoval Of Foreign Body(s) Colonoscopy, Flexible: With Directed Submucosal Injection(s), Any Substance Colonoscopy, Flexible: With Directed Submucosal Injection(s), Any Substance Colonoscopy, Flexible: With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps Colonoscopy, Flexible: With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique Colonoscopy, Flexible: With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) Encloses Colonoscopy, Flexible: With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) (Includes Pre- And Post-Dilation And Guide Wire Passage, When Performed) Colonoscopy, Flexible: With Endoscopic Stent Placement (Includes Pre- And Post-Dilation And Guide Wire Passage, With Brodscopic Ultrasound Examination Limited To The Rectum, Sigmoid, Descending, Transverse, Or Ascending Colon And Cecum, And Adjacent Structures Colonoscopy, Flexible: With Endoscopic Ultrasound Examination Limited To The Rectum, Sigmoid, Descending, Transverse, Or Ascending Colon And Cecum, And A Colonoscopy, Flexible: With Decompression For Patholigic Distention (Imted To The Rectum, Sigmoid, Descending, Transverse, Or Ascending Colon And Cecum, And A Colonoscopy, Flexible: With Decompression For Patholigic Distention (Imted To The Rectum, Sigmoid, Descending, Transverse, Or Ascending Colon And Cecum, And A Colonoscopy, Flexible: With Decompression For Patholigic Distention (Imted To The Re

Procedure Code	Description	Prior Auth Required
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,	No
	Submuscular, With Or Without Placement Of Seton	
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	No
46270	Fissurectomy, When Performed	No
46270	Surgical Treatment Of Anal Fistula (Fistulactomy/Fistulatomy); Subcutaneous	No
46275 46280	Surgical Treatment Of Anal Fistula (Fistulectomy/Fistulotomy); Intersphincteric Surgical Treatment Of Anal Fistula (Fistulectomy/Fistulotomy); Transsphincteric, Suprasphincteric,	Yes No
40280	Extrasphincteric Or Multiple, Including Placement Of Seton, When Performed	
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 Foreign Body Anoscopy; With Removal Of Single Tumor, Polyp, Or Other Lesion By Hot Biopsy Forceps Or Bipolar	No
	Cautery	
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	No
	Cautery Or Snare Technique	

Procedure Code	Description	Prior Auth Required
46614	Anoscopy; With Control Of Bleeding (eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater	No
	Probe, Stapler, Plasma Coagulator)	
46615	Anoscopy; With Ablation Of Tumor(s), Polyp(s), Or Other Lesion(s) Not Amenable To Removal By Hot	No
	Biopsy Forceps, Bipolar Cautery Or Snare Technique	-
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	No
	Approach	
46712	Repair Of Ileoanal Pouch Fistula/Sinus (eg, Perineal Or Vaginal), Pouch Advancement; Combined	No
	Transperineal And Transabdominal Approach	
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	No
	Approaches	
46740	Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula; Perineal Or	No
	Sacroperineal Approach	
46742	Repair Of High Imperforate Anus With Rectourethral Or Rectovaginal Fistula; Combined	No
-	Transabdominal And Sacroperineal Approaches	-
46744	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Sacroperineal Approach	No
46746	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combined Abdominal And	No
	Sacroperineal Approach;	
46748	Repair Of Cloacal Anomaly By Anorectovaginoplasty And Urethroplasty, Combined Abdominal And	No
-07-10	Sacroperineal Approach; With Vaginal Lengthening By Intestinal Graft Or Pedicle Flaps	
	Sacioperinear Approach, with vaginar tengthening by intestinar or at or reduce haps	
46750	Sphincteroplasty, Anal, For Incontinence Or Prolapse; Adult	No
46751	Sphincteroplasty, Anal, For Incontinence Or Prolapse; Addit	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 Inalignatic	No
-0701	Repair)	
46900	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle),	No
10500	Simple; Chemical	
46910	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle),	No
10310	Simple; Electrodesiccation	
46916	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle),	No
10310	Simple; Cryosurgery	
46917	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle),	No
10317	Simple; Laser Surgery	
46922	Destruction Of Lesion(s), Anus (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle),	No
	Simple; Surgical Excision	
46924		No
	Extensive (eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery)	
46930	Destruction Of Internal Hemorrhoid(s) By Thermal Energy (eg, Infrared Coagulation, Cautery,	No
	Radiofrequency)	
46940	Curettage Or Cautery Of Anal Fissure, Including Dilation Of Anal Sphincter (Separate Procedure); Initial	No
46942	Curettage Or Cautery Of Anal Fissure, Including Dilation Of Anal Sphincter (Separate Procedure);	No
	Subsequent	
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group,	No
	without imaging guidance	
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid	No
	columns/groups, without imaging guidance	
46947	Hemorrhoidopexy (eg, For Prolapsing Internal Hemorrhoids) By Stapling	No
46948	Hemorrhoidectomy, Internal, By Transanal Hemorrhoidal Dearterialization, 2 Or More Hemorrhoid	No
	Columns/Groups, Including Ultrasound Guidance, With Mucopexy, When Performed	
46999	Unlisted Procedure, Anus	Yes

Procedure Code	Description	Prior Auth Required
47000	Biopsy Of Liver, Needle; Percutaneous	No
47001	Biopsy Of Liver, Needle; When Done For Indicated Purpose At Time Of Other Major Procedure (List	No
	Separately In Addition To Code For Primary Procedure)	
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)	No
	Cyst(s) Or Abscess(Es)	
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	Yes
	(Segments li And lii)	
47141	Donor Hepatectomy (Including Cold Preservation), From Living Donor; Total Left Lobectomy	Yes
	(Segments li, lii And lv)	
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,	Yes
	Including Cholecystectomy, If Necessary, And Dissection And Removal Of Surrounding Soft Tissues To	
	Prepare The Vena Cava, Portal Vein, Hepatic Artery, And Comm	
47144	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft Prior To Allotransplantation,	Yes
	Including Cholecystectomy, If Necessary, And Dissection And Removal Of Surrounding Soft Tissues To	
	Prepare The Vena Cava, Portal Vein, Hepatic Artery, And Comm	
47145	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft Prior To Allotransplantation,	Yes
	Including Cholecystectomy, If Necessary, And Dissection And Removal Of Surrounding Soft Tissues To	
	Prepare The Vena Cava, Portal Vein, Hepatic Artery, And Comm	
47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation;	Yes
	Venous Anastomosis, Each	
47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation;	Yes
	Arterial Anastomosis, Each	
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	No
17264	Hepatic Artery Ligation	N
47361	Management Of Liver Hemorrhage; Exploration Of Hepatic Wound, Extensive Debridement,	No
47202	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	INO
47370	Laparoscopy, Surgical, Ablation Of 1 Or More Liver Tumor(s); Radiofrequency	No
47371	Laparoscopy, Surgical, Ablation Of 1 Or More Liver Tumor(s); Rudonequency	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
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	No
	Without Cholecystotomy; Without Transduodenal Sphincterotomy Or Sphincteroplasty	
47425	Choledochotomy Or Choledochostomy With Exploration, Drainage, Or Removal Of Calculus, With Or	No
	Without Cholecystotomy; With Transduodenal Sphincterotomy Or Sphincteroplasty	-
47460	Transduodenal Sphincterotomy Or Sphincteroplasty, With Or Without Transduodenal Extraction Of	No
	Calculus (Separate Procedure)	
47480	Cholecystotomy Or Cholecystostomy, Open, With Exploration, Drainage, Or Removal Of Calculus	No
1	(Separate Procedure)	

Procedure Code	Description	Prior Auth Required
47490	Cholecystostomy, Percutaneous, Complete Procedure, Including Imaging Guidance, Catheter Placement, Cholecystogram When Performed, And Radiological Supervision And Interpretation	No
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	Νο
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(les) 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	Νο
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 47554	Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; With Biopsy, Single Or Multiple Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; With Bemoval Of Calculus/Calculi	No
47555	Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; With Removal Of Calculus/Calculi Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; With Dilation Of Biliary Duct Stricture(s)	No
47556	Without Stent	No
	Biliary Endoscopy, Percutaneous Via T-Tube Or Other Tract; With Dilation Of Biliary Duct Stricture(s) With Stent	
47562	Laparoscopy, Surgical; Cholecystectomy	No

Procedure Code	Description	Prior Auth Required
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	No
	Sphincteroplasty, With Or Without Cholangiography	
47700	Exploration For Congenital Atresia Of Bile Ducts, Without Repair, With Or Without Liver Biopsy, With	No
	Or Without Cholangiography	-
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
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 Bilary Ducts With End-To-End Anastomosis	No
47801	Placement Of Choledochal Stent	No
47802	U-Tube Hepaticoenterostomy	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	
40001	Jejunostomy	
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
-0105		
48120	Excision Of Lesion Of Pancreas (eg, Cyst, Adenoma)	No
48140	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; Without Pancreaticojejunostomy	No
-01-0		
48145	Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; With Pancreaticojejunostomy	No
10115		
48146	Pancreatectomy, Distal, Near-Total With Preservation Of Duodenum (Child-Type Procedure)	No
-01-0		
48148	Excision Of Ampulla Of Vater	No
48150	Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrectomy,	No
40100	Choledochoenterostomy And Gastrojejunostomy (Whipple-Type Procedure); With	
	Pancreatojejunostomy	
48152	Pancreatectomy, Proximal Subtotal With Total Duodenectomy, Partial Gastrectomy,	No
40132	Choledochoenterostomy And Gastrojejunostomy (Whipple-Type Procedure); Without	NO
	Pancreatojejunostomy	
48153	Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoenterostomy And	No
-0133	Duodenojejunostomy (Pylorus-Sparing, Whipple-Type Procedure); With Pancreatojejunostomy	
48154	Pancreatectomy, Proximal Subtotal With Near-Total Duodenectomy, Choledochoenterostomy And	No
	Duodenojejunostomy (Pylorus-Sparing, Whipple-Type Procedure); Without Pancreatojejunostomy	
48155	Pancreatectomy, Total	No
48160	Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of Pancreas Or Pancreatic Islet	Yes
	Cells	
48400	Injection Procedure For Intraoperative Pancreatography (List Separately In Addition To Code For	No
	Primary Procedure)	
48500	Marsupialization Of Pancreatic Cyst	No
		-

Procedure Code	Description	Prior Auth Required
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; Bucct	No
48545		No
48547	Pancreatorrhaphy For Injury Duodonal Evolution With Castroiniunestomy For Dansreatic Injury	No
	Duodenal Exclusion With Gastrojejunostomy For Pancreatic Injury	No
48548	Pancreaticojejunostomy, Side-To-Side Anastomosis (Puestow-Type Operation)	
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	No
	Exploration	
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
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
49203	Excision Or Destruction, Open, Intra-Abdominal Tumors, Cysts Or Endometriomas, 1 Or More Peritoneal, Mesenteric, Or Retroperitoneal Primary Or Secondary Tumors; Largest Tumor 5 Cm Diameter Or Less	No
49204	Excision Or Destruction, Open, Intra-Abdominal Tumors, Cysts Or Endometriomas, 1 Or More Peritoneal, Mesenteric, Or Retroperitoneal Primary Or Secondary Tumors; Largest Tumor 5.1-10.0 Cm Diameter	No
49205	Excision Or Destruction, Open, Intra-Abdominal Tumors, Cysts Or Endometriomas, 1 Or More Peritoneal, Mesenteric, Or Retroperitoneal Primary Or Secondary Tumors; Largest Tumor Greater Than 10.0 Cm Diameter	No
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

Procedure Code	Description	Prior Auth Required
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,	No
	Cyst); Visceral (eg, Kidney, Liver, Spleen, Lung/Mediastinum), Percutaneous	
49406	Image-Guided Fluid Collection Drainage By Catheter (eg, Abscess, Hematoma, Seroma, Lymphocele,	No
	Cyst); Peritoneal Or Retroperitoneal, Percutaneous	
49407	Image-Guided Fluid Collection Drainage By Catheter (eg, Abscess, Hematoma, Seroma, Lymphocele,	No
	Cyst); Peritoneal Or Retroperitoneal, Transvaginal Or Transrectal	
49411	Placement Of Interstitial Device(s) For Radiation Therapy Guidance (eg, Fiducial Markers, Dosimeter),	No
	Percutaneous, Intra-Abdominal, Intra-Pelvic (Except Prostate), And/Or Retroperitoneum, Single Or	
	Multiple	
49412	Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter),	No
	Open, Intra-Abdominal, Intrapelvic, And/Or Retroperitoneum, Including Image Guidance, If	
	Performed, Single Or Multiple (List Separately In Addition To Co	
49418	Insertion Of Tunneled Intraperitoneal Catheter (Eg, Dialysis, Intraperitoneal Chemotherapy	No
	Instillation, Management Of Ascites), Complete Procedure, Including Imaging Guidance, Catheter	
	Placement, Contrast Injection When Performed, And Radiological Superv	
49419	Insertion Of Tunneled Intraperitoneal Catheter, With Subcutaneous Port (Ie, Totally Implantable)	No
49421		No
49422	Removal Of Tunneled Intraperitoneal Catheter	No
49423	Exchange Of Previously Placed Abscess Or Cyst Drainage Catheter Under Radiological Guidance	No
	(Separate Procedure)	
49424	Contrast Injection For Assessment Of Abscess Or Cyst Via Previously Placed Drainage Catheter Or Tube	No
10.105	(Separate Procedure)	
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
49435		No
	Site (List Separately In Addition To Code For Primary Procedure)	
49436	Delayed Creation Of Exit Site From Embedded Subcutaneous Segment Of Intraperitoneal Cannula Or	No
	Catheter	
49440	Insertion Of Gastrostomy Tube, Percutaneous, Under Fluoroscopic Guidance Including Contrast	No
	Injection(s), Image Documentation And Report	
49441	Insertion Of Duodenostomy Or Jejunostomy Tube, Percutaneous, Under Fluoroscopic Guidance	No
	Including Contrast Injection(s), Image Documentation And Report	
49442	Insertion Of Cecostomy Or Other Colonic Tube, Percutaneous, Under Fluoroscopic Guidance Including	No
	Contrast Injection(s), Image Documentation And Report	
49446	Conversion Of Gastrostomy Tube To Gastro-Jejunostomy Tube, Percutaneous, Under Fluoroscopic	No
	Guidance Including Contrast Injection(s), Image Documentation And Report	
49450	Replacement Of Gastrostomy Or Cecostomy (Or Other Colonic) Tube, Percutaneous, Under	No
	Fluoroscopic Guidance Including Contrast Injection(s), Image Documentation And Report	
49451	Replacement Of Duodenostomy Or Jejunostomy Tube, Percutaneous, Under Fluoroscopic Guidance	No
	Including Contrast Injection(s), Image Documentation And Report	
49452	Replacement Of Gastro-Jejunostomy Tube, Percutaneous, Under Fluoroscopic Guidance Including	No
	Contrast Injection(s), Image Documentation And Report	
49460	Mechanical Removal Of Obstructive Material From Gastrostomy, Duodenostomy, Jejunostomy, Gastro	No
	Jejunostomy, Or Cecostomy (Or Other Colonic) Tube, Any Method, Under Fluoroscopic Guidance	
	Including Contrast Injection(S), If Performed, Image Documentation An	
49465	Contrast Injection(s) For Radiological Evaluation Of Existing Gastrostomy, Duodenostomy,	No
	Jejunostomy, Gastro-Jejunostomy, Or Cecostomy (Or Other Colonic) Tube, From A Percutaneous	
	Approach Including Image Documentation And Report	
49491	Repair, Initial Inguinal Hernia, Preterm Infant (Younger Than 37 Weeks Gestation At Birth), Performed	No
	From Birth Up To 50 Weeks Postconception Age, With Or Without Hydrocelectomy; Reducible	
49492	Repair, Initial Inguinal Hernia, Preterm Infant (Younger Than 37 Weeks Gestation At Birth), Performed	No
	From Birth Up To 50 Weeks Postconception Age, With Or Without Hydrocelectomy; Incarcerated Or	
	Strangulated	

Procedure Code	Description	Prior Auth Required
49495	Repair, Initial Inguinal Hernia, Full Term Infant Younger Than Age 6 Months, Or Preterm Infant Older	No
	Than 50 Weeks Postconception Age And Younger Than Age 6 Months At The Time Of Surgery, With Or	
	Without Hydrocelectomy; Reducible	
49496	Repair, Initial Inguinal Hernia, Full Term Infant Younger Than Age 6 Months, Or Preterm Infant Older	No
	Than 50 Weeks Postconception Age And Younger Than Age 6 Months At The Time Of Surgery, With Or	
	Without Hydrocelectomy; Incarcerated Or Strangulated	
49500	Repair Initial Inguinal Hernia, Age 6 Months To Younger Than 5 Years, With Or Without	No
	Hydrocelectomy; Reducible	
49501	Repair Initial Inguinal Hernia, Age 6 Months To Younger Than 5 Years, With Or Without	No
	Hydrocelectomy; Incarcerated Or Strangulated	
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		No
	Repair Initial Femoral Hernia, Any Age; Reducible	
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	Yes
	Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); Less	
49592	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	No
	Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); Less	
49593	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	Yes
	Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); 3 Cm	
49594	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	No
	Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); 3 Cm	
49595	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	Yes
	Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); Grea	
49596	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	No
	Approach (Ie, Open, Laparoscopic, Robotic), Initial, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); Grea	
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	No
	Closure, In Operating Room	
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	Yes
	Approach (Ie, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); Le	
49614	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	No
	Approach (le, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); Le	
49615	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	Yes
	Approach (le, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); 3	
49616	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	No
	Approach (le, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other	
	Prosthesis When Performed, Total Length Of Defect(S); 3	
49617	Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	Yes
	Approach (le, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other	
49618	Prosthesis When Performed, Total Length Of Defect(S); Gr Repair Of Anterior Abdominal Hernia(S) (Ie, Epigastric, Incisional, Ventral, Umbilical, Spigelian), Any	No
-5010		
	Approach (Ie, Open, Laparoscopic, Robotic), Recurrent, Including Implantation Of Mesh Or Other Desethesis When Performed, Total Longth Of Defect/S): Gr	
	Prosthesis When Performed, Total Length Of Defect(S); Gr	

Procedure Code	Description	Prior Auth Required
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	No
	Recurrent Anterior Abdominal Hernia Repair Or Parastomal Hernia Repair, Any Approach (Ie, Open,	
	Laparoscopic, Robotic) (List Separately In Addition To Code For	
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
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 (MI)	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
50135	Pyelotomy; Complicated (eg, Secondary Operation, Congenital Kidney Abnormality)	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

Procedure Code	Description	Prior Auth Required
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	
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	
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
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		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

Procedure Code	Description	Prior Auth Required
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 (MI)	
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
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

Procedure Code	Description	Prior Auth Required
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,	No
	Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation (List	
	Separately In Addition To Code For Primary Procedure)	
5060F	Findings From Diagnostic Mammogram Communicated To Practice Managing Patient's On-Going Care	Yes
	Within 3 Business Days Of Exam Interpretation (Rad)	
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	Yes
	Interpretation (Rad)	
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	No
	Ureteral Catheter	
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	No
	Radiologic Service	
50693	Placement Of Ureteral Stent, Percutaneous, Including Diagnostic Nephrostogram And/Or	No
	Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy), And All	
	Associated Radiological Supervision And Interpretation; Pre-Existing Nephrostomy	
50694	Placement Of Ureteral Stent, Percutaneous, Including Diagnostic Nephrostogram And/Or	No
	Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy), And All	
	Associated Radiological Supervision And Interpretation; New Access, Without Sepa	
50695	Placement Of Ureteral Stent, Percutaneous, Including Diagnostic Nephrostogram And/Or	No
	Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy), And All	
	Associated Radiological Supervision And Interpretation; New Access, With Separat	
50700	Ureteroplasty, Plastic Operation On Ureter (eg, Stricture)	No
50705	Ureteral Embolization Or Occlusion, Including Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy)	No
	And All Associated Radiological Supervision And Interpretation (List Separately In Addition To Code	
	For Primary Procedure)	
50706	Balloon Dilation, Ureteral Stricture, Including Imaging Guidance (eg, Ultrasound And/Or Fluoroscopy)	No
	And All Associated Radiological Supervision And Interpretation (List Separately In Addition To Code	
	For Primary Procedure)	
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	No
	Hernia	
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
50800	Ureteroenterostomy, Direct Anastomosis Of Ureter To Intestine	No
50810	Ureterosigmoidostomy, With Creation Of Sigmoid Bladder And Establishment Of Abdominal Or	No
	Perineal Colostomy, Including Intestine Anastomosis	
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	No
	Intestine (Kock Pouch Or Camey Enterocystoplasty)	

Procedure Code	Description	Prior Auth Required
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
51030	Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion	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

Procedure Code	Description	Prior Auth Required
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
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
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

S1945 Abdommo-Vagnal Vesical Next Suggestion, With Or Without Endoscopic Control (eg. Starney, Naz, Modified Pereyra) No S1880 Cyctorrhaphy, Stutter Of Biadder Wound, Jupy OF Rupture, Simple No S1880 Closure of Cystotomy (Sparate Proceedure) No S1880 Closure of Cystotomy (Stapate Procedure) No S1880 Closure of Vesicourient Fishuk, Statis Pereyrate, Stamp, State of Modified Pereyrate, Naz, Mod No S1801 Closure of Vesicourient Fishuk, Statis Proceedure) No S1802 Closure Of Vesicourient Fishuk, Statis Proceedure) No S1803 Closure Of Vesicourient Fishuk, Statis Proceedure) No S1804 Closure Of Vesicourient Fishuk, Statis Proceedure) No S1805 Clasure Of Vesicourient Fishuk, Statis Proceedure) No S1806 Clasure Of Vesicourient Fishuk, Statis Proceedure) No S1807 Clasure Of Vesicourient Fishuk, Statis Proceedure) No S2008 Cyctourientroscopy, Mine Ursterial Catheerization, With Or Without Irrigation, Institution, Or No S2007 Cyctourientroscopy, With Directal Catheerization, With Or Without Irrigation, Institution, Or No S2007	Procedure Code	Description	Prior Auth Required
Medified Pergrab Image: Comparison of Pladder Wound, Jujury Cr. Rupture; Complicated No 3385 Cystorrhaphy, Stutter Of Bladder Wound, Jujury Cr. Rupture; Complicated No 3385 Closure Of Vesicouterine Fishule; No 51900 Closure Of Vesicouterine Fishule; No 51901 Closure Of Vesicouterine Fishule; No 51903 Closure Of Vesicouterine Fishule; No 51904 Closure Of Vesicouterine Fishule; No 51905 Intercocystoplashy, Including Intellinal Anastomosis No 51904 Laparoscop, Surgical; Urethral Suspension For Stress Incontinence (sp. Faskal Of Synthetic) No 51907 Laparoscop, Surgical; Urethral Suspension For Stress Incontinence (sp. Faskal Of Synthetic) No 51909 Unisted Laparoscop, Surgical; Urethral Suspension For Stress Incontinence (sp. Faskal Of Synthetic) No 52000 Cystourethroscopy, Wind Ureteral Catheteriscins), With Or Without Irrigation, Instillation, OF No 52001 Cystourethroscopy, With Ureteral Catheteriscins), With Or Without Irrigation, Instillation, OF No 52002 Cystourethroscopy, With Inder Strate (spin) No 52014 Cons			•
51800 Cyctorrhiphis, Sturter Of Biodder Wound, Injury OF Rupture, Simple No 51865 Cyctorrhiphis, Sturter Of Biodder Wound, Injury OF Rupture, Simple No 51860 Closure Of Cyctotomy (Separate Procedure) No 51800 Closure Of Vesicotomy in Status, Abdominal Approach. No 51801 Closure Of Vesicotomy in Status, Abdominal Approach. No 51802 Closure Of Vesicotomy in Status, Abdominal Approach. No 51803 Closure Of Vesicotomy in Status, With Protectomy No 51804 Closure, Extraophylasty, Inclusing Intestinal Anatomosis No 51806 Claraneoux Vesicotomy No 51807 Laparoscopy, Surgical, Unit Status Supersion For Stress Incontinence No 51808 Claraneoux Vesicotomy No No 51809 United uparoscopy Foreignath Procedure, Bladder Yes 52001 Cyctourethroscopy, With Interferiol Canteernation, With Or Without Irrigation, Institiation, Or No 52005 Cyctourethroscopy, With Interferiol Canteernation, With Or Without Irrigation, Institiation, Or No 52006 Cyctourethroscopy, With Liperolitory forescrecip. No			
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51880 Closure of Cystatomy (Separate Procedure) No 51900 Closure of Vesicouring Fistula, Albomani Japroach No 51920 Closure of Vesicouring Fistula, Mith hystarectomy No 51940 Closure, Estrophy of Italda No 51940 Closure, Estrophy of Italda No 51940 Cutencus Vesicostomy No 51940 Cutencus Vesicostomy No 51940 Cutencus Vesicostomy No 51940 Cutencus Vesicostomy No 51940 Cystourethroscopy With Irrightan Anatamosis No 51940 United Laparoscopy, Surgici, Sing Operation For Stress Incontience (leg. Fasci Or Synthetic) No 52001 Cystourethroscopy With Irrightan Anatamica Citica No 52002 Cystourethroscopy, With Irrightan Alexicuation Of Multiple Obstructing Citica No 52003 Cystourethroscopy, With Irrightan Anatamics Service; With Or Without Irrightan, Instillation, Or No 52004 Conductation Of Referral For A Neurological Evaluation Of Appropriateness For Surgical Therapy For Yes 52016 Consideration (Irrightan Anatalogic Service; No	51865		No
51220 Cosure Of Vesicourierine Fistulay, With Nyterectomy No 51245 Cosure, Exstrophy Of Bladder No 51240 Cosure, Exstrophy Of Bladder No 51240 Cosure, Exstrophy Of Bladder No 51240 Cutaneous Vesicotomy No 51290 Laparoscopy, Surgict, Sing Operation For Stress Incontinence (e.g. Facia O' Synthetic) No 51290 Unitate Laparoscopy Procedure, Bladder No 52000 Cyctourethroscopy With Irrigation And Evacuation Of Multiple Obstructing Cois No 52001 Cyctourethroscopy With Irrigation And Evacuation Of Multiple Obstructing Cois No 52002 Cyctourethroscopy With Irrigation And Evacuation Of Appropriateness For Surgical Therapy For No 52004 Consideration Of Referral For A Neurological Evaluation Of Appropriateness For Surgical Therapy For No 52005 Consideration Of Referral For A Neurological Evaluation Of Appropriateness For Surgery Of No No 52014 Cystourethroscopy, With Fileplateness For Surgery) Of Trigone, Bladder No 52024 Cystourethroscopy, With Fileplateness For Surgery) Of Trigone, Bladder No 52234 Cystourethroscopy, With	51880		No
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51440 Closure, Extraphy Of Bladder No 51960 Entercyctoplasty, Including Intestinal Anastomosis No 51980 Cutaneous Vesicostomy No 51980 Cutaneous Vesicostomy No 51980 Laparocopy, Surgical: Sling Operation For Stress Incontinence (eg. Fascia Or Synthetic) No 51991 Linited Laparocopy Procedure, Bladder No 52000 Cyctourethroscopy (Paprate Procedure) No 52001 Cyctourethroscopy, With Uretra Classianio Of Multiple Obstructing Clots No 52007 Cyctourethroscopy, With Uretra Classianio Of Multiple Obstructing Clots No 52007 Cyctourethroscopy, With Uretra Classianio Of Appropriateness For Surgical Therapy For Yes 52008 Consideration Of Referral For A Neurological Evaluation Of Appropriateness For Surgical Therapy For Yes 52010 Cyctourethroscopy, With Evaluation Classianio Classiani Classianio Classianio Clas		Closure Of Vesicouterine Fistula;	No
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51880 Curaneous Vescostomy No 51990 Laparoscopy, Surgical, Verthal Suppersion For Stress incontinence (ag. Faxia & Synthetic) No 51992 Laparoscopy, Surgical, Sing Operation For Stress incontinence (ag. Faxia & Synthetic) No 51999 United Laparoscopy Procedure, Blodder Yes 52000 Cystourethroscopy (Separate Procedure) No 52001 Cystourethroscopy, With Ureter of Structure (Mth Or Without Irrigation, Instillation, Or No 52007 Cystourethroscopy, With Ureter of Advocation of Aburptice Distructing Clots No 52007 Cystourethroscopy, With Ureter of Advocation of Appropriateness For Surgical Therapy For Yes 52007 Cystourethroscopy, With Ureter of Clothologic Service. No 52008 Consideration Of Referral For A Neurological Evaluation of Appropriateness For Surgical Therapy For Yes 52010 Cystourethroscopy, With Elguitation (Including Cryssurgery Or Laser Surgery) Of Trigone, Bladder No 52224 Cystourethroscopy, With Elguitation (Including Cryssurgery Or Laser Surgery) And/Or Resection Of: No 52234 Cystourethroscopy, With Elguitation (Including Cryssurgery Or Laser Surgery) And/Or Resection Of: No 5224	51940		No
51990 Laparoscopy, Surgical, Urethn Suppension for Stress Incontinence (e.g., Fascia Or. Synthetic) No 51992 Laparoscopy, Surgical, Sing Operation for Stress Incontinence (e.g., Fascia Or. Synthetic) No 51999 Unitisted Laparoscopy Procedure, Bidder No 52000 Cystourethroscopy With Ureteral Catheternation, With Or Without Irrigation, Instillation, Or No 52001 Cystourethroscopy, With Ureteral Catheternation, With Or Without Irrigation, Instillation, Or No 52002 Cystourethroscopy, With Ureteral Catheternation, With Or Without Irrigation, Instillation, Or No 52007 Cystourethroscopy, With Ureteral Catheternation, With Or Without Irrigation, Instillation, Or No 52008 Consideration Of Referal For A Neurological Evaluation Of Appropriateness For Surgical Therapy For Yes 52004 Costourethroscopy, With Biguiday, Drud Catheterization, With Or Without Irrigation, Instillation, Or No 5204 Cystourethroscopy, With Biguiday, Drud Catheterization, With Or Surgical Therapy For No 52244 Cystourethroscopy, With Fuguration (Including Cryosurgery Or Laser Surgery) Of Tragone, Bidder No 52244 Cystourethroscopy, With Fuguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; No <t< td=""><td>51960</td><td>Enterocystoplasty, Including Intestinal Anastomosis</td><td>No</td></t<>	51960	Enterocystoplasty, Including Intestinal Anastomosis	No
S1992 Laparoscopy, Surgical Sing Operation For Stress incontinence (eg. Fascia Or Synthetic) No S1999 Unitisted Laparoscopy Procedure, Biadder Yes S2000 Crystourethroscopy (Separate Procedure, Biadder) No S2001 Crystourethroscopy, With Uretaral Catheterization, With Or Without Irrigation, Instillation, Or No S2007 Crystourethroscopy, With Uretaral Catheterization, With Or Without Irrigation, Instillation, Or No S2007 Crystourethroscopy, With Uretaral Eacheterization, With Or Without Irrigation, Instillation, Or No S2007 Crystourethroscopy, With Eigenal Years (LP) No S2008 Consideration Of Referal For A Neurological Evoluation Of Appropriateness For Surgical Therapy For Yes S2010 Crystourethroscopy, With Eigenalatory Duct Catheterization, With Or Without Irrigation, Instillation, Or No S2224 Crystourethroscopy, With Eigenalatory Duct Catheterization, Vitito Dreatment Of Minor No S2234 Crystourethroscopy, With Eigenalatory Unct Catheterization, Vitito Dreatment Of Minor No S2234 Crystourethroscopy, With Fulguration (Including Crysurgery Or Laser Surgery) And/Or Resection Of, No Small Bladder Turoscopy, Without Programe, Bladder S2235 Crystourethrosco	51980	Cutaneous Vesicostomy	No
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52000 Opstourethroscopy (Separate Procedure) No 52001 Opstourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or No 52007 Cystourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or No 52007 Cystourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or No 52007 Cystourethroscopy, With Irregation Associate Service: With Service Service: No 52007 Cystourethroscopy, With Irregation Associate Service: No No 52007 Cystourethroscopy, With Igualatory Duck Catheterization, With Or Without Irrigation, Instillation, Or No 52010 Cystourethroscopy, With Isignation (Including Crossurgery Or Laser Surgery) Of Trrigone, Bladder No 52224 Cystourethroscopy, With Fuguration (Including Crossurgery Or Laser Surgery) Of Trreatment Of Minor No 52234 Cystourethroscopy, With Fuguration (Including Crossurgery Or Laser Surgery) And/Or Resection OF, No 52234 Cystourethroscopy, With Fuguration (Including Crossurgery Or Laser Surgery) And/Or Resection OF, No 52235 Cystourethroscopy, With Fuguration (Including Crossurgery Or Laser Surgery) And/Or Resection OF, No	51992	Laparoscopy, Surgical; Sling Operation For Stress Incontinence (eg, Fascia Or Synthetic)	No
S2001 Cystourethroscopy With Irigation And Evacuation Of Multiple Obstructing Closs No S2005 Cystourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or No Ureteropylelography, Exclusive Of Radiologic Service; No No S2007 Cystourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or No Ureteropylelography, Exclusive Of Radiologic Service; No No S2006 Consideration Of Referral For A Neurological Evaluation Of Appropriateness For Surgical Therapy For Yes S2010 Cystourethroscopy, With Flugutation (Including Cryosurgery Or Laser Surgery) Of Trigone, Bladder No S2224 Cystourethroscopy, With Flugutation (Including Cryosurgery Or Laser Surgery) Of Trigone, Bladder No S2224 Cystourethroscopy, With Flugutation (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, Moder No S2224 Cystourethroscopy, With Flugutation (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, Moder No S2235 Cystourethroscopy, With Flugutation (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, Moder No S2240 Cystourethroscopy, With Flugutation (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, Medium Bladder Tumor(s) No <td>51999</td> <td>Unlisted Laparoscopy Procedure, Bladder</td> <td>Yes</td>	51999	Unlisted Laparoscopy Procedure, Bladder	Yes
S2005 Cystourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service: No S2007 Cystourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service: No S2007 Consideration Of Referal For A Neurological Evaluation Of Appropriateness For Surgical Therapy For Intractable Epilepyely Within The Past 3 Years (Ep) No S2008 Cystourethroscopy, With Bioulatory Duct Catheterization, With Or Without Irrigation, Instillation, Or Duct Radiography, Exclusive Of Radiologic Service No S2204 Cystourethroscopy, With Bioulatory Duct Catheterization, With Or Without Irrigation, Instillation, Or Duct Radiography, Exclusive Of Radiologic Service No S2214 Cystourethroscopy, With Bioups(s) No S2224 Cystourethroscopy, With Fulguration (Including Crossurgery Or Laser Surgery) Or Treatment Of Minn No S2224 Cystourethroscopy, With Fulguration (Including Crossurgery Or Laser Surgery) And/Or Resection Of, Medium Bladder Trumor(s) (S S Up T 0.2 0 Cm) No S2224 Cystourethroscopy, With Fulguration (Including Crossurgery Or Laser Surgery) And/Or Resection Of, Medium Bladder Trumor(s) (S Up T 0.2 0 Cm) No S22240 Cystourethroscopy, With Fulguration (Including Crossurgery Or Laser Surgery) And/Or Resection Of, Large Bladder Tumor(s)<	52000	Cystourethroscopy (Separate Procedure)	No
Unteropyelography, Exclusive Of Radiologic Service; Construction of Referral For A Neurological Evaluation Of Appropriateness For Surgical Therapy For Intractable Epilepsy. Within The Pat 3 Years (Epi) No 52007 Cystourethroscopy, With Evaluation Of Appropriateness For Surgical Therapy For Intractable Epilepsy. Within The Pat 3 Years (Epi) Yes 52010 Cystourethroscopy, With Evaluation Of Appropriateness For Surgical Therapy For Intractable Epilepsy. Within The Pat 3 Years (Epi) No 52024 Cystourethroscopy, With Biguration (Including Cryosurgery Or Laser Surgery) Of Trigone, Bladder Neek, Protatic Fossa, Urethra, Or Periurethral Glands No 52224 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) Of Tregone, Bladder Neek, Protatic Fossa, Urethra, Or Periurethral Glands No 52234 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, No No 52235 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, No No 52240 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, No No 52250 Cystourethroscopy, With Inguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, No No 52250 Cystourethroscopy, With Instruction (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, No No	52001	Cystourethroscopy With Irrigation And Evacuation Of Multiple Obstructing Clots	No
S2007 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 S200F Consideration Of Referral For A Neurological Evaluation Of Appropriateness For Surgical Therapy For Uratacble Epilepsy Within The Past 3 Years (Ep) Yes S2010 Cystourethroscopy, With Ejaculatory Duct Catheterization, With Or Without Irrigation, Instillation, Or Duct Radiography, Exclusive Of Radiologic Service No S2224 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) Of Trigone, Bladder Neck, Prostatic Fossa, Urethra, Or Periurethrai Glands No S2224 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) Or Treatment Of Minor (Less Than 0.5 Cm) Lesion(s) With Or Without Blopsy No S2224 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Medium Bladder Tumor(s) (0.5 D to 3.0 cm) No S2225 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Large Bladder Tumor(s) No S2250 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Large Bladder Tumor(s) No S2255 Crystourethroscopy, With Internal Urethrotomy; Female No S2270 Cystourethroscopy, With Dilation Of Bladder For Inte	52005	Cystourethroscopy, With Ureteral Catheterization, With Or Without Irrigation, Instillation, Or	No
Ureteropyelography, Exclusive Of Radiologic Service; With Brush Biopsy Of Ureter And/Or Renal Pelvis 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 Bjaculstory Duct Catheterization, With Or Without Irrigation, Instillation, Or Duct Radiography, Exclusive Of Radiologic Service No 52214 Cystourethroscopy, With Bjaculstory Duct Catheterization, Vith Or Without Irrigation, Instillation, Or Neck, Prostatic Fossa, Urethra, Or Perfurentral Glands No 52224 Cystourethroscopy, With Pilguration (Including Cryosurgery Or Laser Surgery) Of Trigone, Bladder Neck, Prostatic Tossa, Urethra, Or Perfurentral Glands No 52234 Cystourethroscopy, With Pilguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; No No 52235 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Medium Bladder Tumor(s) (20 To 5.0 Cm) No 52250 Cystourethroscopy, With Fulguration Of Radioactive Substance, With Or Without Biopsy OF Fulguration No 52251 Cystourethroscopy, With Ingery Log Descenter Surgery) And/Or Resection Of; Names Bladder Tumor(s) No 52252 Cystourethroscopy, With Insertion Of Badder For Interstitial Cystitis; General Or Conduction (Spinal) Anesthesia No 52276		Ureteropyelography, Exclusive Of Radiologic Service;	
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Duck Radiography, Exclusive Of Radiologic Service No 52204 Cystourethroscopy, With Biopsy(s) No 52214 Cystourethroscopy, With Biuguration (Including Cryosurgery Or Laser Surgery) Of Trigone, Bladder Neck, Prostatic Fossa, Urrethra, 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 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, Medium Bladder Tumor(s) (2.0 To 5.0 Cm) No 52250 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of, Medium Bladder Tumor(s) No 52260 Cystourethroscopy, With Insertion Of Radioactive Substance, With Or Without Biopsy Or Fulguration No 52275 Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; Local Anesthesia No 52276 Cystourethroscopy, With Internal Urethrotomy; Male No 52277 Cystourethroscopy, With Internal Urethrotomy No 52282 Cystourethroscopy, With Resection Of External Sphincter (Sphincterotomy)		Intractable Epilepsy Within The Past 3 Years (Epi)	
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52214 Cystourethroscopy, With Fulguration (including Cryosurgery Or Laser Surgery) Of Trigone, Bladder No 52224 Cystourethroscopy, With Fulguration (including Cryosurgery Or Laser Surgery) Or Treatment Of Minor No 52234 Cystourethroscopy, With Fulguration (including Cryosurgery Or Laser Surgery) And/Or Resection Of; No 52235 Cystourethroscopy, With Fulguration (including Cryosurgery Or Laser Surgery) And/Or Resection Of; No 52240 Cystourethroscopy, With Fulguration (including Cryosurgery Or Laser Surgery) And/Or Resection Of; No 52240 Cystourethroscopy, With Fulguration (including Cryosurgery Or Laser Surgery) And/Or Resection Of; No 52250 Cystourethroscopy, With Fulguration (including Cryosurgery Or Laser Surgery) And/Or Resection Of; No 52250 Cystourethroscopy, With Dilation Of Ralioactive Substance, With Or Without Biopsy Or Fulguration No 52250 Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; Local Anesthesia No 52270 Cystourethroscopy, With Internal Urethrotomy; Female No 52271 Cystourethroscopy, With Calibration And/Or Dilation Of Urethral Stricture Or Stenosis, With Or No 52282 Cystourethroscopy, With Resection Of Permanent Urethral Stricture Or Stenosis, With Or No 52277 Cystourethro	52204		No
Neck, Prostatic Fossa, Urethra, Or Perlurethral Glands Image: Construction of the constructin of the construction of the construction of the const	52214		No
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S2234 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; S235 No S2235 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Medium Bladder Tumor(s) (2.0 To 5.0 Cm) No S2240 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Large Bladder Tumor(s) No S2250 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Large Bladder Tumor(s) No S2260 Cystourethroscopy, With Dilation Of Radioactive Substance, With Or Without Biopsy Or Fulguration No S2265 Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; General Or Conduction (Spinal) No S2270 Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; Local Anesthesia No S2276 Cystourethroscopy, With Internal Urethrotomy; Female No S2277 Cystourethroscopy, With Calibration And/Or Dilation Of Urethral Stricture Or Stenosis, With Or No S2284 Cystourethroscopy, With Calibration And/Or Dilation Procedure For Cystography, Male Or Female No S2285 Cystourethroscopy, With Steroid Injection Into Stricture No No S2286 Cystourethroscopy, With Mechanical Urethra	52224		No
S2234 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; S235 No S2235 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Medium Bladder Tumor(s) (2.0 To 5.0 Cm) No S2240 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Large Bladder Tumor(s) No S2250 Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Large Bladder Tumor(s) No S2260 Cystourethroscopy, With Dilation Of Radioactive Substance, With Or Without Biopsy Or Fulguration No S2265 Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; General Or Conduction (Spinal) No S2270 Cystourethroscopy, With Dilation Of Bladder For Interstitial Cystitis; Local Anesthesia No S2276 Cystourethroscopy, With Internal Urethrotomy; Female No S2277 Cystourethroscopy, With Calibration And/Or Dilation Of Urethral Stricture Or Stenosis, With Or No S2284 Cystourethroscopy, With Calibration And/Or Dilation Procedure For Cystography, Male Or Female No S2285 Cystourethroscopy, With Steroid Injection Into Stricture No No S2286 Cystourethroscopy, With Mechanical Urethra		(Less Than 0.5 Cm) Lesion(s) With Or Without Biopsy	
Small Bladder Tumor(s) (0.5 Up To 2.0 Cm) Image: Comparison of the section of the sect	52234		No
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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 Dilation Internal Urethrotomy No 52277 Cystourethroscopy, With Internal Urethrotomy No 52276 Cystourethroscopy, With Direct Vision Internal Sphincter (Sphincterotomy) No 52277 Cystourethroscopy, With Calibration And/Or Dilation Of Urethral Stricture Or Stenosis, With Or No 52281 Cystourethroscopy, With Insertion Of Permanent Urethral Stent No 52282 Cystourethroscopy, With Mechanical Urethral Dilation And Urethral Therapeutic Drug Delivery By No 52284 Cystourethroscopy, With Mechanical Urethral Stricture Or Stenosis, Male, Including Fluoroscopy, When Performed 52285			
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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) 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 Calibration And/Or Dilation Of Urethral Stricture Or Stenosis, With Or No 52281 Cystourethroscopy, With Insertion Of Permanent Urethral Stricture Or Stenosis, With Or No 52282 Cystourethroscopy, With Insertion Of Permanent Urethral Stent No 52283 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 Urethroomy, Lysis Of Urethrovaginal Septal Fibrosis, Lateral Incisions Of The Bladder Neck, And Fulguration No 52287 Cystourethroscopy, With I			
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52284Cystourethroscopy, With Mechanical Urethral Dilation And Urethral Therapeutic Drug Delivery By Drug-Coated Balloon Catheter For Urethral Stricture Or Stenosis, Male, Including Fluoroscopy, When PerformedNo52285Cystourethroscopy 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 FulgurationNo52287Cystourethroscopy, With Injection(s) For Chemodenervation Of The Bladder Verthroscopy; With Ureteral Meatotomy, Unilateral Or BilateralNo52290Cystourethroscopy; With Resection Or Fulguration Of Orthotopic Ureterocele(s), Unilateral Or BilateralNo	52283		No
Drug-Coated Balloon Catheter For Urethral Stricture Or Stenosis, Male, Including Fluoroscopy, When PerformedNo52285Cystourethroscopy 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 FulgurationNo52287Cystourethroscopy, With Injection(s) For Chemodenervation Of The Bladder Verthroscopy; With Ureteral Meatotomy, Unilateral Or BilateralNo52290Cystourethroscopy; With Resection Or Fulguration of Orthotopic Ureterocele(s), Unilateral Or BilateralNo	52284		No
52285Cystourethroscopy 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 FulgurationNo52287Cystourethroscopy, With Injection(s) For Chemodenervation Of The BladderNo52290Cystourethroscopy; With Ureteral Meatotomy, Unilateral Or BilateralNo52300Cystourethroscopy; With Resection Or Fulguration Of Orthotopic Ureterocele(s), Unilateral Or BilateralNo			
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52300 Cystourethroscopy; With Resection Or Fulguration Of Orthotopic Ureterocele(s), Unilateral Or No Bilateral	52290		No
Bilateral	52300		No
52301 Cystourethroscopy; With Resection Or Fulguration Of Ectopic Ureterocele(s), Unilateral Or Bilateral No			
	52301		No

S2355 Cystourethroscopy, With Incision Or Resection Of Orifice Of Bladder Diverticulum, Single Or Multiple No S2310 Cystourethroscopy, With Removal Of Foreign Eddy, Calculus, Or Ureteral Stert From Urethra Or Bladder (Sparate Procedure), Complicated Cystourethroscopy, With Removal Of Foreign Eddy, Calculus, Or Ureteral Stert From Urethra Or Reguesting, Single O. Sonding, Complicated On Sonding, Compliance Progenetics, Complicated On Jung (Over 2.5 Cm) No S2317 Litbologaav, Crushing, Or Fragmentation Of Calculus, PM Wears in Bladder And Removal Of Progenetics, Complicated On Jung (Over 2.5 Cm) No S2328 Litbologaav, Crushing, Or Fragmentation Of Calculus, PM Wears in Bladder And Removal Of Progenetics, Complicated On Jung (Over 2.5 Cm) No S2329 Cystourethroscopy lincluding, Ureteral Cathederization), With Removal Of Ureteral Cathedra (Paraterial program) (Notice Ureteral Cathederization), With Subureteric Injection Of Implant No S2330 Cystourethroscopy lincluding Ureteral Cathederization), With Manipulation, Without Removal Of Ureteral Calculus No S2334 Cystourethroscopy With Insertion Of Ureteral Stricture (Edg, Balloon Dilation, Laser, Retroscoatery, And Incision No S2342 Cystourethroscopy With Insertion Of Ureteral Stricture (Edg, Balloon Dilation, Laser, Retroscoatery, And Incision No S2343 Cystourethroscopy With Direteractory, With Treatment Of Ureteral Stricture (Edg, Balloon Dilation, Laser, Retroscoatery, And Incisio	Procedure Code	Description	Prior Auth Required
Budder (Separate Procedure), Simple Current	52305		No
Bidder (Separte Procedure): Complicated Instruments 22327 Utbolgsay: Chvilling Crystemation Of Calculus By Any Means in Blader And Removal Of Fragments: On Display: Chvilling Crystemation Calculus By Any Means in Blader And Removal Of Tragments: Complicated Or Large (Over 2.5 Cm) No 22328 Cytourethroscoy (Including Ureter Calculus By Any Means in Blader And Removal Of Ureteral Calculus (eg. No No 22329 Cytourethroscoy (Including Ureter Calculus (externation): With Resmoval Of Ureteral Calculus (eg. No No 22329 Cytourethroscoy (Including Ureteral Calculus (externation): With Resmoval Of Ureteral Calculus (eg. No No 22321 Cytourethroscoy (Including Ureteral Calculus (externation): With Sebureteric Injection Of Implant Material Calculus (externation): With Sebureteric Injection Of Implant Material Calculus (externation): With Sebureteric Injection Of Implant Material Calculus (externation): With Manpulation, Without Removal Of Ureteral Calculus (externation): With Removal Of Index (externation):	52310		No
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E2220 Cystourethroscopy (including ureterial Catheterization); With Treagmentation of Uneterial Calculus (eg. No No S2215 Cystourethroscopy (including ureterial Catheterization); With Treagmentation of Uneterial Calculus (eg. No No S2226 Cystourethroscopy (including Ureterial Catheterization); With Subureteric Injection Of Implant Material No S2237 Cystourethroscopy (including Ureterial Catheterization); With Manipulation, Without Removal Of No No S2338 Cystourethroscopy, With Insertion Of Uneterial Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2342 Cystourethroscopy, With Insertion Of Uneterial Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2342 Cystourethroscopy, With Treatment Of Uneteropativic Junction Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2344 Cystourethroscopy, With Treatment Of Uneteropativic Junction Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2345 Cystourethroscopy, With Interatment Of Uneteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2344 Cystourethroscopy, With Uneteroscopy, And/Or Preloscopy, With Treatment Of Uneteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2345 Cystourethroscopy, With Un	52318		No
Ultrasonic Or Electro-Hydraulic Technique)	52320		No
S2227 Cytourethroscopy (Including Ureteral Catheterization); With Suburcteric Injection Of Implant No S2230 Cytourethroscopy (Including Ureteral Catheterization); With Manipulation, Without Removal Of No S2231 Cytourethroscopy, With Insertion Of Indwelling Ureteral Stert (eg. Gibbons Or Double-J Type) No S2232 Cystourethroscopy, With Insertion Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2242 Cystourethroscopy, With Treatment Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2242 Cystourethroscopy, With Treatment Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2244 Cystourethroscopy, With Treatment Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2245 Cystourethroscopy With Ureteroscopy, With Treatment Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2246 Cystourethroscopy With Ureteroscopy, With Treatment Of Intra-Renal Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No S2351 Cystourethroscopy, With Ureteroscopy, And/Or Pyeloscopy, Unetwork Or Manipulation Of No S2352 Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy, With Biopsy And/Or Fulguration Of No </td <td>52325</td> <td></td> <td>No</td>	52325		No
22330 Cystourethroscopy (Including Ureteral Catheterization); With Manipulation, Without Removal Of Ureteral Calculus No 22332 Cystourethroscopy, With Insertion Of Indwelling Ureteral Stricture (eg. Gibbons Or Double-J Type) No 22334 Cystourethroscopy, With Insertion Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No 22341 Cystourethroscopy, With Treatment Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No 22342 Cystourethroscopy, With Treatment Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No 22343 Cystourethroscopy, With Treatment Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No 22344 Cystourethroscopy, With Ureteracopy, With Treatment Of Ureteral Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No 22345 Cystourethroscopy, With Ureteracopy, With Treatment Of Intra-Renal Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No 22345 Cystourethroscopy, With Ureteracoopy, With Treatment Of Intra-Renal Stricture (eg. Balloon Dilation, Laser, Electrocautery, And Incision) No 22352 Cystourethroscopy, With Ureteracoopy, Mol/Dr Pyeloscopy, With Manipulation Of Cystourethroscopy, With Ureteracoopy And/Dr Pyeloscopy, With Manipulation Of Calculus (Ureteral Stant (eg. Shibons Or Double-J T	52327	Cystourethroscopy (Including Ureteral Catheterization); With Subureteric Injection Of Implant	No
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52450 Transurethral Incision Of Prostate No 52500 Transurethral Resection Of Bladder Neck (Separate Procedure) No 5250F Asthma Discharge Plan Provided To Patient (Asthma) 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)	52442	Permanent Adjustable Transprostatic Implant (List Separately In Addition To Code For Primary	No
52500 Transurethral Resection Of Bladder Neck (Separate Procedure) No 5250F Asthma Discharge Plan Provided To Patient (Asthma) 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)	52450		No
5250F Asthma Discharge Plan Provided To Patient (Asthma) 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	52500		No
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	5250F		Yes
52630 Transurethral Resection; Residual Or Regrowth Of Obstructive Prostate Tissue Including Control Of Yes Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included)	52601	Transurethral Electrosurgical Resection Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And	No
	52630	Transurethral Resection; Residual Or Regrowth Of Obstructive Prostate Tissue Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration	Yes
	52640	Transurethral Resection; Of Postoperative Bladder Neck Contracture	No

Procedure Code	Description	Prior Auth Required
52647	Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy,	No
	Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are	
	Included If Performed)	
52648	Laser Vaporization Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy,	No
	Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, Internal Urethrotomy And	
	Transurethral Resection Of Prostate Are Included If Performed)	
52649	Laser Enucleation Of The Prostate With Morcellation, Including Control Of Postoperative Bleeding,	Yes
	Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, Internal	
	Urethrotomy And Transurethral Resection Of Prostate Are Inc	
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
53415	Urethroplasty, Transpubic Or Perineal, 1-Stage, For Reconstruction Or Repair Of Prostatic Or	No
	Membranous Urethra	
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,	No
	Tenago, Leadbetter Procedure)	
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	No
	Cuff	
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,	No
	And Cuff At The Same Operative Session	
53448	Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Including Pump, Reservoir,	No
	And Cuff Through An Infected Field At The Same Operative Session Including Irrigation And	
	Debridement Of Infected Tissue	
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	Yes
	Cystourethroscopy And Imaging Guidance	
53452	Periurethral Transperineal Adjustable Balloon Continence Device; Unilateral Insertion, Including	Yes
	Cystourethroscopy And Imaging Guidance	
53453	Periurethral Transperineal Adjustable Balloon Continence Device; Removal, Each Balloon	Yes
53454	Periurethral Transperineal Adjustable Balloon Continence Device; Percutaneous Adjustment Of	No
	Balloon(S) Fluid Volume	
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5440 Urethromistoplasty, With Partial Excision Of Dibial Urethral Segment (Richardson Type Procedure) No 5550 Urethrolysis, Transvaginal, Secondary, Open, Indiuding Cystourethroscopy (sg. Postsurgical No 5552 Urethromistophy, Stutre Of Urethral Wound Or Injury, Fernale No 5555 Urethromistophy, Stutre Of Urethral Wound Or Injury, Fernale No 5550 Urethromistophy, Stutre Of Urethral Wound Or Injury, Parineal No 5550 Urethromistophy, Stutre Of Urethral Wound Or Injury, Parineal No 5550 Original Original Stutter Of Urethral Wound Or Injury, Parineal No 5550 Original Original Stutter Of Urethrol Wound Or Injury, Parineal No 5560 Diation Of Urethral Structure Original Anadol Stutes Diator, Male, Initial No 5562 Diation Of Urethral Structure Original Anadol Stutes Diator, Male, Stutes	Procedure Code	Description	Prior Auth Required
Obstruction, Sarring, No. 3502 Urethrorthaphy, Suture Of Lurchrint Wound Of Highay, Fende No. 35350 Urethrorthaphy, Suture Of Lurchrint Wound Of Highay, Fendel No. 35351 Urethrorthaphy, Suture Of Lurchrint Wound Of Highay, Fendel No. 35352 Cloure Of Urethroit Wound Or Highay, Pendel No. 35300 Diation Of Urethroit Sinciture & Phasage Of Sound Or Urethroit Diator, Male, Initial No. 35301 Diation Of Urethral Sinciture & Phasage Of Sound Or Urethroit Diator, Male, Initial No. 35303 Diation Of Urethral Sinciture & Phasage Of Hilform And Follower, Male; Initial No. 35421 Diation Of Urethral Sinciture & Phasage Of Hilform And Follower, Male; Initial No. 35423 Diation Of Fenale Urethra Including Supportary And/Or Instillation; Initial No. 35456 Diation Of Fenale Urethra Including Supportary And/Or Instillation; Subsequent No. 35451 Transurethral Betruction Of Prostate Tissue, By Raddrifequency Generated Water Yapor Yes. 33452 Transurethral Betruction Of Prostate Tissue, By Raddrifequency Generated Water Yapor Yes. 33454 Transurethral Batolof Prostate Tissue, By Raddrifequency Generated Water Yapor			
5352 Urethrambary, Sature Of Urethra Wound Or hijuxy, Renale No 5350 Urethrambary, Sature Of Urethra Wound Or hijuxy, Rennel No 53513 Urethrambary, Sature Of Urethra Wound Or hijuxy, Pennel No 53520 Cloure Of Urethra Structure Or hijuxy, Pennel No 53520 Cloure Of Urethra Structure Phases 200 (Dillotor, Male, Gaparte Procedure) No 53600 Dillotion Of Urethra Structure Phases 200 (Sound Or Urethra Dillator, Male, Subsequent No 53601 Dillotion Of Urethra Structure Phases 200 (Sound Or Urethra Dillator, Male, Generalt No 53602 Dillotion Of Urethra Structure Phases 200 Fillorm And Follower, Male, Initial No 53603 Dillotion Of Leventa Structure Phases 200 Fillorm And Follower, Male, Initial No 53604 Dillotion Of Fenale Urethra Including Suppository And/Or Instilliaton, Subsequent No 53635 Dillotion Of Fenale Urethra Including Suppository And/Or Instilliaton, Subsequent No 53836 Transurethral Destruction Of Prostate Tissue, Bradiofrequency Hemosherapy Yes 53836 Transurethral Destruction Of Prostate Tissue, Bradiofrequency Hemosherapy Yes 53836 Transurethral Destructure Visite Structure,	53500		No
S3806 Urethromraphy, Suture Of Urethral Wound Or Injury, Penieal No S3510 Urethromraphy, Suture Of Urethral Wound Or Injury, Prostatomembranous No S3510 Urethromraphy, Suture Of Urethral Wound Or Injury, Prostatomembranous No S3500 Dilation Of Urethral Structure By Pasage Of Sound Or Urethral Dilator, Male; Initial No S3601 Dilation Of Urethral Structure By Pasage Of Sound Or Urethral Dilator, Male; Initial No S3602 Dilation Of Urethral Structure By Pasage Of Sound Or Urethral Dilator, Male; Initial No S3603 Dilation Of Urethral Structure By Pasage Of Filliform And Follower, Male; Initial No S3604 Dilation Of Urethral Structure By Pasage Of Filliform And Follower, Male; Subsequent No S3605 Dilation Of Female Urethra Including Suppository And/Or Instillation; Subsequent No S3606 Dilation Of Female Urethra Including Suppository And/Or Instillation; Subsequent No S3607 Transurethral Destruction Of Prostat Tissue; By Radiofrequency Generated Water Vapor Yes S3854 Transurethral Destruction Of Prostat Tissue; By Radiofrequency Generated Water Vapor Yes S3856 Dilation Of A Inergoray Prostatic Urethral Steand Frequency Generated Water Vapor <t< td=""><td>53502</td><td></td><td>No</td></t<>	53502		No
53510 Urethronrhaphy, Subure Of Urethral Wound Or Injury, Peringal No 53525 Urethronrhaphy, Subure Of Urethran Under Or Injury, Peringen Procedure) No 53520 Closure Of Urethra Structure By Passage Of Sound Or Urethron Dialor, Male, Infuid No 53600 Diation of Urethra Structure By Passage Of Sound Or Urethran Dialor, Male, Subsequent No 53601 Diation of Urethra Structure By Passage Of Fillform And Follower, Male, Subsequent No 53602 Diation of Urethra Structure By Passage Of Fillform And Follower, Male, Subsequent No 53603 Diation Of Urethral Structure By Passage Of Fillform And Follower, Male, Subsequent No 53604 Diation Of Urethral Structure, General Or Conduction Spinal And/Or Instillation; Initial No 53605 Diation Of Female Urethra Induding Suppository And/Or Instillation; Initial No 53806 Transurethral Destruction Of Prostate Tissue, By Madorequeny Thermotherapy Yes 53827 Transurethral Destruction Of Prostate Tissue, By Radiorequeny Thermotherapy Yes 53838 Transurethral Destruction Of Prostate Tissue, By Radiorequeny Thermotherapy Yes 53840 Transurethral Destruction Of Prostate Tissue, By Radiorequeny Thermotherapy Yes			
S355 Urethrombaphy, Subure Of Urethroad Wound Or Liquy, Prostationenbronus No S350 Closure Of Urethroad Stricture By Pasage OF Sound Or Urethroad Dialor, Male; Initial No S360 Dilation Of Urethral Stricture By Pasage OF Sound Or Urethral Dialor, Male; Initial No S3601 Dilation Of Urethral Stricture By Pasage OF Sound Or Urethral Dialor, Male; Initial No S3602 Dilation Of Urethral Stricture By Pasage OF Filform And Follower, Male; Subasquent No S3621 Dilation Of Urethral Stricture By Pasage OF Filform And Follower, Male; Subasquent No S3650 Dilation Of Urethral Stricture By Pasage OF Sound Or Urethral Dilation, Subasquent No S3651 Dilation Of Female Urethra Including Suppository And/Or Instillation; Subasquent No S3652 Transurethral Destruction OF Porstate Tissue; By Radiofrequency Thermotherapy Yes S3652 Transurethral Bestruction OF Porstate Tissue; By Radiofrequency Generated Water Vapor Yes S3652 Transurethral Bestruction OF Porstate Tissue; By Radiofrequency Meenstel Water Vapor Yes S3655 Insertion Add Diration OF Porstate Tissue; By Radiofrequency Meenstel Water Vapor Yes S3650 Transurethral Badiofrequency Matca-Bernodeling Of The Female Biadde			No
5320 Closure of Unethractory Or Unethractaneous Estudia, Male (Separate Procedure) No 53600 Diletion of Unethral Stricture By Pasage Of Sourd Or Unethral Dilator, Male, Subsequent No 53601 Diletion of Unethral Stricture Or Vesita Nex By Pasage Of Sourd Or Unethral Dilator, Male, Subsequent No 53605 Diletion of Unethral Stricture By Pasage Of Fillform And Follower, Male; Subsequent No 53620 Diletion of Unethral Stricture By Pasage Of Fillform And Follower, Male; Subsequent No 53621 Diletion of Female Unethra Induding Suppository And/or Instillation; Initial No 53656 Olation of Female Unethra Induding Suppository And/or Instillation; Subsequent No 53656 Olation of Female Unethra, General Or Conduction Sjanal Anesthesia No 53657 Fransurethral Bestruction of Prostate Tasse, By Radiofrequency Generated Water Vapor Yes 53858 Fransurethral Bestruction of Prostate Tasse, By Radiofrequency Generated Water Vapor Yes 53858 Insertion of A I Empory Prostatic Unethral Stear, Installation; Initial No 53858 Insertion of A I Empory Prostatic Unethral Stear, Installation; Initial No 53858 Installation of I Femapatery Prostatic Unethral Stear, Initial Stear, Initial			No
SA600 Dilation of Urethral Stricture & Passage Of Sound Or Urethral Dilator, Male; Initial No SA601 Dilation of Urethral Stricture of Vesical Neck & Passage Of Sound Or Urethral Dilator, Male; Male; Initial No SA605 Dilation of Urethral Stricture of Vesical Neck & Passage Of Sound Or Urethral Dilator, Male; Male; Male; Male No SA600 Dilation of Urethral Stricture & Passage Of Fillorm And Follower, Male; Subacuent No SA601 Dilation of Urethral Stricture & Passage Of Fillorm And Follower, Male; Subacuent No SA661 Dilation of Female Urethra Including Suppository And/Or Instillaton; Initial No SA666 Dilation of Female Urethra, General Or Conduction Spinol; Anesthesia No SA666 Dilation of Female Urethra, General Or Conduction Spinol; Anesthesia No SA667 Transurethral Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy Yes SA684 Transurethral Badiofrequency Micro Alernake Bladder Steck. And Proximal Urethra No SA685 Instricture Of Prostate Tissue; By Radiofrequency Micro Alernake Bladder Neck. And Proximal Urethra No SA685 Instricture Of Prostate Tissue; By Radiofrequency Micro Alernake Bladder Neck. And Proximal Urethra No SA600 Fransurethra			No
StepS Dilation of Urethral Stricture of Vesical Neck By Passage Of Sound Or Urethral Dilator, Male, General No No Ste20 Dilation of Urethral Stricture By Passage Of Fillform And Follower, Male, Initial No Ste20 Dilation of Urethral Stricture By Passage Of Fillform And Follower, Male, Initial No Ste20 Dilation of Fernale Urethra Including Suppository And/Or Institiation, Subsequent No Ste26 Dilation of Fernale Urethra Including Suppository And/Or Institiation, Subsequent No Ste26 Dilation of Fernale Urethra General Or Conduction (Spinal) Ansysthesia No Ste26 Transurethral Destruction Of Prostate Tissue, By Radiofrequency Generated Water Vapor Nes Ste35 Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement No Ste35 Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement No Ste30 Transurethral Radiofrequency Micro-Remodeling Of The Fernale Bladder Neck And Proximal Urethra No Ste30 Transurethral Radiofrequency Micro-Remodeling Of The fernale Bladder Neck And Proximal Urethra No Ste30 Transurethral Radiofrequency Micro-Remodeling Of The fernale Bladder Neck And Proximal Urethra No Ste30 Stesting Of	53600	· · · · · ·	No
of Conduction (Spinal) Anesthesia No 53620 Dilation Of Urethral Structure By Passage Of Fillorm And Follower, Male; Initial No 53621 Dilation Of Ernale Urethra incluing Suppository And/Or instillation; Initial No 53661 Dilation Of Fernale Urethra incluing Suppository And/Or instillation; Initial No 53665 Dilation Of Fernale Urethra incluing Suppository And/Or instillation; Subsequent No 53650 Transurethral Destruction Of Prostate Tissue; By Ranow Thermotherapy Yes 53854 Transurethral Destruction Of Prostate Tissue; By Radiofrequency Generated Water Vapor Yes 53855 Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement No 53859 Unlisted Procedure, Urinary System Yes 54000 Sitting Of Frequee, Orsal Or Lateral (Separate Procedure); Except Newborn No 5401 Sitting Of Frequee, Dorsal Or Lateral (Separate Procedure); Except Newborn No 54055 Destruction Of Lateral (Separate Procedure); Except Newborn No 54050 Destruction Of Leion(S), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54051 Destruction Of Leion(S), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum	53601	Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent	No
5520 Distant of Urerkinal Stricture by Passage of Fillorm And Follower, Male, Inikal No 55601 Distant of Urerkinal Stricture by Passage of Fillorm And Follower, Male, Subsequent No 55601 Distant of Fernale Urerkina Including Suppositon And/Or Instillation; Jussaguent No 55661 Distant of Fernale Urerkina, General Or Conduction (Spinal) Anesthesia No 55662 Distant of Fernale Urerkina, General Or Conduction (Spinal) Anesthesia No 53852 Transurerkinal Destruction Of Prostate Tissue, By Radiofrequency Thermotherapy Yes 53854 Transurerkinal Destruction Of Prostate Tissue, By Radiofrequency Generated Water Vapor Yes 53855 Insertion Of A Temporary Prostatic Urerkinal Stent, Including Urerkinal Messurement No 53856 Transurerkinal Radiofrequency Micro-Remodeling Of The Fernale Biadder Neck And Proximal Urerkinal No 53850 Transurerkinal Radiofrequency Micro-Remodeling Of The Fernale Biadder Neck And Proximal Urerkinal No 54000 Sitting Of Prepuce, Dorsal Or Lateral (Separate Procedure); Newborn No 54011 Sitting Of Prepuce, Dorsal Or Lateral (Separate Procedure); Newborn No 54055 Destruction Of Lesion(J, Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, H	53605	Dilation Of Urethral Stricture Or Vesical Neck By Passage Of Sound Or Urethral Dilator, Male, General	No
Sid21 Dilation Of Urethral Stricture by Pasage Of Inform And Follower, Male, Subsequent No Sid60 Dilation Of Female Urethra Including Suppository And/Or Institution, Instal No Sid61 Dilation Of Female Urethra, General Or Conduction (Spinal) Anesthesia No Sid65 Dilation Of Female Urethra, General Or Conduction (Spinal) Anesthesia No Sid65 Transurethra Destruction Of Prostate Tissue, By Addofrequency Centrated Water Vapor Yes Sid85 Transurethra Destruction Of Prostate Tissue, By Addofrequency Centrated Water Vapor Yes Sid85 Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement No Sid85 Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement No Sid85 Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement No Sid85 Insertion Addofrequency Dessid Or Lateral (Separate Procedure); Newborn No Sid00 Sitting Of Prepuce, Dorsal Or Lateral (Separate Procedure); Newborn No Sid05 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Chemical Simple; Chemical No Simple; Chemical	53620		No
53660 Dilation Of Female Urethra Including Suppository And/Or Institutions, Subsequent No 53661 Dilation Of Female Urethra, General Or Conduction (Spinal) Anesthesia No 53850 Transurethral Destruction Of Prostate Tissue, By Radiofrequency Hermotherapy Yes 53852 Transurethral Destruction Of Prostate Tissue, By Radiofrequency Hermotherapy Yes 53854 Transurethral Destruction Of Prostate Tissue, By Radiofrequency Generated Water Vapor Yes 53855 Insertion Of A Temporary Prostatic Urethral Step Transurethral Bacting (Premater Transurethral Radiofrequency Micro Remodeling Of The Female Blader Neck And Proximal Urethra No 53850 Transurethral Radiofrequency Micro Remodeling Of The Female Blader Neck And Proximal Urethra No 53850 Transurethral Radiofrequency Micro Remodeling Of The Female Blader Neck And Proximal Urethra No 54001 Siliting Of Prepuce, Dorsal Or Lateral (Separate Procedure); Newborn No 54015 Incidion And Drainage Of Prepus, Deep No 54050 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54051 Incidion And Draine (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54056 Destruction Of Lesion(s), Penis (eg			No
S1665 Dilation of Fermie Urethra, General Or Conduction (Spinel) Ansethesia No S1890 Transurethno Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy Yes S1852 Transurethno Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy Yes S1854 Transurethnal Destruction Of Prostate Tissue; By Radiofrequency Cenerated Water Vapor Yes S1855 Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement No S1850 Transurethnal Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethral No No S1899 Unlisted Procedure, Unliany System Yes S4000 Slitting Of Prepuce, Dorsal Or Lateral (Separate Procedure): Newborn No S4015 Inclainn And Drainage Of Penis, Deep No S4025 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No S4055 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Stample; Chernical Stample; Later Stargery No S4056 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Later Stargery S4065 Destructi	53660	Dilation Of Female Urethra Including Suppository And/Or Instillation; Initial	No
53850 Transurethral Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy Yes 53851 Transurethral Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy Yes 53854 Transurethral Destruction Of Prostate Tissue; By Radiofrequency Generated Water Vapor Yes 53855 Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement No 53856 Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra No 53859 Unsisted Procedure, Urinary System Yes 54000 Slitting Of Prepuce, Dorsal O Lateral (Separate Procedure); Newborn No 54011 Slitting Of Prepuce, Dorsal O Lateral (Separate Procedure); Except Newborn No 54050 Destruction Of Lesion(S), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Chemical 54055 Destruction Of Lesion(S), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Chemical 54056 Destruction Of Lesion(S), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Chemical 54057 Destruction Of Lesion(S), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Surgital Excision 54056 Destruction Of Lesion(S), Penis (eg,	53661	Dilation Of Female Urethra Including Suppository And/Or Instillation; Subsequent	No
53852 Transurethral Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy Yes 53854 Transurethral Destruction Of Prostate Tissue; By Radiofrequency Generated Water Vapor Yes 53855 Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement No 53856 Transurethral Radiofrequency Micro-Remodeling Of The Female Biadder Neck And Proximal Urethra For Stress Urinary Incontinence Yes 53809 Unitsted Procedure, Urinary System Yes 54000 Sitting Of Prepuec, Dorsal Or Lateral (Separate Procedure); Newborn No 54030 Destruction Of Lesion(s), Penis (Eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No No 54055 Destruction Of Lesion(s), Penis (Eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No No 54056 Destruction Of Lesion(s), Penis (Eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No No 54056 Destruction Of Lesion(s), Penis (Eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No No 54057 Destruction Of Lesion(s), Penis (Eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Steriosurgery 54058 Destruction Of Lesion(s), Penis (Eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Cherosurgery <td< td=""><td>53665</td><td>Dilation Of Female Urethra, General Or Conduction (Spinal) Anesthesia</td><td>No</td></td<>	53665	Dilation Of Female Urethra, General Or Conduction (Spinal) Anesthesia	No
Stass Transurethral Destruction OF Prostate Tissue; By Radiofrequency Generated Water Vapor Thermotherapy Yes Stass Insertion OF A Temporary Prostatic Urethral Stent, Including Urethral Measurement No Stass Insertion OF A Temporary Prostatic Urethral Stent, Including Urethral Measurement No Stass For Stress Urinary Incontinence Yes Stass Unlisted Procedure, Urinary System Yes Stass Incision And Drainage OF Penis, Deep No Stass Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Stass Simple; Chemical Execution Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Stass Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Cryosurgery Stasser Surgery, Electrodesiccation Sta660 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Laser Surgery, Electrodesizer, Surgery, Chemosurgery) No Sta055 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Surgera K Surgery, Stress Surgery, Electrodesizer, Chrosurgery, Chemosurgery) <td< td=""><td>53850</td><td>Transurethral Destruction Of Prostate Tissue; By Microwave Thermotherapy</td><td>Yes</td></td<>	53850	Transurethral Destruction Of Prostate Tissue; By Microwave Thermotherapy	Yes
Thermotherapy No 53855 Insertion Of A Temporary Postatic Urethral Stent, Including Urethral Measurement No 53860 Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethral No 53899 Unlisted Proceedure, Urinary System Yes 54000 Silting Of Propuce, Dorsal Or Lateral (Separate Procedure); Newborn No 54011 Incision And Drainage Of Penis, Deep No 54030 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54050 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54056 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54057 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54056 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54057 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54058 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54050 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagi	53852	Transurethral Destruction Of Prostate Tissue; By Radiofrequency Thermotherapy	Yes
53860 Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra For Stress Uniary Incontinence No 53899 Unisted Procedure, Urinary System Yes 54000 Sitting Of Prepuce, Dorsal Or Lateral (Separate Procedure); Newborn No 54011 Sitting 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), No 54055 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54056 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54057 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54058 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54060 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54055 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54060 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54100 Biopsy Of Penis;	53854		Yes
For Stress Urinary Incontinence Yes 53899 Unlisted Procedure, Urinary System Yes 54000 Siliting Of Prepuce, Dorsal Or Lateral (Separate Procedure); Newborn No 54011 Incision And Drainage Of Penis, Deep No 54050 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54050 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54056 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54057 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54058 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54059 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54060 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54055 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54065 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54100 Biopsy Of Penis, Deep Structures No <td>53855</td> <td>Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement</td> <td>No</td>	53855	Insertion Of A Temporary Prostatic Urethral Stent, Including Urethral Measurement	No
S3899 Unisted Procedure, Urinary System Yes 54000 Siliting Of Prepuce, Dorsal Or Lateral (Separate Procedure); Newborn No 54010 Siliting 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), No 54055 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54056 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54057 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54058 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54059 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54050 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54060 Destruction Of Lesion(s), Penis (eg. Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54110 Extensive (eg. Laser Surgery, Electrosurgery, Chrosurgery, Chrosurgery) No 54111 Excision Of	53860		No
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), No Simple; Chemical 54056 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Electrodesiccation 54056 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Sizer Surgery 54057 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Sizer Surgery 54060 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Surgical Excision 54055 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Surgical Excision 54060 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No Simple; Surgical Excision 54100 Biopsy Of Penis; Separate Procedure) No 54110 Excision Of Penile Plaque (Peyronie Dis	53899		Yes
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54060 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54065 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54065 Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), No 54100 Biopsy Of Penis; (Separate Procedure) No 54110 Excision Of Penile Deague (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 54120 Amputation Of Penis; Partial Yes 54130 Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy Yes 54130 Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including Yes 54130 Amputation Of Penis, Complete Yes 54140 Circumclision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring Block Yes 54150 Circumclision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Nolar Than 28 Days Of Age Yes 54161 Circumclision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of Age Yes <td>54057</td> <td>Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle),</td> <td>No</td>	54057	Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle),	No
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 54101 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 To 5 Cm In Length No 54112 Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm In Length No 54120 Amputation Of Penis; Partial Yes 54130 Amputation Of Penis; Radical; With Bilateral Inguinofemoral Lymphadenectomy, Including Yes 54130 Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy, Including Yes 54150 Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring Block Yes 54161 Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Yes 54162 Lysis Or Excision Of Penile Post-Circumcision Adhesions Yes 54163 Repair Incomplete Circumcision Adhesions Yes <td>54060</td> <td>Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle),</td> <td>No</td>	54060	Destruction Of Lesion(s), Penis (eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle),	No
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54111Excision Of Penile Plaque (Peyronie Disease); With Graft To 5 Cm In LengthNo54112Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm In LengthNo54115Removal Foreign Body From Deep Penile Tissue (eg, Plastic Implant)No54120Amputation Of Penis; PartialYes54125Amputation Of Penis; CompleteYes54130Amputation Of Penis, Radical; With Bilateral Inguinofemoral LymphadenectomyYes54135Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator NodesYes54160Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring BlockYes54161Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or Less)Yes54162Lysis Or Excision Of Penile Post-Circumcision AdhesionsYes54163Repair Incomplete Circumcision AdhesionsYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease;No54205Injection Procedure For Peyronie Disease;No			
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54120Amputation Of Penis; PartialYes54125Amputation Of Penis; CompleteYes54130Amputation Of Penis, Radical; With Bilateral Inguinofemoral LymphadenectomyYes54135Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator NodesYes54150Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring BlockYes54160Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or Less)Yes54161Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of Age YesYes54162Lysis Or Excision Of Penile Post-Circumcision AdhesionsYes54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease; 	54112	Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm In Length	No
54120Amputation Of Penis; PartialYes54125Amputation Of Penis; CompleteYes54130Amputation Of Penis, Radical; With Bilateral Inguinofemoral LymphadenectomyYes54135Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator NodesYes54150Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring BlockYes54160Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or Less)Yes54161Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of Age YesYes54162Lysis Or Excision Of Penile Post-Circumcision AdhesionsYes54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease; Sta205No54205Injection Procedure For Peyronie Disease; With Surgical Exposure Of PlaqueNo	54115		No
54130Amputation Of Penis, Radical; With Bilateral Inguinofemoral LymphadenectomyYes54135Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator NodesYes54150Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring BlockYes54160Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or Less)Yes54161Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of AgeYes54162Lysis Or Excision Of Penile Post-Circumcision AdhesionsYes54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease; With Surgical Exposure Of PlaqueNo	54120	Amputation Of Penis; Partial	Yes
54135Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator NodesYes54150Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring BlockYes54160Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or Less)Yes54161Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of Age Satistication, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of AgeYes54162Lysis Or Excision Of Penile Post-Circumcision AdhesionsYes54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease; Sla205No	54125	Amputation Of Penis; Complete	Yes
External Iliac, Hypogastric And Obturator NodesYes54150Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring BlockYes54160Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or Less)Yes54161Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of Age LessYes54162Lysis Or Excision Of Penile Post-Circumcision AdhesionsYes54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease; St4205No	54130	Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy	Yes
54150Circumcision, Using Clamp Or Other Device With Regional Dorsal Penile Or Ring BlockYes54160Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or Less)Yes54161Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of Age StateYes54162Lysis Or Excision Of Penile Post-Circumcision AdhesionsYes54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease;No54205Injection Procedure For Peyronie Disease; With Surgical Exposure Of PlaqueNo	54135		Yes
54160Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or Less)Yes54161Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Older Than 28 Days Of Age StateYes54162Lysis Or Excision Of Penile Post-Circumcision AdhesionsYes54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease;No54205Injection Procedure For Peyronie Disease; With Surgical Exposure Of PlaqueNo	54150		Yes
54162Lysis Or Excision Of Penile Post-Circumcision AdhesionsYes54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease;No54205Injection Procedure For Peyronie Disease; With Surgical Exposure Of PlaqueNo	54160	Circumcision, Surgical Excision Other Than Clamp, Device, Or Dorsal Slit; Neonate (28 Days Of Age Or	Yes
54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease;No54205Injection Procedure For Peyronie Disease; With Surgical Exposure Of PlaqueNo	54161		Yes
54163Repair Incomplete CircumcisionYes54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease;No54205Injection Procedure For Peyronie Disease; With Surgical Exposure Of PlaqueNo	54162	Lysis Or Excision Of Penile Post-Circumcision Adhesions	Yes
54164Frenulotomy Of PenisNo54200Injection Procedure For Peyronie Disease;No54205Injection Procedure For Peyronie Disease; With Surgical Exposure Of PlaqueNo			
54200Injection Procedure For Peyronie Disease;No54205Injection Procedure For Peyronie Disease; With Surgical Exposure Of PlaqueNo			
54205 Injection Procedure For Peyronie Disease; With Surgical Exposure Of Plaque No		,	
154220 IIrrigation Of Corpora Cavernosa For Priapism INO	54220	Irrigation Of Corpora Cavernosa For Priapism	No

Procedure Code	Description	Prior Auth Required
54230	Injection Procedure For Corpora Cavernosography	No
54231	Dynamic Cavernosometry, Including Intracavernosal Injection Of Vasoactive Drugs (eg, Papaverine,	Yes
	Phentolamine)	
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	No
54304	Mobilization Of Urethra Plastic Operation On Penis For Correction Of Chordee Or For First Stage Hypospadias Repair With Or	No
54504	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	No
	Obtained From Site Other Than Genitalia	
54318	Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (eg, Third Stage	No
54322	Cecil Repair) 1-Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Simple Meatal	No
5-522	Advancement (eg, Magpi, V-Flap)	110
54324	1-Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By	No
	Local Skin Flaps (eg, Flip-Flap, Prepucial Flap)	
54326	1-Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By	No
	Local Skin Flaps And Mobilization Of Urethra	
54328	1-Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Extensive	No
	Dissection To Correct Chordee And Urethroplasty With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap	
54332	1-Stage Proximal Penile Or Penoscrotal Hypospadias Repair Requiring Extensive Dissection To Correct	No
0.001	Chordee And Urethroplasty By Use Of Skin Graft Tube And/Or Island Flap	
54336	1-Stage Perineal Hypospadias Repair Requiring Extensive Dissection To Correct Chordee And	No
	Urethroplasty By Use Of Skin Graft Tube And/Or Island Flap	
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	No
	Skin Flaps And Urethroplasty With Flap Or Patch Graft	
54348	Repair Of Hypospadias Complication(S) (le, Fistula, Stricture, Diverticula); Requiring Extensive	No
	Dissection, And Urethroplasty With Flap, Patch Or Tubed Graft (Including Urinary Diversion, When	
	Performed)	
54352	Revision Of Prior Hypospadias Repair Requiring Extensive Dissection And Excision Of Previously	No
	Constructed Structures Including Re-Release Of Chordee And Reconstruction Of Urethra And Penis By	
54360	Use Of Local Skin As Grafts And Island Flaps And Skin Brought 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
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	Yes
	Of Prosthesis	
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	Yes
	The Same Operative Session	
54411	Removal And Replacement Of All Components Of A Multi-Component Inflatable Penile Prosthesis	Yes
	Through An Infected Field At The Same Operative Session, Including Irrigation And Debridement Of Infected Tissue	
54415	Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis, Without	Yes
	Replacement Of Prosthesis	
54416	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile	Yes
	Prosthesis At The Same Operative Session	

Procedure Code	Description	Prior Auth Required
54417	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile	Yes
	Prosthesis Through An Infected Field At The Same Operative Session, Including Irrigation And	
	Debridement Of Infected Tissue	
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	No
	Punch) For Priapism	
54437	Repair Of Traumatic Corporeal Tear(s)	No
54438	Replantation, Penis, Complete Amputation Including Urethral Repair	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	Yes
54520	Inguinal Approach	105
54522	Orchiectomy, Partial	No
54530	Orchiectomy, Radical, For Tumor; Inguinal Approach	No
54535		Yes
54550	Orchiectomy, Radical, For Tumor; With Abdominal Exploration Exploration For Undescended Testis (Inguinal Or Scrotal Area)	Yes
54560		
	Exploration For Undescended Testis With Abdominal Exploration Reduction Of Testion Of Testis Surgical With On Without Eivation Of Contralatoral Testis	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	No
	Examination(s)	
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, Officiate a (Separate Procedure)	No
55530	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; (Separate Procedure)	No
55535	Excision of Varicocele of Ligation of Spermatic Venis For Varicocele; (Separate Procedure)	No

Procedure Code	Description	Prior Auth Required
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
55700	Biopsy, Prostate; Needle Or Punch, Single Or Multiple, Any Approach	No
55705	Biopsy, Prostate; Incisional, Any Approach	No
55706	Biopsies, Prostate, Needle, Transperineal, Stereotactic Template Guided Saturation Sampling,	No
	Including Imaging Guidance	
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,	No
	Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy)	
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,	No
	Hypogastric And Obturator Nodes	
55821	Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meatotomy, Urethral	No
	Calibration And/Or Dilation, And Internal Urethrotomy); Suprapubic, Subtotal, 1 Or 2 Stages	
55831	Prostatectomy (Including Control Of Postoperative Bleeding, Vasectomy, Meatotomy, Urethral	No
00001	Calibration And/Or Dilation, And Internal Urethrotomy); Retropubic, Subtotal	
55840	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing;	No
55842	Prostatectomy, Retropuble Radical, With Or Without Nerve Sparing; With Lymph Node Biopsy(s)	No
55012	(Limited Pelvic Lymphadenectomy)	110
55845	Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; With Bilateral Pelvic	No
55045	Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes	
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	No
55002	Biopsy(s) (Limited Pelvic Lymphadenectomy)	
55865	Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Bilateral Pelvic	No
55005	Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes	NO
55866	Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sparing, Includes Robotic	No
55666	Assistance, When Performed	
55867	Laparoscopy, Surgical Prostatectomy, Simple Subtotal (Including Control Of Postoperative Bleeding,	No
55007	Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy), Includes	
	Robotic Assistance, When Performed	
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),	No
55071	Including Image Guidance, When Performed	
55875	Transperineal Placement Of Needles Or Catheters Into Prostate For Interstitial Radioelement	No
	Application, With Or Without Cystoscopy	
55876	Placement Of Interstitial Device(s) For Radiation Therapy Guidance (eg, Fiducial Markers, Dosimeter),	No
55670	Prostate (Via Needle, Any Approach), Single Or Multiple	
55880	Ablation Of Malignant Prostate Tissue, Transrectal, With High Intensity-Focused Ultrasound (HIFU),	No
55000	Including Ultrasound Guidance	
55899	Unlisted Procedure, Male Genital System	Yes
55920	Placement Of Needles Or Catheters Into Pelvic Organs And/Or Genitalia (Except Prostate) For	No
	Subsequent Interstitial Radioelement Application	
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 Vulva Of Permea 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,	No
50501	Chemosurgery)	
L	Chemosurger y	1

Procedure Code	Description	Prior Auth Required
56515	Destruction Of Lesion(s), Vulva; Extensive (eg, Laser Surgery, Electrosurgery, Cryosurgery,	No
	Chemosurgery)	
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	No
	In Addition To Code For Primary Procedure)	
56620	Vulvectomy Simple; Partial	No
56625	Vulvectomy Simple; Complete	No
56630 56631	Vulvectomy, Radical, Partial;	No No
56632	Vulvectomy, Radical, Partial; With Unilateral Inguinofemoral Lymphadenectomy	No
56633	Vulvectomy, Radical, Partial; With Bilateral Inguinofemoral Lymphadenectomy 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	Yes
	Bleeding)	
57061	Destruction Of Vaginal Lesion(s); Simple (eg, Laser Surgery, Electrosurgery, Cryosurgery,	No
	Chemosurgery)	
57065	Destruction Of Vaginal Lesion(s); Extensive (eg, Laser Surgery, Electrosurgery, Cryosurgery,	No
57100	Chemosurgery)	Ne
57100 57105	Biopsy Of Vaginal Mucosa; Simple (Separate Procedure)	No No
57105	Biopsy Of Vaginal Mucosa; Extensive, Requiring Suture (Including Cysts)	Yes
57106	Vaginectomy, Partial Removal Of Vaginal Wall; Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical	Yes
57107	Vaginectomy, Faltia Kentoval Or Vaginal Wall, With Kentoval Or Falavaginal hissue (Kadical	105
57109	Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical	Yes
0, 200	Vaginectomy) With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling	
	(Biopsy)	
57110	Vaginectomy, Complete Removal Of Vaginal Wall;	Yes
57111	Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical	Yes
	Vaginectomy)	
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	No
	Fungoid Disease	
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	No
57200	Hemorrhage (Separate Procedure) Colporrhaphy, Suture Of Injury Of Vagina (Nonobstetrical)	No
57210	Colpoperineorrhaphy, Suture Of Injury Of Vagina (Nonobstetrical) 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	No
	Cystourethroscopy, When Performed	
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	No
	Enterocele Repair	
-		·

7277 Insertion Of Media Protocols (Just Separate) in Addition To Code For Primary Procedure) No 7258 Regain Of Entrocole, Vaginal Approach (Just Separate) in Addition To Code For Primary Procedure) No 7250 Regain Of Entrocole, Madominal Approach (Sarara Procedure) No 7252 Calopoey, Vaginal, Intry Pertinenal Approach (Sarara Procedure) No 7253 Calopoey, Vaginal, Intry Pertinenal Approach (Sarara Procedure) No 7254 Calopoey, Vaginal, Intry Pertinenal Approach (Sarara Procedure) No 7253 Calopoey, Vaginal, Intry Pertinenal Approach (Sarara Procedure) No 7254 Paravaginal Detect Repair (Including Repair Of Cystocole, If Performed); Vaginal Approach No 7258 Removal Chavision Of Sarara (Sarara Procedure); Vaginal Approach No 7258 Removal Chavision Of Sarara (Sarara Procedure); Vaginal Approach No 7259 Revision Including Removal Of Prostnets: Vaginal Approach No 7250 Canstruction Of Attifical Vagina: Vagina: Approach No 7251 Revision Including Removal Of Prostnets: Vaginal Cart, Capan Abdominal Approach No 7252 Revision Including Removal Of Prostnets: Vaginal Approach No<	Procedure Code	Description	Prior Auth Required
5220 Repair Of Enteroceic, Abdominal Approach (Separate Procedure) No 5780 Colpopery, Vedenial Approach No 5782 Colpopery, Vegania, Entr. Pertinenal Approach (Sarcopinous, Illeocorgous) No 5783 Colpopery, Vegania, Entr. Pertinenal Approach (Juroscara), Leutor Myorthaphy) No 5783 Parwaginal Defect Repair (Including Repair Of Cystocele, Il Performed); Approach No 5783 Parwaginal Defect Repair (Including Repair Of Cystocele, Il Performed); Approach No 5783 Parwaginal Defect Repair (Including Repair Of Cystocele, Il Performed); Approach No 5783 Removal OF Revision Of Barg for Stress Incontinence (gr. Faxia Of Synthetic) No 5783 Construction Of Artifical Vagins, Without Graft Yes 5793 Construction Of Artifical Vagins, Without Graft Yes 5793 Revision (Including Removal) Of Prosthetic Vaginal Approach No 5793 Revision (Including Removal) Of Prosthetic Vaginal Approach No 5793 Revision (Including Removal) Of Prosthetic Vaginal Approach No 57930 Closure Of Rectowaginal Fatula, Transmetical Approach, With Ortoniniant Closustory No 57931<	57267	Insertion Of Mesh Or Other Prosthesis For Repair Of Pelvic Floor Defect, Each Site (Anterior, Posterior	
37720 Repair Of Entropy, Adsormal Approach No 37820 Colpopery, Vagnial, Extra, Pertinonal Approach Garcopinous, Biococoggus) No 3783 Colpopery, Vagnial, Extra, Pertinonal Approach Garcopinous, Biococoggus) No 3783 Colpopery, Vagnial, Extra, Pertinonal Approach Garcopinous, Biococoggus) No 3783 Parwaginal Defect Repair (Including Repair Of Cystocele, If Performad); Apgnial Approach No 3783 Removal Of Revision Of Sing For Stress Incontinence (e.g. Radio Of Synthetic) No 3783 Sing Operation For Stress Incontinence (e.g. Radio Of Synthetic) No 3783 Sing Operation For Stress Incontinence (e.g. Radio Of Synthetic) No 3784 Construction Of Artificial Vagins, Without Graft Yes 37930 Construction Of Artificial Vagins, Without Graft Yes 37935 Revision Including Removal) Of Prostetic Vaginal Graft, Oper Addominal Approach No 37936 Closure Of Retoxaginal Fistula, Xignal Approach No 37937 Closure Of Retoxaginal Fistula, Xignal Approach No 37937 Closure Of Nettowaginal Fistula, Xignal Approach No 37937 Closure Of Nettowaginal Fistula, Xignal Approach No 37938 Closure Of Nettowaginal Fistula, Xignal Approach No 37939 Closure Of Nettowaginal Fistula,	57268	Repair Of Enterocele, Vaginal Approach (Separate Procedure)	No
Colppsex, Abdominal Approach No 27882 Colppsex, Vsalinal, Ettr.Pertioneal Approach (Sacrospinous, Ilaococogeus) No 27883 Colppsex, Vsalinal, Ettr.Pertioneal Approach (Sacrospinous, Ilaococogeus) No 27884 Paravaginal Defest Repair (Including Repair Of Cystocelle, IP Performed), Vaginal Approach No 27885 Paravaginal Defest Repair (Including Approach No 27887 Removal Dr Revision Of Sing Fed Stress Incontinence (e.g., Facial Dr Synthetic) No 27888 Sing Operation For Stress Incontinence (e.g., Facial Dr Synthetic) No 27891 Construction Of Artificial Vagins, Without Graft Yes 27923 Construction Of Artificial Vagins, Without Graft Yes 27935 Revision (Including Removal) Of Posthetic Vaginal Graft, Vaginal Approach No 27936 Revision (Including Removal) Of Posthetic Vaginal Graft, Vaginal Approach No 27937 Construction Of Artificial Vagina Vagorach, With Graft No 27937 Construction Of Artificial Vaginal Approach No 27937 Closure Of Rectospigan Fisulia, Yadominal Approach No 27938 Revistion (Including Removal) Of Posthetic Vaginal Approac	57270		No
27382 Coloppery, Vagnia, Extra-Pertoneal Approach Garcospinous, Biocecegneu) No 27383 Coloppery, Vagnia, Extra-Pertoneal Approach (Uerosarci, Levitor Myorthaphy) No 27384 Parwaginal Defect Repair (Including Repair Of Cytoccle, If Performed); Open Abdominal Approach No 27385 Parwaginal Defect Repair (Including Repair Of Cytoccle, If Performed); Open Abdominal Approach No 27387 Removal Of Revision OF Sings For Stess Incontinence (Eg. Facia OF Synthetic) No 27389 Sing Operation for Sires Incontinence (Eg. Facia OF Synthetic) No 27391 Construction Of Artificial Wagins, Without Graft Yes 27392 Construction Of Artificial Wagins, Without Graft Yes 27393 Construction Of Artificial Wagins, With Graft No 27394 Construction Of Artificial Wagins, With Graft No 27395 Revision (Including Removal) Of Prostitet Vaginal Approach No 27394 Closure Of Retowaginal Fistula, Xadominial Approach No 27393 Closure Of Retowaginal Fistula, Yadomi Approach No 27394 Closure Of Retowaginal Fistula, Yadomi Approach No 27395 Closure Of Veretow	57280		No
Paravaginal Defect Repair (Including Repair Of Cystocele, if Performed); Open Abdominal Approach No 57282 Paravaginal Defect Repair (Including Repair Of Cystocele, if Performed); Vaginal Approach No 57287 Removal Or Revision Of Sing For Stress Incontinence (e.g., Fascia Or Synthetic) No 57288 Sing Operation For Stress Incontinence (e.g., Fascia Or Synthetic) No 57291 Construction Of Artifical Vagina, Without Graft Yeis 57293 Construction Of Artifical Vagina, Without Graft Yeis 57293 Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal Approach No 57293 Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal Approach No 57294 Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal Approach No 57303 Closure Of Rectovaginal Fistula; Nadominal Approach, With Perfnel Body Reconstruction, With Or No 57310 Closure Of Vectovaginal Fistula; Vaginal Approach No 57311 Closure Of Vectovaginal Fistula; Yoginal Approach No 57320 Closure Of Vectovaginal Fistula; Yoginal Approach No 57331 Closure Of Vectovaginal Fistula; Yoginal Approach No </td <td>57282</td> <td></td> <td>No</td>	57282		No
Parawaginal Defect: Repair (Including Repair Of Cystocele, If Performed); Vaginal Approach No 57283 Paravaginal Defect: Repair (Including Repair Of Cystocele, If Performed); Vaginal Approach No 57287 Removal Of Revision Of Sing For Stress Incontinence (e.g. Fascia OF Synthetic) No 57288 Sing Operation For Stress Incontinence (e.g. Fascia OF Synthetic) No 57289 Descript Procedure; Including Anterior Colorothepity No 57291 Construction Of Artificial Vagina; Without Graft Yes 57292 Construction Of Artificial Vagina; Without Graft Yes 57293 Revision (Including Removal) Of Prosthetic Vaginal Graft, Yaginal Approach No 57295 Revision (Including Removal) Of Prosthetic Vaginal Graft, Spen Abdroinal Approach No 57207 Cosure Of Rectovaginal Fistula; Nodorninal Approach, With Concomitant Colostomy No 57310 Cosure Of Rectovaginal Fistula; Yinangerimeial Approach No 57320 Cosure Of Vectovaginal Fistula; Yinangerimeial Approach No 57321 Cosure Of Vectovaginal Fistula; Yinangerimeial Approach No 57323 Vaginoplasty for Intersex State No 57334	57283		No
Provest Dr. Revision Of Sling for Stress Incontinence (eg. Fascia Dr. Synthetic) No Proveyor Procedure, Including Anterior Colgor Stype Synthetic) No Proveyor Procedure, Including Anterior Colgor Stype Synthetic) No Proveyor Procedure, Including Materior Colgor Stype Synthetic No Proveyor Procedure, Including Memoral Of Prosthetic Vaginal Graft, Vaginal Approach No Proveyor Procedure, Including Memoral Of Prosthetic Vaginal Graft, Open Abdominal Approach No Proveyor Procedure Pr	57284		No
Sing Operation for Stress incontinence (e.g. Easido Ar Synthetic) No S7289 Pereya Procedure, Including Arterior Colporthaphy No S7311 Construction Of Artificial Vagina; With out Graft Yes S7283 Revision (Including Removal) Of Posthetic Vaginal Graft, Vaginal Approach No S7304 Closure Of Artificial Vagina; With out Graft No S7305 Revision (Including Removal) Of Posthetic Vaginal Graft, Ogen Abdominal Approach No S7307 Closure Of Rectoraginal Fistula, Vaginal Or Transanal Approach No S7307 Closure Of Rectoraginal Fistula; Vaginal Or Transanal Approach No S7308 Closure Of Rectoraginal Fistula; Vaginal Approach, With Concomitant Colostomy No S7301 Closure Of Vestoraginal Fistula; Vaginal Approach, With Oncontiant Colostomy No S7303 Closure Of Vestoraginal Fistula; Vaginal Approach No S7304 Closure Of Vestoraginal Fistula; Vaginal Approach No S7308 Closure Of Vestoraginal Fistula; Vaginal Approach No S7309 Dilation Of vagina under Anesthesia (Other Than Local) No S7301 Closure Of Vestoraginal Fistula; Vaginal Approach No S7303 Vagina plasty for Intersex State No S7400 Dilation Of vagina under Anesthesia (Other Than Local) No	57285	Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed); Vaginal Approach	No
Preferral Proceedure, Including Amerior ColportAppy No 27291 Construction Of Artificial Vagina, With Graft Yes 27292 Construction Of Artificial Vagina, With Graft Yes 27293 Revision (Including Removal) Of Prosthetic Vaginal Graft, Open Abdominal Approach No 27295 Revision (Including Removal) Of Prosthetic Vaginal Graft, Open Abdominal Approach No 27305 Closure Of Rectowaginal Fistula, Romanal Approach, With Concurstant Colostomy No 27307 Closure Of Rectowaginal Fistula; Transperimeal Approach, With Perineal Body Reconstruction, With Or No 27308 Closure Of Vectowaginal Fistula; Transperimeal Approach, With Perineal Body Reconstruction, With Or No 27310 Closure Of Vectowaginal Fistula; Yith Bulbocavernosus Transplant No 27323 Closure Of Vestowaginal Fistula; Yith Bulbocavernosus Transplant No 27333 Vaginoplasty For Interest State No 27400 Dilation Of Vagina Under Anesthesia (Other Than Local) No 27423 Parawaginal Defect Vagina, With Cervis If Present; With Biopsy(s) Of Vagina/Cervis No 27424 Clopscopy Of The Entire Vagina, With Cervis If Present; With Biopsy(s) Of Vagina/Cervis No<	57287	Removal Or Revision Of Sling For Stress Incontinence (eg, Fascia Or Synthetic)	No
27291 Construction Of Antificial Vagina, Without Graft Yes 27292 Construction Of Antificial Vagina, With Graft Yes 27293 Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach No 27294 Construction Of Antificial Vagina, With Graft Yes 27295 Revision (Including Removal) Of Prosthetic Vaginal Graft, Open Abdominal Approach No 27300 Closure Of Rectovagrinal Fitula, Xadominal Approach No 27301 Closure Of Rectovagrinal Fitula, Xadominal Approach, With Concomitant Colostomy No 27303 Closure Of Vestrovagrinal Fitula, Xadominal Approach, With Concomitant Colostomy No 27301 Closure Of Vestrovagrinal Fitula, Yaginal Approach, With Ornorobus Transplant No 27302 Closure Of Vestrovagrinal Fitula, Yaginal Approach No 27303 User Of Vestrovagrinal Fitula, Yaginal Approach No 27304 Closure Of Vestrovagrinal Fitula, Yaginal Approach No 27304 Closure Of Vestrovagrinal Fitula, Yaginal Approach No 27305 User Of Vestrovagrinal Fitula, Yaginal Approach No 27305 User Of Vestrovagrinal Fitula, Yaginal Approach No 27306 Diation Of Vaginal Magninal Magnoach No 27307 Closure Of Vestrovagrinal Fitula, Yaginal Approach No </td <td>57288</td> <td>Sling Operation For Stress Incontinence (eg, Fascia Or Synthetic)</td> <td>No</td>	57288	Sling Operation For Stress Incontinence (eg, Fascia Or Synthetic)	No
27292 Construction Of Artificial Vaginal, With Graft Yes 27295 Revision (Including Removal) Of Prosthetic Vaginal Graft, Open Abdominal Approach No 27305 Revision (Including Removal) Of Prosthetic Vaginal Graft, Open Abdominal Approach No 27305 Closure Of Rectovaginal Fistula; Abdominal Approach, With Concentiant Colostomy No 27305 Closure Of Rectovaginal Fistula; Abdominal Approach, With Concentiant Colostomy No 27307 Closure Of Rectovaginal Fistula; Ansperineal Approach, With Concentiant Colostomy No 27308 Closure Of Rectovaginal Fistula; Angenicael Approach, With Perineal Body Reconstruction, With Or No 27310 Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant No 27320 Closure Of Versicovaginal Fistula; With Bulbocavernosus Transplant No 27330 Closure Of Versicovaginal Fistula; With Bulbocavernosus Transplant No 27330 Closure Of Versicovaginal Fistula; With Bulbocavernosus Transplant No 27400 Diation Of Vagina Inder Anesthesia (Other Than Local) No 27400 Diation Of Vagina Inder Anesthesia (Other Than Local) No 27421 Colposcopy Of The Entire Vagina, With Cervix If Present; No 27423 Paravaginal Defect Repair (Including Repair Of Cystocele, IP Performed), Laparoscopic Aproach No 27424<	57289	Pereyra Procedure, Including Anterior Colporrhaphy	No
Sizes Revision (Including Removal) OF Prosthetic Vaginal Grafty Vaginal Approach No S7286 Revision (Including Removal) OF Prosthetic Vaginal Grafty, Open Abdominal Approach No S7300 Closure OF Rectovaginal Fistula, Vaginal Or Transani Approach No S7307 Closure OF Rectovaginal Fistula, Vaginal Or Transani Approach, With Concomtant Colostomy No S7307 Closure OF Rectovaginal Fistula, Vaginal Or Transperimeal Approach, With Concomtant Colostomy No S7308 Closure Of Verbiovaginal Fistula; Vaginal Approach, With Concomtant Colostomy No S7311 Closure Of Verbiovaginal Fistula; Vaginal Approach No S7320 Closure Of Verbiovaginal Fistula; With Bubbocaveroosus Transplant No S7333 Vaginolastyr of Intersex State No No S7340 Dilation Of Vagina Under Anesthesia (Other Than Local) No No S7410 Dilation Of Vagina Under Anesthesia (Other Than Local) No No S7423 Rerioxal of Impacted Vaginal Muth Cervic If Present; No No S7424 Paravaginal Defect Repair (Including Repair Of Cystoce) (Approach No S7425 Laparoscopic Approach	57291	Construction Of Artificial Vagina; Without Graft	Yes
Sizes Revision (Including Removal) Of Frosthetic Vaginal Graft, Ogen Abdominal Approach No S7800 Closure Of Rectovaginal Fistula; Abdominal Approach No S7805 Closure Of Rectovaginal Fistula; Abdominal Approach, With Concomitant Colostomy No S7807 Closure Of Rectovaginal Fistula; Abdominal Approach, With Concomitant Colostomy No S7808 Closure Of Rectovaginal Fistula; Stula; Abdominal Approach, With Concomitant Colostomy No S7809 Closure Of Versiovaginal Fistula; Version Stransperineal Approach, With Portice Colored Versiovaginal Fistula; Version Stransplant No S7810 Closure Of Versiovaginal Fistula; Version Stransplant No S7820 Closure Of Versiovaginal Fistula; Version Stransplant No S7830 Closure Of Versiovaginal Fistula; Version Stransplant No S7830 Closure Of Versiovaginal Fistula; Version Stransplant No S7830 Closure Of Versiovaginal Fistula; Version Strate No S7830 Closure Of Versiovaginal Fistula; Version Strate Proceedine; Under Anesthesia (Other Than Local) No S7840 Dilation Of Vagina Under Anesthesia (Other Than Local) No S7421 Revison (Including Removal) Of Impact Procec	57292	Construction Of Artificial Vagina; With Graft	Yes
57200 Closure Of Rectovaginal Fistula; Yaginal Or Transmal Approach No 57305 Closure Of Rectovaginal Fistula; Addominal Approach, With Concomitant Colostomy No 57307 Closure Of Rectovaginal Fistula; Addominal Approach, With Perineal Body Reconstruction, With Or No 57308 Closure Of Rectovaginal Fistula; Addominal Approach, With Perineal Body Reconstruction, With Or No 57301 Closure Of Urethrovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or No 57301 Closure Of Urethrovaginal Fistula; Yaginal Approach, No No 57303 Closure Of Vesicovaginal Fistula; Yaginal Approach No 57304 Closure Of Vesicovaginal Fistula; Yaginal Approach No 57305 Closure Of Vesicovaginal Fistula; Yaginal Approach No 57335 Vaginoplasty for Intersex State No 57400 Diation Of Vagina Under Anesthesia (Other Than Local) No 57411 Colposcopy Of the Entire Vagina, With Cervix If Present; No 57425 Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex) No 57425 Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex) No 57426 Revision (Including Removal) Of Prosthetic Vaginal Graft, Laparoscopic Approach No 57425 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s)	57295	Revision (Including Removal) Of Prosthetic Vaginal Graft; Vaginal Approach	No
S2805 Closure Of Rectovaginal Fistula; Abdominal Approach No S7307 Closure Of Rectovaginal Fistula; Abdominal Approach, With Concomitant Colostomy No S7308 Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or No S7310 Closure Of Urethrovaginal Fistula; Transperineal Approach No S7311 Closure Of Vrestovaginal Fistula; With Bubcavernosus Transplant No S7330 Closure Of Vrestovaginal Fistula; Transvesical And Vaginal Approach No S7330 Closure Of Vrestovaginal Fistula; Transvesical And Vaginal Approach No S7330 Closure Of Vrestovaginal Fistula; Transvesical And Vaginal Approach No S7330 Closure Of Vrestovaginal Fistula; Transvesical And Vaginal Approach No S7330 Closure Of Vrestovaginal Fistula; Transvesical And Vaginal Approach No S7410 Pelvic Examination Under Anesthesia (Other Than Local) No S7411 Colposcopy Of The Entire Vagina, With Cervix If Present; No S7422 Colposcopy Of The Entire Vagina, With Cervix If Present; No S7423 Parvaginal Defect Repair (Including Repair Of Cystocele, If Performed), Laparoscopic Approach No S7424 Colposcopy Of T	57296	Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal Approach	No
57307 Closure OF Rectovaginal Fistula; Xudominal Approach, With Concomitant Colostomy No 57308 Closure OF Rectovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or No 57310 Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant No 57320 Closure Of Vesicovaginal Fistula; With Bulbocavernosus Transplant No 57330 Closure Of Vesicovaginal Fistula; Yuginal Approach No 57330 Closure Of Vesicovaginal Fistula; Yaginal Approach No 57330 Closure Of Vesicovaginal Fistula; Yaginal Approach No 57330 Vaginoplasty For Intersex State No 57400 Dilation Of Vagina Under Anesthesia (Other Than Loca) No 57410 Pelvic Examination Under Anesthesia (Other Than Loca) No 57420 Colposcopy Of The Entire Vagina, With Cervik If Present; No 57421 Colposcopy Of The Entire Vagina, With Cervik If Present; No 57423 Parvaginal Defect Repair (Including Repair Of Cystocele, If Performed), Laparoscopic Approach No 57424 Relosion (Including Removal Of Prosthetic Vagina) Graft, Laparoscopic Approach No 57425 Laparoscopy, Surgical, Colpopopy Suspension Of Vaginal Apex) No 57426 Revision (Including Repair Of Cystocele, If Performed), Laparoscopic Approach No <t< td=""><td>57300</td><td>Closure Of Rectovaginal Fistula; Vaginal Or Transanal Approach</td><td>No</td></t<>	57300	Closure Of Rectovaginal Fistula; Vaginal Or Transanal Approach	No
S7308 Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or No S7310 Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant No S7311 Closure Of Urethrovaginal Fistula; Vaginal Approach No S7330 Closure Of Vesicovaginal Fistula; Yaginal Approach No S7410 Delation Of Vagina Under Anesthesia (Other Than Local) No S7411 Colposcopy Of The Entire Vagina, With Cervix If Present; No S7420 Colposcopy Of The Entire Vagina, With Cervix If Present; With Biopsy(s) Of Vagina/Cervix No S7423 Paravaginal Defect: Repair (Including Repair Of Cystocele, If Performed), Laparoscopic Approach No S7425 Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex) No S7454 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The Cervix And Endocervical Curettage S7455 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The	57305	Closure Of Rectovaginal Fistula; Abdominal Approach	No
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; Transviscial And Vaginal Approach No 57330 Closure Of Vesicovaginal Fistula; Transviscial And Vaginal Approach No 57330 Dilation Of Vagina Under Anesthesia (Other Than Local) No 57400 Dilation Of Vagina Under Anesthesia (Other Than Local) No 57411 Colposcopy Of The Entire Vagina, With Cervix IF Present; No 57422 Colposcopy Of The Entire Vagina, With Cervix IF Present; No 57423 Paravaginal Defect Repair (Including Repair Of Vaginal Apex) No 57424 Colposcopy Of The Cervix Including Upper/Algacent Vagina; No 57425 Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex) No 57426 Revision (Including Removal) Of Prosthetic Vagina; With Biopsy(s) Of The Cervix And 57454 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The Cervix And Endocerv	57307	Closure Of Rectovaginal Fistula; Abdominal Approach, With Concomitant Colostomy	No
5731 Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant No 57320 Closure Of Vesicovaginal Fistula; Vaginal Approach No 57320 Closure Of Vesicovaginal Fistula; Transvestal 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 57421 Colposcopy Of The Entire Vagina, With Cervix If Present; No 57423 Calposcopy Of The Entire Vagina, With Cervix If Present; No 57424 Colposcopy Of The Entire Vagina, With Cervix If Present; 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 No 57454 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The Cervix No No 57455 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Biopsy(s) Of The No 57456 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop E	57308		No
57220 Closure Of Vesicovaginal Fistula; Vaginal Approach No 57330 Closure Of Vesicovaginal Fistula; Transvesical And Vaginal Approach No 57335 U aginoplastry for Interses 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; With Biopsy(S) Of Vagina/Cervix No 57421 Colposcopy Of The Entire Vagina, With Cervix If Present; With Biopsy(S) Of Vagina/Cervix No 57425 Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex) No 57426 Revision (Including Removal) Of Prosthetic Vagina; Graft, Laparoscopic Approach No 57425 Laparoscopy, Surgical, Colpopexy (Suspension Of Vagina) Apex) No 57426 Revision (Including Removal) Of Prosthetic Vagina; With Biopsy(S) Of The Cervix And Endocervical Curetage No 57455 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of The Cervix Mod Endocervical Curetage No 57461 Colposcopy	57310	Closure Of Urethrovaginal Fistula;	No
57220 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 57417 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; No 57423 Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed), Laparoscopic Approach No 57424 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The Cervix And No 57425 Laparoscopy. Surgical, Colpopexy (Suspension Of Vaginal Apex) No 57426 Revision (Including Removal) Of Prosthetic Vagina; With Biopsy(s) Of The Cervix And No 57425 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The Cervix And No 57456 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The Cervix And No 57457 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The No 57456 <t< td=""><td>57311</td><td>Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant</td><td>No</td></t<>	57311	Closure Of Urethrovaginal Fistula; With Bulbocavernosus Transplant	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 57410 Pelvic Examination Under Anesthesia (Other Than Local) No 57410 Colposcopy Of The Entire Vagina, With Cervix If Present; No 57420 Colposcopy Of The Entire Vagina, With Cervix If Present; No 57421 Colposcopy Of The Entire Vagina, With Cervix If Present; No 57423 Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed), Laparoscopic Approach No 57424 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; No 57425 Laparoscopy, Surgical, Colpopexy (Suspension Of Vaginal Apex) No 57426 Revision (Including Removal) Of Prosthetic Vaginal Graft, Laparoscopic Approach No 57451 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of The Cervix And No 57452 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Biopsy(S) Of The No 57455 Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Conization Of The No 57460 Colposcopy Of The Cervix Including Upper/Adjacent Va	57320		No
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57522 Conization Of Cervix, With Or Without Fulguration, With Or Without Dilation And Curettage, With Or No Without Repair; Loop Electrode Excision	57520	Conization Of Cervix, With Or Without Fulguration, With Or Without Dilation And Curettage, With Or	
	57522	Conization Of Cervix, With Or Without Fulguration, With Or Without Dilation And Curettage, With Or	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 Anterior Andyor Posterior Repair	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	No
	Dilation, Any Method (Separate Procedure)	
58110	Endometrial Sampling (Biopsy) Performed In Conjunction With Colposcopy (List Separately In Addition	No
50400	To Code For Primary Procedure)	
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	NO
504.45	Of 250 G Or Less And/Or Removal Of Surface Myomas; Abdominal Approach	
58145	Myomectomy, Excision Of Fibroid Tumor(s) Of Uterus, 1 To 4 Intramural Myoma(s) With Total Weight	NO
50446	Of 250 G Or Less And/Or Removal Of Surface Myomas; Vaginal Approach	N
58146	Myomectomy, Excision Of Fibroid Tumor(s) Of Uterus, 5 Or More Intramural Myomas And/Or	Yes
50450	Intramural Myomas With Total Weight Greater Than 250 G, Abdominal Approach	
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	No
	Without Removal Of Ovary(s); With Colpo-Urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	
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	No
56200	Node Sampling, With Or Without Removal Of Tube(s), With Or Without Removal Of Ovary(s)	
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, With Total of Fartial Vaginectomy, With Repair of Encrocede	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 (lud)	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	No
	Sonohysterography (Sis) Or Hysterosalpingography	

Procedure Code	Description	Prior Auth Required
58345	Transcervical Introduction Of Fallopian Tube Catheter For Diagnosis And/Or Re-Establishing Patency	Yes
	(Any Method), With Or Without Hysterosalpingography	
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	No
	Performed	
58400	Uterine Suspension, With Or Without Shortening Of Round Ligaments, With Or Without Shortening Of	Yes
	Sacrouterine Ligaments; (Separate Procedure)	
58410	Uterine Suspension, With Or Without Shortening Of Round Ligaments, With Or Without Shortening Of	Yes
	Sacrouterine Ligaments; With Presacral Sympathectomy	
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	Yes
	Tube(s) And/Or Ovary(s)	
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	Yes
50545	Tube(s) And/Or Ovary(s)	N
58545	Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With Total Weight Of 250 G	res
50546	Or Less And/Or Removal Of Surface Myomas	N-
58546	Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas And/Or Intramural	No
50540	Myomas With Total Weight Greater Than 250 G	No
58548	Laparoscopy, Surgical, With Radical Hysterectomy, With Bilateral Total Pelvic Lymphadenectomy And	No
	Para-Aortic Lymph Node Sampling (Biopsy), With Removal Of Tube(s) And Ovary(s), If Performed	
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)	
J0JJ2	And/Or Ovary(s)	105
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	Yes
50554	Tube(s) And/Or Ovary(s)	103
58555	Hysteroscopy, Diagnostic (Separate Procedure)	No
58558	Hysteroscopy, Surgical; With Sampling (Biopsy) Of Endometrium And/Or Polypectomy, With Or	No
30330	Without D & C	
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	No
	Ablation, Thermoablation)	
58565	Hysteroscopy, Surgical; With Bilateral Fallopian Tube Cannulation To Induce Occlusion By Placement	Yes
	Of Permanent Implants	
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)	Yes
	And/Or Ovary(s)	
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	Yes
	Tube(s) And/Or Ovary(s)	
58575	Laparoscopy, Surgical, Total Hysterectomy For Resection Of Malignancy (Tumor Debulking), With	No
	Omentectomy Including Salpingo-Oophorectomy, Unilateral Or Bilateral, When Performed	
58578	Unlisted Laparoscopy Procedure, Uterus	Yes
58579	Unlisted Hysteroscopy Procedure, Uterus	Yes
58580	Transcervical Ablation Of Uterine Fibroid(S), Including Intraoperative Ultrasound Guidance And	No
	Monitoring, Radiofrequency	
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	No
	Or Bilateral, During Same Hospitalization (Separate Procedure)	
58611	Ligation Or Transection Of Fallopian Tube(s) When Done At The Time Of Cesarean Delivery Or Intra-	No
	Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary	
	Procedure)	

Procedure Code	Description	Prior Auth Required
58615	Occlusion Of Fallopian Tube(s) By Device (eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach	
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
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
58957	Resection (Tumor Debulking) Of Recurrent Ovarian, Tubal, Primary Peritoneal, Uterine Malignancy (Intra-Abdominal, Retroperitoneal Tumors), With Omentectomy, If Performed;	No
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

Procedure Code	Description	Prior Auth Required
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	No
	Report; Supervision And Interpretation	
59051	Fetal Monitoring During Labor By Consulting Physician (Ie, Non-Attending Physician) With Written	No
	Report; Interpretation Only	
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	No
	Guidance	
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	No
	Oophorectomy, Abdominal Or Vaginal Approach	
59121	Surgical Treatment Of Ectopic Pregnancy; Tubal Or Ovarian, Without Salpingectomy And/Or	No
	Oophorectomy	
59130	Surgical Treatment Of Ectopic Pregnancy; Abdominal Pregnancy	No
59136	Surgical Treatment Of Ectopic Pregnancy; Interstitial, Uterine Pregnancy With Partial Resection Of	No
	Uterus	
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,	No
	And/Or Forceps) And Postpartum Care	
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
E0/12	Eutomal Conholic Version, With Or Without Topolysis	Vac
59412 59414	External Cephalic Version, With Or Without Tocolysis Delivery Of Placenta (Separate Procedure)	Yes 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
33310		
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	No
	Primary Procedure)	
59610	Routine Obstetric Care Including Antepartum Care, Vaginal Delivery (With Or Without Episiotomy,	No
	And/Or Forceps) And Postpartum Care, After Previous Cesarean Delivery	
59612	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or	No
	Forceps);	
59614	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or	Yes
	Forceps); Including Postpartum Care	
59618	Routine Obstetric Care Including Antepartum Care, Cesarean Delivery, And Postpartum Care,	No
	Following Attempted Vaginal Delivery After Previous Cesarean Delivery	
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;	Yes
	Including Postpartum Care	
59812	Treatment Of Incomplete Abortion, Any Trimester, Completed Surgically	No
59820	Treatment Of Missed Abortion, Completed Surgically; First Trimester	No

Procedure Code	Description	Prior Auth Required
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	No
	Hospital Admission And Visits, Delivery Of Fetus And Secundines; With Dilation And Curettage And/Or Evacuation	
59852	Induced Abortion, By 1 Or More Intra-Amniotic Injections (Amniocentesis-Injections), Including	No
	Hospital Admission And Visits, Delivery Of Fetus And Secundines; With Hysterotomy (Failed Intra- Amniotic Injection)	
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
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	No
	Transthoracic Approach	

Procedure Code	Description	Prior Auth Required
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
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
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

Procedure Code	Description	Prior Auth Required
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		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

Procedure Code	Description	Prior Auth Required
61538	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Temporal Lobe, With Electrocorticography	No
	During Surgery	
61539		No
01000	With Electrocorticography During Surgery	
61540	Craniotomy With Elevation Of Bone Flap; For Lobectomy, Other Than Temporal Lobe, Partial Or Total,	No
01040	Without Electrocorticography During Surgery	
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
01040	Clanotomy with Lievation of Bone hap, for Fartiar of Subtotar (Functional) hemispherectomy	
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,	No
01040	Nonstereotactic	
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		No
01338	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (eg, Cloverleaf Skull); Not	NO
61559	Requiring Bone Grafts	No
01009	Extensive Craniectomy For Multiple Cranial Suture Craniosynostosis (eg, Cloverleaf Skull);	NO
	Recontouring With Multiple Osteotomies And Bone Autografts (eg, Barrel-Stave Procedure) (Includes	
64562	Obtaining Grafts)	NI-
61563	Excision, Intra And Extracranial, Benign Tumor Of Cranial Bone (eg, Fibrous Dysplasia); Without Optic	No
C15CA	Nerve Decompression	Ne
61564		No
C4.5.CC	Nerve Decompression	
61566	Craniotomy With Elevation Of Bone Flap; For Selective Amygdalohippocampectomy	No
61567	Craniotomy With Elevation Of Bone Flap; For Multiple Subpial Transections, With	No
64570	Electrocorticography During Surgery	
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	No
	Excision Of Lesion;	
61576	Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biopsy, Decompression Or	No
	Excision Of Lesion; Requiring Splitting Of Tongue And/Or Mandible (Including Tracheostomy)	
64500		
61580	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Lateral Rhinotomy,	No
64504	Ethmoidectomy, Sphenoidectomy, Without Maxillectomy Or Orbital Exenteration	••
61581	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Lateral Rhinotomy, Orbital	No
64500	Exenteration, Ethmoidectomy, Sphenoidectomy And/Or Maxillectomy	
61582	Craniofacial Approach To Anterior Cranial Fossa; Extradural, Including Unilateral Or Bifrontal	No
64500	Craniotomy, Elevation Of Frontal Lobe(s), Osteotomy Of Base Of Anterior Cranial Fossa	NL -
61583	Craniofacial Approach To Anterior Cranial Fossa; Intradural, Including Unilateral Or Bifrontal	No
	Craniotomy, Elevation Or Resection Of Frontal Lobe, Osteotomy Of Base Of Anterior Cranial Fossa	
64504		
61584	Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Supraorbital Ridge Osteotomy	NO
	And Elevation Of Frontal And/Or Temporal Lobe(s); Without Orbital Exenteration	
C1F0F	Ochita ana isl Annua sh Ta Antanian Casaisl Faces. Futur dunal thaludina Cumus whitel Dideo Octor tamu	Ne
61585	Orbitocranial Approach To Anterior Cranial Fossa, Extradural, Including Supraorbital Ridge Osteotomy	NO
C159C	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 Internel Fination Without Page Craft	No
61500	Without Internal Fixation, Without Bone Graft	No
61590		No
	And Midline Skull Base, Nasopharynx), With Or Without Disarticulation Of The Mandible, Including	
C1F01	Parotidectomy, Craniotomy, Decompression And/Or Mobilization	No
61591	Infratemporal Post-Auricular Approach To Middle Cranial Fossa (Internal Auditory Meatus, Petrous	No
	Apex, Tentorium, Cavernous Sinus, Parasellar Area, Infratemporal Fossa) Including Mastoidectomy,	
64502	Resection Of Sigmoid Sinus, With Or Without Decompression And	No
61592	Orbitocranial Zygomatic Approach To Middle Cranial Fossa (Cavernous Sinus And Carotid Artery,	No
	Clivus, Basilar Artery Or Petrous Apex) Including Osteotomy Of Zygoma, Craniotomy, Extra- Or	
	Intradural Elevation Of Temporal Lobe	

Procedure Code 61595 61596 61597		Prior Auth Required No No
	Labyrinthectomy, Decompression, With Or Without Mobilization Of Facial Nerve And/Or Petrous	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
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), Percutaneous, Any Method; Central Nervous System (Intracranial, Spinal Cord)	No
61626	Transcatheter Permanent Occlusion Or Embolization (eg, For Tumor Destruction, To Achieve Hemostasis, To Occlude A Vascular Malformation), Percutaneous, Any Method; Non-Central Nervous System, Head Or Neck (Extracranial, Brachiocephalic Branch)	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

Procedure Code	Description	Prior Auth Required
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
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
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, Of 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		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

Procedure Code	Description	Prior Auth Required
61799	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, Or Linear Accelerator); Each Additional Cranial	No
	Lesion, Complex (List Separately In Addition To Code For Primary Procedure)	
61800	Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To	No
	Code For Primary Procedure)	
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
01000		
61863	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator	Yes
01000	Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus,	
	Periventricular, Periaqueductal Gray), Without Use Of Intraoperat	
61864	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator	Yes
	Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus,	
	Periventricular, Periaqueductal Gray), Without Use Of Intraoperat	
61867	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator	Yes
01007	Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus,	
	Periventricular, Periagueductal Gray), With Use Of Intraoperative	
61868	Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator	Yes
01000	Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus,	
	Periventricular, Periaqueductal Gray), With Use Of Intraoperative	
61880	Revision Or Removal Of Intracranial Neurostimulator Electrodes	Yes
61885	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver, Direct Or	No
01005	Inductive Coupling; With Connection To A Single Electrode Array	
61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver, Direct Or	No
01000	Inductive Coupling; With Connection To 2 Or More Electrode Arrays	
61888	Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver	Yes
61889	Insertion Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver, Including	No
01885	Craniectomy Or Craniotomy, When Performed, With Direct Or Inductive Coupling, With Connection	NO
	To Depth And/Or Cortical Strip Electrode Array(S)	
61891	Revision Or Replacement Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver	No
01051	With Connection To Depth And/Or Cortical Strip Electrode Array(S)	
61892		No
01092	Removal Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver With Cranioplasty,	NO
62000	When Performed	No
62005	Elevation Of Depressed Skull Fracture; Simple, Extradural Elevation Of Depressed Skull Fracture; Compound Or Comminuted, Extradural	No
A		No
62010	Elevation Of Depressed Skull Fracture; With Repair Of Dura And/Or Debridement Of Brain	
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	No
62115		NO
C2117	Cranioplasty	No
62117	Reduction Of Craniomegalic Skull (eg, Treated Hydrocephalus); Requiring Craniotomy And	No
62420	Reconstruction With Or Without Bone Graft (Includes Obtaining Grafts)	NL -
62120	Repair Of Encephalocele, Skull Vault, Including Cranioplasty	No
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	Yes
69469	Addition To Code For Primary Procedure)	
62160	Neuroendoscopy, Intracranial, For Placement Or Replacement Of Ventricular Catheter And	Yes
	Attachment To Shunt System Or External Drainage (List Separately In Addition To Code For Primary	
C04.64	Procedure)	
62161	Neuroendoscopy, Intracranial; With Dissection Of Adhesions, Fenestration Of Septum Pellucidum Or	No
	Intraventricular Cysts (Including Placement, Replacement, Or Removal Of Ventricular Catheter)	
62162	Neuroendoscopy, Intracranial; With Fenestration Or Excision Of Colloid Cyst, Including Placement Of	Yes
	External Ventricular Catheter For Drainage	
62164	Neuroendoscopy, Intracranial; With Excision Of Brain Tumor, Including Placement Of External	Yes
	Ventricular Catheter For Drainage	

Procedure Code	Description	Prior Auth Required
62165	Neuroendoscopy, Intracranial; With Excision Of Pituitary Tumor, Transnasal Or Trans-Sphenoidal	Yes
	Approach	
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	No
02230	System	
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; Without Replacement By Similar Or Other Shunt	
02238		NO
62263	At Same Operation Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (Eg, Hypertonic Saline, Enzyme) Or	No
02203		NO
	Mechanical Means (Eg, Catheter) Including Radiologic Localization (Includes Contrast When	
62264	Administered), Multiple Adhesiolysis Sessions; 2 Or More Days Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (eg, Hypertonic Saline, Enzyme) Or	No
02204		NO
	Mechanical Means (eg, Catheter) Including Radiologic Localization (Includes Contrast When	
C22C7	Administered), Multiple Adhesiolysis Sessions; 1 Day	Na
62267	Percutaneous Aspiration Within The Nucleus Pulposus, Intervertebral Disc, Or Paravertebral Tissue	No
62260	For Diagnostic Purposes	
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	No
	Without Other Therapeutic Substance; Subarachnoid	
62281	Injection/Infusion Of Neurolytic Substance (eg, Alcohol, Phenol, Iced Saline Solutions), With Or	No
	Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic	
62282	Injection/Infusion Of Neurolytic Substance (eg, Alcohol, Phenol, Iced Saline Solutions), With Or	No
	Without Other Therapeutic Substance; Epidural, Lumbar, Sacral (Caudal)	
62284	Injection Procedure For Myelography And/Or Computed Tomography, Lumbar	No
62287	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Any Method	No
	Utilizing Needle Based Technique To Remove Disc Material Under Fluoroscopic Imaging Or Other	
	Form Of Indirect Visualization, With Discography And/Or Epidural Inj	
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	No
	Multiple Levels, Lumbar	
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;	No
	Lumbosacral	
62305	Myelography Via Lumbar Injection, Including Radiological Supervision And Interpretation; 2 Or More	No
	Regions (eg, Lumbar/Thoracic, Cervical/Thoracic, Lumbar/Cervical, Lumbar/Thoracic/Cervical)	
62320	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid,	No
	Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter	
	Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thora	
62321	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid,	No
	Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter	
	Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thora	
62322	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid,	No
	Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter	
	Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral	
		·]

Procedure Code	Description	Prior Auth Required
62323	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid,	No
	Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter	
	Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral	
62324	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of	No
	Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other	
	Solution), Not Including Neurolytic Substances, Interlaminar	
62325	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of	No
	Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other	
	Solution), Not Including Neurolytic Substances, Interlaminar	
62326	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of	No
	Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other	
	Solution), Not Including Neurolytic Substances, Interlaminar	
62327	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of	No
	Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other	
	Solution), Not Including Neurolytic Substances, Interlaminar	
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	No
	Fluoroscopic Or CT Guidance	
62350	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term	No
	Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without	
	Laminectomy	
62351	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term	No
	Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With	
	Laminectomy	
62355	Removal Of Previously Implanted Intrathecal Or Epidural Catheter	No
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous	No
	Reservoir	
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Nonprogrammable	No
	Pump	
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable	No
	Pump, Including Preparation Of Pump, With Or Without Programming	
62365	Removal Of Subcutaneous Reservoir Or Pump, Previously Implanted For Intrathecal Or Epidural	No
600.C7	Infusion	
62367	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion	No
	(Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); Without	
(2200	Reprogramming Or Refill	No
62368	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion	No
	(Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With	
62369	Reprogramming Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion	No
02309		NO
	(Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With Reprogramming And Refill	
62370	Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion	No
02370	(Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With	NO
	Reprogramming And Refill (Requiring Skill Of A Physician Or Other Qualifi	
62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(s), Including Laminotomy, Partial Facetectomy,	No
02380	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	No
	Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Cervical	
63003	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without	No
	Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Thoracic	
63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without	No
	Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Lumbar,	
	Except For Spondylolisthesis	
63011	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without	No
	Facetectomy, Foraminotomy Or Discectomy (eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Sacral	
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of	No
	Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)	

Procedure Code	Description	Prior Auth Required
63015		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
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

Procedure Code	Description	Prior Auth Required
63057		No
	Herniated Intervertebral Disc), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List	
	Separately In Addition To Code For Primary Procedure)	
63064		No
	Intervertebral Disc), Thoracic; Single Segment	
63066		No
	Intervertebral Disc), Thoracic; Each Additional Segment (List Separately In Addition To Code For	
	Primary Procedure)	
63075		No
	Osteophytectomy; Cervical, Single Interspace	
63076		No
	Osteophytectomy; Cervical, Each Additional Interspace (List Separately In Addition To Code For	
	Primary Procedure)	
63077		No
0.5077	Osteophytectomy; Thoracic, Single Interspace	110
63078		No
05070	Osteophytectomy; Thoracic, Each Additional Interspace (List Separately In Addition To Code For	NO
	Primary Procedure)	
63081		No
05061		NO
63082	Decompression Of Spinal Cord And/Or Nerve Root(s); Cervical, Single Segment Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With	No
05062	Decompression Of Spinal Cord And/Or Nerve Root(s); Cervical, Each Additional Segment (List	
C2005	Separately In Addition To Code For Primary Procedure)	No
63085		No
	Decompression Of Spinal Cord And/Or Nerve Root(s); Thoracic, Single Segment	
63086		No
	Decompression Of Spinal Cord And/Or Nerve Root(s); Thoracic, Each Additional Segment (List	
	Separately In Addition To Code For Primary Procedure)	
63087		No
	Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic Or	
	Lumbar; Single Segment	
63088		No
	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	
62000		Ma
63090		No
63090	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower	No
	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment	
63090 63091	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transperitoneal Or	No
	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Transperitoneal Or Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(S), Lower	
63091	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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
	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary	
63091	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 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	No
63091 63101	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 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
63091	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 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 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 Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary	No
63091 63101	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single SegmentVertebral 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 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 SegmentVertebral 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 SegmentVertebral 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
63091 63101 63102	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single SegmentVertebral 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 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 SegmentVertebral 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 SegmentVertebral 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 No
63091 63101	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single SegmentVertebral 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 SeparatelyVertebral 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 SegmentVertebral 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 	No
63091 63101 63102	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single SegmentVertebral 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 SeparatelyVertebral 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 SegmentVertebral 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 	No No
63091 63101 63102	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single SegmentVertebral 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 SeparatelyVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SegmentVertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary 	No No
63091 63101 63102 63103	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single SegmentVertebral 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 SeparatelyVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SegmentVertebral 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 	No No
63091 63101 63102	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single SegmentVertebral 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 SeparatelyVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SegmentVertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary 	No No
63091 63101 63102 63103 63170	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single SegmentVertebral 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 SeparatelyVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SeLaminectomy With Myelotomy (eg, Bischof Or Drez Type), Cervical, Thoracic, Or Thoracolumbar	No No No No
63091 63101 63102 63103 63170 63172	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single SegmentVertebral 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 SeparatelyVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SegmentVertebral 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 SeLaminectomy With Myelotomy (eg, Bischof Or Drez Type), Cervical, Thoracic, Or Thoracolumbar Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Space	No No No No No No No
63091 63101 63102 63103 63170 63172 63173	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 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 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 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 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 Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary Approa	No N
63091 63101 63102 63103 63170 63170 63172 63173 63185	 Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 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 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 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 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 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 Laminectomy With Myelotomy (eg, Bischof Or Drez Type), Cervical, Thoracic, Or Thoracolumbar Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Space Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Or Pleural Space Laminectomy With Rhizotomy; 1 Or 2 Segments 	No N
63091 63101 63102 63103 63170 63170 63172 63173 63185 63190	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 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 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 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 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 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 Lateral Extractory (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 (No N
63091 63101 63102 63103 63170 63170 63172 63173 63185 63190 63191	 Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 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 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 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 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 Laminectomy With Myelotomy (eg, Bischof Or Drez Type), Cervical, Thoracic, Or Thoracolumbar Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Space Laminectomy With Rhizotomy; 1 Or 2 Segments Laminectomy With Rhizotomy; More Than 2 Segments Laminectomy With Section Of Spinal Accessory Nerve 	No N
63091 63101 63102 63103 63170 63170 63172 63173 63185 63190 63191 63197	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 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 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 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 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 Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Extracavitary Approach With Myelotomy (eg, Bischof Or Drez Type), Cervical, Thoracic, Or Thoracolumbar Laminectomy With Myelotomy (eg, Bischof Or Drez Type), Cervical, Thoracic, Or Thoracolumbar Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Space Laminectomy With Rhizotomy; 1 Or 2 Segments	No N
63091 63101 63102 63103 63170 63170 63172 63173 63185 63190 63191	Retroperitoneal Approach With Decompression Of Spinal Cord, Cauda Equina Or Nerve Root(s), Lower Thoracic, Lumbar, Or Sacral; Single Segment 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 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 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 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 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 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 Laminectomy 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 Laminectomy With Myelotomy (eg, Bischof Or Dr	No N

Procedure Code	Description	Prior Auth Required
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
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		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

Procedure Code	Description	Prior Auth Required
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
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; Other perpheral nerve or branch Injection(S), Anesthetic Agent(S) And/Or Steroid; Nerves Innervating The Sacroiliac Joint, With Image	No
	Guidance (le, Fluoroscopy Or Computed Tomography)	

Procedure Code 64454		Prior Auth Required
		No
	Guidance, When Performed	
64455		No
	Neuroma)	
64461	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Single Injection Site (Includes Imaging	No
	Guidance, When Performed)	
64462	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Second And Any Additional Injection Site(s)	No
	(Includes Imaging Guidance, When Performed) (List Separately In Addition To Code For Primary	
	Procedure)	
64463		No
	Imaging Guidance, When Performed)	
64479	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance	No
	(Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level	
64480		No
	(Fluoroscopy Or Ct), Cervical Or Thoracic, Each Additional Level (List Separately In Addition To Code	
64400	For Primary Procedure)	••
64483		No
<u></u>	(Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level	N1.
64484		No
	(Fluoroscopy Or Ct), Lumbar Or Sacral, Each Additional Level (List Separately In Addition To Code For	
C449C	Primary Procedure)	No
64486		No
C4497	Injection(s) (Includes Imaging Guidance, When Performed)	No
64487		No
64488	Continuous Infusion(s) (Includes Imaging Guidance, When Performed)	No
04400		INU
64489	Injections (Includes Imaging Guidance, When Performed) Transversus Abdominis Plane (Tap) Block (Abdominal Plane Block, Rectus Sheath Block) Bilateral; By	No
04409	Continuous Infusions (Includes Imaging Guidance, When Performed)	NO
64490	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves	No
04490	Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Single Level	NO
	Innervating mat joint) with image duidance (Fluoroscopy of Ct), cervical of Thoracic, single Lever	
64491	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves	No
01131	Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Second Level	110
	(List Separately In Addition To Code For Primary Proced	
64492	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves	No
	Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic; Third And Any	
	Additional Level(S) (List Separately In Addition To Co	
64493	Injection(s), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves	No
	Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Single Level	
64494	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves	No
	Innervating That Joint) With Image Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral; Second Level (List	
	Separately In Addition To Code For Primary Procedure)	
64495	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves	No
	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	
64505		No
64510		No
64517	J,	No
64520		No
64530		No
64553	Percutaneous Implantation Of Neurostimulator Electrode Array; Cranial Nerve	Yes
64555	Percutaneous Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral	Yes
64561	Nerve) Persutaneous Implantation Of Neurostimulator Electrode Array: Sacral Nerve /Transferaminal	Voc
64561	Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal	Yes
64566	Placement) Including Image Guidance, If Performed	No
04500		
64568	Programming Open Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse	Yes
0-500	Generator	103
		No
64569		

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
64636		No
	(Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code	
	For Primary Procedure)	
64640		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	No
	Addition To Code For Primary Procedure)	
64644		No
64645		No
	In Addition To Code For Primary Procedure)	
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
64680	Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Celiac Plexus	No
64681		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		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		No
64719	Neuroplasty And/Or Transposition; Ulnar Nerve At Wrist	No
64721		No
64722	Decompression; Unspecified Nerve(s) (Specify)	No
64726		No
64727	Internal Neurolysis, Requiring Use Of Operating Microscope (List Separately In Addition To Code For	No
	Neuroplasty) (Neuroplasty Includes External Neurolysis)	
64732	Transection Or Avulsion Of; Supraorbital Nerve	No
64734	Transection Or Avulsion Of; Infraorbital Nerve	No
64736		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
64746	Transection Or Avulsion Of; Phrenic Nerve	No
64755	Transection Or Avulsion Of; Vagus Nerves Limited To Proximal Stomach (Selective Proximal Vagotomy,	No
	Proximal Gastric Vagotomy, Parietal Cell Vagotomy, Supra- Or Highly Selective Vagotomy)	
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	No
	Primary Procedure)	
64782		No
64783	Excision Of Neuroma; Hand Or Foot, Each Additional Nerve, Except Same Digit (List Separately In	No
	Addition To Code For Primary Procedure)	
64784	Excision Of Neuroma; Major Peripheral Nerve, Except Sciatic	No
64786	Excision Of Neuroma; Sciatic Nerve	No
	Implantation Of Nerve End Into Bone Or Muscle (List Separately In Addition To Neuroma Excision)	No
64787	······································	
64788	Excision Of Neurofibroma Or Neurolemmoma; Cutaneous Nerve	No
	Excision Of Neurofibroma Or Neurolemmoma; Cutaneous Nerve Excision Of Neurofibroma Or Neurolemmoma; Major Peripheral Nerve	No No No

Procedure Code	Description	Prior Auth Required
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	No
	Code For Primary Procedure)	
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	No
	Primary Neurorrhaphy)	
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
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	No
64000	Primary Procedure)	
64999	Unlisted Procedure, Nervous System	Yes
65091	Evisceration Of Ocular Contents; Without Implant	No
65093	Evisceration Of Ocular Contents; With Implant	No

Procedure Code	Description	Prior Auth Required
65101	Enucleation Of Eye; Without Implant	No
65103	Enucleation Of Eve; 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	No
	Removal Of Bone	
65114	Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Contents; With Muscle Or	No
	Myocutaneous Flap	
65125	Modification Of Ocular Implant With Placement Or Replacement Of Pegs (eg, Drilling Receptacle For	No
	Prosthesis Appendage) (Separate Procedure)	
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	No
65475	Of Muscles To Implant	Ne
65175	Removal Of Ocular Implant	No
65205 65210	Removal Of Foreign Body, External Eye; Conjunctival Superficial	No No
03210	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	No
03200	Posterior Route	110
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	No
	Tissue	
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
65775	Corneal Wedge Resection For Correction Of Surgically Induced Astigmatism	Yes
65778	Placement Of Amniotic Membrane On The Ocular Surface; Without Sutures	No

Procedure Code	Description	Prior Auth Required
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	No
	Discission Of Anterior Hyaloid Membrane, With Or Without Air Injection	
65815	Paracentesis Of Anterior Chamber Of Eye (Separate Procedure); With Removal Of Blood, With Or	No
	Without Irrigation And/Or Air Injection	
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	No
65.070	Air Or Liquid) (Separate Procedure); Goniosynechiae	NI -
65870	Severing Adhesions Of Anterior Segment Of Eye, Incisional Technique (With Or Without Injection Of	No
	Air Or Liquid) (Separate Procedure); Anterior Synechiae, Except Goniosynechiae	
65975	Sourcing Adhecians Of Antorias Sogment Of Eve Insistent Technique (With Or Without Injection Of	No
65875	Severing Adhesions Of Anterior Segment Of Eye, Incisional Technique (With Or Without Injection Of Air Or Liquid) (Separate Procedure): Posterior Synachiae	No
65880	Air Or Liquid) (Separate Procedure); Posterior Synechiae Severing Adhesions Of Anterior Segment Of Eye, Incisional Technique (With Or Without Injection Of	No
00000	Air Or Liquid) (Separate Procedure); Corneovitreal Adhesions	INO
65900	Removal Of Epithelial Downgrowth, Anterior Chamber Of Eye	No
65920	Removal Of Epithelia Dowing owith, Anterior Chamber 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	No
	Surgery Or Trauma (Includes Injection Of Antifibrotic Agents)	
66174	Transluminal Dilation Of Aqueous Outflow Canal (Eg, Canaloplasty); Without Retention Of Device Or	Yes
	Stent	
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	Yes
	Approach	
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	No
66500	Minor Procedure	N -
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 66605	Iridectomy, With Corneoscleral Or Corneal Section; For Removal Of Lesion	No No
66605 66625	Iridectomy, With Corneoscleral Or Corneal Section; With Cyclectomy Iridectomy, With Corneoscleral Or Corneal Section; Peripheral For Glaucoma (Separate Procedure)	No
00025		
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,	No
66700	Mccannel Suture)	Na
66700	Ciliary Body Destruction; Diathermy	No
66710	Ciliary Body Destruction; Cyclophotocoagulation, Transscleral	No

Procedure Code	Description	Prior Auth Required
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of	No
	crystalline lens	
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	No
	Of Anterior Chamber Angle)	
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	No
	Hyaloid); Stab Incision Technique (Ziegler Or Wheeler Knife)	
66821	Discission Of Secondary Membranous Cataract (Opacified Posterior Lens Capsule And/Or Anterior	No
	Hyaloid); Laser Surgery (eg, Yag Laser) (1 Or More Stages)	
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	Yes
	Hyaloid) With Corneo-Scleral Section, With Or Without Iridectomy (Iridocapsulotomy,	
	Iridocapsulectomy)	
66840	Removal Of Lens Material; Aspiration Technique, 1 Or More Stages	Yes
66850	Removal Of Lens Material; Phacofragmentation Technique (Mechanical Or Ultrasonic) (eg,	Yes
	Phacoemulsification), With Aspiration	
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),	No
	manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex,	
	requiring devices or techniques not generally used in routine	
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),	No
	manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without	
	endoscopic cyclophotocoagulation	
66985	Insertion Of Intraocular Lens Prosthesis (Secondary Implant), Not Associated With Concurrent	Yes
	Cataract Removal	
66986	Exchange Of Intraocular Lens	No
66987	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1-Stage Procedure),	Yes
	Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification), Complex,	
	Requiring Devices Or Techniques Not Generally Used In Routine	
66988	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure),	Yes
	Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification); With	
	Endoscopic Cyclophotocoagulation	
66989	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1-Stage Procedure),	Yes
	Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification), Complex,	
	Requiring Devices Or Techniques Not Generally Used In Routine	
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),	Yes
	Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification); With	
	Insertion Of Intraocular (Eg, Trabecular Meshwork, Supraciliary,	
66999	Unlisted Procedure, Anterior Segment Of Eye	Yes
67005	Removal Of Vitreous, Anterior Approach (Open Sky Technique Or Limbal Incision); Partial Removal	No
67010		No
67010	Removal Of Vitreous, Anterior Approach (Open Sky Technique Or Limbal Incision); Subtotal Removal	No
67045	With Mechanical Vitrectomy	
67015	Aspiration Or Release Of Vitreous, Subretinal Or Choroidal Fluid, Pars Plana Approach (Posterior	No
67005	Sclerotomy)	81 -
67025	Injection Of Vitreous Substitute, Pars Plana Or Limbal Approach (Fluid-Gas Exchange), With Or	No
(70)7	Without Aspiration (Separate Procedure)	
67027	Implantation Of Intravitreal Drug Delivery System (eg, Ganciclovir Implant), Includes Concomitant	No
67000	Removal Of Vitreous	••
67028	Intravitreal Injection Of A Pharmacologic Agent (Separate Procedure)	No
67030	Discission Of Vitreous Strands (Without Removal), Pars Plana Approach	No

Procedure Code	Description	Prior Auth Required
67031	Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser	No
0,001	Surgery (1 Or More Stages)	
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,	No
	Macular Pucker)	
67042	Vitrectomy, Mechanical, Pars Plana Approach; With Removal Of Internal Limiting Membrane Of Retina	No
	(eg, For Repair Of Macular Hole, Diabetic Macular Edema), Includes, If Performed, Intraocular	
	Tamponade (Ie, Air, Gas Or Silicone Oil)	
67043	Vitrectomy, Mechanical, Pars Plana Approach; With Removal Of Subretinal Membrane (eg, Choroidal	No
	Neovascularization), Includes, If Performed, Intraocular Tamponade (Ie, Air, Gas Or Silicone Oil) And	
	Laser Photocoagulation	
67101	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN	No
	PERFORMED; CRYOTHERAPY	
67105	REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN	No
	PERFORMED; PHOTOCOAGULATION	
67107	Repair Of Retinal Detachment; Scleral Buckling (Such As Lamellar Scleral Dissection, Imbrication Or	No
	Encircling Procedure), Including, When Performed, Implant, Cryotherapy, Photocoagulation, And	
	Drainage Of Subretinal Fluid	
67108	Repair Of Retinal Detachment; With Vitrectomy, Any Method, Including, When Performed, Air Or Gas	No
	Tamponade, Focal Endolaser Photocoagulation, Cryotherapy, Drainage Of Subretinal Fluid, Scleral	
	Buckling, And/Or Removal Of Lens By Same Technique	
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,	No
	Diabetic Traction Retinal Detachment, Retinopathy Of Prematurity, Retinal Tear Of Greater Than 90	
	Degrees), With Vitrectomy And Membrane Peeling, Including, W	
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;	No
	Cryotherapy, Diathermy	
67145	Prophylaxis Of Retinal Detachment (Eg, Retinal Break, Lattice Degeneration) Without Drainage;	No
	Photocoagulation	
67208	Destruction Of Localized Lesion Of Retina (eg, Macular Edema, Tumors), 1 Or More Sessions;	No
	Cryotherapy, Diathermy	
67210	Destruction Of Localized Lesion Of Retina (eg, Macular Edema, Tumors), 1 Or More Sessions;	No
	Photocoagulation	
67218	Destruction Of Localized Lesion Of Retina (eg, Macular Edema, Tumors), 1 Or More Sessions;	No
	Radiation By Implantation Of Source (Includes Removal Of Source)	
67220	Destruction Of Localized Lesion Of Choroid (eg, Choroidal Neovascularization); Photocoagulation (eg,	No
	Laser), 1 Or More Sessions	
67221	Destruction Of Localized Lesion Of Choroid (eg, Choroidal Neovascularization); Photodynamic Therapy	No
	(Includes Intravenous Infusion)	
67225	Destruction Of Localized Lesion Of Choroid (eg, Choroidal Neovascularization); Photodynamic Therapy,	No
	Second Eye, At Single Session (List Separately In Addition To Code For Primary Eye Treatment)	
67227	Destruction Of Extensive Or Progressive Retinopathy (eg, Diabetic Retinopathy), Cryotherapy,	No
	Diathermy	
67228	Treatment Of Extensive Or Progressive Retinopathy (eg, Diabetic Retinopathy), Photocoagulation	No
(7220		
67229	Treatment Of Extensive Or Progressive Retinopathy, 1 Or More Sessions, Preterm Infant (Less Than 37	Yes
	Weeks Gestation At Birth), Performed From Birth Up To 1 Year Of Age (Eg, Retinopathy Of	
67250	Prematurity), Photocoagulation Or Cryotherapy	No
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)	res
67216	Strahismus Surgary Departien Or Departien Presedures 2 On Marie Martinel Muscles (Fuel - Part	Voc
67316	Strabismus Surgery, Recession Or Resection Procedure; 2 Or More Vertical Muscles (Excluding	Yes
<u> </u>	Superior Oblique)	

Procedure Code	Description	Prior Auth Required
67318	Strabismus Surgery, Any Procedure, Superior Oblique Muscle	Yes
67320	Transposition Procedure (eg, For Paretic Extraocular Muscle), Any Extraocular Muscle (Specify) (List	Yes
	Separately In Addition To Code For Primary Procedure)	
67331	Strabismus Surgery On Patient With Previous Eye Surgery Or Injury That Did Not Involve The	Yes
	Extraocular Muscles (List Separately In Addition To Code For Primary Procedure)	
67332	Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (eg, Prior Ocular Injury,	Yes
07002	Strabismus Or Retinal Detachment Surgery) Or Restrictive Myopathy (eg, Dysthyroid	
	Ophthalmopathy) (List Separately In Addition To Code For Primary Procedure)	
67334	Strabismus Surgery By Posterior Fixation Suture Technique, With Or Without Muscle Recession (List	Yes
07554	Separately In Addition To Code For Primary Procedure)	105
67335	Placement Of Adjustable Suture(s) During Strabismus Surgery, Including Postoperative Adjustment(s)	No
07555		NO
	Of Suture(s) (List Separately In Addition To Code For Specific Strabismus Surgery)	
67340	Strahismus Surgary Involving Surlaration And /Or Danair Of Datashad Sutrage (Jar Muscle/a) /List	Yes
07540	Strabismus Surgery Involving Exploration And/Or Repair Of Detached Extraocular Muscle(s) (List	res
67242	Separately In Addition To Code For Primary Procedure)	M
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	No
	Without Biopsy	
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	No
	Body	
67414	Orbitotomy Without Bone Flap (Frontal Or Transconjunctival Approach); With Removal Of Bone For	No
	Decompression	
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	No
	Body	
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	No
	Decompression	
67450	Orbitotomy With Bone Flap Or Window, Lateral Approach (eg, Kroenlein); For Exploration, With Or	No
	Without Biopsy	
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		No
	Severing Of Tarsorrhaphy	No
67715	Canthotomy (Separate Procedure)	
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
67040		N1 .
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	No
	Surgery)	
67830	Correction Of Trichiasis; Incision Of Lid Margin	No
67835	Correction Of Trichiasis; Incision Of Lid Margin, With Free Mucous Membrane Graft	No

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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 68750	Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); Without Tube Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); With Insertion Of Tube Or Stent	No 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
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

Procedure Code	Description	Prior Auth Required
69300	Otoplasty, Protruding Ear, With Or Without Size Reduction	Yes
69310	Reconstruction Of External Auditory Canal (Meatoplasty) (eg, For Stenosis Due To Injury, Infection)	No
	(Separate Procedure)	
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	No
	Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction	
69632	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear	No
	Surgery), Initial Or Revision; With Ossicular Chain Reconstruction (eg, Postfenestration)	
69633	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear	No
	Surgery), Initial Or Revision; With Ossicular Chain Reconstruction And Synthetic Prosthesis (Eg, Partial Ossicular Replacement Prosthesis [Porp], Total Ossicular Repl	
69635	Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty, Atticotomy, Middle Ear	No
	Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction	
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
	Stapes Mobilization	No

Procedure Code	Description	Prior Auth Required
69660	Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity, With Or Without Use	No
	Of Foreign Material;	
69661	Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity, With Or Without Use	No
	Of Foreign Material; With Footplate Drill Out	
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		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	Yes
	Processor	
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	Yes
	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	
69720		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	No
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	
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	No
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

Procedure Code	Description	Prior Auth Required
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	Yes
	Specified And A Process To Follow Up With Patients Regarding Missed Or Unscheduled Appointments	
	(MI)	
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
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
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	No
	Material(s) And Further Sections	
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		
		No
70498		No
70540	If Performed, And Image Postprocessing 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
70549		Yes
70349	Magnetic Resonance Angiography, Neck; Without Contrast Material(s), Followed By Contrast Material(s) And Further Sequences	Tes
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		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);	Yes
70558	Without Contrast Material 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		No
71046	Radiologic Examination, Chest; 2 Views	No
71047	Radiologic Examination, Chest; 3 Views	No
71048		No
71100	Radiologic Examination, Chest, 4 of Nore Views	No
71100		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		No
71250		No
71260		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
	Magnetic Resonance (eg, Proton) Imaging, Chest (eg, For Evaluation Of Hilar And Mediastinal	Yes

Procedure Code	Description	Prior Auth Required
71552	Magnetic Resonance (eg, Proton) Imaging, Chest (eg, For Evaluation Of Hilar And Mediastinal	Yes
. 1001	Lymphadenopathy); Without Contrast Material(s), Followed By Contrast Material(s) And Further	
	Sequences	
71555	Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast	Yes
/1555	Material(s)	105
72020	Radiologic Examination, Spine, Single View, Specify Level	No
72040	Radiologic Examination, Spine, Cervical; 2 Or 3 Views	No
72050	Radiologic Examination, Spine, Cervical; 2 Or 5 Views	No
72052	Radiologic Examination, Spine, Cervical; 4 Or S Views Radiologic Examination, Spine, Cervical; 6 Or More Views	No
72070	Radiologic Examination, Spine, Cervical, 6 of Wore views	No
72072	Radiologic Examination, Spine, Thoracic, 3 Views	No
72072	Radiologic Examination, Spine, Thoracic, Si News Radiologic Examination, Spine; Thoracic, Minimum Of 4 Views	No
72080		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	No
	If Performed (eg, Scoliosis Evaluation); 2 Or 3 Views	
72083	Radiologic Examination, Spine, Entire Thoracic And Lumbar, Including Skull, Cervical And Sacral Spine	No
	If Performed (eg, Scoliosis Evaluation); 4 Or 5 Views	
72084	Radiologic Examination, Spine, Entire Thoracic And Lumbar, Including Skull, Cervical And Sacral Spine	No
	If Performed (eg, Scoliosis Evaluation); Minimum Of 6 Views	
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	-
/2114		
72120	Padialogic Examination Sping Lumbocastal: Bonding Views Only 2 Or 2 Views	No
72125	Radiologic Examination, Spine, Lumbosacral; Bending Views Only, 2 Or 3 Views	No
	Computed Tomography, Cervical Spine; Without Contrast Material	
72126	Computed Tomography, Cervical Spine; With Contrast Material	No
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; Without Contrast Material	No
72132	Computed Tomography, Lumbar Spine; With Contrast Material, Followed By Contrast Material(s)	No
/2155	And Further Sections	
721/1		Voc
72141	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Cervical; Without Contrast	Yes
724.42	Material	
72142	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Cervical; With Contrast	Yes
72446	Material(s)	M
72146	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Thoracic; Without Contrast	Yes
724.47		
72147	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Thoracic; With Contrast	Yes
70440	Material(s)	~
72148	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Lumbar; Without Contrast	Yes
70440	Material	
72149	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Lumbar; With Contrast	Yes
	Material(s)	
72156	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material,	Yes
	Followed By Contrast Material(s) And Further Sequences; Cervical	
72157	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material,	Yes
	Followed By Contrast Material(s) And Further Sequences; Thoracic	
72158	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material,	Yes
	Followed By Contrast Material(s) And Further Sequences; Lumbar	
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
		No
72191	Computed Tomographic Angiography, Pelvis, With Contrast Material(s), Including Noncontrast	NO
72191	Images, If Performed, And Image Postprocessing	

Procedure Code	Description	Prior Auth Required
72193	Computed Tomography, Pelvis; With Contrast Material(s)	No
72194	Computed Tomography, Pelvis; Without Contrast Material, Followed By Contrast Material(s) And	No
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Further Sections	
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	Yes
	Material(s) And Further Sequences	
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
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	Yes
73219	Material(s) Magnetic Resonance (eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast	Yes
73220	Material(s) Magnetic Resonance (eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast	Yes
73221	Material(s), Followed By Contrast Material(s) And Further Sequences 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	Yes
70005	Material(s), Followed By Contrast Material(s) And Further Sequences	
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 73523	Radiologic Examination, Hips, Bilateral, With Pelvis When Performed; 3-4 Views	No No
13323	Radiologic Examination, Hips, Bilateral, With Pelvis When Performed; Minimum Of 5 Views	

Procedure Code Description Prior Aut/ 23525 Rediologic Examination, Fipu, Arthrography, Radiological Supervision And Interpretation No 73551 Rediologic Examination, Ferur; Y livew No No 73552 Rediologic Examination, Ferur; Y livew No No 73550 Rediologic Examination, Knee; J Or Y Vews No 73551 Rediologic Examination, Knee; Complete, A Or More Views No 73552 Rediologic Examination, Knee; Complete, Standing, Anteroposteriar No 73553 Rediologic Examination, Knee, Standing, Anteroposteriar No 73550 Rediologic Examination, Knee, Standing, Anteroposteriar No 73500 Rediologic Examination, Ankel; Complete, Minimum Of 2 Views No 73600 Rediologic Examination, Ankel; Complete, Minimum Of 3 Views No 73630 Rediologic Examination, Foot; Complete, Minimum Of 3 Views No 73630 Rediologic Examination, Foot; Complete, Minimum Of 3 Views No 73630 Rediologic Examination, Foot; Complete, Minimum Of 3 Views No 73700 Computed Tomography, Lower Extremity, With Contrast Material No No 73	Auth Required
21551 Radiologic Damination, Fermiry Jilvew No 21522 Radiologic Camination, Fermiry Minum 2 Views No 21560 Radiologic Camination, Kree; J Or 2 Views No 21562 Radiologic Camination, Kree; Complete, 4 Or More Views No 21565 Radiologic Camination, Kree; Artinography, Radiological Supervision And Interpretation No 21566 Radiologic Camination, Kree, Artinography, Radiological Supervision And Interpretation No 21560 Radiologic Camination, Kree, Artinography, Radiological Supervision And Interpretation No 21560 Radiologic Camination, Artek, Camplete, Minimum Of 2 Views No 21600 Radiologic Camination, Artek, Camplete, Minimum Of 2 Views No 21610 Radiologic Camination, Col 2 Views No 21620 Radiologic Camination, Col 2 Views No 21630 Radiologic Camination, Col 2 Views	
Paddologic Examination, Kener, 107. Vews No 23560 Radiologic Examination, Kener, 107. Vews No 23562 Radiologic Examination, Kener, 307. Vews No 23563 Radiologic Examination, Kener, 307. Vews No 23564 Radiologic Examination, Kener, 307. Kener, Strahmag, Anteroposlarior No 23560 Radiologic Examination, Kener, Anthrography, Radiological Supervision And Interpretation No 23580 Radiologic Examination, Kener, Strik Kuees, Standing, Anteroposlarior No 23590 Radiologic Examination, Ander, Z. Vews No 23600 Radiologic Examination, Ander, Z. Vews No 73610 Radiologic Examination, Ander, Z. Vews No 73620 Radiologic Examination, Foot, Complete, Minimum Of 3 Vews No 73630 Radiologic Examination, Foot, Complete, Minimum Of 3 Vews No 73630 Radiologic Examination, Foot, Complete, Minimum Of 3 Vews No 73700 Computed Tomography, Lower Extremity, Without Contrast Material No 73701 Computed Tomography, Lower Extremity, Without Contrast Material No 73702 Computed Tomography, Lower	
7550 Radiogic Jamination, Kneg. J Or. 2 Vews No 7552 Radiogic Jamination, Kneg. Complete, 4.0r More Views No 7555 Radiogic Lamination, Kneg. Stating, Anteroposition No 7556 Radiogic Camination, Kneg. Micros Stating, Anteroposition No 7556 Radiogic Camination, Kneg. Athrong Stating, Anteroposition And Interpretation No 7550 Radiogic Camination, Jouer Externity, Indat, Mininum Of 2 Views No 7560 Radiogic Camination, Anteg. Complete, Mininum Of 3 Views No 75610 Radiogic Camination, Anteg. Complete, Mininum Of 3 Views No 75620 Radiogic Camination, Color 2 Views No 75630 Radiogic Camination, Color 2 Views No 75640 Radiogic Camination, Color 2 Views No 75600 Radiogic Camination, Color 2 Views No 75700 Computed Tomography, Lower Externity, Withou Contrast Material No 75701 Computed Tomography, Lower Externity, Withou Contrast Material No 75702 Computed Tomography, Lower Externity, Withou Contrast Material No 75705 Computed Tomography, Lower Externit	
2552 Radiologic Examination, Knee; 3 Versor No 73564 Radiologic Examination, Knee; Complete, 4 Or More Verso No 73560 Radiologic Examination, Knee; Complete, 4 Or More Verso No 73580 Radiologic Examination, Knee, Arthrography, Radiological Supervision And Interpretation No 73580 Radiologic Examination, Tible And Flaub. 2 Views No 73561 Radiologic Examination, Ande; 2 Views No 73610 Radiologic Examination, Ande; 2 Views No 73613 Radiologic Examination, Ande; 2 Views No 73630 Radiologic Examination, Ande; 2 Views No 73630 Radiologic Examination, Foit, Complete, Minimum Of 3 Views No 73630 Radiologic Examination, Completed, Minimum Of 2 Views No 73630 Radiologic Examination, Completed, Minimum Of 2 Views No 73700 Computed Tomography, Lower Extremity, Without Contrast Material, Soliton No 73706 Computed Tomography, Lower Extremity, Without Contrast Material, Soliton No 73706 Computed Tomographic Agoigraphy, Lower Extremity Other Than Joint, Without Contrast Yes 7	
73554 Radiologic Examination, Knee; Complete, A Or More Yiews No 73555 Badiologic Examination, Knee; Storm, Anteroposterior No 73580 Radiologic Examination, Knee; Storm, Anteroposterior No 73580 Radiologic Examination, Knee; Storm, Anteroposterior No 73582 Radiologic Examination, Nuce Externity, Infart, Minimum Of 2 Views No 73600 Radiologic Examination, Nuce Carmenty, Infart, Minimum Of 3 Views No 73610 Radiologic Examination, Antel, Cardingera, Radiological Supervision And Interpretation No 73620 Radiologic Examination, Foot; 2 Views No 73630 Radiologic Examination, Foot; 2 Views No 73630 Radiologic Examination, Foot; 2 Views No 73640 Examination; Carene; Minimum Of 3 Views No 73700 Computed Tomography, Lower Extremity, With Contrast Material No 73721 Computed Tomography, Lower Extremity, With Contrast Material(s) No 73726 Computed Tomographic Angiograph, Lower Extremity, With Contrast Material(s) Yes 73739 Magnetic Resonance (eg, Proton) Imaging, Lower Extremity Other Than Joinit; Without Contrast Material(s	
2555 Eadloiggit Examination, Knee, Both Knees, Standing, Anteropoterior No 73500 Radiologit Examination, Knee, Arthrography, Radiological Supervision And Interpretation No 73500 Radiologit Examination, Tiba And Flaula, J. Views No 73500 Radiologit Examination, Andre J. Views No 73610 Radiologit Examination, Andre, J. Views No 73610 Radiologit Examination, Andre, Arthrography, Radiologia Supervision And Interpretation No 73620 Radiologit Examination, Foit, Complete, Minimum Of 3 Views No 73630 Radiologit Examination, Foit, Complete, Minimum Of 2 Views No 73660 Radiologit Examination, Foit, Complete, Minimum Of 2 Views No 73660 Radiologit Examination, Foit, Camplete, Minimum Of 2 Views No 73700 Computed Tomography, Lower Extremity, With Contrast Material No 73701 Computed Tomography, Lower Extremity, With Contrast Material No 73705 Computed Tomograph, Lower Extremity, With Contrast Material No 73706 Computed Tomograph, Lower Extremity, With Contrast Material No 73717 Magnetic Resonance (eg, Proton) Imaging, Lower	
72580 Radiologic Examination, Nee, Arthrography, Radiological Supervision And Interpretation No 72590 Radiologic Examination; Tibi And Fluba, 2 Views No 73600 Radiologic Examination, Ankle, 2 Wiews No 73610 Radiologic Examination, Ankle, Complete, Minimum Of 3 Views No 73610 Radiologic Examination, Ankle, Complete, Minimum Of 3 Views No 73620 Radiologic Examination, Ankle, Complete, Minimum Of 3 Views No 73630 Radiologic Examination, Foot, 2 Views No 73630 Radiologic Examination, Toot, 2 Views No 73630 Radiologic Examination, Toot, 2 Views No 73640 Radiologic Examination, Toot, 2 Views No 73700 Computed Tomography, Lower Extremity, With Contrast Material, Followed By Contrast No 73701 Computed Tomograph, Lower Extremity, With Contrast Material, Sol, Including No 73706 Computed Tomograph, Lower Extremity, With Contrast Material, Sol Muterial, Sol Muterial, Followed By Contrast Yes 73718 Magnetic Resonance (eg, Proton) Imaging, Lower Extremity With Contrast Material, Sol Muterial, Sol	
73590 Radiologic Examination, Tibia And Fibula, 2 Wews No 73502 Radiologic Examination, Ankle; 2 Wews No 73600 Radiologic Examination, Ankle; 2 Wews No 73615 Radiologic Examination, Ankle; 2 Wews No 73620 Radiologic Examination, Ankle; Complete, Minimum Of 3 Views No 73630 Radiologic Examination, Foot; 2 Views No 73630 Radiologic Examination, Foot; 2 Views No 73630 Radiologic Examination, Foot; 2 Views No 73650 Radiologic Examination, Foot; 2 Views No 73650 Radiologic Examination, Foot; 2 Views No 73660 Radiologic Examination, Foot; 2 Views No 73701 Computed Tomography, Lower Extremity, Without Contrast Material No 73702 Computed Tomography, Lower Extremity, Without Contrast Material No 73705 Computed Tomography, Lower Extremity, Without Contrast Material No 73706 Computed Tomography, Lower Extremity, Without Contrast Material No 73718 Magnetic Resonance (eg., Proton) Imaging, Lower Extremity Without Contrast Material Yes 73720 Magnetic Resonance (eg., Proton) Imaging, Lower Extremity, Without Contrast Material Yes 73721 Magnetic Resonance (eg., Proton) Imaging, Lower Extremity, Wi	
73592 Radiologic Examination Unser Extremity, Infant, Minimum Of 2 Views No 73600 Radiologic Examination, Ankle, Zitters, Complete, Minimum Of 3 Views No 73610 Radiologic Examination, Ankle, Arthrography, Radiological Supervision And Interpretation No 73615 Radiologic Examination, Foot; Complete, Minimum Of 3 Views No 73630 Radiologic Examination, Foot; Complete, Minimum Of 3 Views No 73630 Radiologic Examination; Calcare, Nimimum Of 2 Views No 73640 Radiologic Examination; Calcare, Nimimum Of 2 Views No 73650 Radiologic Examination; Coles, Without Contrast Material No 73700 Computed Tomography, Lower Extremity, With Contrast Material No 73701 Computed Tomography, Lower Extremity, With Contrast Material, Followed By Contrast No 73702 Computed Tomography, Lower Extremity, With Contrast Material(s), Including No 73703 Computed Tomography, Lower Extremity, With Contrast Material(s), Pollower By Contrast No 73704 Computed Tomography, Lower Extremity, With Contrast Material(s), Pollower By Contrast Material(s) No 73705 Computed Tomography, Lower Extremity, With Contrast Material(s), N	
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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 No 74150 Computed Tomography, Abdomen; Without Contrast Material No 74160 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 74175 Computed Tomography, Abdomen And Pelvis; Without Contrast Material(s), Including Noncontrast Images, If Performed, And Image Postprocessing No 74176 Computed Tomography, Abdomen And Pelvis; With Contrast Material No 74176 Computed Tomography, Abdomen And Pelvis; Without Contrast Material No 74178 Computed Tomography, Abdomen And Pelvis; Without Contrast Ma	
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74182 Magnetic Resonance (eg, Proton) Imaging, Abdomen; With Contrast Material(s) Yes	
1/4183 IMagnetic Resonance (eg. Proton) Imaging, Abdomen: Without Contrast Material(s), Followed By With IYes	
Contrast Material(s) And Further Sequences	
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 No	
delayed image(s), when performed, contrast (eg, barium) study	

Procedure Code	Description	Prior Auth Required
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when	No
	performed; single-contrast (eg, barium) study	
74221	Radiologic Examination, Esophagus, Including Scout Chest Radiograph(S) And Delayed Image(S), When	No
	Performed; Double-Contrast (Eg, High-Density Barium And Effervescent Agent) Study	
74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout	No
	neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	
74235		No
74240	Interpretation	N1 -
74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and	No
74246	delayed image(s), when performed; single-contrast (eg, barium) study Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and	No
74240	delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent)	NO
	study, including glucagon, when administered	
74248	Radiologic Small Intestine Follow-Through Study, Including Multiple Serial Images (List Separately In	No
	Addition To Code For Primary Procedure For Upper GI Radiologic Examination)	
74250	Radiologic examination, small intestine, including multiple serial images and scout abdominal	No
	radiograph(s), when performed; single-contrast (eg, barium) study	
74251	Radiologic examination, small intestine, including multiple serial images and scout abdominal	No
	radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis	
	tube) study, including glucagon, when administered	
74261	Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; Without	Yes
74262	Contrast Material	
74262	Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; With Contrast	Yes
74263	Material(s) Including Non-Contrast Images, If Performed	Yes
74203	Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when	No
74270	performed; single-contrast (eg, barium) study	NO
74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when	No
	performed; double-contrast (eg, high density barium and air) study, including glucagon, when	
	administered	
74283	Therapeutic Enema, Contrast Or Air, For Reduction Of Intussusception Or Other Intraluminal	No
	Obstruction (eg, Meconium Ileus)	
74290	Cholecystography, Oral Contrast	No
74300	Cholangiography And/Or Pancreatography; Intraoperative, Radiological Supervision And	No
	Interpretation	
74301	Cholangiography And/Or Pancreatography; Additional Set Intraoperative, Radiological Supervision	No
74000	And Interpretation (List Separately In Addition To Code For Primary Procedure)	N
74328	Endoscopic Catheterization Of The Biliary Ductal System, Radiological Supervision And Interpretation	No
74329	Endoscopic Catheterization Of The Pancreatic Ductal System, Radiological Supervision And	No
74525	Interpretation	110
74330	Combined Endoscopic Catheterization Of The Biliary And Pancreatic Ductal Systems, Radiological	No
	Supervision And Interpretation	
74340	Introduction Of Long Gastrointestinal Tube (eg, Miller-Abbott), Including Multiple Fluoroscopies And	No
	Images, Radiological Supervision And Interpretation	
74355	Percutaneous Placement Of Enteroclysis Tube, Radiological Supervision And Interpretation	No
74360	Intraluminal Dilation Of Strictures And/Or Obstructions (eg, Esophagus), Radiological Supervision And	No
	Interpretation	
74363	Percutaneous Transhepatic Dilation Of Biliary Duct Stricture With Or Without Placement Of Stent,	No
74400	Radiological Supervision And Interpretation	NI-
74400 74410	Urography (Pyelography), Intravenous, With Or Without Kub, With Or Without Tomography	No No
74410	Urography, Infusion, Drip Technique And/Or Bolus Technique; Urography, Infusion, Drip Technique And/Or Bolus Technique; With Nephrotomography	No
74413	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
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

Procedure Code	Description	Prior Auth Required
74470	Radiologic Examination, Renal Cyst Study, Translumbar, Contrast Visualization, Radiological	No
	Supervision And Interpretation	
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	No
74710	Pelvimetry, With Or Without Placental Localization	No
74712	Magnetic Resonance (eg, Proton) Imaging, Fetal, Including Placental And Maternal Pelvic Imaging	Yes
	When Performed; Single Or First Gestation	
74713	Magnetic Resonance (eg, Proton) Imaging, Fetal, Including Placental And Maternal Pelvic Imaging	Yes
	When Performed; Each Additional Gestation (List Separately In Addition To Code For Primary	
	Procedure)	
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	Yes
	Stress Imaging	
75561	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(s),	Yes
	Followed By Contrast Material(s) And Further Sequences;	
75563	Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(s),	Yes
	Followed By Contrast Material(s) And Further Sequences; With Stress Imaging	
75565	Cardiac Magnetic Resonance Imaging For Velocity Flow Mapping (List Separately In Addition To Code	Yes
	For Primary Procedure)	
75571	Computed Tomography, Heart, Without Contrast Material, With Quantitative Evaluation Of Coronary	Yes
	Calcium	
75572	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And	Yes
	Morphology (Including 3d Image Postprocessing, Assessment Of Cardiac Function, And Evaluation Of	
	Venous Structures, If Performed)	
75573	Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And	Yes
	Morphology In The Setting Of Congenital Heart Disease (Including 3D Image Postprocessing,	
	Assessment Of Left Ventricular [Lv] Cardiac Function, Right Ventricular [
75574	Computed Tomographic Angiography, Heart, Coronary Arteries And Bypass Grafts (When Present),	Yes
	With Contrast Material, Including 3D Image Postprocessing (Including Evaluation Of Cardiac Structure	
	And Morphology, Assessment Of Cardiac Function, And Evaluatio	
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software	No
	analysis of the data set from a coronary computed tomography angiography, with interpretation and	
75.000	report by a physician or other qualified health	
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,	No
75625	Radiological Supervision And Interpretation	NI-
75635	Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofemoral Lower Extremity	No
	Runoff, With Contrast Material(s), Including Noncontrast Images, If Performed, And Image	
75705	Postprocessing Angiography, Spinal, Selective, Radiological Supervision And Interpretation	No
75710		No
	Angiography, Extremity, Unilateral, Radiological Supervision And Interpretation	No
75716 75726	Angiography, Extremity, Bilateral, Radiological Supervision And Interpretation	No
/5/20	Angiography, Visceral, Selective Or Supraselective (With Or Without Flush Aortogram), Radiological	NO
75731	Supervision And Interpretation	No
75733	Angiography, Adrenal, Unilateral, Selective, Radiological Supervision And Interpretation Angiography, Adrenal, Bilateral, Selective, Radiological Supervision And Interpretation	No
75736		No
13130	Angiography, Pelvic, Selective Or Supraselective, Radiological Supervision And Interpretation	
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	No
, , , , , , , , , , , , , , , , , , , ,	Interpretation	
75756	Angiography, Internal Mammary, Radiological Supervision And Interpretation	No
75774	Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological	No
15/14	Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	
	Supervision And interpretation (List Separately in Addition To Code For Prinary Procedure)	
		1

Procedure Code	Description	Prior Auth Required
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,	No
	Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation	
75810	Splenoportography, Radiological Supervision And Interpretation	No
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
75842	Venography, Adrenal, Bilateral, 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
75956	Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption); Involving Coverage Of Left Subclavian Artery Origin, Initial Endoprosthesis Plus Descending Thora	No
75957	Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption); Not Involving Coverage Of Left Subclavian Artery Origin, Initial Endoprosthesis Plus Descending T	No
75958	Placement Of Proximal Extension Prosthesis For Endovascular Repair Of Descending Thoracic Aorta (eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption), Radiological Supervision And Interpretation	No
75959	Placement Of Distal Extension Prosthesis(s) (Delayed) After Endovascular Repair Of Descending Thoracic Aorta, As Needed, To Level Of Celiac Origin, Radiological Supervision And Interpretation	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

Testinoge Examination, Aboxess, Fridulo O'Sinus Tract Study, Kadological Supervision And No 7098 Radiological Examination, Surgical Spectrem No 70100 Concertaling raphy/Videoradiography to Complement Routine Examination (ILUS Separately In Addition No 70100 Concertaling raphy/Videoradiography to Complement Routine Examination Multer Exercise Institutional Review Threshold, No No 70140 Consultation On & Ray Examination Multer Exercise Institutional Review Threshold, No No 701517 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Spectromosing Under Concurrent Supervision; Net Requiring Image Postprocessing On An Independent Workstati No 70537 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Spectrocogary Yes 70538 Computed Tomography, Limited Or Lookalized Follow-Up Study No 70539 Magnetic Resonance Specific Concurrent Supervision; Requiring Image Postprocessing, Interventionall Yes 70530 Magnetic Resonance Specific Concurrent Supe	Procedure Code	Description	Prior Auth Required
Interpretation Interpretation No 76100 Radiologic Laminaton, Surgial Spactmen No 76100 Radiologic Laminaton, Surgial Spactmen No 76100 Cheradiography/Usecratiography Loceptic Market Space (English Included No 76120 Cheradiography/Usecratiography Loceptic Market Space (English Included No 76120 Cheradiography/Usecratiography Loceptic Market Space (English Included No 76121 Computing With Interpretation And Reporting Of Comparaphy, Magnetic Resonance maging Jurtasound, Or Cher Tomography Magnetic Resonance maging Jurtasound, Or Cher Tomography Modelly With Image Postprocessing Under Concurrent Supervision, Not Requiring Image Postprocessing On An Independent Works Yes 76837 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance maging Jurtasound, Or Cher Tomography Modelly With Image Postprocessing Under Concurrent Supervision, Neurent Tomography, Undersonance Treating Postprocessing Under Concurrent Supervision, Requiring Image Postprocessing On An Independent Workstation Yes 76837 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance (Rep Damagnet Subsprace) Yes 76888 Computed Tomography Postprace Yes Yes 76991 Unisted Tomography Postphy Cherochere Yes	76010		No
76100 Radiologic Examination, Single Plane Body Section (eg. Tomography), Other Than With Urography 76127 No 76128 Cineradiography/Vaccoradiography To Complement Routine Examination (List Separately in Addition 76140 No 76140 Consultation On X Fag Desimination Med E Bewrhere, Written Report No 76141 Consultation On X Fag Desimination Med E Bewrhere, Written Report No 76142 Consultation On X Fag Desimination Med E Bewrhere, Written Report No 76143 Medical Physics Dose Evaluation for Radiation Exposure That Exceeds Institutional Review Threshold, Including Report No 76145 JD Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Supervision; Net Requiring Image Postprocessing On An Independent Works Yes 76377 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Supervision; Requiring Image Postprocessing On An Independent Worksati No 76380 Computed Tomography, United OT toolarized Follow US Study No 76491 Unlisted Computed Tomography, Charles, Instrumentional Yes 76493 Unlisted Computed Tomography Processing On An Independent Worksati Yes 76494 Unlisted Computed Tomography Processing Uses Yes 76495<	76080		No
Test Concradiggraphy,Videoratiography, Except Where Specifically Included No 76125 Cinecradiggraphy,Videoratiography To Complement Routine Examination (List Separately in Addition No 76145 Concultation On X-Ray Examination Made Elsewhere, Written Report No 76146 Consultation On X-Ray Examination Made Elsewhere, Written Report No 76147 Medical Physics Dase Evaluation for Relation Exposure That Exceeds Institutional Review Threshold, No No 76147 State Addition No No 76148 Medical Physics Dase Evaluation for Relation Exposure That Exceeds Institutional Review Threshold, No No 76376 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance (Spressing On An Independent Workstati Yes 76380 Computed Tomography, Limited Or Localized Follow-Up Study No No 76381 Magnetic Resonance (Spressing On An Independent Workstati Yes 76486 Unlisted Flaomoscipic Procedure (e.g., Dagnatic, Interventional) Yes 76487 Unlisted Plaomoscipic Procedure (e.g., Dagnatic, Interventional) Yes 76489 Unlisted Plaomoscipic Procedure (e.g., Dagnatic, Interventional) Yes <	76098	Radiological Examination, Surgical Specimen	No
7625 Cinecadography,Videoradiography To Complement Routine Examination (List Separately in Addition No 76140 Consultation On X-Ray Examination Made Elsewhere, Written Report No 76145 Medicad Physics Dops Evaluation For Radiation Exposure That Exceeds institutional Review Threshold, No 76145 3D Rendering With Interpretation And Reporting Of Compared Tomography, Magnetic Resonance User That Exceeds institutional Review Threshold, No 76147 3D Rendering With Interpretation And Reporting Of Compared Tomography, Magnetic Resonance User Tanging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Retaguing Image Postprocessing On An Independent Workstati No 76387 3D Rendering With Interpretation And Reporting Of Compared Tomography, Magnetic Resonance Sectroscopy Yes 76389 Computed Tomography, United Or Localized Follow-Up Study No 76390 Magnetic Resonance Sectroscopy Yes 76497 Unlated Ebsonance (Eq. Dignostic, Interventional) Yes 76498 Unlated Ebsonance (Eq. Dignostic, Interventional) Yes 76499 Unlated Ebsonance (Eq. Dignostic, Interventional) Yes 76499 Unlated Ebsonance (Eq. Dignostic, Interventional) Yes 76500 Dinhtamic Ultrasound, Dignosti	76100	Radiologic Examination, Single Plane Body Section (eg, Tomography), Other Than With Urography	No
To Code For Primary Procedure) No 76140 Consultation ON - Kity stamination Made Lipswhere, Written Report No 76145 Medical Physics Days Evaluation for Radiation Exposure That Exceeds institutional Review Threshold, No No 76376 BD Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Uses Yes 76377 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modailly With Image Postprocessing Under Concurrent Supervision, Not Requiring Image Postprocessing On An Independent Workstau Yes 76380 Computed Tomography, Limited Or Localized Follow-Up Study No 76380 Magnetic Resonance (see, Diagnostic, Interventional) Yes 76497 Unlited Fluoracapic Procedure (see, Diagnostic, Interventional) Yes 76498 Unlited Bugnostic Radiagnaphic Receiver (see, Diagnostic, Interventional) Yes 76499 Unlited Magnetic Resonance (see, Diagnostic, Interventional) Yes 76510 Ophthalmic Ultrasound, Diagnostic; Guantitative A-Scan Only Yes 76511 Ophthalmic Ultrasound, Diagnostic; Guantitative A-Scan Only No 76512 Ophthalmic Ultrasound, Diagnostic; Guantitative A-Scan Only No	76120	Cineradiography/Videoradiography, Except Where Specifically Included	No
Medical Physics Does Evaluation For Radiation Exposure That Exceeds Institutional Review Threshold, No No 75376 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance imaging, Ultrasound, or Other Tomographic Modality With Intege Postprocessing Under Concurrent Supervision; Not Requiring Image Postprocessing On An Independent Works Yes 75376 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance imaging, Ultrasound, Or Other Tomograph Modality With Intege Postprocessing On An Independent Works Yes 75380 Computed Tomography, Limited Or Localized Follow-Up Study No 75891 Magnetic Resonance Exploration (Exploration) Yes 76930 Unisted Fluoroscopic Procedure (e.g., Diagnostic, Interventional) Yes 76930 Unisted Fluoroscopic Procedure (e.g., Diagnostic, Interventional) Yes 76930 Unisted Magnetic Resonance Exploration (Exploratic, Interventional) Yes 76931 Unisted Magnetic Resonance Exploration (Exploratic, Interventional) Yes 76504 Unisted Magnetic Resonance Procedure (e.g., Diagnostic, Interventional) Yes 76509 Unisted Magnetic Resonance Exploration Cortex, and Unistation Acadiegraphy As Secondar No 76511 Ophthalmic Ultrasound, Diagnostic, Pacendure (e.g., Diagnostic, In	76125		No
Including Report Yes 75376 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 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 76393 Magnetic Resonance (Feg. Vibration) Listography Yes 76494 Unlisted Computed Tomography Procedure (gg. Diagnosti, Interventional) Yes 76495 Unlisted Computed Tomography Real Time With Image Documentation (Gray Sciel) (for Determination Or Yes Yes 76496 Unlisted Magnetic Resonance (recould rec) Diagnostic, Interventional) Yes 76497 Unlisted Omagneta Resonance Procedure (gg. Diagnostic, Interventional) Yes Yes 76498 Unlisted Magnetic Resonance (Gg. Diagnostic, Retreventional) Yes Yes 76506 Echoenephalography, Real Time With Image Documentation (Gray Sciel) (for Determination Of Yes No 7651	76140	Consultation On X-Ray Examination Made Elsewhere, Written Report	No
Imaging, Ulfrasound, Or Other Tomographic Modellity With Image Postprocessing Un An Independent Works Ves 76377 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modellity With Image Postprocessing Under Concurrent Supervision, Requiring Image Postprocessing On An Independent Workstati No 76380 Computed Tomography, Limited Or Localized Follow Up Study No 76391 Magnetic Resonance Spectroscopy Yes 76392 Unlisted Tomography Procedure (gc, Diagnostic, Interventional) Yes 76493 Unlisted Ormography Procedure (gc, Diagnostic, Interventional) Yes 76493 Unlisted Ormography 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 Morth Without Superimposed Non-Quantitative A-Scan No 76513 Ophthalmic Ultrasound, Diagnostic, B-Scan (With Or Without Superimposed Non-Quantitative A-Scan No 76514 Ophthalmic Ultrasound, Diagnostic, Graneel Pachynetry, Unlateral Or Bilateral (Determination Of Inflame Encounter No 76513 Ophthalmic Ultrasound, Diagnostic, Graneel Pachynetry, Unlateral Or Bilateral (Determination Of	76145		No
Imaging_Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent No 76380 Computed Tomography, Limited Or Localized Follow-Up Study No 76390 Magnetic Resonance (eg., Viration) Eastography Yes 76496 Unlisted Fluoroscopic Diseasotic, Interventional) Yes 76497 Unlisted Angenetic Resonance (eg., Diagnostic, Interventional) Yes 76498 Unlisted Magnetic Resonance Procedure (eg., Diagnostic, Interventional) Yes 76497 Unlisted Magnetic Resonance Procedure (eg., Diagnostic, Interventional) Yes 76498 Unlisted Magnetic Resonance Procedure (eg., Diagnostic, Interventional) Yes 76498 Unlisted Magnetic Resonance Procedure (eg., Diagnostic, Interventional) Yes 76500 Echemcephalography, Real Time With Image Documentation (Gray Scale) (EGr Determination Of Yes No 76511 Ophthalmic Ultrasound, Diagnostic, Acterior Segment Ultrasound, Immersion (Water Bath) B-Scan Or No No 76512 Ophthalmic Ultrasound, Diagnostic, Anterior Segment Ultrasound, Immersion (Water Bath) B-Scan Or No No 76513 Ophthalmic Ultrasound, Diagnostic, Chereior Segment Ultrasound, Immersion (Water Bath) B-Scan Or No No 765	76376	Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent	Yes
76390 Magnetic Resonance Spectroscopy Yes 76311 Magnetic Resonance (e.g., Wherhon Flastography Yes 76496 Unlisted Computed Tomography Procedure (e.g. Diagnostic, Interventional) Yes 76497 Unlisted Computed Tomography Procedure (e.g. Diagnostic, Interventional) Yes 76498 Unlisted Diagnostic Radiographic Procedure (e.g. Diagnostic, Interventional) Yes 76499 Unlisted Diagnostic Radiography. Procedure (e.g. Diagnostic, Interventional) 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; Guantitative A-Scan Only No No 76511 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unliateral Or Bilateral No No 76512 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unliateral Or Bilateral Or Of Silateral (Determination Of Corneal Tickness) No 76514 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No No 76515 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No No <td>76377</td> <td>Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent</td> <td>Yes</td>	76377	Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent	Yes
76390 Magnetic Resonance Spectroscopy Yes 76311 Magnetic Resonance (e.g., Wherhon Flastography Yes 76496 Unlisted Computed Tomography Procedure (e.g. Diagnostic, Interventional) Yes 76497 Unlisted Computed Tomography Procedure (e.g. Diagnostic, Interventional) Yes 76498 Unlisted Diagnostic Radiographic Procedure (e.g. Diagnostic, Interventional) Yes 76499 Unlisted Diagnostic Radiography. Procedure (e.g. Diagnostic, Interventional) 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; Guantitative A-Scan Only No No 76511 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unliateral Or Bilateral No No 76512 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unliateral Or Bilateral Or Of Silateral (Determination Of Corneal Tickness) No 76514 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No No 76515 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No No <td>76380</td> <td>Computed Tomography, Limited Or Localized Follow-Up Study</td> <td>No</td>	76380	Computed Tomography, Limited Or Localized Follow-Up Study	No
76331 Magnetic Resonance (eg., Ubration) Elastography Yes 76496 Unlisted Fluoroscopic Procedure (eg., Diagnostic, Interventional) Yes 76497 Unlisted Magnetic Resonance Procedure (eg., Diagnostic, Interventional) Yes 76498 Unlisted Magnetic Resonance Procedure (eg., Diagnostic, Interventional) Yes 76499 Unlisted Magnetic Resonance Procedure (eg., Diagnostic, Interventional) 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; Quantitative A-Scan Only No 76511 Ophthalmic Ultrasound, Diagnostic; Cuantitative A-Scan Only No 76513 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unliateral Or Bilateral No 76514 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unliateral Or Bilateral (Determination Of Corneal Thickness) No 76516 Ophthalmic Biomicroscopy, Unliateral Or Bilateral No 76519 Ophthalmic Biomicroscopy, Unliateral Or Bilateral No 76529 Ophthalmic Biomerty 8y Ultrasound Echography,	76390		
76497 Unlisted Computed Tomography Procedure (eg, Diagnostic, Interventional) Yes 76498 Unlisted Magnetic Resonance Procedure (eg, Diagnostic, Interventional) Yes 76499 Unlisted Magnetic Resonance Procedure (eg, Diagnostic, Interventional) Yes 76506 Echcencephalography, Real Time With Image Documentation (Gray Scale) (For Determination Of Ventricular Size, Delineation Of O 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; Cuantitative A-Scan Only No No 76512 Ophthalmic Ultrasound, Diagnostic; Carterior Segment Ultrasound, Immersion (Water Bath) B-Scan Or High Resolution Biomicroscopy, Unilateral Or Bilateral No 76514 Ophthalmic Ultrasound, Diagnostic; Carterior Segment Ultrasound, Immersion (Water Bath) B-Scan Or High Resolution Biomicroscopy, Unilateral Or Bilateral No 76514 Ophthalmic Biometry By Ultrasound Echography, A-Scar; No 76519 Ophthalmic Biometry By Ultrasound Echography, A-Scar; No 76529 Ophthalmic Ultrasonic Foreign Body Localization No 76540 Ultrasound, Chest (Includes Mediastinum), Real Time With Image Doc	76391		Yes
76498 Unlisted Magnetic Resonance Procedure (eg. Diagnostic, Interventional) Yes 76499 Unlisted Diagnostic Radiographic Procedure Yes 76506 Echeencephalography, Real Time With Image Documentation (Gray Scale) (For Determination OF No No 76510 Ophthalmic Ultrasound, Diagnostic; B-Scan And Quantitative A-Scan Performed During The Same No 76511 Ophthalmic Ultrasound, Diagnostic; Quantitative A-Scan Only No 76512 Ophthalmic Ultrasound, Diagnostic; Countitative A-Scan Only No 76513 Ophthalmic Ultrasound, Diagnostic; Countitative A-Scan Only No 76514 Ophthalmic Ultrasound, Diagnostic; Cance (With Or Without Superimposed Non-Quantitative A-Scan) No 76515 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral Oetermination Of No 76514 Ophthalmic Biomicroscopy, Unilateral Or Bilateral Oetermination Of No 76529 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No No 76540 Ultrasound, Stressty Ultrasound Echography, A-Scan; No No 76540 Uphthalmic Ultrasonic Foreign Body Localization No No 76541 Ultrasound, Breast, Unillateral, Real Time With Image Documentatio	76496		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; 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 76515 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No No 76529 Ophthalmic Biometry By Ultrasound Echography, A-Scan; With Intraocular Lens Power Calculation No 76614 Ultrasound, Chest (Includes Mediastinum), Real Time With Image Documentation No 76629 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No 76611 Ultrasound, Chest (Includes Mediastinum), Real Time With Image Documentation No 76624 Ultrasound, Dreso	76497		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; B-Scan And Quantitative A-Scan Performed During The Same Patient Encounter No 76512 Ophthalmic Ultrasound, Diagnostic; B-Scan (With Or Without Superimposed Non-Quantitative A-Scan) No 76513 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral No 76514 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral No 76515 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No 76529 Ophthalmic Foreign Body Localization No 76641 Ultrasound, Chest (Includes Mediastinum), Real Time With Image Documentation No 76642 Ultrasound, Areast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete No 76706 Ultrasound, Adominal, Real Time With Image Documentation, Including Axilla When Performed; Limited No 76770 Ultrasound, Adominal, R	76498		Yes
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; 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; With Intraocular Lens Power Calculation No 76529 Ophthalmic Stormetry By Ultrasound Echography, A-Scan; With Intraocular Lens Power Calculation No 76541 Ultrasound, Soft Tissues Of Head And Neck (eg, Thyroid, Parathyroid, Parotid), Real Time With Image Documentation No 76542 Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete No 76642 Ultrasound, Abdominal, Real Time With Image Documentation; Including Axilla When Performed; Limited No 76705 Ultrasound, Abdominal, Real Time With Image Documentation; Screening Study For Abdominal Arotic Aneurym (Aaa) No 76770 </td <td>76499</td> <td>Unlisted Diagnostic Radiographic Procedure</td> <td>Yes</td>	76499	Unlisted Diagnostic Radiographic Procedure	Yes
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 No 76514 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of Corneal Thickness) No 76516 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No No 76529 Ophthalmic Biometry By Ultrasound Echography, A-Scan; With Intraocular Lens Power Calculation No 76536 Ultrasound, Soft Tissues Of Head And Neck (eg, Thyroid, Parathyroid, Parathyroid, Real Time With Image Documentation No 76640 Ultrasound, Breast, Unilateral, Real Time With Image Documentation No 76700 Ultrasound, Abdominal, Real Time With Image Documentation, Including Axilla When Performed; Complete No 76706 Ultrasound, Abdominal, Real Time With Image Documentation; Sore Single Organ, Quadrant, Follow-Up) No 76706 Ultrasound, Abdominal, Real Time With Image Documentation; Sore Single Organ, Quadrant, Follow-Up) No 76706 Ultrasound, Abdominal, Real Time With Image Documentation; Sore Single Organ, Quadrant, Follow-Up) <td>76506</td> <td>Ventricular Size, Delineation Of Cerebral Contents, And Detection Of Fluid Masses Or Other</td> <td>No</td>	76506	Ventricular Size, Delineation Of Cerebral Contents, And Detection Of Fluid Masses Or Other	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 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 76641 Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete No 76700 Ultrasound, Abdominal, Real Time With Image Documentation; Complete No 76706 Ultrasound, Abdominal, Real Time With Image Documentation; Screening Study For Abdominal Aortic Aneurysm (Aaa) Yes 76770 Ultrasound, Abdominal Aorta, Real Time With Image Documentation; Complete No 76770 Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited No 76776 Ultrasound, Re	76510		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 No 76514 Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of No 76516 Ophthalmic Biometry By Ultrasound Echography, A-Scan; No 76519 Ophthalmic Dirasounc Foreign Body Localization No 76536 Ultrasound, Soft Tissues Of Head And Neck (eg, Thyroid, Parathyroid, Parotid), Real Time With Image Documentation No 76604 Ultrasound, Breast, Unilateral, Real Time With Image Documentation No 76642 Ultrasound, Abdominal, Real Time With Image Documentation, Including Axilla When Performed; Complete No 76700 Ultrasound, Abdominal, Real Time With Image Documentation; Limited (eg, Single Organ, Quadrant, Follow-Up) No 76706 Ultrasound, Abdominal, Real Time With Image Documentation; Screening Study For Abdominal Acrita Aneurysm (Aaa) No 76770 Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Complete No 76770 Ultrasound, Abdominal, Areal Time With Image Documentation; Limited (eg, Single Organ, Quadrant, Follow-Up) No 76770 Ultrasound, Retrop	76511		No
High Resolution Biomicroscopy, Unilateral Or Bilateral High Resolution Biomicroscopy, Unilateral Or Bilateral 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 76641 Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete No 76700 Ultrasound, Abdominal, Real Time With Image Documentation; Including Axilla When Performed; Complete No 76706 Ultrasound, Abdominal, Real Time With Image Documentation; Complete 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	76512		No
Corneal Thickness)No76516Ophthalmic Biometry By Ultrasound Echography, A-Scan;No76519Ophthalmic Biometry By Ultrasound Echography, A-Scan; With Intraocular Lens Power CalculationNo76529Ophthalmic Ultrasonic Foreign Body LocalizationNo76536Ultrasound, Soft Tissues Of Head And Neck (eg, Thyroid, Parathyroid, Parotid), Real Time With Image DocumentationNo76604Ultrasound, Chest (Includes Mediastinum), Real Time With Image DocumentationNo76641Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; CompleteNo76642Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; LimitedNo76700Ultrasound, Abdominal, Real Time With Image Documentation, Including Axilla When Performed; LimitedNo76705Ultrasound, Abdominal, Real Time With Image Documentation, ScopeletNo76706Ultrasound, Abdominal, Real Time With Image Documentation, Screening Study For Abdominal Aortic Aneurysm (Aaa)Yes76770Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; CompleteNo76775Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; CompleteNo76776Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; CompleteNo	76513		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; Single Organ, Quadrant, Follow-Up) No 76770 Ultrasound, Abdominal Aorta, Real Time With Image Documentation, Screening Study For Abdominal Aorta, Real Time With Image Documentation; Complete Organ, Quadrant, Follow-Up) No 76770 Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited 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	76514	Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of	No
76529 Ophthalmic Ultrasound, Soft Tissues Of Head And Neck (eg, Thyroid, Parathyroid, Parotid), Real Time With Image Documentation 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, Screening Study For Abdominal Aortic Aneurysm (Aaa) Yes 76770 Ultrasound, Aetorperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited No 76775 Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited No 76776 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; Limited No	76516	Ophthalmic Biometry By Ultrasound Echography, A-Scan;	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 76604 Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete No 76641 Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; Complete No 76642 Ultrasound, Abdominal, Real Time With Image Documentation; Complete 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 Aorta; Real Time With Image Documentation; Complete No 76770 Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited 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	76519	Ophthalmic Biometry By Ultrasound Echography, A-Scan; With Intraocular Lens Power Calculation	No
DocumentationNo76604Ultrasound, Chest (includes Mediastinum), Real Time With Image DocumentationNo76641Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; CompleteNo76642Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; LimitedNo76700Ultrasound, Abdominal, Real Time With Image Documentation; CompleteNo76705Ultrasound, Abdominal, Real Time With Image Documentation; Limited (eg, Single Organ, Quadrant, Follow-Up)No76706Ultrasound, Abdominal Aorta, Real Time With Image Documentation, Screening Study For Abdominal Aortic Aneurysm (Aaa)Yes76770Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; LimitedNo76775Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; LimitedNo76776Ultrasound, Transplanted Kidney, Real Time And Duplex Doppler With Image DocumentationNo	76529	Ophthalmic Ultrasonic Foreign Body Localization	No
76641Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; CompleteNo76642Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; LimitedNo76700Ultrasound, Abdominal, Real Time With Image Documentation; CompleteNo76705Ultrasound, Abdominal, Real Time With Image Documentation; Limited (eg, Single Organ, Quadrant, Follow-Up)No76706Ultrasound, Abdominal Aorta, Real Time With Image Documentation, Screening Study For Abdominal Aortic Aneurysm (Aaa)Yes76770Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; LimitedNo76775Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; LimitedNo76776Ultrasound, Transplanted Kidney, Real Time And Duplex Doppler With Image DocumentationNo	76536		No
Performed; CompleteImage Documentation, Including Axilla When Performed; LimitedNo76642Ultrasound, Breast, Unilateral, Real Time With Image Documentation, Including Axilla When Performed; LimitedNo76700Ultrasound, Abdominal, Real Time With Image Documentation; CompleteNo76705Ultrasound, Abdominal, Real Time With Image Documentation; Limited (eg, Single Organ, Quadrant, Follow-Up)No76706Ultrasound, Abdominal Aorta, Real Time With Image Documentation, Screening Study For Abdominal Aortic Aneurysm (Aaa)Yes76770Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; LimitedNo76775Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; LimitedNo76776Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; LimitedNo76776Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; LimitedNo	76604	Ultrasound, Chest (Includes Mediastinum), Real Time With Image Documentation	No
Performed; LimitedNo76700Ultrasound, Abdominal, Real Time With Image Documentation; CompleteNo76705Ultrasound, Abdominal, Real Time With Image Documentation; Limited (eg, Single Organ, Quadrant, Follow-Up)No76706Ultrasound, Abdominal Aorta, Real Time With Image Documentation, Screening Study For Abdominal Aortic Aneurysm (Aaa)Yes76770Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; CompleteNo76775Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited CompleteNo76776Ultrasound, Transplanted Kidney, Real Time And Duplex Doppler With Image DocumentationNo	76641		No
76705Ultrasound, Abdominal, Real Time With Image Documentation; Limited (eg, Single Organ, Quadrant, Follow-Up)No76706Ultrasound, Abdominal Aorta, Real Time With Image Documentation, Screening Study For Abdominal Aortic Aneurysm (Aaa)Yes76770Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; CompleteNo76775Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited NoNo76776Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited Ultrasound, Transplanted Kidney, Real Time And Duplex Doppler With Image DocumentationNo	76642		No
Follow-Up)Image Documentation, Screening Study For Abdominal Aortic Aneurysm (Aaa)76706Ultrasound, Abdominal Aorta, Real Time With Image Documentation, Screening Study For Abdominal Aortic Aneurysm (Aaa)76770Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Complete76775Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited76776Ultrasound, Transplanted Kidney, Real Time And Duplex Doppler With Image Documentation	76700	Ultrasound, Abdominal, Real Time With Image Documentation; Complete	No
Aortic Aneurysm (Aaa) Image Documentation; 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	76705		No
Complete Image: Complete 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	76706	Aortic Aneurysm (Aaa)	Yes
76776 Ultrasound, Transplanted Kidney, Real Time And Duplex Doppler With Image Documentation No	76770		No
	76775	Ultrasound, Retroperitoneal (eg, Renal, Aorta, Nodes), Real Time With Image Documentation; Limited	No
76800 Ultrasound, Spinal Canal And Contents No	76776	Ultrasound, Transplanted Kidney, Real Time And Duplex Doppler With Image Documentation	No
	76800	Ultrasound, Spinal Canal And Contents	No

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
76886	Ultrasound, Infant Hips, Real Time With Imaging Documentation; Limited, Static (Not Requiring	No
	Physician Or Other Qualified Health Care Professional Manipulation)	
76932	Ultrasonic Guidance For Endomyocardial Biopsy, Imaging Supervision And Interpretation	No
76936	Ultrasound Guided Compression Repair Of Arterial Pseudoaneurysm Or Arteriovenous Fistulae	Yes
	(Includes Diagnostic Ultrasound Evaluation, Compression Of Lesion And Imaging)	
76937	Ultrasound Guidance For Vascular Access Requiring Ultrasound Evaluation Of Potential Access Sites,	No
	Documentation Of Selected Vessel Patency, Concurrent Realtime Ultrasound Visualization Of Vascular	
	Needle Entry, With Permanent Recording And Reporting (Lis	
76940	Ultrasound Guidance For, And Monitoring Of, Parenchymal Tissue Ablation	No
76941	Ultrasonic Guidance For Intrauterine Fetal Transfusion Or Cordocentesis, Imaging Supervision And	No
	Interpretation	
76942	Ultrasonic Guidance For Needle Placement (eg, Biopsy, Aspiration, Injection, Localization Device),	No
	Imaging Supervision And Interpretation	
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);	No
10378	Initial Lesion	NO
76979	Ultrasound, Targeted Dynamic Microbubble Sonographic Contrast Characterization (Non-Cardiac);	No
10313	Each Additional Lesion With Separate Injection (List Separately In Addition To Code For Primary	NO
76981	Procedure)	No
76982	Ultrasound, Elastography; Parenchyma (eg, Organ)	No
	Ultrasound, Elastography; First Target Lesion	
76983	Ultrasound, Elastography; Each Additional Target Lesion (List Separately In Addition To Code For	No
7004	Primary Procedure)	No
76984		No
76987	Intraoperative Epicardial Cardiac Ultrasound (Ie, Echocardiography) For Congenital Heart Disease,	No
	Diagnostic; Including Placement And Manipulation Of Transducer, Image Acquisition, Interpretation	
76000	And Report	•
76988	Intraoperative Epicardial Cardiac Ultrasound (Ie, Echocardiography) For Congenital Heart Disease,	No
	Diagnostic; Placement, Manipulation Of Transducer, And Image Acquisition Only	
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease,	No
76000	diagnostic; interpretation and report only	•
76998	Ultrasonic Guidance, Intraoperative	No
76999	Unlisted Ultrasound Procedure (eg, Diagnostic, Interventional)	No
77001	Fluoroscopic Guidance For Central Venous Access Device Placement, Replacement (Catheter Only Or	NO
	Complete), Or Removal (Includes Fluoroscopic Guidance For Vascular Access And Catheter	
	Manipulation, Any Necessary Contrast Injections Through Access Site Or C	
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	No
	LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR	No
	PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR	
	SUBARACHNOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
77011	Computed Tomography Guidance For Stereotactic Localization	No
77012	Computed Tomography Guidance For Needle Placement (eg, Biopsy, Aspiration, Injection, Localization	No
	Device), Radiological Supervision And Interpretation	
77013	Computed Tomography Guidance For, And Monitoring Of, Parenchymal Tissue Ablation	No
77014	Computed Tomography Guidance For Placement Of Radiation Therapy Fields	No
77021	Magnetic Resonance Imaging Guidance For Needle Placement (Eg, For Biopsy, Needle Aspiration,	No
	Injection, Or Placement Of Localization Device) Radiological Supervision And Interpretation	
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-	No
1	Aided Detection (Cad Real-Time Lesion Detection, Characterization And Pharmacokinetic Analysis),	

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
77307	Teletherapy Isodose Plan; Complex (Multiple Treatment Areas, Tangential Ports, The Use Of Wedges,	No
	Blocking, Rotational Beam, Or Special Beam Considerations), Includes Basic Dosimetry Calculation(s)	
77316	Brachytherapy Isodose Plan; Simple (Calculation[s] Made From 1 To 4 Sources, Or Remote	No
	Afterloading Brachytherapy, 1 Channel), Includes Basic Dosimetry Calculation(s)	
77317	Brachytherapy Isodose Plan; Intermediate (Calculation[s] Made From 5 To 10 Sources, Or Remote	No
	Afterloading Brachytherapy, 2-12 Channels), Includes Basic Dosimetry Calculation(s)	
77318		No
	Afterloading Brachytherapy, Over 12 Channels), Includes Basic Dosimetry Calculation(s)	
77321	Special Teletherapy Port Plan, Particles, Hemibody, Total Body	No
77331	Special Dosimetry (eg, TLD, Microdosimetry) (Specify), Only When Prescribed By The Treating	No
77000	Physician	N-
77332	Treatment Devices, Design And Construction; Simple (Simple Block, Simple Bolus)	No
77333	Treatment Devices, Design And Construction; Intermediate (Multiple Blocks, Stents, Bite Blocks,	No
77334	Special Bolus)	No
77554	Treatment Devices, Design And Construction; Complex (Irregular Blocks, Special Shields, Compensators, Wedges, Molds Or Casts)	INO
77336		No
//350	Assurance Of Dose Delivery, And Review Of Patient Treatment Documentation In Support Of The	
	Radiation Oncologist, Reported Per Week Of Therapy	
77338	Multi-Leaf Collimator (MLC) Device(s) For Intensity Modulated Radiation Therapy (IMRT), Design And	No
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Construction Per IMRT Plan	
77370	Special Medical Radiation Physics Consultation	No
77371	Radiation Treatment Delivery, Stereotactic Radiosurgery (SRS), Complete Course Of Treatment Of	No
	Cranial Lesion(s) Consisting Of 1 Session; Multi-Source Cobalt 60 Based	
77372		No
	Cranial Lesion(s) Consisting Of 1 Session; Linear Accelerator Based	
77373	Stereotactic Body Radiation Therapy, Treatment Delivery, Per Fraction To 1 Or More Lesions,	No
	Including Image Guidance, Entire Course Not To Exceed 5 Fractions	
77385	Intensity Modulated Radiation Treatment Delivery (IMRT), Includes Guidance And Tracking, When	No
	Performed; Simple	
77386	Intensity Modulated Radiation Treatment Delivery (IMRT), Includes Guidance And Tracking, When	No
	Performed; Complex	
77387	Guidance For Localization Of Target Volume For Delivery Of Radiation Treatment, Includes	No
	Intrafraction Tracking, When Performed	
77399	Unlisted Procedure, Medical Radiation Physics, Dosimetry And Treatment Devices, And Special	No
	Services	
77401	Radiation Treatment Delivery, Superficial And/Or Ortho Voltage, Per Day	No
77402	RADIATION TREATMENT DELIVERY, >=1 MEV; SIMPLE	No
77407	RADIATION TREATMENT DELIVERY, >=1 MEV; INTERMEDIATE	No
77412	RADIATION TREATMENT DELIVERY, >=1 MEV; COMPLEX	No
77417		No
77423	High Energy Neutron Radiation Treatment Delivery, 1 Or More Isocenter(S) With Coplanar Or Non-	No
77424	Coplanar Geometry With Blocking And/Or Wedge, And/Or Compensator(S)	No
77424 77425	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session	
77425	Intraoperative Radiation Treatment Delivery, Electrons, Single Treatment Session	No No
77431	Radiation Treatment Management, 5 Treatments	
//451	Radiation Therapy Management With Complete Course Of Therapy Consisting Of 1 Or 2 Fractions Only	INO
77432	Stereotactic Radiation Treatment Management Of Cranial Lesion(s) (Complete Course Of Treatment	No
11452	Consisting Of 1 Session)	
77435	Stereotactic Body Radiation Therapy, Treatment Management, Per Treatment Course, To 1 Or More	No
//-55	Lesions, Including Image Guidance, Entire Course Not To Exceed 5 Fractions	
77469	Intraoperative Radiation Treatment Management	No
77470	Special Treatment Procedure (eg, Total Body Irradiation, Hemibody Radiation, Per Oral Or	No
	Endocavitary Irradiation)	
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

Procedure Code	Description	Prior Auth Required
77600	Hyperthermia, Externally Generated; Superficial (Ie, Heating To A Depth Of 4 Cm Or Less)	Yes
77605	Hyperthermia, Externally Generated; Deep (le, 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); Soft Ewer Interstitial Applicators	Yes
77620	Hyperthermia Generated By Interstitian Pobe(s), Note Than 5 Interstitian Applicators	Yes
77750	Infusion Or Instillation Of Radioelement Solution (Includes 3-Month Follow-Up Care)	No
77761		No
77762	Intracavitary Radiation Source Application; Intermediate	No
77763		No
77767	Remote Afterloading High Dose Rate Radionuclide Skin Surface Brachytherapy, Includes Basic	No
	Dosimetry, When Performed; Lesion Diameter Up To 2.0 Cm Or 1 Channel	
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		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,	Yes
/0012	Or Discharge, When Performed)	103
78013		No
78013		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		No
78099		No
78102		No
78103		No
78104		No
78110	Plasma Volume, Radiopharmaceutical Volume-Dilution Technique (Separate Procedure); Single Sampling	No
78111		No
78120	Red Cell Volume Determination (Separate Procedure); Single Sampling	No
78121		No
78122	Whole Blood Volume Determination, Including Separate Measurement Of Plasma Volume And Red Cell Volume (Radiopharmaceutical Volume-Dilution Technique)	No
78130		No
78140		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

Procedure Code	Description	Prior Auth Required
78215	Liver And Spleen Imaging; Static Only	No
78216	Liver And Spleen Imaging; With Vascular Flow	No
78226		No
78227	Hepatobiliary System Imaging, Including Gallbladder When Present; With Pharmacologic Intervention,	No
	Including Quantitative Measurement(s) When Performed	
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		No
78264		No
78265		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		No
78291		No
78299		No
78300	Bone And/Or Joint Imaging; Limited Area	No
78305		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		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 (le, Angiography, Venography)	No
78451		No
78452		No

Procedure Code	Description	Prior Auth Required
78453	Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection	No
	Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Single Study,	
	At Rest Or Stress (Exercise Or Pharmacologic)	
78454	Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection	No
	Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Multiple	
	Studies, At Rest And/Or Stress (Exercise Or Pharmacologic) An	
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	Yes
	ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	
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
70405		103
78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study At Rest Or Stress (Exercise	No
/04/2		NO
	And/Or Pharmacologic), Wall Motion Study Plus Ejection Fraction, With Or Without Additional	
78473	Quantitative Processing Cardiac Blood Pool Imaging, Gated Equilibrium; Multiple Studies, Wall Motion Study Plus Ejection	No
/64/5		NO
	Fraction, At Rest And Stress (Exercise And/Or Pharmacologic), With Or Without Additional	
70.404	Quantification	NI-
78481	Cardiac Blood Pool Imaging (Planar), First Pass Technique; Single Study, At Rest Or With Stress	No
	(Exercise And/Or Pharmacologic), Wall Motion Study Plus Ejection Fraction, With Or Without	
70.400	Quantification	• •
78483	Cardiac Blood Pool Imaging (Planar), First Pass Technique; Multiple Studies, At Rest And With Stress	No
	(Exercise And/Or Pharmacologic), Wall Motion Study Plus Ejection Fraction, With Or Without	
	Quantification	
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall	Yes
	motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or	
	pharmacologic)	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall	Yes
	motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise	
	or pharmacologic)	
78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection	No
	Fraction, With Or Without Quantitative Processing	
78496	Cardiac Blood Pool Imaging, Gated Equilibrium, Single Study, At Rest, With Right Ventricular Ejection	No
	Fraction By First Pass Technique (List Separately In Addition To Code For Primary Procedure)	
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	No
	When Performed	
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
	Kidney Imaging Morphology;	No
78700		

Procedure Code	Description	Prior Auth Required
78701	Kidney Imaging Morphology; With Vascular Flow	No
78707		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
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

Procedure Code	Description	Prior Auth Required
79445	Radiopharmaceutical Therapy, By Intra-Arterial Particulate Administration	No
79999		No
80047	Basic Metabolic Panel (Calcium, Ionized) This Panel Must Include The Following: Calcium, Ionized	No
	(82330) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947)	
	Potassium (84132) Sodium (84295) Urea Nitrogen (Bun) (84520)	
80048	Basic Metabolic Panel (Calcium, Total) This Panel Must Include The Following: Calcium, Total (82310)	No
	Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium	
	(84132) Sodium (84295) Urea Nitrogen (Bun) (84520)	
80050	General Health Panel This Panel Must Include The Following: Comprehensive Metabolic Panel (80053)	Yes
	Blood Count, Complete (Cbc), Automated And Automated Differential Wbc Count (85025 Or 85027	
	And 85004) Or Blood Count, Complete (Cbc), Automated (85027) And	
80051	Electrolyte Panel This Panel Must Include The Following: Carbon Dioxide (Bicarbonate) (82374)	No
	Chloride (82435) Potassium (84132) Sodium (84295)	
80053	Comprehensive Metabolic Panel This Panel Must Include The Following: Albumin (82040) Bilirubin,	No
	Total (82247) Calcium, Total (82310) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435)	
	Creatinine (82565) Glucose (82947) Phosphatase, Alkaline (84075) Pot	
80055	Obstetric Panel This Panel Must Include The Following: Blood Count, Complete (Cbc), Automated And	No
	Automated Differential Wbc Count (85025 Or 85027 And 85004) Or Blood Count, Complete (Cbc),	
	Automated (85027) And Appropriate Manual Differential Wbc Count (
80061	Lipid Panel This Panel Must Include The Following: Cholesterol, Serum, Total (82465) Lipoprotein,	No
	Direct Measurement, High Density Cholesterol (Hdl Cholesterol) (83718) Triglycerides (84478)	
20200		NI -
80069	Renal Function Panel This Panel Must Include The Following: Albumin (82040) Calcium, Total (82310)	No
	Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947)	
90074	Phosphorus Inorganic (Phosphate) (84100) Potassium (84132) Sodium (No
80074	Acute Hepatitis Panel This Panel Must Include The Following: Hepatitis A Antibody (Haab), Igm	No
	Antibody (86709) Hepatitis B Core Antibody (Hbcab), Igm Antibody (86705) Hepatitis B Surface	
80076	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,	NU
80081	Alanine Amino (Alt) (Sgpt) (84460) Transferase, Aspartate Am Obstetric Panel (Includes Hiv Testing) This Panel Must Include The Following: Blood Count, Complete	No
00001	(Cbc), And Automated Differential Wbc Count (85025 Or 85027 And 85004) Or Blood Count, Complete	NO
	(Cbc), Automated (85027) And Appropriate Manual Differentia	
80143	Acetaminophen	No
80145	Adalimumab	No
80150	Amikacin	No
80151	Amiodarone	No
80155		No
80156	Carbamazepine; Total	No
80157		No
80158		No
80159		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
		No
80180	Mycophenolate (Mycophenolic Acid)	NO
80180 80181		No

Procedure Code	Description	Prior Auth Required
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 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,	NO
	Cups, Cards, Or Cartridges]), Includes Sample Validation When P	
80306	Drug Test(S), Presumptive, Any Number Of Drug Classes, Any Number Of Devices Or Procedures; Read	No
00000	By Instrument Assisted Direct Optical Observation (Eg, Utilizing Immunoassay [Eg, Dipsticks, Cups,	110
	[Cards, Or Cartridges]), Includes Sample Validation When Per	
80307	Drug Test(S), Presumptive, Any Number Of Drug Classes, Any Number Of Devices Or Procedures; By	No
	Instrument Chemistry Analyzers (Eg, Utilizing Immunoassay [Eg, Eia, Elisa, Emit, Fpia, Ia, Kims, Ria]),	
	Chromatography (Eg, Gc, Hplc), And Mass Spectrometry Eit	
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
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
	Antipsychotics, Not Otherwise Specified; 1-3	Yes
80342		
80343	Antipsychotics, Not Otherwise Specified; 4-6	Yes
	Antipsychotics, Not Otherwise Specified; 4-6 Antipsychotics, Not Otherwise Specified; 7 Or More Barbiturates	Yes Yes Yes

Procedure Code	Description	Prior Auth Required
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
80352		Yes
80354	Cocaine	Yes
80355	Fentanyl Cohanantin New Direct	
	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
00375	biog(s) of substance(s), bennitive, quantative of quantitative, not otherwise specified, 1-5	103
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:	No
	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	
80420	Dexamethasone Suppression Panel, 48 Hour This Panel Must Include The Following: Free Cortisol,	No
	Urine (82530 X 2) Cortisol (82533 X 2) Volume Measurement For Timed Collection (81050 X 2)	
80422	Glucagon Tolerance Panel; For Insulinoma This Panel Must Include The Following: Glucose (82947 X 3) Insulin (83525 X 3)	No

Procedure Code	Description	Prior Auth Required
80424	Glucagon Tolerance Panel; For Pheochromocytoma This Panel Must Include The Following:	No
	Catecholamines, Fractionated (82384 X 2)	
80426	Gonadotropin Releasing Hormone Stimulation Panel This Panel Must Include The Following: Follicle	No
	Stimulating Hormone (Fsh) (83001 X 4) Luteinizing Hormone (Lh) (83002 X 4)	
80428	Growth Hormone Stimulation Panel (eg, Arginine Infusion, L-Dopa Administration) This Panel Must	No
	Include The Following: Human Growth Hormone (Hgh) (83003 X 4)	
80430	Growth Hormone Suppression Panel (Glucose Administration) This Panel Must Include The Following:	No
	Glucose (82947 X 3) Human Growth Hormone (Hgh) (83003 X 4)	
80432	Insulin-Induced C-Peptide Suppression Panel This Panel Must Include The Following: Insulin (83525) C-	No
	Peptide (84681 X 5) Glucose (82947 X 5)	
80434	Insulin Tolerance Panel; For Acth Insufficiency This Panel Must Include The Following: Cortisol (82533	No
	X 5) Glucose (82947 X 5)	
80435	Insulin Tolerance Panel; For Growth Hormone Deficiency This Panel Must Include The Following:	No
	Glucose (82947 X 5) Human Growth Hormone (Hgh) (83003 X 5)	
80436	Metyrapone Panel This Panel Must Include The Following: Cortisol (82533 X 2) 11 Deoxycortisol	No
	(82634 X 2)	
80438	Thyrotropin Releasing Hormone (Trh) Stimulation Panel; 1 Hour This Panel Must Include The	No
	Following: Thyroid Stimulating Hormone (Tsh) (84443 X 3)	
80439	Thyrotropin Releasing Hormone (Trh) Stimulation Panel; 2 Hour This Panel Must Include The	No
	Following: Thyroid Stimulating Hormone (Tsh) (84443 X 4)	
80503	Pathology Clinical Consultation; For A Clinical Problem, With Limited Review Of Patient'S History And	No
	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	
80504	Pathology Clinical Consultation; For A Moderately Complex Clinical Problem, With Review Of Patient'S	No
	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	
80505	Pathology Clinical Consultation; For A Highly Complex Clinical Problem, With Comprehensive Review	No
	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	
80506	Pathology Clinical Consultation; Prolonged Service, Each Additional 30 Minutes (List Separately In	No
24.000	Addition To Code For Primary Procedure)	••
81000	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes,	No
	Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Non-	
01.001	Automated, With Microscopy	N -
81001	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes,	No
	Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Automated,	
81002	With Microscopy Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes,	No
81002	Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Non-	NO
	Automated, Without Microscopy	
81003	Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes,	No
01005	Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Automated,	NO
	Without Microscopy	
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 liia],	No
	Antigen Cd61 [Gpiiia]) (eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion	
	Purpura), Gene Analysis, Common Variant, Hpa-1a/B (L33p)	
81106	Human Platelet Antigen 2 Genotyping (Hpa-2), Gp1ba (Glycoprotein lb [Platelet], Alpha Polypeptide	No
	[Gpiba]) (eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene	
	Analysis, Common Variant, Hpa-2a/B (T145m)	
81107		No
	lib/liia Complex], Antigen Cd41 [Gpiib]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-	
	Transfusion Purpura), Gene Analysis, Common Variant, Hpa-	

Procedure Code	Description	Prior Auth Required
81108	Human Platelet Antigen 4 Genotyping (Hpa-4), Itgb3 (Integrin, Beta 3 [Platelet Glycoprotein Iiia],	No
01100	Antigen Cd61 [Gpiiia]) (eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion	110
	Purpura), Gene Analysis, Common Variant, Hpa-4a/B (R143q)	
81109	Human Platelet Antigen 5 Genotyping (Hpa-5), Itga2 (Integrin, Alpha 2 [Cd49B, Alpha 2 Subunit Of Vla-	No
01105	2 Receptor] [Gpia]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion Purpura),	110
	Gene Analysis, Common Variant (Eg, Hpa-5A/B [K505E])	
81110	Human Platelet Antigen 6 Genotyping (Hpa-6w), Itgb3 (Integrin, Beta 3 [Platelet Glycoprotein liia,	No
01110		NO
	Antigen Cd61] [Gpiiia]) (eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-Transfusion	
81111	Purpura), Gene Analysis, Common Variant, Hpa-6a/B (R489q)	No
81111	Human Platelet Antigen 9 Genotyping (Hpa-9W), Itga2B (Integrin, Alpha 2B [Platelet Glycoprotein lib	No
	Of lib/liia Complex, Antigen Cd41] [Gpiib]) (Eg, Neonatal Alloimmune Thrombocytopenia [Nait], Post-	
01110	Transfusion Purpura), Gene Analysis, Common Variant, Hpa	
81112	Human Platelet Antigen 15 Genotyping (Hpa-15), Cd109 (Cd109 Molecule) (eg, Neonatal Alloimmune	No
	Thrombocytopenia [Nait], Post-Transfusion Purpura), Gene Analysis, Common Variant, Hpa-15a/B	
	(\$682у)	
81120	Idh1 (Isocitrate Dehydrogenase 1 [Nadp+], Soluble) (eg, Glioma), Common Variants (eg, R132h, R132c)	No
01121	Idh2 (Isseiteste Debudragenses 2 [Nadru] Mitschendrich) (ag. Clieme). Commen Veriente (ag. D14000	No
81121	Idh2 (Isocitrate Dehydrogenase 2 [Nadp+], Mitochondrial) (eg, Glioma), Common Variants (eg, R140w,	INO
01161	R172m)	AL.
81161	Dmd (Dystrophin) (eg, Duchenne/Becker Muscular Dystrophy) Deletion Analysis, And Duplication	No
04460	Analysis, If Performed	
81162	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and	Yes
	ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie,	
	detection of large gene rearrangements)	
81163	Brca1 (Brca1, DNA Repair Associated), Brca2 (Brca2, DNA Repair Associated) (eg, Hereditary Breast	Yes
	And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	
81164	Brca1 (Brca1, DNA Repair Associated), Brca2 (Brca2, DNA Repair Associated) (eg, Hereditary Breast	Yes
	And Ovarian Cancer) Gene Analysis; Full Duplication/Deletion Analysis (le, Detection Of Large Gene	
	Rearrangements)	
81165	Brca1 (Brca1, DNA Repair Associated) (eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full	Yes
	Sequence Analysis	
81166	Brca1 (Brca1, DNA Repair Associated) (eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full	Yes
	Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)	
81167	Brca2 (Brca2, DNA Repair Associated) (eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full	Yes
	Duplication/Deletion Analysis (Ie, Detection Of Large Gene Rearrangements)	
81168	CCND1/IGH (T(11;14)) (Eg, Mantle Cell Lymphoma) Translocation Analysis, Major Breakpoint,	No
	Qualitative And Quantitative, If Performed	
81170	Abl1 (Abl Proto-Oncogene 1, Non-Receptor Tyrosine Kinase) (eg, Acquired Imatinib Tyrosine Kinase	Yes
	Inhibitor Resistance), Gene Analysis, Variants In The Kinase Domain	
81171	Aff2 (Alf Transcription Elongation Factor 2 [Fmr2]) (Eg, Fragile X Intellectual Disability 2 [Fraxe]) Gene	No
011/1	Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles	
81172		No
01172	Analysis; Characterization Of Alleles (Eg, Expanded Size And Methylation Status)	110
	Analysis, characterization of Alleles (Eg. Expanded Size And Methylation Status)	
81173	Ar (Androgen Receptor) (eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome	Yes
01175		103
01174	Inactivation) Gene Analysis; Full Gene Sequence	Vac
81174	Ar (Androgen Receptor) (eg, Spinal And Bulbar Muscular Atrophy, Kennedy Disease, X Chromosome	Yes
04475	Inactivation) Gene Analysis; Known Familial Variant	AL.
81175		No
	Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Full Gene	
04476	Sequence	A1 .
81176	Asxl1 (Additional Sex Combs Like 1, Transcriptional Regulator) (eg, Myelodysplastic Syndrome,	No
	Myeloproliferative Neoplasms, Chronic Myelomonocytic Leukemia), Gene Analysis; Targeted	
	Sequence Analysis (eg, Exon 12)	
81177	Atn1 (Atrophin 1) (eg, Dentatorubral-Pallidoluysian Atrophy) Gene Analysis, Evaluation To Detect	Yes
	Abnormal (eg, Expanded) Alleles	
81178	Atxn1 (Ataxin 1) (eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (eg,	Yes
	Expanded) Alleles	
81179	Atxn2 (Ataxin 2) (eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To Detect Abnormal (eg,	Yes
	Expanded) Alleles	
81180	Atxn3 (Ataxin 3) (eg, Spinocerebellar Ataxia, Machado-Joseph Disease) Gene Analysis, Evaluation To	Yes

Procedure Code	Description	Prior Auth Required
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	Yes
81185	Analysis; Evaluation To Detect Abnormal (eg, Expanded) Alleles Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (eg, Spinocerebellar Ataxia) Gene	Yes
81186	Analysis; Full Gene Sequence Cacna1a (Calcium Voltage-Gated Channel Subunit Alpha1 A) (eg, Spinocerebellar Ataxia) Gene	Yes
81187	Analysis; Known Familial Variant Cnbp (Cchc-Type Zinc Finger Nucleic Acid Binding Protein) (eg, Myotonic Dystrophy Type 2) Gene	Yes
81188	Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles Cstb (Cystatin B) (eg, Unverricht-Lundborg Disease) Gene Analysis; Evaluation To Detect Abnormal (eg,	Yes
	Expanded) Alleles	
81189	Cstb (Cystatin B) (eg, Unverricht-Lundborg Disease) Gene Analysis; Full Gene Sequence	Yes
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
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	No
81204	Analysis; Duplication/Deletion Variants 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,	No
81208	Qualitative Or Quantitative Bcr/Abl1 (T(9;22)) (eg, Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint, Qualitative On Quantitative	No
81209	Qualitative Or Quantitative 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,	No
81212	V600 Variant(s) Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and	Yes
81215	ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known	Yes
81216	familial variant Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full	Yes
81217	sequence analysis Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known	Yes
81218	familial variant Cebpa (Ccaat/Enhancer Binding Protein [C/Ebp], Alpha) (eg, Acute Myeloid Leukemia), Gene Analysis,	No
81219	Full Gene Sequence 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

Procedure Code	Description	Prior Auth Required
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)	No
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
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

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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		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
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)	
81312	Pabpn1 (Poly[A] Binding Protein Nuclear 1) (eg, Oculopharyngeal Muscular Dystrophy) Gene Analysis, Evaluation To Detect Abnormal (eg, Expanded) Alleles	Yes

Procedure Code	Description	Prior Auth Required
81313	Pca3/Klk3 (Prostate Cancer Antigen 3 [Non-Protein Coding]/Kallikrein-Related Peptidase 3 [Prostate	Yes
	Specific Antigen]) Ratio (eg, Prostate Cancer)	
81314	Pdgfra (Platelet-Derived Growth Factor Receptor, Alpha Polypeptide) (eg, Gastrointestinal Stromal	No
	Tumor [Gist]), Gene Analysis, Targeted Sequence Analysis (eg, Exons 12, 18)	
81315	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (eg, Promyelocytic	No
	Leukemia) Translocation Analysis; Common Breakpoints (eg, Intron 3 And Intron 6), Qualitative Or	
81316	Quantitative Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (eg, Promyelocytic	No
01510	Leukemia) Translocation Analysis; Single Breakpoint (eg, Intron 3, Intron 6 Or Exon 6), Qualitative Or	
	Quantitative	
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (eg, Hereditary Non-Polyposis Colorectal	No
	Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (eg, Hereditary Non-Polyposis Colorectal	Yes
	Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (eg, Hereditary Non-Polyposis Colorectal	No
	Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	
81320	Plcg2 (Phospholipase C Gamma 2) (eg, Chronic Lymphocytic Leukemia) Gene Analysis, Common	No
01221	Variants (eg, R665w, S707f, L845f)	N a a
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)	Vec
01322	Gene Analysis; Known Familial Variant	105
81323	Pten (Phosphatase And Tensin Homolog) (eg, Cowden Syndrome, Pten Hamartoma Tumor Syndrome)	Yes
	Gene Analysis; Duplication/Deletion Variant	
81324	Pmp22 (Peripheral Myelin Protein 22) (eg, Charcot-Marie-Tooth, Hereditary Neuropathy With Liability	Yes
	To Pressure Palsies) Gene Analysis; Duplication/Deletion Analysis	
81325	Pmp22 (Peripheral Myelin Protein 22) (eg, Charcot-Marie-Tooth, Hereditary Neuropathy With Liability	Yes
	To Pressure Palsies) Gene Analysis; Full Sequence Analysis	
81326	Pmp22 (Peripheral Myelin Protein 22) (eg, Charcot-Marie-Tooth, Hereditary Neuropathy With Liability	Yes
	To Pressure Palsies) Gene Analysis; Known Familial Variant	
81327	Sept9 (Septin9) (Eg, Colorectal Cancer) Promoter Methylation Analysis	Yes
81328	Slco1b1 (Solute Carrier Organic Anion Transporter Family, Member 1b1) (eg, Adverse Drug Reaction),	Yes
81329	Gene Analysis, Common Variant(s) (eg, *5) Smn1 (Survival Of Motor Neuron 1, Telomeric) (eg, Spinal Muscular Atrophy) Gene Analysis;	No
01323	Dosage/Deletion Analysis (eg, Carrier Testing), Includes Smn2 (Survival Of Motor Neuron 2,	
	Centromeric) Analysis, If Performed	
81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (eg, Niemann-Pick Disease, Type A)	Yes
	Gene Analysis, Common Variants (eg, R496l, L302p, Fsp330)	
81331	Snrpn/Ube3a (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3a) (eg,	Yes
	Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis	
81332	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1) (eg,	Yes
	Alpha-1-Antitrypsin Deficiency), Gene Analysis, Common Variants (eg, *s And *Z)	
01222		N a a
81333	Tgfbi (Transforming Growth Factor Beta-Induced) (eg, Corneal Dystrophy) Gene Analysis, Common	Yes
81334	Variants (eg, R124h, R124c, R124l, R555w, R555q) Runx1 (Runt Related Transcription Factor 1) (Eg, Acute Myeloid Leukemia, Familial Platelet Disorder	No
01334	With Associated Myeloid Malignancy) Gene Analysis, Targeted Sequence Analysis (Eg, Exons 3-8)	
81335	Tpmt (Thiopurine S-Methyltransferase) (eg, Drug Metabolism), Gene Analysis, Common Variants (eg,	Yes
	*2,*3)	
81336	Smn1 (Survival Of Motor Neuron 1, Telomeric) (eg, Spinal Muscular Atrophy) Gene Analysis; Full Gene	Yes
	Sequence	
81337	Smn1 (Survival Of Motor Neuron 1, Telomeric) (eg, Spinal Muscular Atrophy) Gene Analysis; Known	Yes
04000	Familial Sequence Variant(s)	
81338	MPL (MPL Proto-Oncogene, Thrombopoietin Receptor) (Eg, Myeloproliferative Disorder) Gene	Yes
91220	Analysis; Common Variants (Eg, W515A, W515K, W515L, W515R)	Voc
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	Yes
	To Detect Abnormal Clonal Population(s); Using Amplification Methodology (eg, Polymerase Chain	
	Reaction)	

Procedure Code	Description	Prior Auth Required
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
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 li Typing, Low Resolution (eg, Antigen Equivalents); Hla-A, -B, -C, -Drb1/3/4/5, And - Dqb1	No
81371	Hla Class I And li 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 li Typing, Low Resolution (eg, Antigen Equivalents); Hla-Drb1/3/4/5 And -Dqb1	No
81376	Hla Class li Typing, Low Resolution (eg, Antigen Equivalents); One Locus (eg, Hla-Drb1, -Drb3/4/5, - Dqb1, -Dqa1, -Dpb1, Or -Dpa1), Each	No
81377	Hla Class li Typing, Low Resolution (eg, Antigen Equivalents); One Antigen Equivalent, Each	No
81378	Hla Class I And li 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

Procedure Code	Description	Prior Auth Required
81381	Ha Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (eg,	No
	B*57:01p), Each	-
81382		No
	Dgb1, -Dgb1, Opb1, Or -Dpb1, Each	
81383	Ha Class li Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (eg, Hla-	No
	Dgb1*06:02p), Each	
81400	Molecular Pathology Procedure, Level 1 (Eg, Identification Of Single Germline Variant [Eg, Snp] By	Yes
	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	
81401	Molecular Pathology Procedure, Level 2 (Eg, 2-10 Snps, 1 Methylated Variant, Or 1 Somatic Variant	Yes
	[Typically Using Nonsequencing Target Variant Analysis], Or Detection Of A Dynamic Mutation	
	Disorder/Triplet Repeat) Abcc8 (Atp-Binding Cassette, Sub-	
81402	Molecular Pathology Procedure, Level 3 (Eg, >10 Snps, 2-10 Methylated Variants, Or 2-10 Somatic	Yes
	Variants [Typically Using Non-Sequencing Target Variant Analysis], Immunoglobulin And T-Cell	
	Receptor Gene Rearrangements, Duplication/Deletion Variants Of 1 E	
81403	Molecular Pathology Procedure, Level 4 (Eg, Analysis Of Single Exon By Dna Sequence Analysis,	Yes
	Analysis Of >10 Amplicons Using Multiplex Pcr In 2 Or More Independent Reactions, Mutation	
	Scanning Or Duplication/Deletion Variants Of 2-5 Exons) Ang	
81404	Molecular Pathology Procedure, Level 5 (Eg, Analysis Of 2-5 Exons By Dna Sequence Analysis,	Yes
	Mutation Scanning Or Duplication/Deletion Variants Of 6-10 Exons, Or Characterization Of A Dynamic	
04.405	Mutation Disorder/Triplet Repeat By Southern Blot Analysis)	
81405	Molecular Pathology Procedure, Level 6 (Eg, Analysis Of 6-10 Exons By Dna Sequence Analysis,	Yes
	Mutation Scanning Or Duplication/Deletion Variants Of 11-25 Exons, Regionally Targeted Cytogenomic	
01400	Array Analysis) Abcd1 (Atp-Binding Cassette, Sub-Family	No.
81406	Molecular Pathology Procedure, Level 7 (Eg, Analysis Of 11-25 Exons By Dna Sequence Analysis,	Yes
	Mutation Scanning Or Duplication/Deletion Variants Of 26-50 Exons) Acadvl (Acyl-Coa Dehydrogenase,	
81407	Very Long Chain) (Eg, Very Long Chain Acyl-Coenzyme Molecular Pathology Procedure, Level 8 (Eg, Analysis Of 26-50 Exons By Dna Sequence Analysis,	Vac
01407	Mutation Scanning Or Duplication/Deletion Variants Of >50 Exons, Sequence Analysis of Multiple	Yes
	Genes On One Platform) Abcc8 (Atp-Binding Cassette, Sub-	
81408	Molecular Pathology Procedure, Level 9 (Eg, Analysis Of >50 Exons In A Single Gene By Dna Sequence	Yes
01400	Analysis) Abca4 (Atp-Binding Cassette, Sub-Family A [Abc1], Member 4) (Eg, Stargardt Disease, Age-	105
	Related Macular Degeneration), Full Gene Sequence Atm (Ata	
81410	Aortic Dysfunction Or Dilation (Eg, Marfan Syndrome, Loeys Dietz Syndrome, Ehler Danlos Syndrome	Yes
	Type Iv, Arterial Tortuosity Syndrome); Genomic Sequence Analysis Panel, Must Include Sequencing	
	Of At Least 9 Genes, Including Fbn1, Tgfbr1, Tgfbr2, Col3A1,	
81411	Aortic Dysfunction Or Dilation (eg, Marfan Syndrome, Loeys Dietz Syndrome, Ehler Danlos Syndrome	Yes
	Type Iv, Arterial Tortuosity Syndrome); Duplication/Deletion Analysis Panel, Must Include Analyses For	
	Tgfbr1, Tgfbr2, Myh11, And Col3a1	
81412	Ashkenazi Jewish Associated Disorders (Eg, Bloom Syndrome, Canavan Disease, Cystic Fibrosis,	Yes
	Familial Dysautonomia, Fanconi Anemia Group C, Gaucher Disease, Tay-Sachs Disease), Genomic	
	Sequence Analysis Panel, Must Include Sequencing Of At Least 9 Genes,	
81413	Cardiac Ion Channelopathies (Eg, Brugada Syndrome, Long Qt Syndrome, Short Qt Syndrome,	Yes
	Catecholaminergic Polymorphic Ventricular Tachycardia); Genomic Sequence Analysis Panel, Must	
	Include Sequencing Of At Least 10 Genes, Including Ank2, Casq2, Cav3, Kcn	
81414	Cardiac Ion Channelopathies (Eg, Brugada Syndrome, Long Qt Syndrome, Short Qt Syndrome,	Yes
	Catecholaminergic Polymorphic Ventricular Tachycardia); Duplication/Deletion Gene Analysis Panel,	
04.445	Must Include Analysis Of At Least 2 Genes, Including Kcnh2 And Kcnq1	N
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	Yes
01410	Comparator Exome (eg, Parents, Siblings) (List Separately In Addition To Code For Primary Procedure)	100
	רטווישטומנטו באטוויב (כב, רמוכוונג, אטוווצג) (בואר אטמונטו ויא אטמונוטוי דט כטעפ רטו אווומוץ אוטנפמערפ)	
81417	Exome (eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Re-Evaluation Of	Yes
	Previously Obtained Exome Sequence (eg, Updated Knowledge Or Unrelated Condition/Syndrome)	
81418	Drug Metabolism (Eg, Pharmacogenomics) Genomic Sequence Analysis Panel, Must Include Testing Of	Yes
	At Least 6 Genes, Including Cyp2C19, Cyp2D6, And Cyp2D6 Duplication/Deletion Analysis	
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Procedure Code	Description	Prior Auth Required
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	Yes
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	No
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)	No
81427	Genome (eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Re-Evaluation Of Previously Obtained Genome Sequence (eg, Updated Knowledge Or Unrelated Condition/Syndrome)	No
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); Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 10 Genes, Always Including Brca1, Brca2, Cdh1, Mlh1,	Yes
81433	Hereditary Breast Cancer-Related Disorders (eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer); Duplication/Deletion Analysis Panel, Must Include Analyses For Brca1, Brca2, Mlh1, Msh2, And Stk11	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 Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden Syndrome, Familial Adenomatosis Polyposis); Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 10 Genes, Including Apc, Bmpr1A, Cdh1, Mlh1, Msh2, Msh6	No
81436	Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden Syndrome, Familial Adenomatosis Polyposis); Duplication/Deletion Analysis Panel, Must Include Analysis Of At Least 5 Genes, Including Mlh1, Msh2, Epcam, Smad4, And Stk1	No
81437	Hereditary Neuroendocrine Tumor Disorders (Eg, Medullary Thyroid Carcinoma, Parathyroid Carcinoma, Malignant Pheochromocytoma Or Paraganglioma); Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 6 Genes, Including Max, Sdhb, Sdhc, Sdhd,	Yes
81438	Hereditary Neuroendocrine Tumor Disorders (eg, Medullary Thyroid Carcinoma, Parathyroid Carcinoma, Malignant Pheochromocytoma Or Paraganglioma); Duplication/Deletion Analysis Panel, Must Include Analyses For Sdhb, Sdhc, Sdhd, And Vhl	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, SIc25A4, 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

Procedure Code	Description	Prior Auth Required
81443	Genetic Testing For Severe Inherited Conditions (Eg, Cystic Fibrosis, Ashkenazi Jewish-Associated	Yes
	Disorders [Eg, Bloom Syndrome, Canavan Disease, Fanconi Anemia Type C, Mucolipidosis Type Vi,	
	Gaucher Disease, Tay-Sachs Disease], Beta Hemoglobinopathies, P	
81445	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, 5-50 Genes, Interrogation For Sequence	No
	Variants And Copy Number Variants Or Rearrangements, If Performed; Dna Analysis Or Combined Dna	
	And Rna Analysis	
81448	Hereditary Peripheral Neuropathies (eg, Charcot-Marie-Tooth, Spastic Paraplegia), Genomic Sequence	No
	Analysis Panel, Must Include Sequencing Of At Least 5 Peripheral Neuropathy-Related Genes (eg,	
	Bscl2, Gjb1, Mfn2, Mpz, Reep1, Spast, Spg11, Sptlc1)	
81449	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, 5-50 Genes, Interrogation For Sequence	Yes
	Variants And Copy Number Variants Or Rearrangements, If Performed; Rna Analysis	
81450	Hematolymphoid Neoplasm Or Disorder, Genomic Sequence Analysis Panel, 5-50 Genes, Interrogation	No
	For Sequence Variants, And Copy Number Variants Or Rearrangements, Or Isoform Expression Or	
04 454	Mrna Expression Levels, If Performed; Dna	
81451	Hematolymphoid Neoplasm Or Disorder, Genomic Sequence Analysis Panel, 5-50 Genes, Interrogation	Yes
	For Sequence Variants, And Copy Number Variants Or Rearrangements, Or Isoform Expression Or	
81455	Mrna Expression Levels, If Performed; Rna Analysis	No
81455	Solid Organ Or Hematolymphoid Neoplasm Or Disorder, 51 Or Greater Genes, Genomic Sequence	INU
	Analysis Panel, Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements, Or Isoform Expression Or Mrna Expression Levels, If	
81456	Solid Organ Or Hematolymphoid Neoplasm Or Disorder, 51 Or Greater Genes, Genomic Sequence	Yes
01400	Analysis Panel, Interrogation For Sequence Variants And Copy Number Variants Or Rearrangements,	105
	Or Isoform Expression Or Mrna Expression Levels, If	
81457	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Interrogation For Sequence Variants; Dna	Yes
01437	Analysis, Microsatellite Instability	
81458	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Interrogation For Sequence Variants; Dna	Yes
01.00	Analysis, Copy Number Variants And Microsatellite Instability	
81459	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Interrogation For Sequence Variants; Dna	Yes
	Analysis Or Combined Dna And Rna Analysis, Copy Number Variants, Microsatellite Instability, Tumor	
	Mutation Burden, And Rearrangements	
81460	Whole Mitochondrial Genome (Eg, Leigh Syndrome, Mitochondrial Encephalomyopathy, Lactic	Yes
	Acidosis, And Stroke-Like Episodes [Melas], Myoclonic Epilepsy With Ragged-Red Fibers [Merff],	
	Neuropathy, Ataxia, And Retinitis Pigmentosa [Narp], Leber Hereditary Op	
81462	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Cell-Free Nucleic Acid (Eg, Plasma),	Yes
	Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis, Copy Number	
	Variants And Rearrangements	
81463	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Cell-Free Nucleic Acid (Eg, Plasma),	Yes
	Interrogation For Sequence Variants; Dna Analysis, Copy Number Variants, And Microsatellite	
	Instability	
81464	Solid Organ Neoplasm, Genomic Sequence Analysis Panel, Cell-Free Nucleic Acid (Eg, Plasma),	Yes
	Interrogation For Sequence Variants; Dna Analysis Or Combined Dna And Rna Analysis, Copy Number	
04.465	Variants, Microsatellite Instability, Tumor Mutation Burden, And Re	.,
81465	Whole Mitochondrial Genome Large Deletion Analysis Panel (eg, Kearns-Sayre Syndrome, Chronic	Yes
	Progressive External Ophthalmoplegia), Including Heteroplasmy Detection, If Performed	
81470	X-Linked Intellectual Disability (Xlid) (Eg, Syndromic And Non-Syndromic Xlid); Genomic Sequence	Yes
81470	Analysis Panel, Must Include Sequencing Of At Least 60 Genes, Including Arx, Atrx, Cdkl5, Fgd1, Fmr1,	165
	Huwe1, Il1Rapl, Kdm5C, L1Cam, Mecp2, Med12, Mid1, Ocrl,	
81471	X-Linked Intellectual Disability (Xlid) (Eg, Syndromic And Non-Syndromic Xlid); Duplication/Deletion	Yes
014/1	Gene Analysis, Must Include Analysis Of At Least 60 Genes, Including Arx, Atrx, Cdkl5, Fgd1, Fmr1,	
	Huwe1, Il1Rapl, Kdm5C, L1Cam, Mecp2, Med12, Mid1, Ocrl,	
81479	Unlisted Molecular Pathology Procedure	No
81490	Autoimmune (Rheumatoid Arthritis), Analysis Of 12 Biomarkers Using Immunoassays, Utilizing Serum,	Yes
	Prognostic Algorithm Reported As A Disease Activity Score	
81493	Coronary Artery Disease, MRNA, Gene Expression Profiling By Real-Time Rt-PCR Of 23 Genes, Utilizing	Yes
	Whole Peripheral Blood, Algorithm Reported As A Risk Score	
81500	Oncology (Ovarian), Biochemical Assays Of Two Proteins (Ca-125 And He4), Utilizing Serum, With	No
	Menopausal Status, Algorithm Reported As A Risk Score	
81503	Oncology (Ovarian), Biochemical Assays Of Five Proteins (Ca-125, Apolipoprotein A1, Beta-2	No
	Microglobulin, Transferrin, And Pre-Albumin), Utilizing Serum, Algorithm Reported As A Risk Score	
		1

Fixed Paraffin-Embedded Tissue, Al 81506 Endocrinology (Type 2 Diabetes), B Crp, Adiponectin, Ferritin, Interleuk Reporting A Risk Score 81507 Fetal Aneuploidy (Trisomy 21, 18, A Plasma, Algorithm Reported As A R	gorithm Reported As Tissue Similarity Scores ochemical Assays Of Seven Analytes (Glucose, Hba1c, Insulin, Hs-	Yes
81506 Endocrinology (Type 2 Diabetes), B Crp, Adiponectin, Ferritin, Interleuk Reporting A Risk Score 81507 Fetal Aneuploidy (Trisomy 21, 18, A Plasma, Algorithm Reported As A R	ochemical Assays Of Seven Analytes (Glucose, Hba1c, Insulin, Hs-	
Crp, Adiponectin, Ferritin, Interleuk Reporting A Risk Score 81507 Fetal Aneuploidy (Trisomy 21, 18, A Plasma, Algorithm Reported As A R		No
Reporting A Risk Score 81507 Fetal Aneuploidy (Trisomy 21, 18, A Plasma, Algorithm Reported As A R	in 2-Becentor Alpha) I Itilizing Serum Or Plasma Algorithm	
81507 Fetal Aneuploidy (Trisomy 21, 18, A Plasma, Algorithm Reported As A R		
Plasma, Algorithm Reported As A R	nd 13) DNA Sequence Analysis Of Selected Regions Using Maternal	Yes
		103
ILEGAL CONSENTAL Abnormalities Bio	chemical Assays Of Two Proteins (Papp-A, Hcg [Any Form]),	Yes
Utilizing Maternal Serum, Algorithm		
		No
Utilizing Maternal Serum, Algorithm		110
		No
Utilizing Maternal Serum, Algorithm		
	chemical Assays Of Four Analytes (Afp, Ue3, Hcg [Any Form], Dia)	Yes
0 , ,	n Reported As A Risk Score (May Include Additional Results From	
Previous Biochemical Testing)		
	chemical Assays Of Five Analytes (Afp, Ue3, Total Hcg,	No
-	g Maternal Serum, Algorithm Reported As A Risk Score	
		No
	aginalis, And Lactobacillus Species, Utilizing Vaginal-Fluid	
Specimens, Algorithm Reported As		
		No
Markers For Gardnerella Vaginalis,	Atopobium Vaginae, Megasphaera Type 1, Bacterial Vaginosis	
Associated Bacteria-2 (BVAB-2), An	d Lactobacillus Species (L.	
81517 Liver Disease, Analysis Of 3 Biomarl	ers (Hyaluronic Acid [Ha], Procollagen lii Amino Terminal Peptide	Yes
[Piiinp], Tissue Inhibitor Of Metallo	proteinase 1 [Timp-1]), Using Immunoassays, Utilizing Serum,	
Prognostic Algorithm Reported As a	A Risk Score And Risk	
81518 Oncology (Breast), Mrna, Gene Exp	ression Profiling By Real-Time Rt-Pcr Of 11 Genes (7 Content And 4	Yes
Housekeeping), Utilizing Formalin-F	ixed Paraffin-Embedded Tissue, Algorithms Reported As	
Percentage Risk For Metastatic Rec	urrence And Likelihood Of Benefi	
	5 , · · · · · · · · · · · · · · · · · ·	Yes
Formalin-Fixed Paraffin-Embedded	Tissue, Algorithm Reported As Recurrence Score	
	ression Profiling By Hybrid Capture Of 58 Genes (50 Content And 8	No
	ixed Paraffin-Embedded Tissue, Algorithm Reported As A	
Recurrence Risk Score	Construction Dusfiling Of 70 Contant Construct And ACC	No.
	, , , , , , , , , , , , , , , , , , , ,	Yes
	n Frozen Or Formalin-Fixed Paraffin-Embedded Tissue, Algorithm	
Reported As Index Related To Risk 81522 Oncology (Breast), Mrna, Gene Exp		Yes
		res
Recurrence Risk Score	ixed Paraffin-Embedded Tissue, Algorithm Reported As	
	eration Sequencing Gene Expression Profiling Of 70 Content Genes	Voc
	ng Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported	103
As Index Related To Risk To Distant		
		Yes
	-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A	100
Recurrence Score		
	uantitative Real-Time Target And Signal Amplification Of 10 Dna	No
	Methylation Of Ndrg4 And Bmp3) And Fecal Hemoglobin, Utilizing	
Stool, Algorithm Reported As A Pos		
· · · · ·		Yes
	Jtilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm	
Reported As Recurrence Risk, Inclu		
		Yes
	Reported As A Drug Response Score; First Single Drug Or Drug	
Combination		
	r Cell Culture And Chemotherapeutic Response By Dapi Stain And	Yes
	Reported As A Drug Response Score; Each Additional Single Drug	
Or Drug Combination (List Separate		
		Yes
Prognostic And Predictive Algorithm	n Reported As Good Versus Poor Overall Survival	

Procedure Code	Description	Prior Auth Required
81539	Oncology (High-Grade Prostate Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa,	Yes
	Intact Psa, And Human Kallikrein-2 [Hk2]), Utilizing Plasma Or Serum, Prognostic Algorithm Reported	
	As A Probability Score	
81540	Oncology (Tumor Of Unknown Origin), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 92	Yes
01010	Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype,	
	Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported	
81541	Oncology (Prostate), MRNA Gene Expression Profiling By Real-Time Rt-PCR Of 46 Genes (31 Content	Yes
01011	And 15 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A	105
	Disease-Specific Mortality Risk Score	
81542	Oncology (Prostate), Mrna, Microarray Gene Expression Profiling Of 22 Content Genes, Utilizing	Yes
	Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Metastasis Risk Score	
81546	Oncology (Thyroid), Mrna, Gene Expression Analysis Of 10,196 Genes, Utilizing Fine Needle Aspirate,	Yes
010.0	Algorithm Reported As A Categorical Result (Eg, Benign Or Suspicious)	
81551	Oncology (Prostate), Promoter Methylation Profiling By Real-Time PCR Of 3 Genes (Gstp1, Apc,	Yes
01001	Rassf1), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Likelihood Of	
	Prostate Cancer Detection On Repeat Biopsy	
81552	Oncology (Uveal Melanoma), Mrna, Gene Expression Profiling By Real-Time RT-PCR Of 15 Genes (12	No
01002	Content And 3 Housekeeping), Utilizing Fine Needle Aspirate Or Formalin-Fixed Paraffin-Embedded	
	Tissue, Algorithm Reported As Risk Of Metastasis	
81554	Pulmonary Disease (Idiopathic Pulmonary Fibrosis [IPF]), Mrna, Gene Expression Analysis Of 190	Yes
	Genes, Utilizing Transbronchial Biopsies, Diagnostic Algorithm Reported As Categorical Result (Eg,	
	Positive Or Negative For High Probability Of Usual Interstiti	
81560	Transplantation Medicine (Allograft Rejection, Pediatric Liver And Small Bowel), Measurement Of	No
01000	Donor And Third-Party-Induced Cd154+T-Cytotoxic Memory Cells, Utilizing Whole Peripheral Blood,	
	Algorithm Reported As A Rejection Risk Score	
81595		No
81393	Genes (11 Content And 9 Housekeeping), Utilizing Subfraction Of Peripheral Blood, Algorithm	NO
	Reported As A Rejection Risk Score	
81596	Infectious Disease, Chronic Hepatitis C Virus (Hcv) Infection, Six Biochemical Assays (Alt, A2-	No
81390	Macroglobulin, Apolipoprotein A-1, Total Bilirubin, Ggt, And Haptoglobin) Utilizing Serum, Prognostic	NO
	Algorithm Reported As Scores For Fibrosis And Necroinflamm	
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		No
82040	Adenosine, 5-Monophosphate, Cyclic (Cyclic Amp) Albumin; Serum, Plasma Or Whole Blood	
82042		No
	Albumin; Other Source, Quantitative, Each Specimen	No
82043 82044	Albumin; Urine (Eg, Microalbumin), Quantitative	No No
	Albumin; Urine (Eg, Microalbumin), Semiquantitative (Eg, Reagent Strip Assay)	
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,	NU
02005	FPIA) And Enzymatic Methods (Eg, Alcohol Dehydrogenase)	NI-
82085	Aldolase	No
82088	Aldosterone	No
82103	Alpha-1-Antitrypsin; Total	No
82104	Alpha-1-Antitrypsin; Phenotype	No
82105	Alpha-Fetoprotein (Afp); Serum	Yes
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
02420	Amino Acids, 2 To 5 Amino Acids, Quantitative, Each Specimen	No
82136 82139	Amino Acids, 2 To S Amino Acids, Quantitative, Each Specimen	No

Procedure Code	Description	Prior Auth Required
82140	Ammonia	No
82143		No
82150	Amylase	No
82154	Androstanediol Glucuronide	No
82157	Androstenedione	No
82160	Androsterione	No
82163	Angiotensin li	No
82164	Angiotensin I - Converting Enzyme (Ace)	No
82166		Yes
82172	Anti-Mullerian Hormone (Amh) Apolipoprotein, Each	No
82175		No
82175		No
82190	Ascorbic Acid (Vitamin C), Blood	
	Atomic Absorption Spectroscopy, Each Analyte	Yes
82232	5	No
82239	Bile Acids; Total	No
82240	Bile Acids; Cholylglycine	No
82247	Bilirubin; Total	No
82248	Bilirubin; Direct	No
82252	Bilirubin; Feces, Qualitative	No
82261		No
82270	Blood, Occult, By Peroxidase Activity (eg, Guaiac), Qualitative; Feces, Consecutive Collected Specimens	No
	With Single Determination, For Colorectal Neoplasm Screening (Ie, Patient Was Provided 3 Cards Or	
	Single Triple Card For Consecutive Collection)	
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	No
	Determinations, Performed For Other Than Colorectal Neoplasm Screening	
82274	Blood, Occult, By Fecal Hemoglobin Determination By Immunoassay, Qualitative, Feces, 1-3	No
	Simultaneous Determinations	
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		No
82370	Calculus; X-Ray Diffraction	No
82373	Carbohydrate Deficient Transferrin	No
82374	Carbon Dioxide (Bicarbonate)	No
82375		No
82376		
		No
82378		No
82379	Carnitine (Total And Free), Quantitative, Each Specimen	No
82380		No
82382	Catecholamines; Total Urine	No
82383	Catecholamines; Blood	No
82384	Catecholamines; Fractionated	No
82387	Cathepsin-D	No
82390		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
82482	Cholinesterase; Rbc	No
82485	Chondroitin B Sulfate, Quantitative	No
82495		No

Procedure Code	Description	Prior Auth Required
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,	No
	Gc, Gc/Ms-Ms, Gc/Ms, Hplc/Ms), Non-Drug Analyte(s) Not Elsewhere Specified, Qualitative Or	
	Quantitative, Each Specimen	
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 82626	Cystine And Homocystine, Urine, Qualitative	No No
82627	Dehydroepiandrosterone (Dhea) Dehydroepiandrosterone-Sulfate (Dhea-S)	No
82633	Denydroepiandrosterone-sunate (Diea-s) Desoxycorticosterone, 11-	No
82634	Desxycortisol, 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	No
	Substrate, Each Specimen	
82658	Enzyme Activity In Blood Cells, Cultured Cells, Or Tissue, Not Elsewhere Specified; Radioactive	No
	Substrate, Each Specimen	
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 82777	Galactose-1-Phosphate Uridyl Transferase; Screen Galectin-3	No
02///	וסמובננווו-ס	Yes

Procedure Code	Description	Prior Auth Required
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
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 83006	Growth Hormone, Human (Hgh) (Somatotropin) Growth Stimulation Expressed Gene 2 (St2, Interleukin 1 Receptor Like-1)	No
83009	Helicobacter Pylori, Blood Test Analysis For Urease Activity, Non-Radioactive Isotope (eg, C-13)	Yes 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, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); QUALITATIVE, ANY NUMBER OF ANALYTES	No
83018	HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, 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 83051	Hemoglobin; Methemoglobin, Quantitative Hemoglobin; Plasma	No No
83060	Hemoglobin; Plasma Hemoglobin; Sulfhemoglobin, Quantitative	No
83065	Hemoglobin; Sumemoglobin, Quantitative Hemoglobin; Thermolabile	No
83068	Hemoglobin; Unstable, Screen	No
83069	Hemoglobin; Urine	No
83070	Hemosiderin, Qualitative	No
83080	B-Hexosaminidase, Each Assay	No
	D Texes animulae, Eden Assay	

Procedure Code	Description	Prior Auth Required
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
83527	Insulin; Free	No
83528	Intrinsic Factor	No
83529	Interleukin-6 (II-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 83690	Leucine Aminopeptidase (Lap)	No
83695	Lipase	No
83698	Lipoprotein (A)	No
83700	Lipoprotein-Associated Phospholipase A2 (Lp-Pla2) Lipoprotein, Blood; Electrophoretic Separation And Quantitation	No
83701	Lipoprotein, Blood; High Resolution Fractionation And Quantitation	No
85701	Lipoprotein Subclasses When Performed (eg, Electrophoresis, Ultracentrifugation)	
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	Analyte(s) Not Elsewhere Specified, Qualitative Or Quantitative, Each Specimen	No
83825	Mercury, Quantitative	No
83835	Metanephrines	No
83857	Methemalbumin	No

Biss Microfiulic Analysis Utilizing An Integrated Collection And Analysis Device, Tear Domolarity No BBB4 Micropolysaccharides, Acid, Quantitative No BBB72 Micri, Synoial Tuidi (Despering) No BBB73 Myelin Basic Proteins, Cerebrasginal Fluid No BBB74 Myelophin No BBB75 Myelophin No BBB76 Myelophin No BBB76 Myelophin No BBB76 Myelophin No BBB86 Myelophin No BBB86 Myelophin No BBB86 Objection Harmine (Olizochuni Bands)	Procedure Code	Description	Prior Auth Required
Notic, Synowick Huid (Rope Test) No 83873 Meyn Back Protein, Developsing Huid No 83876 Meynportadiase (Mon) No 83876 Meynportadiase (Mon) No 83878 Natriveric Reptide No 83883 Natriveric Reptide No 83883 Natriveric Reptide No 83845 Nickel No 83845 Nickel No 83845 Organic Addis, Gualitative, Each Specimen No 83915 Organic Addis, Gualitative, Each Specimen No 83916 Organic Addis, Gualitative, Each Specimen No 83917 Organic Addis, Gualitative, Each Specimen No 83918 Organic Addis, Gualitative, Each Specimen No 83919 Organic Addis, Gualitative, Each Specimen No 8392 Organic Addis, Gualitative, Each Specimen No 8393 Organic Addis, Gualitative, Each Specimen No 8393 Organic Addis, Gualitative, Each Specimen No 8393 Organic Addis, Gualitative, Each Specimen <th>83861</th> <th></th> <th></th>	83861		
B3872Myelin Base Protein, Carebrognan FluidNoB3874MyeliopionNoB3875Myelioperoxidase [Map]NoB3876Myelioperoxidase [Map]NoB3878Natrick PeptideNoB3878Nephelometry, Each Marjer, Not Elsawhere SpecifiedNoB3875Nucleotidase 5°NoB3876Oligocional Imune (Oligocional Itands)NoB3878Organic Acids, Total, Caseritative, Each SpecimenNoB3879Organic Acids, Spatiero, Each SpecimenNoB3870Organic Acids, Spatiero, Each SpecimenNoB3871Organic Acids, Spatiero, Each SpecimenNoB3872Organic Acids, Spatiero, Each SpecimenNoB3873Organic Acids, Spatiero, Each SpecimenNoB3874Organic Acids, Ganitative, Each SpecimenNoB3875Organic Acid, Spatiero, Caser, Proteoromi, NoNoB3875Organica Mathiero, Caser, Proteoromi, NoNoB3875Organica Mathiero, Caser, Proteoromi, NoNoB3875Organica Mathiero, Caser, Proteoromi, NoNoB3875Organica, Acid, TotalNoB3875Organica, Acid, TotalNoB3875Organica, Acid, TotalNoB3876Protyfalance, Acid, Total <td< td=""><td>83864</td><td>Mucopolysaccharides, Acid, Quantitative</td><td>No</td></td<>	83864	Mucopolysaccharides, Acid, Quantitative	No
33374MysglobinNo33875MysglobinNo33886Nitriurcic FegideNo33886Nitriurcic FegideNo33885NickelNo33885NickelNo33885NickelNo33885NickelNo33885Olgoctonal Immune (Olgoctonal Bands)No33816Olgoctonal Immune (Olgoctonal Bands)No33818Olgoctonal Immune (Olgoctonal Bands)No33918Olgoctonal CallNo33919Organic Acids, Stafe, Quantitative, Each SpecimenNo33930Organic Acids, Stafe, Quantitative, Each SpecimenNo33931Organic Acids, Stafe, Quantitative, Each SpecimenNo33932Organic Acids, Stafe, QuantitativeNo33933Organic Acids, Stafe, QuantitativeNo33934Oraclerith, Des-Samma-Carbox-Prothrombin (Dep)No33935Oraclerith, Des-Samma-Carbox-Prothrombin (Dep)No33936Oraclerith, Des-Samma-Carbox-Prothrombin (Dep)No33937Oraclerith, Des-Samma-Carbox-Prothrombin (Dep)No33937Oraclerith, Des-Samma-Carbox-Prothrombin (Dep)No33938Oraclerith, Des-Samma-Carbox-Prothrombin (Dep)No33937Oraclerith, Des-Samma-Carbox-Prothrombin (Dep)No33937Oraclerith, Des-Samma-Carbox-Prothrombin (Dep)No33938Oraclerith, Des-Samma-Carbox-Prothrombin (Dep)No33939Carboretectin, Des-Samma-Carbox-Prothrombin (Dep)No	83872	Mucin, Synovial Fluid (Ropes Test)	No
Medioperoxidaxe (Map) No 38300 Nature: Reptide No 38381 Nephelometry, Each Analyse Not Essewhere Specified No 38385 Nickel No 38385 Nickel No 38385 Nickel No 38395 Nickental Essewhere Specified No 38391 Organic AddS Table, Clash Specimen No 38392 Organic AddS Spingle, Clash Spingle,	83873	Myelin Basic Protein, Cerebrospinal Fluid	No
3889Natricreic PeriodeNo3883Napheney Robe Ensembere SpecifiedNo3883NickelNo3883NickelNo3883Organic Acids Sci Qualitative, Each SpecimenNo3893Organic Acids QualitativeNo3893Organic Acids QualitativeNo3893Organic QualitativeNo3893Organic QualitativeNo3894Organic QualitativeNo3895Orcoprotein, Per-Samma Carboxy Prothrombin (Dep)No3895Orcoprotein, Per-Samma Carboxy Prothrombin (Dep)No3895 <td< td=""><td>83874</td><td>Myoglobin</td><td>No</td></td<>	83874	Myoglobin	No
Nephelmetry, Eart Analyte Nort Esewhere Spacind No 83895 Nickel No 83915 Nucleotitians F ¹ . No 83916 Organic Adds, Total, Coantitative, Eart Specimen No 83912 Organic Adds, Sugletone, Eart Specimen No 8392 Organic Adds, Sugletone, Eart Specimen No 8392 Organic Adds, Sugletone, Eart Specimen No 8393 Osmalithy, Biod No No 8393 Osmalithy, Unite No No 8393 Osmalithy, Unite No No 8394 Organic Adds, Sugletone, Prothonbin (Dcp) No No 8395 Ordapter E2 New No No No 8395 Organic Adds, Fordal Address Departed No No No 8395 Organicative Res (Part No No No No 8395 Organicative Res (Part No No No No 8395 Organicative Res (Part No No No No 8395 Pheingletone, Res (Part No	83876	Myeloperoxidase (Mpo)	No
33835 Nucled No 33915 Oligocidas 5" No 33915 Oligocidas 5" No 33915 Oligocidas 5" No 33918 Organic Acids, Tool, Australitye, Each Specimen No 33913 Organic Acids, Tool, Australitye, Each Specimen No 33923 Organic Acids, Tool, Australitye, Each Specimen No 33935 Osmobility, Blood No 33936 Oncorotein, Her-2/Neu Yes 33935 Osmobility, Blood No 33936 Oncorotein, Her-2/Neu No 33937 Pharthormone (Parathyroid Hormone) No 33937 Calprotein, Her-2/Neu No 33938 Calprotein, Her-2/Neu No 33939 Calprotein, Her-2/Neu No 33939 Calprotein, Her-2/Neu No <	83880	Natriuretic Peptide	No
B315 Nucleations P No B316 Organic Acids; Total, Cuantitative, Each Specimen No B319 Organic Acids; Coulitative, Each Specimen No B3212 Organic Acids; Coulitative, Each Specimen No B3233 Organic Acids; Coulitative, Each Specimen No B3234 Organic Acids; Coulitative, Each Specimen No B3335 Ornolaitry, Blood No B3345 Oraclaitry, Blood No B3354 Oraclaitry, Blood No B3355 Oncoproteni, Pier-Zohan No B3354 Oncoproteni, Pier-Samma-Carboxy-Prothomoli (Dcp) No B3355 Oncoproteni, Pier-Samma-Carboxy-Prothomoli (Dcp) No B3366 Phi, Boyd Fiulio, No Otherwise Specified No B3372 Phi, Eshaled Breath Condensate No B3383 Calprotechin, Feel No B3393 Calprotechin, Feel No B4030 Phenyltetones, Qualitative No B4030 Phenyltetones, Qualitative No B4031 Phospha	83883	Nephelometry, Each Analyte Not Elsewhere Specified	No
3318 Olgapinal murue (Olgapinal Bands) No 3318 Organic Acids, Total, Aci	83885		
Basels Organic Acids: Total Quantitative, Each Spectmen No Basels Organic Acids: Qualtitative, Each Spectmen No Basels Organic Acids: Qualtitative No Basels Organic Acids: Qualtitative No Basels Organic Acids: Qualtitative No Basels Ordeoxidiny, Urine Yes Basels Ordeoxidin, Her., Fordial No Basels Phocylidine (Pop) Yes Basels Phocylidine (Pop) Yes Basels Phocylidine (Pop) No Basels Phocylidine (Pop) No Basels Phocylidine (Pop) No Basels Phocylidine (Pop) No Basels Phocylidine (Pop) <t< td=""><td></td><td></td><td></td></t<>			
3321 Organic Acids: Qualitative, Each Specimen No 3321 Organic Acids: Supple: Quantitative No 3323 Osmolality; Blood No 3324 Osmolality; Urine No 3325 Osmolality; Urine No 3326 Osmolality; Urine No 3327 Ostecación; (Bone Gia Protein) No 3328 Ostate No 3327 Partothromo (Partothyod Hormone) No 3328 Ostate No 3327 Partothromo (Partothyod Hormone) No 3328 Ph. Body Fluid, Not Otherwise Specified No 33293 Caprotectin, Fecal No 33293 Caprotectin, Fecal No 3405 Phosphatase, Acid; Total No 3405 Phosphatase, Acid; Total No 3405 Phosphatase, Acid; Total No 3406 Phosphatase, Acid; Total No 3407 Phosphatase, Acid; Total No 3408 Phosphatase, Acid; Total No 3408 Phosphatase, Acid; Total No 3406 Phosphatase, Acid; Total No 3407 Phosphatase, Acid; Total No 3408 Phosphatase, Acid;			
Bases Organic Acids, Single, Quantitative No Bases Oxnolality, Biond No Bases Oxnolality, Urine No Bases Oxalate No Bases Oxalate No Bases Oxalate No Bases Oxacoratein, Des-Gamma Carboxy-Prothrombin (Dcp) No Bases Oxacoratein, Des-Gamma Carboxy-Prothrombin (Dcp) No Bases Prestorme (Parathromone) No Bases Calprotextin, Fecal No Bases Calprotextin, Fecal No Bases Presphatase, Alaline; N			
38393 Ormolating Biod No 38395 Ostocalch (Bone G1a Protein) Yes 38345 Oxtocalch (Bone G1a Protein) Yes 38345 Oxtocalch (Bone G1a Protein) No 3835 Oxcopretein, Her 2/Neu Yes 3836 Orcopretein, Iber-Gamma-Carboxy-Prothrombin (Dcp) No 3836 Orcopretein, Iber-Gamma-Carboxy-Prothrombin (Dcp) No 3837 Parthormone (Parthyrold Hormone) No 38385 Ph, Body Fluid, Not Otherwise Specified No 38387 Ph, Exheld Breath Condensate No 38393 Claprotectin, Fecal No 38093 Phenylaline (Pcp) No 38093 Phenylaline (Pku), Blood No 38093 Claprotectin, Fecal No 38093 Phenylaline, Kul, Blood No 38095 Phosphatase, Addi, Total No 3807 Phosphatase, Addi, Prostatic No 3807 Phosphatase, Addi, Prostatic No 3807 Phosphatase, Addi, Prostatic No 3808 Phosphatase, Addi, Prostatic No 3807 Phosphatase, Addi, Prostatic No 3808 Phosphatase, Addi, Prostatic No 3809 <t< td=""><td></td><td></td><td></td></t<>			
Sample Stream No			
3337 Ostocale (Bone G1a Protein) Yes 3345 Oxalate No 3350 Oncoprotein, Int-2/Neu Yes 3351 Oncoprotein, Des Gamma Carbox, Prothrombin (Dcp) No 3357 Pristhormen (Parathyroid Hormone) No 3386 Phi, Body Fluid, Not Otherwise Specified No 3397 Calprotectin, Fecal No 3393 Calprotectin, Fecal No 3393 Calprotectin, Fecal No 84030 Phenylalanine (Pku), Blood No 84031 Phenylalanine (Pku), Blood No 84036 Phenylalanine (Pku), Blood No 84036 Phenylalanine (Pku), Blood No 84037 Phosphatase, Alduline; No 84038 Phosphatase, Alduline; No 84046 Phosphatase, Alduline; Isoenzymes No 84057 Phosphatase, Alduline; Isoenzymes No 84081 Phosphatase, Alduline; Isoenzymes No 84082 Phosphatase, Alduline; Isoenzymes No 84083 Phosphatase, Alduline; Isoenzymes No 84084 Phosphatase, Alduline; Isoenzymes No 84085 Phosphatase, Alduline; Isoenzymes No 84086			
Bases Dealet No 83950 Oncoprotein; Des-Gamma-Carboxy-Prothrombin (Dcp) No 83951 Oncoprotein; Des-Gamma-Carboxy-Prothrombin (Dcp) No 83951 Oncoprotein; Des-Gamma-Carboxy-Prothrombin (Dcp) No 83951 Parathormone (Parathyrodi Hormone) No 83952 Phenylexine No 83953 Calprotectin, Fecal No 83953 Calprotectin, Fecal No 84030 Phenylexines, Qualitative No 84035 Phosphatase, Acid, Total No 84066 Phosphatase, Acid, Total No 84073 Phosphatase, Akiline; Iterasymes No 84074 Phosphatase, Akiline; Iterasymes No 84085 Phosphatase, Akiline; Iterasymes No 84081 Phosphatase, Akiline; Iterasymes No 84082 Phosphatase, Akiline; Iterasymes No 84083 Phosphatase, Akiline; Iterasymes No 84084 Phosphatase, Akiline; Iterasymes No 84085 Phosphatase, Akiline; Iterasym			
33950 Oncoprotein; Her-2/Neu Yes 33951 Oncoprotein; Des-Gamma-Carboxy-Prothrombin (Dcp) No 33970 Parathormone (Parathyroid hormone) No 33970 Ph; Body Fluid, Not Otherwise Specified No 33987 Ph; Exhaled Breath Condensate No 33993 Calprotectin, Fecal No 34000 Phenykletones, Qualitative No 84030 Phenykletones, Qualitative No 84030 Phenyklatine (Pku), Blood No 84030 Phosphatase, Acid, Total No 84050 Phosphatase, Acid, Total No 84051 Phosphatase, Acid, Prostatic No 84075 Phosphatase, Alkilne; Isoarymes No 84080 Phosphatase, Alkilne; Isoarymes No 84081 Phosphatase, Alkilne; Isoarymes No 84081 Phosphatase, Alkilne; Isoarymes No 84085 Phosphotase, Joseffer, Amolto Unduded) No 84086 Phosphotase, Joseffer, Amolto Unduded) No 84087 Phosphotase, Group Composite; Composit			
Bases Oncopretein; Des-Gamma-Carboxy-Protromobin (Dcp) No B3300 Parathormone (Parathyroid Hormone) No B3366 Ph; Body Flud, Not Otherwise Specified No B3392 Phencyclidine (Pcp) Yes B3993 Calprotectin, Fecal No B4030 Phenylalanine (Pk), Blood No B4031 Phenylatanice (Pk), Blood No B4035 Phenylatanice (Pk), Blood No B4036 Phosphatase, Atd; Total No B4066 Phosphatase, Atd; Total No B4078 Phosphatase, Ataline; Isoenzymes No B4078 Phosphatase, Ataline; Isoenzymes No B4081 Phosphatase, Ataline; Isoenzymes No B4082 Phospholexose Isomerase No B4083 Phospholexose Isomerase No B4100 Porspholingen, Urine; Quantitative No B4110 Porpholingen, Urine; Quantitative No B4110 Porpholingen, Urine; Quantitative No B4112 Evaluatiton of Cervicovagnal Fluid For			
83970 Parathormone (Parathyroid Hormone) No 83986 Ph., Body Fluid, Not Otherwise Specified No 83987 Ph., Enabled Breact Condensate No 83993 Calprotectin, Fecal No 84030 Phenyklaine (Pku), Blood No 84031 Phenyklaine (Pku), Blood No 84035 Phenyklaine (Pku), Blood No 84060 Phosphatase, Aid, Totati No 84075 Phosphatase, Aikaline; No 84076 Phosphatase, Aikaline; Isoenzymes No 84077 Phosphatase, Aikaline; Isoenzymes No 84080 Phosphatase, Aikaline; Isoenzymes No 84081 Phosphatase, Aikaline; Isoenzymes No 84082 Phosphatage, Ikaline; Isoenzymes No 84083 Phosphatage, Ikaline; Isoenzymes No 84084 Phosphatage, Ikaline; Isoenzymes No 84085 Phosphatage, Ikaline; Isoenzymes No 84086 Phosphatage, Ikaline; Isoenzymes No 84087 Phosphotosinorganic (Phosph			
83986 Pi; Body Fluid, Not Otherwise Specified No 83987 Ph; Exhaled Breath Condensate No 83987 Ph; Exhaled Breath Condensate No 83992 Phencyclidine (Pcp) Yes 83993 Calprotectin, Fecal No 84030 Phenylalanine (Poly, Blood No 84035 Phenylakatine (Poly, Blood No 84066 Phosphatase, Acid; Total No 84078 Phosphatase, Acid; Prostatic No 84078 Phosphatase, Akaline; Hest Stable (Total Not Included) No 84078 Phosphatase, Akaline; Hest Stable (Total Not Included) No 84081 Phosphatase, Akaline; Hest Stable (Total Not Included) No 84082 Phosphatase, Akaline; Hest Stable (Total Not Included) No 84083 Phosphatase, Akaline; Hest Stable (Total Not Included) No 84084 Phosphotaso Regain (Phosphate); Urine No 84085 Phosphotexose Isomerase No 84100 Phosphotus Inorganic (Phosphate); Urine No 84110 Porphobilingen, Urine; Quantitative No 84112 Evaluation Of Cervicovaginal Fluid For Specific Ammiotic Fluid Protein(s) (eg. Placental Alpha 84113 Porphynin, Urine; Quantitative No <			
83897 Pr; Exhaled Breath Condensate No 83992 Phencyclidine (Pcp) Yes 83993 Calprotectin, Fecal No 84030 Phenylalanine (Pku), Blood No 84031 Phenylalanine (Pku), Blood No 84035 Phenylatanine (Sku), Blood No 84066 Phosphatase, Acid; Postatic No 84067 Phosphatase, Acid; Postatic No 84075 Phosphatase, Akialine; Isoarymes No 84080 Phosphatase, Akialine; Isoarymes No 84081 Phosphatase, Akialine; Isoarymes No 84082 Phosphatase, Akialine; Isoarymes No 84083 Phosphatase, Akialine; Isoarymes No 84084 Phosphatase, Akialine; Isoarymes No 84085 Phosphatyse Isoarymes No 84086 Phosphatyse Isoarymes No 84087 Phosphatyse Isoaryme (Phosphate); No 84108 Porphobilinogen, Urine; Qualitative No 84109 Porphobilinogen, Urine; Qualitative No 84112 Evaluation Of Cervicovaginal Phosphate); No 84124 Porphyrin, Urine; Qualitative No 84133 Porphyrin, Urine; Qualitative No			
Bispez Phencyclidine (Pcp) Yes B3993 Calprotectin, Fecal No B3993 Calprotectin, Fecal No B4030 Phenylatanine (Pku), Blood No B4050 Phesphatase, Acid; Prostatic No B4066 Phosphatase, Acid; Prostatic No B4078 Phosphatase, Acid; Prostatic No B4078 Phosphatase, Alkaline; Heat Stable (Total Not Included) No B4081 Phosphatase, Alkaline; Iscenzymes No B4085 Phosphatidy[glycerol No B4085 Phospholity[glycerol No B4080 Phospholity[glycerol No B4081 Phospholity[glycerol No B4100 Phospholymolycery[glycerol No B4101 Porpholity[glycerol] No B4102 Phospholycey (Phosphate); Urine No B4110 Porpholyling, Curine; Qualitative No B4112 Evaluation Of Cervicovaginal Fluid For Specific Anniotic Fluid Protein(S) (gl, Placental Alpha B4120 <			
3393 Calprotectin, Fecal No 84030 Phenylalanine (Pku), Blood No 84035 Phenylalanine (Pku), Blood No 84036 Phosphatase, Qualitative No 84066 Phosphatase, Acid; Total No 84075 Phosphatase, Acid; Prostatic. No 84076 Phosphatase, Alkaline; No 84078 Phosphatase, Alkaline; Heat Stable (Total Not Included) No 84080 Phosphatase, Alkaline; Stoenzymes No 84081 Phosphatase, Alkaline; Isoenzymes No 84082 Phosphotoxice, Exploydrogenase, Rbc No 84083 Phosphotoxice Isongranic (Phosphate); Jrine No 84084 Phosphorus Inorganic (Phosphate); Jrine No 84105 Phospholinogen, Urine; Qualitative 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 No 84120 Porphyrins, Urine; Qualitative No No 84121 Potassium; Serum, Plasma Or Whole Blood No 84131 Pregnanediol No 84132 Potassium; Urine No 84133 Pregenanediol No			
B4330 Phenylalanine (Pku), Blood No 84035 Phenylatanine (Pku), Blood No 84036 Phesphatase, Add; Total No 84060 Phosphatase, Add; Total No 84075 Phosphatase, Alkaline; No 84076 Phosphatase, Alkaline; Iseenzymes No 84078 Phosphatase, Alkaline; Iseenzymes No 84081 Phosphatase, Alkaline; Iseenzymes No 84082 Phosphatase, Alkaline; Iseenzymes No 84083 Phospholyglycerol No 84084 Phospholycexse Isomerase No 84000 Phosphorus norganic (Phosphate); Urine No 84100 Phosphorus norganic (Phosphate); Urine No 84100 Porphobilinogen, Urine; Qualitative No 84112 Evaluation Of Cervicovaginal Fluid For Specific Amniotic Fluid Protein(s) (eg, Placental Alpha Yes 84112 Porphylinis, Urine; Qualitative No No 84120 Porphyrins, Urine; Qualitative No No 84132 Portassium; Serum, Plasma Or Whole Blood			
84035 Phenylketones, Qualitative No 84060 Phosphatase, Acid; Total No 84066 Phosphatase, Acid; Total No 84075 Phosphatase, Akialine; No 84078 Phosphatase, Akialine; No 84078 Phosphatase, Akialine; No 84078 Phosphatase, Akialine; No 84080 Phosphatase, Akialine; No 84081 Phosphatidy[glycrol No 84085 Phosphotise, Eomerase No 84087 Phosphotise Isorganic (Phosphate); No 84100 Phosphorus Inorganic (Phosphate); No 84105 Phosphorus Inorganic (Phosphate); Urine No 84106 Porphobilinogen, Urine; Qualitative No 84107 Phospholizegen, Urine; Qualitative No 84108 Porphobilinogen, Urine; Qualitative No 84109 Porphyrins, Urine; Qualitative No 84110 Porphyrins, Urine; Qualitative No 84111 Porphyrins, Urine; Qualitative No 84112 Porphyrins, Urine; Qualitative No 84126 Porphyrins, Urine; Qualitative No 84133 Potassium; Serum, Plasma Or Whole Blood No <t< td=""><td></td><td></td><td></td></t<>			
84060 Phosphatase, Acid; Total No 84066 Phosphatase, Akid; Total No 84075 Phosphatase, Akidine; No 84078 Phosphatase, Akidine; Heat Stable (Total Not Included) No 84078 Phosphatase, Akidine; Heat Stable (Total Not Included) No 84080 Phosphatase, Akidine; Isoenzymes No 84081 Phosphatase, Akidine; Isoenzymes No 84087 Phosphatose, Somerase No 84087 Phosphorus Inorganic (Phosphate); Urine No 84100 Phosphorus Inorganic (Phosphate); Urine No 84105 Porspholinogen, Urine; Qualitative No 84110 Porphobilinogen, Urine; Qualitative No 84112 Evaluation Of Cervicovaginal Fluid For Specific Amniotic Fluid Protein(s) (eg, Placental Alpha Microglobulin-1 [Parmg-1], Placental Protein 12 [Pp12], Alpha-Fetoprotein), Qualitative, Each Specimen No 84119 Porphyrins, Urine; Qualitative No 84120 Porphyrins, Urine; Qualitative No 84133 Potassiun; Serum, Plasma Or Whole Blood No 84134 Prealbu			
84066 Phosphatase, Akidi; Prostatic No 84075 Phosphatase, Alkaline; No 84078 Phosphatase, Alkaline; Heat Stable (Total Not Included) No 84080 Phosphatase, Alkaline; Isoenzymes No 84081 Phosphatase, Alkaline; Isoenzymes No 84085 Phospholyconate, 6., Dehydrogenase, Rbc No 84086 Phosphorys Inorganic (Phosphate); No 84100 Phosphorys Inorganic (Phosphate); Urine No 84105 Phosphory Inorganic (Phosphate); Urine No 84106 Porphobilinogen, Urine; Qualitative No 84110 Porphobilinogen, Urine; Qualitative No 84112 Evaluation Of Cervicovaginal Fluid For Specific Amniotic Fluid Protein(s) (eg, Placental Alpha Yes 84112 Evaluation Of Cervicovaginal Fluid For Specific Amniotic Fluid Protein(s) (eg, Placental Alpha Yes 84113 Porphyrins, Urine; Qualitative No 84114 Porphyrins, Urine; Qualitative No 84126 Porphyrins, Urine; Qualitative No 84133 Potassium; Serun, Plasma Or Whole Blood			
84075 Phosphatase, Alkaline; No 84078 Phosphatase, Alkaline; Heat Stable (Total Not Included) No 84078 Phosphatase, Alkaline; Isoenzymes No 84081 Phosphatase, Alkaline; Isoenzymes No 84081 Phosphatase, Alkaline; Isoenzymes No 84085 Phosphorese, Esomerase No 84087 Phosphoresoe Isomerase No 84100 Phosphorus Inorganic (Phosphate); Urine No 84106 Porphobilingen, Urine; Quanitative No 84110 Porphobilingen, Urine; Quanitative No 84112 Evaluation Of Cervicovaginal Fluid For Specific Amniotic Fluid Protein(s) (eg, Placental Alpha Yes 84119 Porphytrins, Urine; Qualitative No No 84120 Porphyrins, Urine; Qualitative No No 84121 Potassium; Serus, Plasma Or Whole Blood No No 84132 Potassium; Serus, Plasma Or Whole Blood No No 84133 Potassium; Mama Or Whole Blood No No 84134 Pregnanedriol <t< td=""><td></td><td></td><td></td></t<>			
84078 Phosphatase, Alkaline; Heat Stable (Total Not Included) No 84080 Phosphatase, Alkaline; Isoenzymes No 84081 Phospholgluconate, 6-, Dehydrogenase, Rbc No 84085 Phospholgluconate, 6-, Dehydrogenase, Rbc No 84080 Phospholgluconate, 6-, Dehydrogenase, Rbc No 84000 Phosphorus Inorganic (Phosphate); Urine No 84100 Phosphorus Inorganic (Phosphate); Urine No 84106 Porphobilinogen, Urine; Qualitative No 84110 Porphobilinogen, Urine; Qualitative 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 No 84119 Porphyrins, Urine; Qualitative No 84120 Porphyrins, Urine; Qualitative No 84131 Potasium; Virine No 84132 Potasium; Urine No 84133 Potasium; Urine No 84134 Pregnanediol No 84135 Pregnanetriol No <td></td> <td></td> <td></td>			
84080 Phosphatase, Alkaline; Isoenzymes No 84081 Phosphogluconate, 6-, Dehydrogenase, Rbc No 84085 Phosphogluconate, 6-, Dehydrogenase, Rbc No 84087 Phosphorus Inorganic (Phosphate); No 84100 Phosphorus Inorganic (Phosphate); No 84105 Porphobilinogen, Urine; Qualitative No 84106 Porphobilinogen, Urine; Qualitative No 84110 Porphobilinogen, Urine; Qualitative 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 No 84120 Porphyrins, Urine; Qualitative No 84132 Potassium; Serum, Plasma Or Whole Blood No 84133 Prealbumin No 84134 Prealbumin No 84140 Pregenenolone No 84143 17-Hydroxypregnenolone No 84144 Pregenenolone No 84145 Prolactin No 84146 Prolac			
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84085 Phosphogluconate, 6-, Dehydrogenase, Rbc No 84087 Phosphorexose Isomerase No 84100 Phosphorus Inorganic (Phosphate); No 84105 Phosphorus Inorganic (Phosphate); Urine No 84106 Porphobilinogen, Urine; Qualitative No 84110 Porphobilinogen, Urine; Qualitative No 84112 Evaluation Of Cervicovaginal Fluid For Specific Amniotic Fluid Protein(s) (eg, Placental Alpha Yes 84119 Porphynins, Urine; Qualitative No 84119 Porphynins, Urine; Qualitative No 84120 Porphynins, Urine; Qualitative No 84121 Potassium; Serum, Plasma Or Whole Blood No 84132 Potassium; Urine No 84133 Preganentiol No 84134 Pregenenolone No 84135 Pregnanetriol No 84140 Pregenenolone No 84143 17-Hydroxypregnenolone No 84144 Progesterone No 84145 Procalcitonin (Pct)	84081		
84087Phosphohexose IsomeraseNo84100Phosphorus Inorganic (Phosphate);No84105Phosphorus Inorganic (Phosphate); UrineNo84106Porphobilinogen, Urine; QualitativeNo84101Porphobilinogen, Urine; QualitativeNo84112Evaluation Of Cervicovaginal Fluid For Specific Amniotic Fluid Protein(s) (eg, Placental Alpha Microglobulin-1 [Pamg-1], Placental Protein 12 [Pp12], Alpha-Fetoprotein), Qualitative, Each SpecimenNo84119Porphyrins, Urine; QualitativeNo84120Porphyrins, Urine; Qualitation And FractionationNo84121Porphyrins, Urine; Qualitation And FractionationNo84122Potassium; Serum, Plasma Or Whole BloodNo84133Potassium; UrineNo84134PregnanetiolNo84135PregnanetiolNo84140PregnanetiolNo84141ProgesteroneNo84142Prodaction (Pct)No84143PregenenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); FreeNo84154Prostate Specific Antigen (Psa); FreeNo84155Protati Specific Antigen (Psa); FreeNo84155Protate Specific Antigen (Psa); FreeNo84155Protate Specific Antigen (Psa); FreeNo			
84100 Phosphorus Inorganic (Phosphate); Vrine No 84105 Phosphorus Inorganic (Phosphate); Vrine No 84106 Porphobilinogen, Urine; Qualitative No 84110 Porphobilinogen, Urine; Qualitative 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 No 84119 Porphyrins, Urine; Qualitative No 84120 Porphyrins, Urine; Qualitative No 84132 Porphyrins, Urine; Qualitative No 84132 Potassium; Serum, Plasma Or Whole Blood No 84133 Potassium; Urine No 84134 Pregnanetriol No 84135 Pregnanetriol No 84143 17-Hydroxypregnenolone No 84144 Progesterone No 84145 Procalcitonin (Pct) No 84146 Progesterone No 84145 Procalcitonin (Pct) No 84146 Progesterone No	84087		
84105 Phosphorus Inorganic (Phosphate); Urine No 84106 Porphobilinogen, Urine; Qualitative No 84110 Porphobilinogen, Urine; Qualitative 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; Quantitative No 84121 Porphyrins, Urine; Quantitative No 84122 Porphyrins, Urine; Quantitative No 84133 Potassium; Berum, Plasma Or Whole Blood No 84134 Prealbumin No 84135 Pregnanetiol No 84136 Pregnanetiol No 84143 17-Hydroxypregnenolone No 84144 Progesterone No 84145 Procalcitonin (Pct) No 84146 Prodecitin No 84145 Prostate Specific Antigen (Psa); Complexed (Direct Measurement) No 84145 Prostate Spe	84100		No
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B4110 Porphobilinogen, Urine; Quantitative No B4112 Evaluation Of Cervicovaginal Fluid For Specific Amniotic Fluid Protein(s) (eg, Placental Alpha Microglobulin-1 [Pang-1], Placental Protein 12 [Pp12], Alpha-Fetoprotein), Qualitative, Each Specimen Yes B4119 Porphyrins, Urine; Qualitative No B4120 Porphyrins, Urine; Qualitative Model No B4121 Porssium; Serum, Plasma Or Whole Blood No B4132 Potassium; Serum, Plasma Or Whole Blood No B4133 Potassium; Urine No B4134 Prealburnin No B4135 Pregnanetriol No B4144 Pregnenolone No B4143 17-Hydroxypregnenolone No B4144 Progesterone No B4145 Procalcitonin (Pct) No B4146 Prolactin No B4150 Prostate Specific Antigen (Psa); Complexed (Direct Measurement) No B4151 Prostate Specific Antigen (Psa); Total No B4152 Prostate Specific Antigen (Psa); Total No B4155 Prostate Sp	84106	Porphobilinogen, Urine; Qualitative	No
Microglobulin-1 [Pamg-1], Placental Protein 12 [Pp12], Alpha-Fetoprotein), Qualitative, Each Specimen84119Porphyrins, Urine; QualitativeNo84120Porphyrins, Urine; Quantitation And FractionationNo84126Porphyrins, Feces, QuantitativeNo84132Potassium; Serum, Plasma Or Whole BloodNo84133Potassium; UrineNo84134PrealbuminNo84135PregnanediolNo84136PregnanetriolNo84137PregnenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84146ProlactinNo84150Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84151Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protate Specific Antigen (Psa); FreeNo	84110		No
84120Porphyrins, Urine; Quantitation And FractionationNo84126Porphyrins, Feces, QuantitativeNo84132Potassium; Serum, Plasma Or Whole BloodNo84133Potassium; UrineNo84134PrealbuminNo84135PregnanediolNo84138PregnanetriolNo84140PregnenoloneNo8414317-HydroxypregnenoloneNo84144ProgesteroneNo84145Proclictionin (Pct)No84146ProlactinNo84150Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); FreeNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84112	Microglobulin-1 [Pamg-1], Placental Protein 12 [Pp12], Alpha-Fetoprotein), Qualitative, Each	Yes
84126Porphyrins, Feces, QuantitativeNo84132Potassium; Serum, Plasma Or Whole BloodNo84133Potassium; UrineNo84134PrealbuminNo84135PregnanediolNo84138PregnanetriolNo84140PregnenoloneNo8414317-HydroxypregnenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84146ProlocitinNo84150Protactin (Pct)No84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protate, Specific Antigen (Psa); FreeNo	84119	Porphyrins, Urine; Qualitative	No
84132Potassium; Serum, Plasma Or Whole BloodNo84133Potassium; UrineNo84134PrealbuminNo84135PregnanediolNo84138PregnanetriolNo84140PregnenoloneNo8414317-HydroxypregnenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84150ProtactinNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); FreeNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84120	Porphyrins, Urine; Quantitation And Fractionation	No
84133Potassium; UrineNo84134PrealbuminNo84135PregnanediolNo84136PregnanetriolNo84140PregnenoloneNo8414317-HydroxypregnenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84150ProtactinNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84126	Porphyrins, Feces, Quantitative	No
84134PrealbuminNo84135PregnanediolNo84136PregnanetriolNo84140PregnenoloneNo8414317-HydroxypregnenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84146ProlactinNo84150Protatglandin, EachNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); TotalNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84132	Potassium; Serum, Plasma Or Whole Blood	No
84135PregnanediolNo84136PregnanetriolNo84140PregnenoloneNo8414317-HydroxypregnenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84146ProlactinNo84150Prostaglandin, EachNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84133	Potassium; Urine	No
84138PregnanetriolNo84140PregnenoloneNo8414317-HydroxypregnenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84146ProlactinNo84150Prostaglandin, EachNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84134	Prealbumin	No
84140PregnenoloneNo8414317-HydroxypregnenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84146ProlactinNo84150Prostaglandin, EachNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84135	Pregnanediol	No
8414317-HydroxypregnenoloneNo8414317-HydroxypregnenoloneNo84144ProgesteroneNo84145Procalcitonin (Pct)No84146ProlactinNo84150Prostaglandin, EachNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84138	Pregnanetriol	No
84144ProgesteroneNo84145Procalcitonin (Pct)No84146ProlactinNo84150Prostaglandin, EachNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84140	Pregnenolone	No
84145Procalcitonin (Pct)No84146ProlactinNo84146ProlactinNo84150Prostaglandin, EachNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84143		
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84150Prostaglandin, EachNo84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84145	Procalcitonin (Pct)	
84152Prostate Specific Antigen (Psa); Complexed (Direct Measurement)No84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84146	Prolactin	No
84153Prostate Specific Antigen (Psa); TotalNo84154Prostate Specific Antigen (Psa); FreeNo84155Protein, Total, Except By Refractometry; Serum, Plasma Or Whole BloodNo	84150	Prostaglandin, Each	No
84154 Prostate Specific Antigen (Psa); Free No 84155 Protein, Total, Except By Refractometry; Serum, Plasma Or Whole Blood No	84152	Prostate Specific Antigen (Psa); Complexed (Direct Measurement)	No
84155 Protein, Total, Except By Refractometry; Serum, Plasma Or Whole Blood No	84153		
	84154		
84156 Protein, Total, Except By Refractometry; Urine No	84155		No
	84156	Protein, Total, Except By Refractometry; Urine	No

Procedure Code	Description	Prior Auth Required
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 84295	Silica Cadium Canun Diama On Mikala Diand	No No
84300	Sodium; Serum, Plasma Or Whole Blood	No
84302	Sodium; Urine Sodium; Other Source	No
84305	Somatomedin	No
84307	Somatomedin	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
84379	Sugars (Mono-, Di-, And Oligosaccharides); Multiple Quantitative, Each Specimen	No
84392	Sulfate, Urine	No
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 Trick regides	No
84478	Triglycerides	No
84479 84480	Thyroid Hormone (T3 Or T4) Uptake Or Thyroid Hormone Binding Ratio (Thbr)	No No
04400	Triiodothyronine T3; Total (Tt-3)	

Procedure Code	Description	Prior Auth Required
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 85008	Blood Count; Blood Smear, Microscopic Examination With Manual Differential Wbc Count Blood Count; Blood Smear, Microscopic Examination Without Manual Differential Wbc Count	No No
8006	blod Count, blood Smear, Microscopic Examination without Manual Differential with 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	No
	Differential Wbc Count	
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
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	No
	Hemoglobin Content [Chr], Immature Reticulocyte Fraction [Irf], Reticulocyte Volume [Mrv], RNa	
	Content), Direct Measurement	
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

Procedure Code	Description	Prior Auth Required
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 85306	Clotting Inhibitors Or Anticoagulants; Protein S, Total	No No
85307	Clotting Inhibitors Or Anticoagulants; Protein S, Free 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
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

Procedure Code	Description	Prior Auth Required
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,	No
25004	Scrub Typhus), Each Antigen	N1 -
86001 86003	Allergen Specific Igg Quantitative Or Semiquantitative, Each Allergen	No
86003	Allergen Specific Ige; Quantitative Or Semiquantitative, Crude Allergen Extract, Each	No
	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 86051	Acetylcholine Receptor (Achr); Modulating Antibody Aquaporin-4 (Neuromyelitis Optica [Nmo]) Antibody; Enzyme-Linked Immunosorbent Immunoassay	Yes No
	(Elisa)	-
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	Yes
00155	Tumor Cells In Blood); Physician Interpretation And Report, When Required	N -
86155	Chemotaxis Assay, Specify Method	No
86156	Cold Agglutinin; Screen	No
86157	Cold Agglutinin; Titer	No
86160	Complement; Antigen, Each Component	No

Procedure Code	Description	Prior Auth Required
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
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),	No
	Each Antibody	
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
86327	Immunoelectrophoresis; Crossed (2-Dimensional Assay)	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-lgg1) 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 (le, Cd34), Total Count	No
86376	Microsomal Antibodies (eg, Thyroid Or Liver-Kidney), Each	No
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BisBal Mitchondrial Anthoby (Eg. M2), Each No BisBal Netrobian Tetration Tetr, Viral No BisBal National Tetration (Eng. Viral) No BisBal National Tetra (Eng. Viral) No BisBal Particle Aguitation (Tr. Viral) No BisBal Particle Aguitational (Tr. Each Antibody No BisBal Neutrational Antibody, Screen Auth Respiratory Syndrome Caronavirus 2 [Sars Cov2] [Coronavirus No No BisBal Severe Auth Respiratory Syndrome Caronavirus 2 [Sars Cov2] [Coronavirus No No BisBal Severe Auth Respiratory Syndrome Caronavirus 2 [Sars Cov2] [Coronavirus 2 [Sars Cov2] [Coronav	Procedure Code	Description	Prior Auth Required
Bits Note Bits Nutroline Test, Viral No Bits Nutroline Test, Viral No Bits Particle Aguitanico, Tier, Each Antibody No Bits Particle Aguitanico, Tier, Each Antibody No Bits Disease [Code 19]); Screen No Bits Disease [Code 19]); Screen No Bits Screen Acute Respiratory Syndrome Caronavirus 2 [Strs-Cov-2] (Caronavirus Disease [Code 19]); Screen No Bits Screen Acute Respiratory Syndrome Caronavirus 2 [Strs-Cov-2] (Caronavirus Disease [Code 19]); Screen No Bits Disease [Code 19]); Screen No No Bits Disease [Code 19]); Screen No No Bits Screen Code 19]; Screen No No Bits Screen Code 19]; Screen No No Bits Screen Code 19]; Screen No No Bits Disease [Code Code Code Code Code Code Code Code	36381		No
Bits Nutrobus Testanium Day Est (Wod) No. Bits Nuclew Mutrix Potical 2 (Nmp22), Qualitative Yes Bits Particle Aguitations, Screen, Each Antibody. No. Bits Netratialing Antibody, Severe Acute Respiratory Syndrome Caronavirus 2 (Sars-Cox-2) (Coronavirus No. Bits Severe Acute Respiratory Syndrome Caronavirus 2 (Sars-Cox-2) (Coronavirus No. Bits Severe Acute Respiratory Syndrome Caronavirus 2 (Sars-Cox-2) (Coronavirus No. Bits Severe Acute Respiratory Syndrome Caronavirus 2 (Sars-Cox-2) (Coronavirus No. Bits Severe Acute Respiratory Syndrome Caronavirus 2 (Sars-Cox-2) (Coronavirus No. Bits Severe Acute Respiratory Syndrome Caronavirus 2 (Sars-Cox-2) (Coronavirus No. Bits Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Gamma Interferon No. Bits Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Gamma Interferon No. Bits Tuberculosis Antige, Each No. No. Bits Tuberculosis, Intradema No. No. Bits Tuberculosis, Intradema No. No. Bits	36382		No
BisBis Nuclear Matrix Protein 22 [Min22], Qualitative Yes. BieGB3 Particle Agglutination; Titer, Each Antibody No BieGB4 Neutricle Agglutination; Titer, Each Antibody No BieGB4 Neutricle Agglutination; Titer, Each Antibody No BieGB4 Neutricle Agglutination; Severe Acta Respiratory Syndrome Coronavirus 2 [Sars-Cav-2] [Coronavirus No No BieGB4 Severe Acta Respiratory Syndrome Coronavirus 2 [Sars-Cav-2] [Coronavirus No No BieGB4 Severe Acta Respiratory Syndrome Coronavirus 2 [Sars-Cav-2] [Coronavirus No No BieGB4 Rheumatol Factor; Qualitative No No BieGB4 Tuberculosis Test; Call Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma No No BieGB4 Skin Test; Unitadiated Immunity Antigen Response Measurement; Enumeration No No BieGB4 Skin Test; Cardidated Immunity Antigen Response Measurement; Enumeration Of Gamma No No BieGB4 Skin Test; Cardidated Immunity Antigen Response Measurement; Enumeration Of Gamma No No BieGB4 Skin Test; Cardidated Immunity Antigen Response Measurement; Enumeration Of Gamma No No BieGB4 Skin Test; HanorenpantabieGy, Caulitative	36384		No
Biddle Particle Aggiunation; Screen, Eah Antibody No Biddle Particle Aggiunation; Ther, Eah Antibody, No Biddle Neutraliang Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 [Sars-Cov-2] (Coronavirus No Biddle Neutraliang Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 [Sars-Cov-2] (Coronavirus No Biddle Severe Acute Respiratory Syndrome Coronavirus 2 [Sars-Cov-2] (Coronavirus No Biddle Severe Acute Respiratory Syndrome Coronavirus 2 [Sars-Cov-2] (Coronavirus No Biddle Tuberculois Test, Cell Mediated Immunity Antigen Response Measurement; Samma Interferon No Biddle Tuberculois Test, Cell Mediated Immunity Antigen Response Measurement; Samma Interferon No Biddle Sin Test; Cell Mediated Immunity Antigen Response Measurement; Samma Interferon No Biddle Sin Test; Cell Mediated Immunity Antigen Response Measurement; Samma Interferon No Biddle Sin Test; Cell Mediated Immunity Antigen Response Measurement; Samma Interferon No Biddle Sin Test; Cell Mediated Immunity Antigen Response Measurement; Samma Interferon No Biddle Sin Test; Cell Mediated Immunity Antigen Response Measurement; Samma Interferon No		Nuclear Matrix Protein 22 (Nmp22), Qualitative	Yes
84466 Particle Agglutingtion, Titler, Each Antibody No 86468 Nutricinang Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 [Carro-Cov-2] (Coronavirus No No 86469 Neutricinang Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 [Carro-Cov-2] (Coronavirus No No 86469 Neutricinang Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 [Carro-Cov-2] (Coronavirus Disease [Covid-19]) No 86413 Severe Acute Respiratory Syndrome Coronavirus 2 [Carro-Cov-2] (Coronavirus Disease [Covid-19]) No 86420 Rheumatoid Factor; Qualitative No No 86431 Rheumatoid Factor; Qualitative No No 86443 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma No 86454 Sin Test; Carolid Gamposis No No 86463 Sin Test; Carolid Gamposis No No 86530 Sin Test; Carolid Gamposis No No 86530 Sin Test; Tearonavis, Lindard mail No No 86530 Sin Test; Carolid Gamposis No No 86530 Sin Test; Carolid Gamposis No No	36403		No
BitABB Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Dessel (Covid-59)). No 86409 Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Antibody, Cautatute No 86413 Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-59]). No 86431 Breumatoid Factor, Qualitative No 86443 Breumatoid Factor, Qualitative No 86451 Breumatoid Factor, Qualitative No 86452 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration OF Gamma Interferon No 86456 Sin Test; Divided Aciteen, Esch No No 86456 Sin Test; Divided Aciteen, Esch No No 86456 Sin Test; Divided Aciteen, Esch No No 86450 Sin Test; Divided Aciteen, Esch No No 86451 Sin Test; Divided Aciteen, Esch No No 86456 Sin Test; Divided Aciteen, Esch No No 86550 Sisphilis Test, Non Treporemal Antibody, Coulitative (eg. Vidi, Rpr, Art) No No <			No
Disease [Coord-19]); Screen No 84409 Nutriting Antholoy, Swere Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) No 84413 Swere Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) No 84431 Rheumatol Factor; Qualitative No 84531 Rheumatol Factor; Qualitative No 84543 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Gamma Interferon No 84543 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma No 84543 Sint Test; Coldoid Convois No No 84543 Sint Test; Coldoid Convois No No 84543 Sint Test; Unside Antgen, Each No No 84545 Sint Test; Unside Antgen, Each No No 84550 Sint Test; Non-Treponental Antibody; Cualitative (eg, Vdri, Rpr, Art) No 84553 Synthilis Test, Non-Treponental Antibody; Cualitative (eg, Vdri, Rpr, Art) No 84554 Synthilis Test, Non-Treponental Antibody, Cancitative No 845555 Synthilis Test, Non-Treponental Antibody, Can			No
Disease [Cond-19]]; Tier No S6413 Sever Anuze Regristratory Syndrome Coronavirus 2 (Sars-Cav-2) (Coronavirus Disease [Covid-19]) Antibody, Quantitative No S6430 Rheumatoli Factor: Qualitative No No S6481 Rheumatoli Factor: Qualitative No S6480 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma No S6481 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma No S6485 Sin Test; Calinda Matgian, Each No No S6486 Sin Test; Calinda Antgian, Each No No S6480 Sin Test; Unitsed Antgian, Each No No S6500 Sin Test; Unitsed Antgian, Each No No S6501 Sin Test; Non-Treponential Antibody, Qualitative (eg. Vdrl, Rpr, Art) No S6502 Syphilin Test, Non-Treponential Antibody, Cauntitative No S6503 Syphilin Test, Non-Treponential Antibody, Cauntitative No S6504 Antibody, Alenovirus No S6505 Antibody, Roterelia Burgdorferi (Lyme Disease) No <td></td> <td></td> <td></td>			
Disease [Covid-19]], Ther No 86433 Severe Acute Regristarty Syndrome Coronavirus 2 [stars-Cov-2] (Coronavirus Disease [Covid-19]) No 86430 Rheumstod Factor, Qualitative No 86431 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Formariation Of Gamma No 86431 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma No 86435 Skin Test, Cordiolotomycosis No No 86436 Skin Test, Inderculosis, Intrafermal No No 86530 Skin Test, Hon-Treponemal Antibody, Qualitative (eg., Viri, Rpr, Art) No No 86533 Syphilis Test, Non-Treponemal Antibody, Qualitative (eg., Viri, Rpr, Art) No No 86564 Volage Gate Calcium Channel Antibody, Each No No 86565 Antbody: Adenovirus No No 86566 Antbody: Batterium, Not Elsewhere Specified No No <td>36409</td> <td>Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus</td> <td>No</td>	36409	Neutralizing Antibody, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus	No
B643 Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) No B6430 Rheumatod Factory Qualitative No B6431 Rheumatod Factory Qualitative No B6481 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Gamma Interferon No B6481 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamms No B6485 Skin Test, Canddo Gongo, Encode Sampano, Sampa			
S6430 Rheamstof Factor, Qualitative No S6481 Rheamstof Factor, Qualitative No S6480 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Gamma Interferon No S6481 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamms No S6485 Skin Test, Candido Test, Candido Sin Cell Suspension No S6486 Skin Test, Candidomycosis No S6480 Skin Test, Candidomycosis No S6590 Skin Test, Tuberculosis, Intradermal No S6590 Strin Test, TomeTopionennal Antibody, Qualitative (eg. Vdf, Rpr, Art) No S6591 Stringto-Kinase, Antibody, Caulitative (Se. Vdf, Rpr, Art) No S6592 Syphilis Test, Non-Treponemal Antibody, Qualitative (eg. Vdf, Rpr, Art) No S6503 Antibody, Adamovius No S6504 Antibody, Sagergilus No S6603 Antibody, Barenella No S6611 Antibody, Barenella Burgdorferi (Lyme Disease) No S6612 Antibody, Baretella No S6613 Antibody, Baretella <td>36413</td> <td>Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])</td> <td>No</td>	36413	Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])	No
Side Recuratorial Factor, Quantitative No S6480 Tuberculosis Test, Cell Mediated immunity Antigen Response Measurement; Gamma Interferon No S6481 Tuberculosis Test, Cell Mediated immunity Antigen Response Measurement; Enumeration Of Gamma Interferon Produing T-Cells in Cell Suppension No S6485 Skin Test; Candida No S6486 Skin Test; Candida No S6490 Skin Test; Candida No S6590 Skin Test; Tuberculosis, Intradermal No S6590 Skin Test; Non-Treponemal Antibody, Qualitative (eg. Vdri, Rpr, Art) No S6591 Synphils Test, Non-Treponemal Antibody, Each No S6502 Synphils Test, Non-Treponemal Antibody, Each No S6503 Antibody, Aspergillus No S6504 Voltage-Gated Calcium Channel Antibody, Each No S6603 Antibody, Bartonelia No S6604 Antibody, Bartonelia No S6615 Antibody, Borrelia Burgdorferi (tyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot) No S6617 Antibody, Borrelia Burgdorferi (tyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblo		Antibody, Quantitative	
Sch40 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Gamma Interferon No Sch41 Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma Interferon Producing T-Cells in Cell Suspension No Sch425 Skin Test; Unlisted Antigen, Each No Sch430 Skin Test; Unlisted Antigen, Each No Sch300 Skin Test; Unlisted, Antibody No Sch300 Streptokinase, Antibody No Sch301 Skin Test; Non-Treponemal Antibody; Qualitative (eg; Varit, Spr, Art) No Sch301 Sphills Test, Non-Treponemal Antibody; Datartitive (eg; Varit, Spr, Art) No Sch302 Antibody, Ademovirus No No Sch303 Antibody, Bacterium, Not Usewhere Specified No No Sch312 Antibody; Bacterium, Not Usewhere Specified No No Sch313 Antibody; Barteriag Fever) No No Sch32	36430	Rheumatoid Factor; Qualitative	No
B6481 Tuberculosis Test, Cell Mediated immunity Antigen Response Measurement; Enumeration Of Gamma Interferon Producing T-Celis in Cell Suspension No 86485 Skin Test; Landida No 86486 Skin Test; Liniteta Antigen, Each No 86480 Skin Test; Liniteta Antigen, Each No 86530 Skin Test; Tuberculosis, Intradermal No 86530 Skin Test; Tuberculosis, Intradermal No 86530 Skin Test; Non-Treponemal Antibody; Qualitative No 86530 Styphilis Test, Non-Treponemal Antibody; Qualitative No 86531 Antibody, Actinomyces No 86603 Antibody, Actinomyces No 86604 Antibody, Aspergillus No 86611 Antibody, Bartonella No 86612 Antibody, Bartonella No 86613 Antibody, Bartonella No 86614 Antibody, Borreila Burgdorferi (tyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot) No 86615 Antibody, Borreila Burgdorferi (tyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot) No 86619 Antibody,	36431	Rheumatoid Factor; Quantitative	No
Interferon Producing T-Cells in Cell Suspension No 86485 Skin Test; Candida No 86486 Skin Test; Candida No 86490 Skin Test; Candida No 86510 Skin Test; Tuberculosis, Intradermal No 86580 Skin Test; Non-Treponemal Antibody; Qualitative (eg. Vdrl, Rpr, Art) No 86590 Streptokinase, Antibody No 86591 Syphils Test, Non-Treponemal Antibody; Qualitative (eg. Vdrl, Rpr, Art) No 86592 Syphils Test, Non-Treponemal Antibody; Qualitative (eg. Vdrl, Rpr, Art) No 86596 Voltage-Gated Calcium Channel Antibody; Bach No 86603 Antibody, Attimorytes No 86604 Antibody, Attimorytes No 86605 Antibody, Barcella No 86611 Antibody, Barcella No 86612 Antibody, Barcella No 86613 Antibody, Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunoblot) No 86614 Antibody, Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunoblot) No <	36480	Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Gamma Interferon	No
Interferon Producing T-Cells in Cell Suspension No 86485 Skin Test; Candida No 86486 Skin Test; Candida No 86490 Skin Test; Candida No 86510 Skin Test; Tuberculosis, Intradermal No 86580 Skin Test; Non-Treponemal Antibody; Qualitative (eg. Vdrl, Rpr, Art) No 86590 Streptokinase, Antibody No 86591 Syphils Test, Non-Treponemal Antibody; Qualitative (eg. Vdrl, Rpr, Art) No 86592 Syphils Test, Non-Treponemal Antibody; Qualitative (eg. Vdrl, Rpr, Art) No 86596 Voltage-Gated Calcium Channel Antibody; Bach No 86603 Antibody, Attimorytes No 86604 Antibody, Attimorytes No 86605 Antibody, Barcella No 86611 Antibody, Barcella No 86612 Antibody, Barcella No 86613 Antibody, Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunoblot) No 86614 Antibody, Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunoblot) No <			
Sk485 Skin Test; Candida No S6486 Skin Test; Candida Antigen, Each No S6490 Skin Test; Caccidioidomycosis No S6510 Skin Test; Histoplasmosis No S6530 Skin Test; Histoplasmosis No S6530 Skin Test; Jintoplasmosis No S6530 Skin Test; Jintoplasmosis No S6530 Streptokinase, Antibody No S6531 Syphilis Test, Non-Treponemal Antibody; Qualitative (eg, Vdrl, Rpr, Art) No S6536 Volage-Gated Calcium Channel Antibody; Each No S6602 Antibody; Adenovirus No S6603 Antibody; Batchinowyces No S6604 Antibody; Batchinowyces No S6611 Antibody; Batchinowyces No S6612 Antibody; Batchinowyces No S6613 Antibody; Batchinowice No S6614 Antibody; Batchinowice No S6615 Antibody; Batchinowice No S6616 Antibody; Batchinowice No S6617 Antibody; Batchinowice No S6618 Antibody; Batchinowice No S6629 Antibody; Candida No S6621 Antibody; Cannylobatchin	36481	Tuberculosis Test, Cell Mediated Immunity Antigen Response Measurement; Enumeration Of Gamma	No
B6486 Skin Test; Unisted Antigen, Each No B6490 Skin Test; Caccidioidomycosis No B6510 Skin Test; Histoplasmosis No B6560 Strin Test; Tuberculoisi, Intradermal No B6580 Strin Test; Nistoplasmosis No B6580 Strin Test; Tuberculoisi, Intradermal No B6593 Syphilis Test, Non-Treponemal Antibody; Qualitative (eg, Vdri, Rpr, Art) No B6593 Syphilis Test, Non-Treponemal Antibody; Cualitative No B6504 Voltage-Gated Calcium Channel Antibody, Each No B6603 Antibody; Adenovirus No B6604 Antibody; Adenovirus No B6605 Antibody; Bartonella No B6611 Antibody; Bartonella No B6612 Antibody; Bordetella No B6613 Antibody; Bordetella No B6614 Antibody; Bordetella No B6615 Antibody; Bordetella No B6616 Antibody; Bordetella No B6617 Antibody; Bordetella No B6618 Antibody; Bordetella No B6629 Antibody; Gordetella No B6621 Antibody; Candinda No B6622			
Steden Skin Test; Coccidicidomycosis No 86510 Skin Test; Histoplasmosis No 86580 Skin Test; Histoplasmosis No 86580 Skin Test; Huberculosis, Intradermal No 86590 Streptokinase, Antibody No 86591 Streptokinase, Antibody No 86592 Syphilis Test, Non-Treponemal Antibody; Quantitative No 86593 Syphilis Test, Non-Treponemal Antibody; Quantitative No 86694 Antibody; Attinomyces No 86605 Antibody; Attinomyces No 86606 Antibody; Attinomyces No 86607 Antibody; Bacterium, Not Elsewhere Specified No 86611 Antibody; Bactomyces No 86612 Antibody; Bactomyces No 86613 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunobiol) No 86619 Antibody; Correlia (Relapsing Fever) No 86622 Antibody; Campylobacter No 86623 Antibody; Campylobacter No 86624 Antibody; Campylobacter No 86625 Antibody; Chamydia, Igm No 86628 Antibody; Colenia Burnetii (Q Fever) No 86631	36485	Skin Test; Candida	No
Sk440 Skin Test; Corcidioidomycois No S6510 Skin Test; Histoplasmosis No S6500 Skin Test; Tuberculosis, Intradermal No S6550 Streptokinase, Antibody No S6550 Streptokinase, Antibody, Quantitative (eg. Vdrl, Rpr, Art) No S6550 Voltage-StateC clackum Channel Antibody; Quantitative No S6550 Voltage-StateC clackum Channel Antibody, Each No S6601 Antibody, Actnomyces No S6602 Antibody, Aspergilus No S6603 Antibody, Facterium, Not Elsewhere Specified No S6611 Antibody, Bacterium, Not Elsewhere Specified No S6612 Antibody, Bactomyces No S6613 Antibody, Bactomyces No S6614 Antibody, Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunobiot) No S6619 Antibody, Borrelia Regiong Fever) No S6622 Antibody, Campylobacter No S6633 Antibody, Campylobacter No S6624 Antibody, Campylobacter No S6625 Antibody, Campylobacter No S6636 Antibody, Concella Burgdorferi (Lyme Disease) No S6635 Antibody, Campylobacter	36486	Skin Test; Unlisted Antigen, Each	No
B5530 Skin Test; Tuberculosis, Intradermal No B5590 Streptokinase, Antibody No B5591 Styphilis Test, Non-Treponemal Antibody; Qualitative (eg. Vdrl, Rpr, Art) No B5595 Voltage-GateC calcium Channel Antibody; Each No B6602 Antibody; Actinomyces No B6603 Antibody; Adenovirus No B6606 Antibody; Baregrilus No B6607 Antibody; Baregrilus No B6608 Antibody; Baregrilus No B6609 Antibody; Baregrilus No B6611 Antibody; Bartenium, Not Elsewhere Specified No B6612 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunobit) No B6613 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunobit) No B6614 Antibody; Borrelia Burgdorferi (Lyme Disease) No B6625 Antibody; Candida No B6626 Antibody; Candida No B6631 Antibody; Candida No B6632 Antibody; Candida No B6633 Antibody; Candida No B6634 Antibody; Candida No B6635 Antibody; Candida No <tr< td=""><td>36490</td><td></td><td>No</td></tr<>	36490		No
B5530 Skin Test; Tuberculosis, Intradermal No B5590 Streptokinase, Antibody No B5591 Styphilis Test, Non-Treponemal Antibody; Qualitative (eg. Vdrl, Rpr, Art) No B5595 Voltage-GateC calcium Channel Antibody; Each No B6602 Antibody; Actinomyces No B6603 Antibody; Adenovirus No B6606 Antibody; Baregrilus No B6607 Antibody; Baregrilus No B6608 Antibody; Baregrilus No B6609 Antibody; Baregrilus No B6611 Antibody; Bartenium, Not Elsewhere Specified No B6612 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunobit) No B6613 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunobit) No B6614 Antibody; Borrelia Burgdorferi (Lyme Disease) No B6625 Antibody; Candida No B6626 Antibody; Candida No B6631 Antibody; Candida No B6632 Antibody; Candida No B6633 Antibody; Candida No B6634 Antibody; Candida No B6635 Antibody; Candida No <tr< td=""><td>36510</td><td>Skin Test; Histoplasmosis</td><td>No</td></tr<>	36510	Skin Test; Histoplasmosis	No
B6590 Streptkinse, Antibody No B6592 Syphilis Test, Non-Treponemal Antibody, Qualitative (eg. Vdrl, Rpr, Art) No B6593 Syphilis Test, Non-Treponemal Antibody, Quantitative No B6594 Voltage-Gated Calcium Channel Antibody, Actinomyces No B6602 Antibody, Adenovirus No B6603 Antibody, Adenovirus No B6604 Antibody, Bacterium, Not Elsewhere Specified No B6611 Antibody, Bacterium, Not Elsewhere Specified No B6612 Antibody, Bacterium, Not Elsewhere Specified No B6613 Antibody, Bordetella No B6614 Antibody, Bordetella No B6618 Antibody, Borrelia Reigdorferi (Lyme Disease) Confirmatory Test (eg. Western Blot Or Immunoblot) No B6622 Antibody, Borrelia Reigging Fever) No No B6633 Antibody, Candida No No B6634 Antibody, Candida No No B6635 Antibody, Candida No No B6638 Antibody, Condida No	36580	Skin Test; Tuberculosis, Intradermal	No
Sessa Syphilis Test, Non-Treponemal Antibody; Quantitative No 86596 Voltage-Gated Calcium Channel Antibody, Each No 86602 Antibody; Actinomyces No 86603 Antibody; Actinomyces No 86604 Antibody; Adenovirus No 86605 Antibody; Bartonella No 86606 Antibody; Bartonella No 86611 Antibody; Bartonella No 86612 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunobio) No 86613 Antibody; Borrelia Burgdorferi (Lyme Disease) No No 86614 Antibody; Borrelia Burgdorferi (Lyme Disease) No No 86615 Antibody; Borrelia Burgdorferi (Lyme Disease) No No 86619 Antibody; Brureelia No 86622 No 86622 Antibody; Camyolobacter No No 86633 86633 Antibody; Chlamydia, Igm No 86644 No 86644 No 86644 No 86643 No 86644	36590		No
56596 Voltage-Gated Calcium Channel Antibody, Each No 86602 Antibody; Attinomyces No 86603 Antibody; Adenovirus No 86606 Antibody; Apergillus No 86607 Antibody; Batterium, Not Elsewhere Specified No 86611 Antibody; Batterium, Not Elsewhere Specified No 86612 Antibody; Bartonella No 86613 Antibody; Bordetella No 86614 Antibody; Bordetella No 86615 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot) No 86618 Antibody; Borrelia Relepsing Fever) No 86619 Antibody; Borrelia Relepsing Fever) No 86625 Antibody; Canglobacter No 86631 Antibody; Candida No 86632 Antibody; Collanydia No 86633 Antibody; Collanydia, Igm No 86644 Antibody; Coviella Burnetii (Q Fever) No 86652 Antibody; Coviella Burnetii (Q Fever) No 86644 Antibody; Coviella Burnetii (Q Fever) No 86645 Antibody; Coviella Burnetii (Q Fever) No 86651 Antibody; Coviengalovirus (Cmv), Igm No <t< td=""><td>36592</td><td>Syphilis Test, Non-Treponemal Antibody; Qualitative (eg, Vdrl, Rpr, Art)</td><td>No</td></t<>	36592	Syphilis Test, Non-Treponemal Antibody; Qualitative (eg, Vdrl, Rpr, Art)	No
P65596 Voltage-Gated Calcium Channel Antibody, Each No 86602 Antibody, Actinomyces No 86603 Antibody, Adenovirus No 86606 Antibody, Apergillus No 86607 Antibody, Batcerium, Not Elsewhere Specified No 86611 Antibody; Batcerium, Not Elsewhere Specified No 86612 Antibody; Batcerium, Not Elsewhere Specified No 86613 Antibody; Bordetella No 86614 Antibody; Bordetella No 86615 Antibody; Bordetella No 86618 Antibody; Bordetella No 86619 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot) No 86618 Antibody; Borrelia Relepsing Fever) No 86625 Antibody; Borrelia Relepsing Fever) No 86628 Antibody; Candida No 86631 Antibody; Candida No 86632 Antibody; Candida No 86633 Antibody; Collamydia, Igm No 86641 Antibody; Corcidia Burgdorius (Cmv) No 86643 Antibody; Cytomegalovirus (Cmv), Igm No 86644 Antibody; Cytomegalovirus (Cmv), Igm No 86653 <td< td=""><td>36593</td><td></td><td>No</td></td<>	36593		No
86602 Antibody; Actinomyces No 86603 Antibody; Agergillus No 86606 Antibody; Bacterium, Not Elsewhere Specified No 86601 Antibody; Bacterium, Not Elsewhere Specified No 86611 Antibody; Bacterium, Not Elsewhere Specified No 86612 Antibody; Bacterium, Not Elsewhere Specified No 86613 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot) No 86618 Antibody; Borrelia Burgdorferi (Lyme Disease) No 86619 Antibody; Borrelia Relepsing Fever) No 86622 Antibody; Borrelia (Relapsing Fever) No 86623 Antibody; Camlydoater No 86631 Antibody; Chamydia No 86632 Antibody; Cociedialdes No 86633 Antibody; Cociedialdes No 86641 Antibody; Cociedialdes No 86643 Antibody; Cociedialdes No 86644 Antibody; Cociedialdes No 86645 Antibody; Cociedialdes No	36596		No
86603 Antibody; Adenovirus No 86606 Antibody; Aspergillus No 86607 Antibody; Bacterium, Not Elsewhere Specified No 86611 Antibody; Bacterium, Not Elsewhere Specified No 86612 Antibody; Bartonella No 86613 Antibody; Bordetella No 86614 Antibody; Bordetella No 86615 Antibody; Bordetella No 86616 Antibody; Bordetella No 86617 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunobiot) No 86618 Antibody; Borrelia Relapsing Fever) No 86622 Antibody; Campylobacter No 86628 Antibody; Campylobacter No 86631 Antibody; Chanydia No 86632 Antibody; Coccidioides No 86638 Antibody; Cryptococcus No 86644 Antibody; Cryptococcus No 86652 Antibody; Encephalitis, California (La Crosse) No 86653 Antibody; Encephalitis, St. Louis No 86654 Antibody; Encephalitis, St. Louis No 86655 Antibody; Encephalitis, St. Louis No 86654 Antibody; Encephalitis, St. Lou	36602		No
86609 Antibody; Batterium, Not Elsewhere Specified No 86611 Antibody; Batterium, Not Elsewhere Specified No 86612 Antibody; Batterium, Not Elsewhere Specified No 86615 Antibody; Bordetella No 86617 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot) No 86618 Antibody; Borrelia Relgaping Fever) No 86622 Antibody; Brucelia No 86623 Antibody; Campylobacter No 86631 Antibody; Chlamydia No 86632 Antibody; Chlamydia, Igm No 86633 Antibody; Corptococcus No 86644 Antibody; Cyroptococcus No 86643 Antibody; Encephalitis, California (La Crosse) No 86653 Antibody; Encephalitis, California (La Crosse) No 86654 Antibody; Encephalitis, St. Louis No 86655 Antibody; Encephalitis, St. Louis No 86654 Antibody; Encephalitis, St. Louis No 86655 Antibody; Encephalitis, St. Louis <td>36603</td> <td></td> <td>No</td>	36603		No
86611 Antibody; Bartonella No 86612 Antibody; Bordetella 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; Candida No 86623 Antibody; Candida No 86631 Antibody; Candida No 86632 Antibody; Candida No 86633 Antibody; Cocidioides No 86634 Antibody; Cocidioides No 86641 Antibody; Cytomegalovirus (Cmv) No 86643 Antibody; Diphteria No 86644 Antibody; Diphteria No 86653 Antibody; Encephalitis, California (La Crosse) No 86654 Antibody; Encephalitis, Satern Equine No 86653 Antibody; Encephalitis, Satern Equine No 86654 Antibody; Encephalitis,	36606	Antibody; Aspergillus	No
56611 Antibody; Bartonella No 86612 Antibody; Bordetella No 86615 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; Campylobacter No 86623 Antibody; Campylobacter No 86631 Antibody; Chamydia No 86632 Antibody; Candida No 86633 Antibody; Coccidioides No 86644 Antibody; Coccidioides No 86645 Antibody; Cytomegalovirus (Cmv) No 86644 Antibody; Cytomegalovirus (Cmv) No 86645 Antibody; Cranegalovirus (Cmv) No 86651 Antibody; Cytomegalovirus (Cmv) No 86648 Antibody; Cromegalovirus (Cmv) No 86651 Antibody; Encephalitis, California (La Crosse) No 86652 Antibody; Encephalitis, St. Louis No 86653 Antibody; Encephalitis, St. Louis No 86654 Antibody; Encephalitis, St. Louis No 86653 Antibody; Encephalitis, St. Louis No 86654	36609	Antibody; Bacterium, Not Elsewhere Specified	No
86612 Antibody; Blastomyces No 86615 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot) No 86618 Antibody; Borrelia Burgdorferi (Lyme Disease) No 86619 Antibody; Borrelia Relpasing Fever) No 86612 Antibody; Borrelia (Relpasing Fever) No 86622 Antibody; Brucella No 86623 Antibody; Camplobacter No 86631 Antibody; Chiamydia No 86632 Antibody; Chiamydia, Igm No 86633 Antibody; Coxidioides No 86634 Antibody; Coxidioides No 86644 Antibody; Cytopecoccus No 86651 Antibody; Cytomegalovirus (Cmv) No 86653 Antibody; Chumgalovirus (Cmv), Igm No 86654 Antibody; Encephalitis, California (La Crosse) No 86653 Antibody; Encephalitis, California (La Crosse) No 86654 Antibody; Encephalitis, V. Louis No 86655 Antibody; Encephalitis, California (La Crosse) No 86654 Antibody; Encephalitis, Setern Equine No 86655 Antibody; Encephalitis, V. Louis No 86656 Antibody; Encephalitis, Western Equine (Ea) <td>36611</td> <td></td> <td>No</td>	36611		No
86615 Antibody; Bordetella No 86617 Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot) No 86618 Antibody; Borrelia Relapsing Fever) No 86619 Antibody; Borrelia (Relapsing Fever) No 86622 Antibody; Campylobacter No 86623 Antibody; Campylobacter No 86631 Antibody; Chamydia No 86632 Antibody; Chamydia No 86633 Antibody; Coccidiodes No 86634 Antibody; Coccidiodes No 86641 Antibody; Cryptococcus No 86644 Antibody; Chamydia (Emv), Igm No 86651 Antibody; Cryptococcus No 86652 Antibody; Cryptococcus No 86653 Antibody; Encephalitis, California (La Crosse) No 86652 Antibody; Encephalitis, California (La Crosse) No 86653 Antibody; Encephalitis, St. Louis No 86654 Antibody; Encephalitis, St. Louis No 86653 Antibody; Encephalitis, St. Louis No 86654	36612		No
Bé618 Antibody; Borrelia Burgdorferi (Lyme Disease) No 86619 Antibody; Borrelia (Relapsing Fever) No 86622 Antibody; Borrelia (Relapsing Fever) No 86625 Antibody; Campylobacter No 86631 Antibody; Candida No 86632 Antibody; Chamydia No 86633 Antibody; Chamydia No 86634 Antibody; Condida No 86635 Antibody; Cocidicides No 86638 Antibody; Cocidicides No 86641 Antibody; Cocidicides No 86644 Antibody; Cytomegalovirus (Cmv) No 86645 Antibody; Cytomegalovirus (Cmv), Igm No 86654 Antibody; Ciptomegalovirus (Cmv), Igm No 86655 Antibody; Encephalitis, Eastern Equine No 86651 Antibody; Encephalitis, Eastern Equine No 86652 Antibody; Encephalitis, Eastern Equine No 86653 Antibody; Enterovirus (eg, Coxsackie, Echo, Polio) No 86654 Antibody; Epstein-Barr (Eb) Virus, Sarly Antigen (Ea) No 86655 Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca) No 86664 Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca) No	36615	Antibody; Bordetella	No
86619Antibody; Borrelia (Relapsing Fever)No86622Antibody; BrucellaNo86623Antibody; CampylobacterNo86624Antibody; CandidaNo86635Antibody; ChlamydiaNo86636Antibody; Chlamydia, IgmNo86637Antibody; CoccidioidesNo86638Antibody; Coxiella Burnetii (Q Fever)No86641Antibody; Cytomegalovirus (Cmv)No86644Antibody; Cytomegalovirus (Cmv), IgmNo86645Antibody; Cytomegalovirus (Cmv), IgmNo866468Antibody; Encephalitis, California (La Crosse)No86653Antibody; Encephalitis, California (La Crosse)No86654Antibody; Encephalitis, Vestern EquineNo86654Antibody; Encephalitis, Vestern EquineNo86658Antibody; Encephalitis, Vestern EquineNo86658Antibody; Encephalitis, Vestern EquineNo86664Antibody; Enterovirus (eg. Coxsackie, Echo, Polio)No86665Antibody; Enterovirus (eg. Coxsackie, Echo, Polio)No86666Antibody; Epstein-Barr (Eb) Virus, Nurclear Antigen (Ebna)No86666Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86667Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86668Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86667Antibody; Enterovirus (eg. Coxsackie, Echo, Polio)No86668Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No <td>36617</td> <td>Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot)</td> <td>No</td>	36617	Antibody; Borrelia Burgdorferi (Lyme Disease) Confirmatory Test (eg, Western Blot Or Immunoblot)	No
86619Antibody; Borrelia (Relapsing Fever)No86622Antibody; BrucellaNo86623Antibody; CampylobacterNo86624Antibody; CandidaNo86635Antibody; ChlamydiaNo86636Antibody; Chlamydia, IgmNo86637Antibody; CoccidioidesNo86638Antibody; Coxiella Burnetii (Q Fever)No86641Antibody; Cytomegalovirus (Cmv)No86644Antibody; Cytomegalovirus (Cmv), IgmNo86645Antibody; Cytomegalovirus (Cmv), IgmNo866468Antibody; Encephalitis, California (La Crosse)No86653Antibody; Encephalitis, California (La Crosse)No86654Antibody; Encephalitis, Vestern EquineNo86654Antibody; Encephalitis, Vestern EquineNo86658Antibody; Encephalitis, Vestern EquineNo86658Antibody; Encephalitis, Vestern EquineNo86664Antibody; Enterovirus (eg. Coxsackie, Echo, Polio)No86665Antibody; Enterovirus (eg. Coxsackie, Echo, Polio)No86666Antibody; Epstein-Barr (Eb) Virus, Nurclear Antigen (Ebna)No86666Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86667Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86668Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86667Antibody; Enterovirus (eg. Coxsackie, Echo, Polio)No86668Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No <td></td> <td></td> <td></td>			
86622 Antibody; Brucella No 86625 Antibody; Campylobacter No 86628 Antibody; Campylobacter No 86631 Antibody; Chlamydia No 86632 Antibody; Chlamydia, Igm No 86633 Antibody; Cocidioides No 86634 Antibody; Cocidioides No 86641 Antibody; Crytella Burnetii (Q Fever) No 86644 Antibody; Cytomegalovirus (Cmv) No 86645 Antibody; Cytomegalovirus (Cmv), Igm No 86648 Antibody; Cytomegalovirus (Cmv), Igm No 86651 Antibody; Encephalitis, Eastern Equine No 86652 Antibody; Encephalitis, St. Louis No 86653 Antibody; Encephalitis, St. Louis No 86654 Antibody; Encephalitis, St. Louis No 86655 Antibody; Encephalitis, St. Louis No 86654 Antibody; Encephalitis, St. Louis No 86655 Antibody; Encephalitis, St. Louis No 86656 Antibody; Enterovirus (eg. Coxsackie, Echo, Polio) No 86656 Antibody; Ent	36618	Antibody; Borrelia Burgdorferi (Lyme Disease)	No
86625Antibody; CampylobacterNo86628Antibody; ChalmydiaNo86631Antibody; Chlamydia, IgmNo86632Antibody; Chlamydia, IgmNo86635Antibody; CoccidioidesNo86636Antibody; CoccidioidesNo86637Antibody; CoccidioidesNo86641Antibody; CryptococcusNo86644Antibody; CryptococcusNo86645Antibody; Cytomegalovirus (Cmv)No86646Antibody; Cytomegalovirus (Cmv), IgmNo86648Antibody; DiphtheriaNo86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, St. LouisNo86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Vestern EquineNo86658Antibody; Encephalitis, Cave, Echo, Polio)No86663Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86664Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; Enterisella TularensisNo86667Antibody; Encephaltia TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Finduia LambliaNo	36619	Antibody; Borrelia (Relapsing Fever)	No
86628Antibody; CandidaNo86631Antibody; ChlamydiaNo86632Antibody; Chlamydia, IgmNo86633Antibody; Coxiella Burnetii (Q Fever)No86634Antibody; Coxiella Burnetii (Q Fever)No86641Antibody; CryptococcusNo86644Antibody; Cytomegalovirus (Cmv)No86645Antibody; Cytomegalovirus (Cmv), IgmNo86646Antibody; Cytomegalovirus (Cmv), IgmNo86647Antibody; Chreephalitis, California (La Crosse)No86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, California (La Crosse)No86653Antibody; Encephalitis, California (La Crosse)No86654Antibody; Encephalitis, California (La Crosse)No86655Antibody; Encephalitis, California (La Crosse)No86654Antibody; Encephalitis, Vestern EquineNo86655Antibody; Encephalitis, St. LouisNo86654Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86665Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36622	Antibody; Brucella	No
86631Antibody; ChlamydiaNo86632Antibody; Chlamydia, IgmNo86633Antibody; CoccidiolesNo86634Antibody; Coxiella Burnetii (Q Fever)No86641Antibody; CryptococcusNo86644Antibody; CryptocecusNo86645Antibody; Cytomegalovirus (Cmv)No86648Antibody; Cytomegalovirus (Cmv), IgmNo86648Antibody; Encephalitis, California (La Crosse)No86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, St. LouisNo86653Antibody; Encephalitis, Western EquineNo86654Antibody; Encephalitis, Western EquineNo86658Antibody; Encephalitis, Vestern EquineNo86654Antibody; Encephalitis, Vestern EquineNo86655Antibody; Encephalitis, Vestern EquineNo86656Antibody; Encephalitis, Vestern EquineNo86656Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86665Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; Francisella TularensisNo86667Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36625	Antibody; Campylobacter	No
86632Antibody; Chlamydia, IgmNo86635Antibody; CoccidioidesNo86638Antibody; Coxiella Burnetii (Q Fever)No86641Antibody; CryptococcusNo86644Antibody; Cytomegalovirus (Cmv)No86645Antibody; Cytomegalovirus (Cmv), IgmNo86648Antibody; DiphtheriaNo86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, Eastern EquineNo86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Western EquineNo86653Antibody; Encephalitis, Western EquineNo86663Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86664Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86665Antibody; Enterovirus (Nuclear Antigen (Ebna)No86666Antibody; EnteriaNo86668Antibody; EnteriaNo86668Antibody; EnteriaNo86667Antibody; EnteriaNo86668Antibody; EnteriaNo86667Antibody; EnteriaNo86668Antibody; EnteriaNo86671Antibody; Fingus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36628	Antibody; Candida	No
86635Antibody; CoccidioidesNo86638Antibody; Coxiella Burnetii (Q Fever)No86641Antibody; CryptococcusNo86644Antibody; Cytomegalovirus (Cmv)No86645Antibody; Cytomegalovirus (Cmv), IgmNo86648Antibody; DiphtheriaNo86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, Eastern EquineNo86653Antibody; Encephalitis, Eastern EquineNo86654Antibody; Encephalitis, St. LouisNo86655Antibody; Encephalitis, Western EquineNo86654Antibody; Encephalitis, Western EquineNo86653Antibody; Encephalitis, Western EquineNo86664Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; Encella TularensisNo86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36631	Antibody; Chlamydia	No
86638Antibody; Coxiella Burnetii (Q Fever)No86641Antibody; CryptococcusNo86644Antibody; Cytomegalovirus (Cmv)No86645Antibody; Cytomegalovirus (Cmv), IgmNo86648Antibody; DiphtheriaNo86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, Eastern EquineNo86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Western EquineNo86655Antibody; Encephalitis, Western EquineNo86654Antibody; Encephalitis, Western EquineNo86655Antibody; Encephalitis, Western EquineNo86656Antibody; Encephalitis, Western EquineNo86657Antibody; Encephalitis, Western EquineNo86658Antibody; Encephalitis, Western EquineNo86654Antibody; Encephalitis, Western EquineNo86655Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86664Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; EhrlichiaNo86671Antibody; Francisella TularensisNo86674Antibody; Giardia LambliaNo	36632	Antibody; Chlamydia, Igm	No
86641Antibody; CryptococcusNo86644Antibody; Cytomegalovirus (Cmv)No86645Antibody; Cytomegalovirus (Cmv), IgmNo86648Antibody; DiphtheriaNo86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, Eastern EquineNo86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Western EquineNo86655Antibody; Encephalitis, Western EquineNo86656Antibody; Encephalitis, Western EquineNo86657Antibody; Encephalitis, Western EquineNo86658Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86663Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36635	Antibody; Coccidioides	No
86644Antibody; Cytomegalovirus (Cmv)No86645Antibody; Cytomegalovirus (Cmv), IgmNo86648Antibody; DiphtheriaNo86648Antibody; Encephalitis, California (La Crosse)No86651Antibody; Encephalitis, Eastern EquineNo86652Antibody; Encephalitis, Eastern EquineNo86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Western EquineNo86658Antibody; Encephalitis, Western EquineNo86663Antibody; Encephalitis, Western EquineNo86664Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86665Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86666Antibody; Enterovirus, Viral Capsid (Vca)No86668Antibody; Entericial TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36638	Antibody; Coxiella Burnetii (Q Fever)	No
86645Antibody; Cytomegalovirus (Cmv), IgmNo86648Antibody; DiphtheriaNo86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, Eastern EquineNo86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Western EquineNo86658Antibody; Encephalitis, Western EquineNo86653Antibody; Encephalitis, Western EquineNo86654Antibody; Encephalitis, Western EquineNo86655Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86663Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86664Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; EnrichiaNo86667Antibody; Francisella TularensisNo86671Antibody; Giardia LambliaNo	36641	Antibody; Cryptococcus	No
86648Antibody; DiphtheriaNo86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, Eastern EquineNo86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Western EquineNo86658Antibody; Encephalitis, Western EquineNo86658Antibody; Encephalitis, Western EquineNo86658Antibody; Encephalitis, Western EquineNo86663Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86664Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86665Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86666Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36644	Antibody; Cytomegalovirus (Cmv)	No
86651Antibody; Encephalitis, California (La Crosse)No86652Antibody; Encephalitis, Eastern EquineNo86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Western EquineNo86658Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86663Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86664Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; EntrichiaNo86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36645	Antibody; Cytomegalovirus (Cmv), Igm	No
86652Antibody; Encephalitis, Eastern EquineNo86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Western EquineNo86658Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86663Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86664Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86655Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86666Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86668Antibody; EnrlichiaNo866671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36648	Antibody; Diphtheria	No
86653Antibody; Encephalitis, St. LouisNo86654Antibody; Encephalitis, Western EquineNo86658Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86663Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86664Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86668Antibody; Enricisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36651	Antibody; Encephalitis, California (La Crosse)	No
86654Antibody; Encephalitis, Western EquineNo86658Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86663Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86664Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; EntrichiaNo86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36652	Antibody; Encephalitis, Eastern Equine	No
86658Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)No86663Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86664Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; EnrlichiaNo86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo		Antibody; Encephalitis, St. Louis	No
86663Antibody; Epstein-Barr (Eb) Virus, Early Antigen (Ea)No86664Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; EhrlichiaNo86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36654		No
86664Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)No86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; EhrlichiaNo86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36658	Antibody; Enterovirus (eg, Coxsackie, Echo, Polio)	No
86665Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)No86666Antibody; EhrlichiaNo86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo			No
86666Antibody; EhrlichiaNo86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36664	Antibody; Epstein-Barr (Eb) Virus, Nuclear Antigen (Ebna)	No
86668Antibody; Francisella TularensisNo86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36665	Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (Vca)	No
86671Antibody; Fungus, Not Elsewhere SpecifiedNo86674Antibody; Giardia LambliaNo	36666	Antibody; Ehrlichia	No
86674 Antibody; Giardia Lamblia No	36668	Antibody; Francisella Tularensis	No
	36671	Antibody; Fungus, Not Elsewhere Specified	No
	36674	Antibody; Giardia Lamblia	No
86677 Antibody; Helicobacter Pylori No	36677	Antibody; Helicobacter Pylori	No
86682 Antibody; Helminth, Not Elsewhere Specified No	36682	Antibody; Helminth, Not Elsewhere Specified	No

Procedure Code	Description	Prior Auth Required
86684	Antibody; Haemophilus Influenza	No
86687	Antibody; Htlv-I	No
86688	Antibody; Htlv-li	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 86713	Antibody; Jc (John Cunningham) Virus	No
86713	Antibody; Legionella	No No
86720	Antibody; Leishmania	No
86723	Antibody; Leptospira Antibody; Listeria Monocytogenes	No
86727	Antibody, Listena Monocytogenes Antibody; Lymphocytic Choriomeningitis	No
86732	Antibody; Dynphocytic chonomeningitis	No
86735	Antibody; Mutconnycosis	No
86738	Antibody; Mycoplasma	No
86741	Antibody; Nejcopiasina 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

Procedure Code	Description	Prior Auth Required
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(les) 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(les) 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 li	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 li	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
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 86940	Frozen Blood, Each Unit; Freezing (Includes Preparation) And Thawing	No
86940 86941	Hemolysins And Agglutinins; Auto, Screen, Each	No No
86941	Hemolysins And Agglutinins; Incubated	No
86950	Irradiation Of Blood Product, Each Unit 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

Procedure Code	Description	Prior Auth Required
86970	Pretreatment Of Rbcs For Use In Rbc Antibody Detection, Identification, And/Or Compatibility Testing;	
	Incubation With Chemical Agents Or Drugs, Each	
86971	Pretreatment Of Rbcs For Use In Rbc Antibody Detection, Identification, And/Or Compatibility Testing;	No
	Incubation With Enzymes, Each	
86972	Pretreatment Of Rbcs For Use In Rbc Antibody Detection, Identification, And/Or Compatibility Testing;	No
	By Density Gradient Separation	
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
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	No
	The 16s Rrna Gene)	

Procedure Code	Description	Prior Auth Required
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	
87158		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		No
87169		No
87172		No
87176		No
87177		No
87181	Susceptibility Studies, Antimicrobial Agent; Agar Dilution Method, Per Agent (eg, Antibiotic Gradient	No
0/101	Strip)	
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	No
	Concentration [Mic] Or Breakpoint), Each Multi-Antimicrobial, Per Plate	
87187		No
	Concentration (MLC), Each Plate (List Separately In Addition To Code For Primary Procedure)	
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
07205	Sinear, Finnary Source with interpretation, Grain of Gleinsa Stain for Bacteria, Fungi, of Cen Types	
87206	Smear, Primary Source With Interpretation; Fluorescent And/Or Acid Fast Stain For Bacteria, Fungi,	No
87200	Parasites, Viruses Or Cell Types	NO
87207	Smear, Primary Source With Interpretation; Special Stain For Inclusion Bodies Or Parasites (eg,	No
07207		INU
97200	Malaria, Coccidia, Microsporidia, Trypanosomes, Herpes Viruses)	No
87209	Smear, Primary Source With Interpretation; Complex Special Stain (eg, Trichrome, Iron Hemotoxylin)	No
07240	For Ova And Parasites	N -
87210	Smear, Primary Source With Interpretation; Wet Mount For Infectious Agents (eg, Saline, India Ink,	No
07220	Koh Preps)	N-
87220	Tissue Examination By Koh Slide Of Samples From Skin, Hair, Or Nails For Fungi Or Ectoparasite Ova Or Mites (or, Scobioc)	INO
07220	Mites (eg, Scabies)	No
87230		No
87250	Virus Isolation; Inoculation Of Embryonated Eggs, Or Small Animal, Includes Observation And	No
	Dissection	
87252		No
	Effect	
87253		No
	HEMABSORPTION, NEUTRALIZATION, IMMUNOFLUORESCENCE STAIN), EACH ISOLATE	
87254	Virus Isolation; Centrifuge Enhanced (Shell Vial) Technique, Includes Identification With	No
	Immunofluorescence Stain, Each Virus	
87255	Virus Isolation; Including Identification By Non-Immunologic Method, Other Than By Cytopathic Effect	No
	(eg, Virus Specific Enzymatic Activity)	
87260	8 8 1	No
87265	Infectious Agent Antigen Detection By Immunofluorescent Technique; Bordetella	No
	Pertussis/Parapertussis	
87267	Infectious Agent Antigen Detection By Immunofluorescent Technique; Enterovirus, Direct Fluorescent	No
	Antibody (Dfa)	
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	No
	Fluorescent Antibody (Dfa)	
87272		No
87273		No
87274	Infectious Agent Antigen Detection By Immunofluorescent Technique; Herpes Simplex Virus Type 1	No

Procedure Code	Description	Prior Auth Required
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

Procedure Code	Description	Prior Auth Required
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
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

Description	Prior Auth Required
Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia],	No
Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia],	No
Immunochemiluminometric Assay [Imca]), Qualitative Or Semiquantitative; Not Otherwise Spe	
Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia],	No
Infectious Agent Antigen Detection By Immunoassay Technique (Eg, Enzyme Immunoassay [Eia], Enzyme-Linked Immunosorbent Assay [Elisa], Fluorescence Immunoassay [Fia], Immunochemiluminometric Assay (Imca]), Qualitative Or	No
Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Anaplasma Phagocytophilum, Amplified	Yes
Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Babesia Microti, Amplified Probe Technique	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Bartonella Henselae And Bartonella Quintana, Amplified Probe Technique	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Bartonella Henselae And Bartonella	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Borrelia Burgdorferi, Direct Probe	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Borrelia Burgdorferi, Amplified Probe	No
Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Borrelia Miyamotoi, Amplified Probe	Yes
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Candida Species, Direct Probe Technique	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Candida Species, Amplified Probe Technique	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Candida Species, Quantification	No
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, Hernes Si	No
Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Ehrlichia Chaffeensis, Amplified Probe	Yes
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Pneumoniae, Direct Probe	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Pneumoniae, Amplified Probe	No
	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Trachomatis, Direct Probe Technique	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Chlamydia Trachomatis, Amplified Probe	No
	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Clostridium Difficile, Toxin Gene(s), Amplified Probe Technique	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Cytomegalovirus, Direct Probe Technique	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Cytomegalovirus, Amplified Probe Technique	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Cytomegalovirus, Quantification	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Enterovirus, Amplified Probe Technique, Includes Reverse Transcription When Performed	No
Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Vancomycin Resistance (eg, Enterococcus Species Van A, Van B), Amplified Probe Technique	No
	Infectious Agent Antigen Detection By Immunoassay Technique (Eg. Enzyme Immunoassay [Eia), Enzyme-Linked Immunosorbent Assay (Elisa), Fluorescence Immunoassay (Fia), Immunochemiluminometric Assay (Elisa), Fluorescence Immunoassay (Fia), Enzyme-Linked Immunosorbent Assay (Elisa), Fluorescence Immunoassay (Fia), Immunochemiluminometric Assay (Imca)), Qualitative Or Semiquantitative; Not Otherwise Spe 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 Infectious Agent Antigen Detection By Immunoassay Technique (Eg. Enzyme Immunoassay [Eia), Enzyme-Linked Immunosorbent Assay (Isia), Fluorescence Immunoassay (Fia), Immunochemiluminometric Assay (Imca)), Qualitative Or Semiquantitative; Polyvalent For Mu Infectious Agent Antigen Detection By Inducescence Immunoassay [Fia], Immunochemiluminometric Assay (Imca)), Qualitative Or Infectious Agent Detection By Nucleic Acid (Ona Or Rna); Anaplasma Phagocytophilum, Amplified Probe Technique Infectious Agent Detection By Nucleic Acid (DNA Or Rna); Babesia Microti, Amplified Probe Technique Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Bartonella Henselae And Bartonella Quintana, Anglified Probe Technique Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Bartonella Henselae And Bartonella Quintana, Quantification Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Borrelia Burgdorferi, Joret Probe Technique Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Borrelia Burgdorferi, Amplified Probe Technique Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Candida Species, Amplified Probe Technique Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Candida Species, Amplified Probe Technique Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Candida Species, Amplified Probe Technique Infectious Agent

Procedure Code	Description	Prior Auth Required
87501	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Influenza Virus, Includes Reverse	No
	Transcription, When Performed, And Amplified Probe Technique, Each Type Or Subtype	
87502	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Influenza Virus, For Multiple Types Or Sub-	No
	Types, Includes Multiplex Reverse Transcription, When Performed, And Multiplex Amplified Probe	
	Technique, First 2 Types Or Sub-Types	
87503	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Influenza Virus, For Multiple Types Or Sub-	No
	Types, Includes Multiplex Reverse Transcription, When Performed, And Multiplex Amplified Probe	
	Technique, Each Additional Influenza Virus Type Or Sub-Type	
87505	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg, Clostridium	No
	Difficile, E. Coli, Salmonella, Shigella, Norovirus, Giardia), Includes Multiplex Reverse Transcription,	
	When Performed, And Multiplex Amplified Probe Tech	
87506	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg, Clostridium	No
	Difficile, E. Coli, Salmonella, Shigella, Norovirus, Giardia), Includes Multiplex Reverse Transcription,	
	When Performed, And Multiplex Amplified Probe Tech	
87507	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg, Clostridium	No
	Difficile, E. Coli, Salmonella, Shigella, Norovirus, Giardia), Includes Multiplex Reverse Transcription,	
07540	When Performed, And Multiplex Amplified Probe Tech	AL -
87510	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Gardnerella Vaginalis, Direct Probe	No
07511	Technique	N-
87511	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Gardnerella Vaginalis, Amplified Probe	No
07510	Technique	No
87512	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Gardnerella Vaginalis, Quantification	No
97516	Lefentious Accest Data tion Du Nucleis Asid (DNA On DNA), Use stitle D.Vinus, Associated Data	No
87516	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis B Virus, Amplified Probe	No
07547	Technique	N-
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,	No
07521	Includes Reverse Transcription When Performed	NO
87522	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hepatitis C, Quantification, Includes Reverse	No
07522	Transcription When Performed	110
87523	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Hepatitis D (Delta), Quantification, Including	Yes
07525	Reverse Transcription, When Performed	
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	No
	Technique	
87529	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Herpes Simplex Virus, Amplified Probe	No
	Technique	
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	No
	Reverse Transcription When Performed	
87536	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hiv-1, Quantification, Includes Reverse	No
	Transcription When Performed	
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	No
	Reverse Transcription When Performed	
87539	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Hiv-2, Quantification, Includes Reverse	No
	Transcription When Performed	
87540	Infectious Agent Detection By Nucleic Acid (DNA Or RNa); Legionella Pneumophila, Direct Probe	No
	Technique	

Procedure Code	Description	Prior Auth Required
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
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
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)	No
87625		No
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
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		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

Procedure Code	Description	Prior Auth Required
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
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
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	No
	Culture Analysis, Hiv 1; First Through 10 Drugs Tested	

Procedure Code	Description	Prior Auth Required
87904		No
	Culture Analysis, Hiv 1; Each Additional Drug Tested (List Separately In Addition To Code For Primary	
	Procedure)	
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,	No
	Fusion)	
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	No
	Syndrome Coronavirus 2 (SARS-Cov-2) (Coronavirus Disease [COVID-19]), Mutation Identification In	
	Targeted Region(S)	
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 88099	Necropsy (Autopsy); Coroner's Call	Yes
	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	No
	Interpretation	
88108	Cytopathology, Concentration Technique, Smears And Interpretation (eg, Saccomanno Technique)	No
88112	Cytopathology, Selective Cellular Enhancement Technique With Interpretation (eg, Liquid Based Slide	No
	Preparation Method), Except Cervical Or Vaginal	
88120	Cytopathology, In Situ Hybridization (eg, Fish), Urinary Tract Specimen With Morphometric Analysis, 3-	No
	5 Molecular Probes, Each Specimen; Manual	
88121	Cytopathology, In Situ Hybridization (eg, Fish), Urinary Tract Specimen With Morphometric Analysis, 3-	No
	5 Molecular Probes, Each Specimen; Using Computer-Assisted Technology	
88125	Cytopathology, Forensic (eg, Sperm)	Yes
88130		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	No
	Thin Layer Preparation; Manual Screening Under Physician Supervision	
88143	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated	No
	Thin Layer Preparation; With Manual Screening And Rescreening Under Physician Supervision	
88147	Cytopathology Smears, Cervical Or Vaginal; Screening By Automated System Under Physician	No
	Supervision	
88148		No
	Rescreening Under Physician Supervision	
88150	Cytopathology, Slides, Cervical Or Vaginal; Manual Screening Under Physician Supervision	No
88152	Cytopathology, Slides, Cervical Or Vaginal; With Manual Screening And Computer-Assisted	No
	Rescreening Under Physician Supervision	
88153		No
	Supervision	
88155		No
	Karyopyknotic Index, Estrogenic Index) (List Separately In Addition To Code[s] For Other Technical And	
	Interpretation Services)	
88160	Cytopathology, Smears, Any Other Source; Screening And Interpretation	No

Procedure Code	Description	Prior Auth Required
88161	Cytopathology, Smears, Any Other Source; Preparation, Screening And Interpretation	No
88162	Cytopathology, Smears, Any Other Source; Extended Study Involving Over 5 Slides And/Or Multiple	No
	Stains	
88164	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); Manual Screening Under Physician	No
	Supervision	
88165	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manual Screening And	No
	Rescreening Under Physician Supervision	
88166	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manual Screening And	No
	Computer-Assisted Rescreening Under Physician Supervision	
88167	Cytopathology, Slides, Cervical Or Vaginal (The Bethesda System); With Manual Screening And	No
	Computer-Assisted Rescreening Using Cell Selection And Review Under Physician Supervision	
88172	Cytopathology, Evaluation Of Fine Needle Aspirate; Immediate Cytohistologic Study To Determine	No
	Adequacy For Diagnosis, First Evaluation Episode, Each Site	
88173	Cytopathology, Evaluation Of Fine Needle Aspirate; Interpretation And Report	No
88174	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated	No
	Thin Layer Preparation; Screening By Automated System, Under Physician Supervision	
00175		
88175	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preservative Fluid, Automated	NO
	Thin Layer Preparation; With Screening By Automated System And Manual Rescreening Or Review,	
00177	Under Physician Supervision	NI-
88177	Cytopathology, Evaluation Of Fine Needle Aspirate; Immediate Cytohistologic Study To Determine	No
	Adequacy For Diagnosis, Each Separate Additional Evaluation Episode, Same Site (List Separately In	
88182	Addition To Code For Primary Procedure)	No
88184	Flow Cytometry, Cell Cycle Or DNA Analysis	No
00104	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	No
80105	Additional Marker (List Separately In Addition To Code For First Marker)	NO
88187		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		No
88233	Tissue Culture For Non-Neoplastic Disorders; Skin Or Other Solid Tissue Biopsy	No
88235		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,	No
	2 Karyotypes (eg, For Ataxia Telangiectasia, Fanconi Anemia, Fragile X)	
88249	Chromosome Analysis For Breakage Syndromes; Score 100 Cells, Clastogen Stress (eg, Diepoxybutane,	No
	Mitomycin C, Ionizing Radiation, Uv Radiation)	
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,	No
	With Banding	
88271	Molecular Cytogenetics; DNA Probe, Each (eg, Fish)	No
88272	Molecular Cytogenetics; Chromosomal In Situ Hybridization, Analyze 3-5 Cells (eg, For Derivatives And	No
	Markers)	
88273	Molecular Cytogenetics; Chromosomal In Situ Hybridization, Analyze 10-30 Cells (eg, For	No
00074	Microdeletions)	••
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

Procedure Code	Description	Prior Auth Required
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 li - Surgical Pathology, Gross And Microscopic Examination Appendix, Incidental Fallopian Tube,	No
	Sterilization Fingers/Toes, Amputation, Traumatic Foreskin, Newborn Hernia Sac, Any Location	
	Hydrocele Sac Nerve Skin, Plastic Repair Sympathetic Ganglio	
88304	Level lii - Surgical Pathology, Gross And Microscopic Examination Abortion, Induced Abscess	No
	Aneurysm - Arterial/Ventricular Anus, Tag Appendix, Other Than Incidental Artery, Atheromatous	
	Plaque Bartholin'S Gland Cyst Bone Fragment(S), Other Than Pathologi	
88305	Level Iv - Surgical Pathology, Gross And Microscopic Examination Abortion - Spontaneous/Missed	No
	Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other Than For Tumor	
	Resection Breast, Biopsy, Not Requiring Microscopic Evaluation Of Surgica	
88307	Level V - Surgical Pathology, Gross And Microscopic Examination Adrenal, Resection Bone -	No
	Biopsy/Curettings Bone Fragment(S), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor	
	Resection Breast, Excision Of Lesion, Requiring Microscopic Evaluation Of	
88309	Level Vi - Surgical Pathology, Gross And Microscopic Examination Bone Resection Breast, Mastectomy	No
	With Regional Lymph Nodes Colon, Segmental Resection For Tumor Colon, Total Resection	
	Esophagus, Partial/Total Resection Extremity, Disarticulation Fetus,	
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,	No
	Methenamine Silver)	
88313	Special Stain Including Interpretation And Report; Group Ii, All Other (eg, Iron, Trichrome), Except	No
	Stain For Microorganisms, Stains For Enzyme Constituents, Or Immunocytochemistry And	
	Immunohistochemistry	
88314	Special Stain Including Interpretation And Report; Histochemical Stain On Frozen Tissue Block (List	No
00040	Separately In Addition To Code For Primary Procedure)	•
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	No
00220	Material Pathology Consultation During Conserve	No
88329 88331	Pathology Consultation During Surgery;	No No
00221	Pathology Consultation During Surgery; First Tissue Block, With Frozen Section(s), Single Specimen	INO
88332	Pathology Consultation During Surgery; Each Additional Tissue Block With Frozen Section(s) (List	No
00552	Separately In Addition To Code For Primary Procedure)	NO
88333	Pathology Consultation During Surgery; Cytologic Examination (eg, Touch Prep, Squash Prep), Initial	No
00333		NO
88334	Site Pathology Consultation During Surgery; Cytologic Examination (Eg, Touch Prep, Squash Prep), Each	No
00554	Additional Site (List Separately In Addition To Code For Primary Procedure)	NO
88341	Immunohistochemistry Or Immunocytochemistry, Per Specimen; Each Additional Single Antibody	No
00041	Stain Procedure (List Separately In Addition To Code For Primary Procedure)	
88342	Immunohistochemistry Or Immunocytochemistry, Per Specimen; Initial Single Antibody Stain	No
00042	Procedure	
88344	Immunohistochemistry Or Immunocytochemistry, Per Specimen; Each Multiplex Antibody Stain	No
00011	Procedure	
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	No
	In Addition To Code For Primary Procedure)	
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	No
	Receptor/Progesterone Receptor), Quantitative Or Semiquantitative, Per Specimen, Each Single	
	Antibody Stain Procedure; Manual	
88361	Morphometric Analysis, Tumor Immunohistochemistry (eg, Her-2/Neu, Estrogen	No
	Receptor/Progesterone Receptor), Quantitative Or Semiquantitative, Per Specimen, Each Single	
	Antibody Stain Procedure; Using Computer-Assisted Technology	

Procedure Code	Description	Prior Auth Required
88362	Nerve Teasing Preparations	No
88363	Examination And Selection Of Retrieved Archival (Ie, Previously Diagnosed) Tissue(s) For Molecular	No
	Analysis (eg, Kras Mutational Analysis)	
88364	In Situ Hybridization (eg, Fish), Per Specimen; Each Additional Single Probe Stain Procedure (List	No
	Separately In Addition To Code For Primary Procedure)	
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-	No
	Assisted Technology, Per Specimen; Initial Single Probe Stain Procedure	
88368	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Manual, Per	No
	Specimen; Initial Single Probe Stain Procedure	
88369	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Manual, Per	No
	Specimen; Each Additional Single Probe Stain Procedure (List Separately In Addition To Code For	
	Primary Procedure)	
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	No
00070	Band Identification, Each	
88373	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Using Computer-	No
	Assisted Technology, Per Specimen; Each Additional Single Probe Stain Procedure (List Separately In	
00274	Addition To Code For Primary Procedure)	N
88374	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Using Computer-	No
00275	Assisted Technology, Per Specimen; Each Multiplex Probe Stain Procedure	No
88375	Optical Endomicroscopic Image(s), Interpretation And Report, Real-Time Or Referred, Each	No
88377	Endoscopic Session	No
00377	Morphometric Analysis, In Situ Hybridization (Quantitative Or Semi-Quantitative), Manual, Per Specimen; Each Multiplex Probe Stain Procedure	NO
88380	Microdissection (le, Sample Preparation Of Microscopically Identified Target); Laser Capture	No
86360	where ourseet on the, sample rieparation of where scopically identified rangety, caser 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	No
00007	Studies (eg, Nucleic Acid-Based Molecular Studies); Each Tissue Preparation (eg, A Single Lymph Node)	-
88388	Macroscopic Examination, Dissection, And Preparation Of Tissue For Non-Microscopic Analytical	No
	Studies (Eg, Nucleic Acid-Based Molecular Studies); In Conjunction With A Touch Imprint,	
	Intraoperative Consultation, Or Frozen Section, Each Tissue Preparation	
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	No
	Interpretation And Report	
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	No
	Differential Count	
89055	Leukocyte Assessment, Fecal, Qualitative Or Semiquantitative	No
89060	Crystal Identification By Light Microscopy With Or Without Polarizing Lens Analysis, Tissue Or Any	No
	Body Fluid (Except Urine)	
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 89258	Sperm Identification From Aspiration (Other Than Seminal Fluid)	Yes
	Cryopreservation; Embryo(s)	Yes
89259	Cryopreservation; Sperm	Yes

Procedure Code	Description	Prior Auth Required
89260		Yes
	Semen Analysis	
89261	Sperm Isolation; Complex Prep (eg, Percoll Gradient, Albumin Gradient) For Insemination Or Diagnosis	Yes
	With Semen Analysis	
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	······································	Yes
89290		Yes
20204	Diagnosis); Less Than Or Equal To 5 Embryos	
89291		Yes
00000	Diagnosis); Greater Than 5 Embryos	
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 89321	Semen Analysis; Volume, Count, Motility, And Differential	Yes Yes
89322	Semen Analysis; Sperm Presence And Motility Of Sperm, If Performed Semen Analysis; Volume, Count, Motility, And Differential Using Strict Morphologic Criteria (eg,	Yes
09322	Kruger)	163
89325		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	Yes
00001	Morphology, As Indicated)	
89335		Yes
89337		Yes
89342	Storage (Per Year); Embryo(s)	Yes
89343		Yes
89344		Yes
89346		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
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	Yes
	Diameter On Axial Formatted CT (Nma-No Measure Associated)	
9002F	Aortic Aneurysm 5.0 - 5.4 Cm Maximum Diameter On Centerline Formatted CT Or Minor Diameter On	Yes
	Axial Formatted CT (Nma-No Measure Associated)	
9003F	Aortic Aneurysm 5.5 - 5.9 Cm Maximum Diameter On Centerline Formatted CT Or Minor Diameter On	Yes
	Axial Formatted CT (Nma-No Measure Associated)	
9004F		Yes
	Diameter On Axial Formatted CT (Nma-No Measure Associated)	
9005F	-,	Yes
00005	Or Vertebrobasilar Territory (Nma-No Measure Associated)	M
9006F	Symptomatic Carotid Stenosis: Ipsilateral Carotid Territory Tia Or Stroke Less Than 120 Days Prior To	Yes
00075	Procedure (Nma-No Measure Associated)	Vac
9007F	Other Carotid Stenosis: Ipsilateral Tia Or Stroke 120 Days Or Greater Prior To Procedure Or Any Prior	Yes
	Contralateral Carotid Territory Or Vertebrobasilar Tia Or Stroke (Nma-No Measure Associated)	
90281	Immune Globulin (Ig), Human, For Intramuscular Use	Yes
90283		Yes
90284		No
90287		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		No
90375		No
90376		No
90377	Rabies Immune Globulin, Heat- And Solvent/Detergent-Treated (Rig-HT S/D), Human, For	No

Procedure Code	Description	Prior Auth Required
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	Yes
90381	Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose; 1 Ml Dosage, For Intramuscular Use	Yes
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 Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Single Dose	Yes
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
90611	Smallpox And Monkeypox Vaccine, Attenuated Vaccinia Virus, Live, Non-Replicating, Preservative Free, 0.5 Ml Dosage, Suspension, For Subcutaneous 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), 2 DOSE SCHEDULE, 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	Yes
90625	Cholera Vaccine, Live, Adult Dosage, 1 Dose Schedule, For Oral Use	Yes
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
90630	Influenza Virus Vaccine, Quadrivalent (liv4), Split Virus, Preservative Free, For Intradermal 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
90636	Hepatitis A And Hepatitis B Vaccine (Hepa-Hepb), Adult Dosage, For Intramuscular Use	No

Procedure Code	Description	Prior Auth Required
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	
90647	Haemophilus Influenzae Type B Vaccine (Hib), Prp-Omp Conjugate, 3 Dose Schedule, For	No
	Intramuscular Use	
90648	Haemophilus Influenzae Type B Vaccine (Hib), Prp-T Conjugate, 4 Dose Schedule, For Intramuscular	No
	Use	
90649	Human Papillomavirus Vaccine, Types 6, 11, 16, 18, Quadrivalent (4Vhpv), 3 Dose Schedule, For	No
	Intramuscular Use	
90650	Human Papillomavirus Vaccine, Types 16, 18, Bivalent (2vhpv), 3 Dose Schedule, For Intramuscular	No
	Use	
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALENT (9VHPV), 2	No
	OR 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	
90653	Influenza Vaccine, Inactivated (liv), Subunit, Adjuvanted, For Intramuscular Use	No
90654	Influenza Virus Vaccine, Trivalent (liv3), Split Virus, Preservative-Free, For Intradermal Use	No
90655	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE,	No
00050	FOR INTRAMUSCULAR USE	Vac
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE,	Yes
00657	FOR INTRAMUSCULAR USE	No
90657	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR IUSE	No
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR	Yes
50058	USE	105
90660	Influenza Virus Vaccine, Trivalent, Live (Laiv3), For Intranasal Use	No
90661	INFLUENZA VIRUS VACCINE, TRIVALENT (CCIIV3), DERIVED FROM CELL CULTURES, SUBUNIT,	Yes
50001	PRESERVATIVE AND ANTIBIOTIC FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	105
90662	Influenza Virus Vaccine (liv), Split Virus, Preservative Free, Enhanced Immunogenicity Via Increased	No
50002	Antigen Content, For Intramuscular Use	
90664	Influenza Virus Vaccine, Live (Laiv), Pandemic Formulation, For Intranasal Use	Yes
90666	Influenza Virus Vaccine (liv), Pandemic Formulation, Split Virus, Preservative Free, For Intramuscular	Yes
	Use	
90667	Influenza Virus Vaccine (liv), Pandemic Formulation, Split Virus, Adjuvanted, For Intramuscular Use	Yes
90668	Influenza Virus Vaccine (liv), 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	No
	Only, Preservative And Antibiotic Free, For Intramuscular Use	
90674	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Preservative And	No
	Antibiotic Free, 0.5 MI Dosage, For Intramuscular Use	
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
00000		
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)	No
00692	Protein Only, Preservative And Antibiotic Free, For Intramuscular Use	Voc
90683 90685	Respiratory Syncytial Virus Vaccine, Mrna Lipid Nanoparticles, For Intramuscular Use INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML	Yes No
50005	DOSAGE, FOR INTRAMUSCULAR USE	
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML	No
50000	DOSAGE, FOR INTRAMUSCULAR USE	
90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.25 ML DOSAGE, FOR	No
	INTRAMUSCULAR USE	
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.5 ML DOSAGE, FOR	No
	INTRAMUSCULAR USE	
90689	Influenza Virus Vaccine, Quadrivalent (liv4), Inactivated, Adjuvanted, Preservative Free, 0.25 Ml	No
	Dosage, For Intramuscular Use	
90690	Typhoid Vaccine, Live, Oral	Yes
	$n \rightarrow 2$	

Procedure Code	Description	Prior Auth Required
90691	Typhoid Vaccine, Vi Capsular Polysaccharide (Vicps), For Intramuscular Use	Yes
90694	Influenza Virus Vaccine, Quadrivalent (Aiiv4), Inactivated, Adjuvanted, Preservative Free, 0.5 MI	No
	Dosage, For Intramuscular Use	
90696	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine And Inactivated Poliovirus Vaccine (Dtap-Ipv),	No
	When Administered To Children 4 Through 6 Years Of Age, For Intramuscular Use	
90697	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Inactivated Poliovirus Vaccine, Haemophilus	No
	Influenzae Type B Prp-Omp Conjugate Vaccine, And Hepatitis B Vaccine (Dtap-Ipv-Hib-Hepb), For	
90698	Intramuscular Use Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Haemophilus Influenzae Type B, And	No
50058	Inactivated Poliovirus Vaccine, (Dtap-Ipv/Hib), For Intramuscular Use	NO
90700	Diphtheria, Tetanus Toxoids, And Acellular Pertussis Vaccine (Dtap), When Administered To	No
50700	Individuals Younger Than 7 Years, For Intramuscular Use	110
90702	Diphtheria And Tetanus Toxoids Adsorbed (Dt) When Administered To Individuals Younger Than 7	No
	Years, For Intramuscular Use	
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	No
	7 Years Or Older, For Intramuscular Use	
90715	Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap), When Administered To Individuals	No
	7 Years Or Older, For Intramuscular Use	
90716	Varicella Virus Vaccine (Var), Live, For Subcutaneous Use	No
90717	Yellow Fever Vaccine, Live, For Subcutaneous Use	Yes
90723	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B, And Inactivated Poliovirus	No
00722	Vaccine (Dtap-Hepb-Ipv), For Intramuscular Use	No
90732	Pneumococcal Polysaccharide Vaccine, 23-Valent (Ppsv23), Adult Or Immunosuppressed Patient	NO
	Dosage, When Administered To Individuals 2 Years Or Older, For Subcutaneous Or Intramuscular Use	
90733	Meningococcal Polysaccharide Vaccine, Serogroups A, C, Y, W-135, Quadrivalent (Mpsv4), For	No
	Subcutaneous Use	
90734	Meningococcal conjugate vaccine, serogroups a, c, w, y, quadrivalent, diphtheria toxoid carrier	No
	(menacwy-d) or crm197 carrier (menacwy-crm), for intramuscular use	
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	No
	Intramuscular Use	
90740	Hepatitis B Vaccine (Hepb), Dialysis Or Immunosuppressed Patient Dosage, 3 Dose Schedule, For	No
00742	Intramuscular Use	NL .
90743 90744	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), Addit Dosage, 5 Dose Schedule, For Intrandscular Ose Hepatitis B Vaccine (Hepb), Dialysis Or Immunosuppressed Patient Dosage, 4 Dose Schedule, For	No
	Intramuscular Use	
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	No
	MI Dosage, For Intramuscular Use	
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	No
	Intramuscular Use	
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	No
	MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	No

Procedure Code	Description	Prior Auth Required
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	Yes
90868	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Delivery And Management, Per Session	Yes
90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management	Yes
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
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

Procedure Code	Description	Prior Auth Required
90947	Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis, Hemofiltration, Or Other	No
	Continuous Renal Replacement Therapies) Requiring Repeated Evaluations By A Physician Or Other	
	Qualified Health Care Professional, With Or Without Substantial Re	
90951	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients Younger Than 2 Years Of Age	No
	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	
90952	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients Younger Than 2 Years Of Age	No
	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	
90953		No
	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	
90954		No
	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	
90955	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 2-11 Years Of Age To Include	No
50555	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	
90956		No
50550	Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And Development, And Counseling	NU
	Of Parents; With 1 Face-To-Face Visit By A Physician Or Other	
00057		N1 -
90957		No
	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	
90958		No
	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	
90959		No
	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	
90960	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 20 Years Of Age And Older;	No
	With 4 Or More Face-To-Face Visits By A Physician Or Other Qualified Health Care Professional Per	
	Month	
90961	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 20 Years Of Age And Older;	No
	With 2-3 Face-To-Face Visits By A Physician Or Other Qualified Health Care Professional Per Month	
90962	End-Stage Renal Disease (Esrd) Related Services Monthly, For Patients 20 Years Of Age And Older;	No
	With 1 Face-To-Face Visit By A Physician Or Other Qualified Health Care Professional Per Month	
90963	End-Stage Renal Disease (Esrd) Related Services For Home Dialysis Per Full Month, For Patients	No
	Younger Than 2 Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of	
	Growth And Development, And Counseling Of Parents	
90964	End-Stage Renal Disease (Esrd) Related Services For Home Dialysis Per Full Month, For Patients 2-11	No
	Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And	
	Development, And Counseling Of Parents	
90965		No
	Years Of Age To Include Monitoring For The Adequacy Of Nutrition, Assessment Of Growth And	
	Development, And Counseling Of Parents	
90966		No
	Years Of Age And Older	
90967	End-Stage Renal Disease (Esrd) Related Services For Dialysis Less Than A Full Month Of Service, Per	No
	Day; For Patients Younger Than 2 Years Of Age	
90968	End-Stage Renal Disease (Esrd) Related Services For Dialysis Less Than A Full Month Of Service, Per	NO
90968		No
	Day; For Patients 2-11 Years Of Age	
90968 90969	Day; For Patients 2-11 Years Of Age End-Stage Renal Disease (Esrd) Related Services For Dialysis Less Than A Full Month Of Service, Per	No
90969	Day; For Patients 2-11 Years Of Age 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
	Day; For Patients 2-11 Years Of Age 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 End-Stage Renal Disease (Esrd) Related Services For Dialysis Less Than A Full Month Of Service, Per End-Stage Renal Disease (Esrd) Related Services For Dialysis Less Than A Full Month Of Service, Per	
90969	Day; For Patients 2-11 Years Of Age 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 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

Procedure Code	Description	Prior Auth Required
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
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		No
91038	Esophageal Function Test, Gastroesophageal Reflux Test With Nasal Catheter Intraluminal Impedance	No
51030	Electrode(s) Placement, Recording, Analysis And Interpretation; Prolonged (Greater Than 1 Hour, Up	
91040	To 24 Hours) Esophageal Balloon Distension Study, Diagnostic, With Provocation When Performed	No
91065	Breath Hydrogen Or Methane Test (eg, For Detection Of Lactase Deficiency, Fructose Intolerance,	No
91110	Bacterial Overgrowth, Or Oro-Cecal Gastrointestinal Transit) Gastrointestinal Tract Imaging, Intraluminal (eg, Capsule Endoscopy), Esophagus Through Ileum, With Interpretation And Report	No
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
91120	Rectal Sensation, Tone, And Compliance Test (Ie, Response To Graded Balloon Distention)	Yes
91122	Anorectal Manometry	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, Preservative Free, 5 Mcg/0.5 MI 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 MI 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

Procedure Code	Description	Prior Auth Required
92002	Ophthalmological Services: Medical Examination And Evaluation With Initiation Of Diagnostic And	No
	Treatment Program; Intermediate, New Patient	
92004	Ophthalmological Services: Medical Examination And Evaluation With Initiation Of Diagnostic And	No
	Treatment Program; Comprehensive, New Patient, 1 Or More Visits	
92012	Ophthalmological Services: Medical Examination And Evaluation, With Initiation Or Continuation Of	No
	Diagnostic And Treatment Program; Intermediate, Established Patient	
92014	Ophthalmological Services: Medical Examination And Evaluation, With Initiation Or Continuation Of	No
	Diagnostic And Treatment Program; Comprehensive, Established Patient, 1 Or More Visits	
02015		NI-
92015 92018	Determination Of Refractive State	No
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	NO
	Examination; Complete	
92019	Ophthalmological Examination And Evaluation, Under General Anesthesia, With Or Without	No
	Manipulation Of Globe For Passive Range Of Motion Or Other Manipulation To Facilitate Diagnostic	
	Examination; Limited	
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	No
	Paretic Muscle With Diplopia) With Interpretation And Report (Separate Procedure)	
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
02071		No.
92071 92072	Fitting Of Contact Lens For Treatment Of Ocular Surface Disease	Yes Yes
92072	Fitting Of Contact Lens For Management Of Keratoconus, Initial Fitting Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Limited Examination	No
92081	(eg, Tangent Screen, Autoplot, Arc Perimeter, Or Single Stimulus Level Automated Test, Such As	NO
	Octopus 3 Or 7 Equivalent)	
92082	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Intermediate	No
	Examination (Eg, At Least 2 Isopters On Goldmann Perimeter, Or Semiquantitative, Automated	
	Suprathreshold Screening Program, Humphrey Suprathreshold Automatic	
92083	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Extended	No
	Examination (Eg, Goldmann Visual Fields With At Least 3 Isopters Plotted And Static Determination	
	Within The Central 30 Deg, Or Quantitative, Automated Threshold P	
92100	Serial Tonometry (Separate Procedure) With Multiple Measurements Of Intraocular Pressure Over An	No
	Extended Time Period With Interpretation And Report, Same Day (eg, Diurnal Curve Or Medical	
92132	Treatment Of Acute Elevation Of Intraocular Pressure)	No
92132	Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral	NO
92133	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And	No
	Report, Unilateral Or Bilateral; Optic Nerve	
92134	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And	No
	Report, Unilateral Or Bilateral; Retina	
92136	Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation	No
92145	Corneal Hysteresis Determination, By Air Impulse Stimulation, Unilateral Or Bilateral, With	Yes
00004	Interpretation And Report	
92201	Ophthalmoscopy, Extended; With Retinal Drawing And Scleral Depression Of Peripheral Retinal	No
	Disease (Eg, For Retinal Tear, Retinal Detachment, Retinal Tumor) With Interpretation And Report, Unilateral Or Bilateral	
92202	Ophthalmoscopy, Extended; With Drawing Of Optic Nerve Or Macula (Eg, For Glaucoma, Macular	No
	Pathology, Tumor) With Interpretation And Report, Unilateral Or Bilateral	
92227	Imaging Of Retina For Detection Or Monitoring Of Disease; With Remote Clinical Staff Review And	No
	Report, Unilateral Or Bilateral	
92228	Imaging Of Retina For Detection Or Monitoring Of Disease; With Remote Physician Or Other Qualified	No
	Health Care Professional Interpretation And Report, Unilateral Or Bilateral	
92229	Imaging Of Retina For Detection Or Monitoring Of Disease; Point-Of-Care Autonomous Analysis And	No
	Report, Unilateral Or Bilateral	
92230	Fluorescein Angioscopy With Interpretation And Report	No
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND	No
	REPORT, UNILATERAL OR BILATERAL	

Procedure Code	Description	Prior Auth Required
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION	No
	AND REPORT, UNILATERAL OR BILATERAL	
92242	Fluorescein Angiography And Indocyanine-Green Angiography (Includes Multiframe Imaging)	No
	Performed At The Same Patient Encounter With Interpretation And Report, Unilateral Or Bilateral	
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	No
	And Report	
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 With Interpretation And Report	No
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
92310	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical	No
	Supervision Of Adaptation; Corneal Lens, Both Eyes, Except For Aphakia	
92311	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical	No
	Supervision Of Adaptation; Corneal Lens For Aphakia, 1 Eye	
92312	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical	No
	Supervision Of Adaptation; Corneal Lens For Aphakia, Both Eyes	
92313	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical	No
	Supervision Of Adaptation; Corneoscleral Lens	
92314	Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of	No
	Adaptation And Direction Of Fitting By Independent Technician; Corneal Lens, Both Eyes Except For	
	Aphakia	
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	No
	Adaptation And Direction Of Fitting By Independent Technician; Corneoscleral Lens	
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 92358	Fitting Of Spectacle Mounted Low Vision Aid; Telescopic Or Other Compound Lens System	Yes
92358 92370	Prosthesis Service For Aphakia, Temporary (Disposable Or Loan, Including Materials) Repair And Refitting Spectacles; Except For Aphakia	Yes No
92370	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

Procedure Code	Description	Prior Auth Required
92516	Facial Nerve Function Studies (eg, Electroneuronography)	No
92517	Vestibular Evoked Myogenic Potential (VEMP) Testing, With Interpretation And Report; Cervical	Yes
	(Cvemp)	
92518	Vestibular Evoked Myogenic Potential (VEMP) Testing, With Interpretation And Report; Ocular	Yes
	(Ovemp)	
92519	Vestibular Evoked Myogenic Potential (VEMP) Testing, With Interpretation And Report; Cervical	Yes
	(Cvemp) And Ocular (Ovemp)	
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);	No
	With Evaluation Of Language Comprehension And Expression (eg, Receptive And Expressive	
	Language)	
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	No
	Each Ear For A Total Of Four Irrigations)	
92538	Caloric Vestibular Test With Recording, Bilateral; Monothermal (Ie, One Irrigation In Each Ear For A	No
	Total Of Two Irrigations)	
92540	Basic Vestibular Evaluation, Includes Spontaneous Nystagmus Test With Eccentric Gaze Fixation	No
	Nystagmus, With Recording, Positional Nystagmus Test, Minimum Of 4 Positions, With Recording,	
	Optokinetic Nystagmus Test, Bidirectional Foveal And Peripheral Sti	
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	Yes
	open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway),	
	including interpretation and report;	
92549	Computerized Dynamic Posturography Sensory Organization Test (CDP-SOT), 6 Conditions (Ie, Eyes	Yes
	Open, Eyes Closed, Visual Sway, Platform Sway, Eyes Closed Platform Sway, Platform And Visual	
	Sway), Including Interpretation And Report; With Motor Control Tes	
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	No
02550	Combined)	No
92558	Evoked Otoacoustic Emissions, Screening (Qualitative Measurement Of Distortion Product Or	No
02562	Transient Evoked Otoacoustic Emissions), Automated Analysis	No
92562 92563	Loudness Balance Test, Alternate Binaural Or Monaural Tone Decay Test	No No
92565	*	No
92567	Stenger Test, Pure Tone	No
92568	Tympanometry (Impedance Testing)	No
92570	Acoustic Reflex Testing, Threshold Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold	No
52570	Testing, And Acoustic Reflex Decay Testing	
92571	Filtered Speech Test	No
92572	Staggered Spondaic Word Test	No
92575	Staggered Spondalc word Test Sensorineural Acuity Level Test	No
92576	Synthetic Sentence Identification Test	No
92576	Stenger Test, Speech	No
92579	Visual Reinforcement Audiometry (Vra)	No
36313	visual nemore cilient Audometry (via)	110

Procedure Code	Description	Prior Auth Required
92582		No
92583	Select Picture Audiometry	Yes
92584	Electrocochleography	Yes
92587	Distortion Product Evoked Otoacoustic Emissions; Limited Evaluation (To Confirm The Presence Or	No
	Absence Of Hearing Disorder, 3-6 Frequencies) Or Transient Evoked Otoacoustic Emissions, With	
	Interpretation And Report	
92588	Distortion Product Evoked Otoacoustic Emissions; Comprehensive Diagnostic Evaluation (Quantitative	No
	Analysis Of Outer Hair Cell Function By Cochlear Mapping, Minimum Of 12 Frequencies), With	
	Interpretation And Report	
92590	Hearing Aid Examination And Selection; Monaural	No
92591	Hearing Aid Examination And Selection; Binaural	No
92592	Hearing Aid Check; Monaural	Yes
92593	Hearing Aid Check; Binaural	Yes
92594	Electroacoustic Evaluation For Hearing Aid; Monaural	No
92595	Electroacoustic Evaluation For Hearing Aid; Binaural	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
52001		
92602	Diagnostic Analysis Of Cochlear Implant, Patient Younger Than 7 Years Of Age; Subsequent	No
52002	Reprogramming	
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		No
52000	Device, Face-To-Face With The Patient; First Hour	
92606	Therapeutic Service(s) For The Use Of Non-Speech-Generating Device, Including Programming And	No
52000	Modification	
92607	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication	No
52007	Device, Face-To-Face With The Patient; First Hour	
92608	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication	No
52000	Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To	110
	Code For Primary Procedure)	
92609	Therapeutic Services For The Use Of Speech-Generating Device, Including Programming And	No
52005	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 OF VIDEO RECORDING;	No
92613	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING;	No
52015	INTERPRETATION AND REPORT ONLY	
92614	FLEXIBLE ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;	No
52014		
92615	FLEXIBLE ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;	No
52015	INTERPRETATION AND REPORT ONLY	
92616	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE	No
52010	OR VIDEO RECORDING;	110
92617	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE	No
52017	OR VIDEO RECORDING; INTERPRETATION AND REPORT ONLY	
92618	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication	No
52010	Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To	110
92620	Code For Primary Procedure) 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	Yes
52021	Addition To Code For Primary Procedure)	103
92622	Diagnostic Analysis, Programming, And Verification Of An Auditory Osseointegrated Sound Processor,	Yes
52022		103
02622	Any Type; First 60 Minutes	Voc
92623	Diagnostic Analysis, Programming, And Verification Of An Auditory Osseointegrated Sound Processor,	Yes
	Any Type; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Procedure)	
02625	Accorement Of Tippitus (Includes Ditch, Loudness Matching, Ard Marchine)	No
92625	Assessment Of Tinnitus (Includes Pitch, Loudness Matching, And Masking)	No
92626		No
	a surgically implanted device(s); first hour	1

28272 Evaluation of autory function for surgically implanted device(s) candidacy or postoperative status, and primary procedure). No 28283 Auditory Rehabilitation, Prelingual Hearing Loss Yes 28283 Auditory Rehabilitation, Prelingual Hearing Loss Yes 28284 Diagnetit Rehabilitation, Prelingual Hearing Loss Yes 28285 Auditory Rehabilitation, Prelingual Hearing Loss Yes 282861 Diagnetit Rehabilitation, Prelingual Hearing Loss Yes 28281 Auditory Evoled Orientitals, Screening Of Auditory Parintern Inplant, Per Hour. Yes 28281 Auditory Evoled Potentitals, For Threshold Estimation At Multiple Frequencies, With Interpretation And Report No 28281 Auditory Looked Potentitals, For Threshold Estimation At Multiple Frequencies, With Interpretation Presidentian And Multiple Frequencies, With Additional Freidenian Presidentian And Presidentian	Procedure Code	Description	Prior Auth Required
a surgicular implanted developies ad additional 15 minutes (List separately in addition to code for primary procedure) Yes 22630 Auditory Rebabilitation, Prelingual Hearing Loss Yes 28441 Diagnotic Analysis, With Programming Of Auditory Brainsteim Implant, Per Hour Yes 28500 Auditory Evolute Potentials, Serening Of Auditory Retartial With Brandband Stimuli, Automated Analysis No 28511 Auditory Evolute Potentials, For Threshold Estimation At Multiple Frequencies, With Interpretation And Report No 29532 Auditory Evolute Potentials, For Threshold Estimation At Multiple Frequencies, With Interpretation And Report No 29203 Linkited Otorninologyngological Service Correlative Percohanous Transluminal Coronary Angolpakry, Saigh Additional Branch OH Aligip Coronary Arter (Di Segurately In Addition Coronary Angolpakry, Saigh Additional Branch OH Aligip Coronary Arter (Di Segurately In Addition Coronary Angolpakry, Saigh Additional Branch OH Aligip Coronary Arter (Di Segurately In Addition Coronary Angolpakry, Saigh Addition Coronary Angolpakry When Performed. Yes 29224 Percotaneous Transluminal Coronary Angolpakry, Saith Addition To Code For Primary (Di Addition To Code For Primary Procedure) Yes 29225 Percotaneous Transluminal Coronary Atterectomy, With Coronary Angolpakry When Performed. Yes 29224 Percotaneous Transluminal Branch Of A Major Coronary Artery Di Branch	92627		•
primery procedures ves 22830 Auditory Rehabitation, Potelingual Hearing Loss Ves 22833 Auditory Rehabitation, Potelingual Hearing Loss Ves 28263 Auditory Rehabitation, Potelingual Hearing Loss Ves 28263 Auditory Evolve Potel Potentials, Screening Of Auditory Potential With Broadband Stimuli, Automated No 28265 Auditory Voide Obtentials, For Theraing Status Determination, Broadband Stimuli, Mith No 28265 Auditory Voide Obtentials, For Theraing Status Determination, Broadband Stimuli, Mith No 28265 Auditory Voide Obtentials, For Theraing Status Determination, Broadband Stimuli, Mith No 28262 Auditory Voide Obtentials, For Theraing Procedure Ves 28263 Auditory Voide Obtentials, For Theraing Procedure Ves 28264 Decrutaneous Transluminal Coronary Angloplaty, Single Major Coronary Angloplaty, When Performed; Ves 28274 Decrutaneous Transluminal Coronary Anterocity, With Coronary Angloplaty, When Performed; Ves 28282 Percutaneous Transluminal Coronary Antery Or Branch Ves 28282 Percutaneous Transluminal Coronary Antery Or Branch Ves 28282			
2233 Auditory Rehabilitation, Preimpail Hearing Loss Yes 2833 Auditory Rehabilitation, Preimpail Hearing Loss Yes 2840 Diagnostic Analysis With Programming Of Auditory Brainfam Implant, Per Hour Yes 2850 Auditory Roked Plennish, Screening Of Auditory Brainfam Implant, Per Hour Yes 2851 Auditory Roked Plennish, Screening Of Auditory Brainfam Interpretation Analysis No 2852 Auditory Roked Plennish, For Threshold Estimation At Multiple Frequencies, With Interpretation And Report No 2852 Auditory Roked Plennish, For Threshold Estimation At Multiple Frequencies, With Interpretation And Report No 2853 Auditory Roked Plennish, For Threshold Estimation At Multiple Frequencies, With Interpretation And Report No 2824 Percutaneous Transiumal Coronary Angioplasty, Sank Additor, Coronary Angioplasty When Performed, Yes Yes 2824 Percutaneous Transiumania Coronary Angioplasty, Sank Additor, Coronary Angioplasty When Performed, Yes Yes 2824 Percutaneous Transiumania Coronary Angioplasty, When Performed, Yes Yes 2824 Percutaneous Transiumania Coronary Angioplasty, When Performed, Yes Yes 2825 Percutaneous Transiummai Romary Additor Tocode Performany Angioplasty Whe			
2233 Auditory Rehabilization, Postilingual Hearing Loss Yes 22401 Diggocity Cankyls With Programming Of Auditory Potential With Broadband Stimuli, Automated Analysis No 22551 Auditory Evoked Potentials, Screening Of Auditory Potential With Broadband Stimuli, Automated Analysis No 22552 Auditory Evoked Potentials, For Hearing Status Determination, Broadband Stimuli, With Interpretation And Report No 22553 Auditory Evoked Potentials, Norrodignostic, With Interpretation And Report No 22553 Auditory Evoked Potentials, Norrodignostic, With Interpretation And Report No 22520 Percutaneous Transiminal Coronary Angioplasty, Single Mojor Coronary Artery Or Branch Yes 22521 Percutaneous Transiminal Coronary Angioplasty, Single Mojor Coronary Artery Or Branch Yes 22525 Percutaneous Transiminal Coronary Atherectomy, With Coronary Angioplasty When Performed; Single Mojor Coronary Artery Or Branch Yes 22525 Percutaneous Transiminal Coronary Atherectomy, With Coronary Angioplasty When Performed; Single Mojor Coronary Artery Or Branch Yes 22525 Percutaneous Transiminal Goronary Atherectomy, With Intracoronary Stentis), With Coronary Angioplasty When Performed; Single Mojor Coronary Artery Or Branch Yes 22529 Percutaneous Transichter	92630		Yes
2240 Diagnostic Analysis With Programming Of Auditory Potential With Proachand Stimuli, Automated Analysis. Yes 22651 Auditory Forked Potentials, Servening Of Auditory Potential With Proachand Stimuli, Automated Analysis. No 22651 Auditory Forked Potentials, For Haring Status Determination, Broadband Stimuli, With Interpretation And Report. No 22652 Auditory Forked Potentials, For Threshold Estimation At Multiple Frequencies, With Interpretation And Report. No 22630 United Otorhindar-mgological Service Or Procedure Yes 22700 United Otorhindar-mgological Service Or Procedure Yes 22921 Percutaneous Transluminal Coronary Antering Procedure Yes 22922 Percutaneous Transluminal Coronary Antering Procedure Yes 22923 Percutaneous Transluminal Coronary Antering Procedure Yes 22924 Percutaneous Transluminal Coronary Antering Procedure Yes 22925 Percutaneous Transluminal Coronary Antery Vith Coronary Anajoplasty When Performed; Each Additional Branch Of A Major Coronary Antery Vith Brancoronary Stenty, With Coronary Angiplasty When Performed; Stel Additional Branch Of A Major Coronary Antery Vith Screparately in Addition To Code For Primary Procedure] Yes 23929 Percutaneous Transluminal Coronary Antery Vith Intracoronary Stent,			
97850 Auditory Evolution Portmality, Screening Of Auditory Potential With Broadband Stimuli, Automated No 97851 Auditory Evoled Potentials, For Hareing Struuc Determination, Broadband Stimuli, Automated No 97852 Auditory Evoled Potentials, For Threshold Estimation At Multiple Frequencies, With Interpretation No 97853 Auditory Evoled Potentials, Neurodiagnostic, With Interpretation And Report No 97853 Auditory Evoled Potentials, Neurodiagnostic, With Interpretation And Report No 97850 Unlikted Dorbiniodrympictol Service Crecodure Yes 97821 Percitaneous Transilimital Coronary Anglighethy, Each Additional Branch Of A Major Coronary Artery Of Branch Yes 97822 Percitaneous Transilimital Coronary Anglighethy, Each Addition To Code For Primary Procedurei Yes 97823 Percitaneous Transilimital Coronary Attery Of Branch Yes 92824 Percitaneous Transilimital Coronary Attery Clist Separately in Addition To Code For Primary Procedurei Yes 92825 Percitaneous Transilimital Coronary Attery Clist Separately in Addition To Code For Primary Procedurei Yes 92826 Percitaneous Transilimital Coronary Attery Clist Separately in Addition To Code Eor Primary Procedurei Yes 92827			
Analysis Image: Analysis Image: Analysis 22651 Auditory Evoked Portentials, For Hearing Status Determination, Broadband Stimuli, With Interpretation And Report. No 22653 Auditory Twoked Portentials, For Threshold Estimation At Multiple Frequencles, With Interpretation And Report. No 22633 Auditory Twoked Portentials, Neurodiagnosti, With Interpretation And Report. No 22000 Unleted Orofinndaryngologial Service Or Procedure Yes 22021 Percutaneous Transhumial Coronary Antery Ostand Major Coronary Artery Or Branch Yes 22022 Percutaneous Transhumial Coronary Antery Ottage Parcel Additional Branch Of A Major Coronary Artery Or Branch Yes 22024 Percutaneous Transhumial Coronary Antery Ottage Specific Parcel P			
2251 Auditory Evoked Potentials, For Hearing Status Determination, Broadband Stimuli, With No 2252 Auditory Evoked Potentials, For Threshold Estimation At Multiple Frequencies, With Interpretation No 2253 Auditory Evoked Potentials, For Threshold Estimation At Multiple Frequencies, With Interpretation No 22500 Unlisted tothninolary products Evoked Potentials, For Procedure Yes 22201 Percutaneous Transfurmal Coronary Angioplasty, Single Major Coronary Antery Or Branch. Yes 22224 Percutaneous Transfurmal Coronary Anterectomy, With Coronary Angioplasty, When Performed; Yes 22224 Percutaneous Transfurmal Coronary Antery Or Branch. Yes 2223 Percutaneous Transfurmal Coronary Antery Or Branch. Yes 2224 Percutaneous Transfurger Coronary Antery Or Branch. Yes 2225 Percutaneous Transfurger Coronary Antery Or Branch. Yes 2226 Percutaneous Transfurger Coronary Antery Or Branch. Yes 2227 Percutaneous Transfurger Coronary Antery Or Branch. Yes 2228 Percutaneous Transfurger Coronary Antery Or Branch. Yes 2229 Percutaneous Transfurger Coronary Antery Or Branch. Yes <td>92030</td> <td></td> <td>NO</td>	92030		NO
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29224 Percutaneous Transluminal Coronary Attery ectomy, With Coronary Angioplasty When Performed; Single Major Coronary Attery Or Branch. Yes 92225 Percutaneous Transluminal Coronary Attery (Ust Separately In Addition To Code For Primary Proceedure) Yes 92228 Percutaneous Transcatheter Placement Of Intracoronary Stent(s), With Coronary Angioplasty When Performed; Single Major Coronary Attery (V Branch Yes 92239 Percutaneous Transcatheter Placement Of Intracoronary Stent(s), With Coronary Angioplasty When Performed; Each Additional Branch Of A Major Coronary Attery (Ust Separately In Addition To Code For Primary Procedure) Yes 92333 Percutaneous Transluminal Coronary Attery Cor Branch Yes 92334 Percutaneous Transluminal Coronary Attery Cor Branch Yes 92337 Percutaneous Transluminal Coronary Attery Cor Branch Yes 92338 Percutaneous Transluminal Coronary Attery Cor Branch Mith Coronary Attery (Ust Separately In Addition To Code For Primary Procedure) Yes 92338 Percutaneous Transluminal Revascularization Of Or Through Coronary Attery Bypass Graft (Internal Mammary, Free Arterial, Venous), Any Combination Of Intracoronary Stent, Atherectomy And Angioplasty, Including Distal Protection When Performed; Single Vesse Yes 9234 Percutaneous Transluminal Revascularization Of for Through Coronary Attery Bypass Graft, Any Combination Of Intracoronary Stent, Atherectom	92921	Percutaneous Transluminal Coronary Angioplasty; Each Additional Branch Of A Major Coronary Artery	Yes
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92961Cardioversion, Elective, Electrical Conversion Of Arrhythmia; Internal (Separate Procedure)No92970Cardioassist-Method Of Circulatory Assist; InternalNo92971Cardioassist-Method Of Circulatory Assist; ExternalNo92972Percutaneous Transluminal Coronary Lithotripsy (List Separately In Addition To Code For Primary Procedure)Yes92973Percutaneous Transluminal Coronary Thrombectomy Mechanical (List Separately In Addition To Code For Primary Procedure)Yes92974Transcatheter Placement Of Radiation Delivery Device For Subsequent Coronary Intravascular Brachytherapy (List Separately In Addition To Code For Primary Procedure)Yes92975Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary AngiographyNo	92953		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 92975 Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography No	92960	Cardioversion, Elective, Electrical Conversion Of Arrhythmia; External	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 92975 Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography No	92961	Cardioversion, Elective, Electrical Conversion Of Arrhythmia; Internal (Separate Procedure)	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 92975 Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography No	92970	Cardioassist-Method Of Circulatory Assist; Internal	No
Procedure) 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 92975 Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography No	92971	Cardioassist-Method Of Circulatory Assist; External	No
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 92975 Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography No	92972		Yes
92974 Transcatheter Placement Of Radiation Delivery Device For Subsequent Coronary Intravascular Yes Brachytherapy (List Separately In Addition To Code For Primary Procedure) Yes 92975 Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography No	92973	Percutaneous Transluminal Coronary Thrombectomy Mechanical (List Separately In Addition To Code	Yes
Brachytherapy (List Separately In Addition To Code For Primary Procedure) 92975 Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography No			
92975 Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography No	92974		Yes
		Brachytherapy (List Separately In Addition To Code For Primary Procedure)	
92977 Thrombolysis, Coronary: By Intravenous Infusion	92975	Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography	No
	92977	Thrombolysis, Coronary; By Intravenous Infusion	No

Procedure Code	Description	Prior Auth Required
92978	Endoluminal Imaging Of Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical	No
	Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including	
	Imaging Supervision, Interpretation And Report; Initial Vess	
92979	Endoluminal Imaging Of Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical	No
	Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including	
	Imaging Supervision, Interpretation And Report; Each Additio	
92986	Percutaneous Balloon Valvuloplasty; Aortic Valve	No
92987	Percutaneous Balloon Valvuloplasty; Norte 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, Single Vessel	Yes
52558	Separately In Addition To Code For Primary Procedure)	105
93000		No
	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	INO
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	No
	Electrocardiographic Monitoring, And/Or Pharmacological Stress; With Supervision, Interpretation	
02016	And Report	N 1 -
93016	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous	No
	Electrocardiographic Monitoring, And/Or Pharmacological Stress; Supervision Only, Without	
	Interpretation And Report	
93017	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous	No
	Electrocardiographic Monitoring, And/Or Pharmacological Stress; Tracing Only, Without	
	Interpretation And Report	
93018	Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous	No
	Electrocardiographic Monitoring, And/Or Pharmacological Stress; Interpretation And Report Only	
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	No
	Waveform(S), Digitization And Application Of Nonlinear Mathematical Transformations To Determine	
	Central Arterial Pressures And Augmentation Index, With I	
93150	Therapy Activation Of Implanted Phrenic Nerve Stimulator System, Including All Interrogation And	No
00454	Programming	• •
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	No
	Polysomnography	
93153	Interrogation Without Programming Of Implanted Phrenic Nerve Stimulator System	No
93224	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And	No
	Storage; Includes Recording, Scanning Analysis With Report, Review And Interpretation By A Physician	
	Or Other Qualified Health Care Professional	
93225	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And	No
55225	Storage; Recording (Includes Connection, Recording, And Disconnection)	
93226	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And	No
55220	Storage; Scanning Analysis With Report	110
93227	External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And	No
55227	Storage; Review And Interpretation By A Physician Or Other Qualified Health Care Professional	110
93228	External Mobile Cardiovascular Telemetry With Electrocardiographic Recording, Concurrent	No
-	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	
93229	External Mobile Cardiovascular Telemetry With Electrocardiographic Recording, Concurrent	No
	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	
93241	External Electrocardiographic Recording For More Than 48 Hours Up To 7 Days By Continuous Rhythm	No
	Recording And Storage; Includes Recording, Scanning Analysis With Report, Review And	
	Interpretation	
	1b	1

Procedure Code	Description	Prior Auth Required
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)	-
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		No
93246		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
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		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

Procedure Code	Description	Prior Auth Required
93286	Peri-Procedural Device Evaluation (In Person) And Programming Of Device System Parameters Before	No
	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	
93287	Peri-Procedural Device Evaluation (In Person) And Programming Of Device System Parameters Before	No
	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	
93288	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other	No
	Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient	
	Encounter; Single, Dual, Or Multiple Lead Pacemaker Syste	
93289	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other	No
	Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient	
	Encounter; Single, Dual, Or Multiple Lead Transvenous Imp	
93290	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other	No
	Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient	
	Encounter; Implantable Cardiovascular Physiologic Monitor	
93291	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other	No
	Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient	
	Encounter; Subcutaneous Cardiac Rhythm Monitor System, In	
93292	Interrogation Device Evaluation (In Person) With Analysis, Review And Report By A Physician Or Other	No
	Qualified Health Care Professional, Includes Connection, Recording And Disconnection Per Patient	
	Encounter; Wearable Defibrillator System	
93293	Transtelephonic Rhythm Strip Pacemaker Evaluation(S) Single, Dual, Or Multiple Lead Pacemaker	No
	System, Includes Recording With And Without Magnet Application With Analysis, Review And	
	Report(S) By A Physician Or Other Qualified Health Care Professional, Up	
93294	Interrogation Device Evaluation(S) (Remote), Up To 90 Days; Single, Dual, Or Multiple Lead Pacemaker	No
	System, Or Leadless Pacemaker System With Interim Analysis, Review(S) And Report(S) By A Physician	
	Or Other Qualified Health Care Professional	
93295		No
	Implantable Defibrillator System With Interim Analysis, Review(s) And Report(s) By A Physician Or	
	Other Qualified Health Care Professional	
93296	Interrogation Device Evaluation(S) (Remote), Up To 90 Days; Single, Dual, Or Multiple Lead Pacemaker	No
	System, Leadless Pacemaker System, Or Implantable Defibrillator System, Remote Data Acquisition(S),	
00007	Receipt Of Transmissions And Technician Review, Techni	
93297		No
	Monitor System, Including Analysis Of 1 Or More Recorded Physiologic Cardiovascular Data Elements	
02200	From All Internal And External Sensors, Analysis, Review(S	No
93298		INO
	system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a	
93303	physician or other qualified health care professional	No
93304		No
95504	Transthoracic Echocardiography For Congenital Cardiac Anomalies; Follow-Up Or Limited Study	NO
02206	Echocardiagraphy Transtheracia Boal Time With Image Decumentation (2d) Includes M Made	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	
93307		No
55507	Recording, When Performed, Complete, Without Spectral Or Color Doppler Echocardiography	
93308	Echocardiography, Transthoracic, Real-Time With Image Documentation (2d), Includes M-Mode	No
	Recording, When Performed, Follow-Up Or Limited Study	
93312	Echocardiography, Transesophageal, Real-Time With Image Documentation (2d) (With Or Without M-	No
	Mode Recording); Including Probe Placement, Image Acquisition, Interpretation And Report	
93313	Echocardiography, Transesophageal, Real-Time With Image Documentation (2d) (With Or Without M-	Yes
	Mode Recording); Placement Of Transesophageal Probe Only	
93314		Yes
JUJJT	Mode Recording); Image Acquisition, Interpretation And Report Only	
55514		
		No
93315	Transesophageal Echocardiography For Congenital Cardiac Anomalies; Including Probe Placement,	No

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

Procedure Code	Description	Prior Auth Required
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
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; Initial Vessel (List Separately In Addition To Code For Primary Pro	No
93572	Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress; Each Additional Vessel (List Separately In Addition To Code For Pri	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

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
93622	Comprehensive Electrophysiologic Evaluation Including Insertion And Repositioning Of Multiple	Yes
	Electrode Catheters With Induction Or Attempted Induction Of Arrhythmia; With Left Ventricular	
	Pacing And Recording (List Separately In Addition To Code For Prim	
93623	Programmed Stimulation And Pacing After Intravenous Drug Infusion (List Separately In Addition To	No
	Code For Primary Procedure)	
93624	Electrophysiologic Follow-Up Study With Pacing And Recording To Test Effectiveness Of Therapy,	No
	Including Induction Or Attempted Induction Of Arrhythmia	
93631	Intra-Operative Epicardial And Endocardial Pacing And Mapping To Localize The Site Of Tachycardia Or	No
	Zone Of Slow Conduction For Surgical Correction	
93640	Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads	No
	Including Defibrillation Threshold Evaluation (Induction Of Arrhythmia, Evaluation Of Sensing And	
	Pacing For Arrhythmia Termination) At Time Of Initial Implant	
93641	Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads	No
	Including Defibrillation Threshold Evaluation (Induction Of Arrhythmia, Evaluation Of Sensing And	
02642	Pacing For Arrhythmia Termination) At Time Of Initial Implant	AL .
93642	Electrophysiologic Evaluation Of Single Or Dual Chamber Transvenous Pacing Cardioverter-	No
	Defibrillator (Includes Defibrillation Threshold Evaluation, Induction Of Arrhythmia, Evaluation Of	
93644	Sensing And Pacing For Arrhythmia Termination, And Programming Or R Electrophysiologic Evaluation Of Subcutaneous Implantable Defibrillator (Includes Defibrillation	No
55044	Threshold Evaluation, Induction Of Arrhythmia, Evaluation Of Sensing For Arrhythmia Termination,	NO
	And Programming Or Reprogramming Of Sensing Or Therapeutic Pa	
93650	Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For	No
	Creation Of Complete Heart Block, With Or Without Temporary Pacemaker Placement	
93653	Comprehensive Electrophysiologic Evaluation With Insertion And Repositioning Of Multiple Electrode	Yes
	Catheters, Induction Or Attempted Induction Of An Arrhythmia With Right Atrial Pacing And	
	Recording And Catheter Ablation Of Arrhythmogenic Focus, Including	
93654	Comprehensive Electrophysiologic Evaluation With Insertion And Repositioning Of Multiple Electrode	Yes
	Catheters, Induction Or Attempted Induction Of An Arrhythmia With Right Atrial Pacing And	
	Recording And Catheter Ablation Of Arrhythmogenic Focus, Including	
93655	Intracardiac Catheter Ablation Of A Discrete Mechanism Of Arrhythmia Which Is Distinct From The	No
	Primary Ablated Mechanism, Including Repeat Diagnostic Maneuvers, To Treat A Spontaneous Or	
02656	Induced Arrhythmia (List Separately In Addition To Code For Primary	Maria -
93656	Comprehensive Electrophysiologic Evaluation Including Transseptal Catheterizations, Insertion And	Yes
	Repositioning Of Multiple Electrode Catheters With Intracardiac Catheter Ablation Of Atrial Fibrillation By Pulmonary Vein Isolation, Including Intracardiac	
93657	Additional Linear Or Focal Intracardiac Catheter Ablation Of The Left Or Right Atrium For Treatment	No
55057	Of Atrial Fibrillation Remaining After Completion Of Pulmonary Vein Isolation (List Separately In	
	Addition To Code For Primary Procedure)	
93660	Evaluation Of Cardiovascular Function With Tilt Table Evaluation, With Continuous Ecg Monitoring	No
	And Intermittent Blood Pressure Monitoring, With Or Without Pharmacological Intervention	
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93662	Intracardiac Echocardiography During Therapeutic/Diagnostic Intervention, Including Imaging	No
	Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure)	
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,	No
	Programming Of Device, Induction And Termination Of Tachycardia Via Implanted Pacemaker, And	
00740	Interpretation Of Recordings)	
93740	Temperature Gradient Studies	Yes
93745	Initial Set-Up And Programming By A Physician Or Other Qualified Health Care Professional Of	No
	Wearable Cardioverter-Defibrillator Includes Initial Programming Of System, Establishing Baseline	
93750	Electronic Ecg, Transmission Of Data To Data Repository, Patient Interrogation Of Ventricular Assist Device (Vad), In Person, With Physician Or Other Qualified Health	No
00100		
	Care Professional Analysis Of Device Parameters (Eg, Drivelines, Alarms, Power Surges), Review Of Device Function (Eg, Flow And Volume Status, Septum Sta	
93770	Determination Of Venous Pressure	Yes
00.70		

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; recording only 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 Patent/Caregiver Training for Initiation Of home International Normalized Ratio [Inr] Monitoring Under The Direction Of AP hysician Or Other Qualified Health Care Professional, Factor 6-Face, Including Use And Care Of The Irr Monitor, Otharianing Blood Samp No 93793 Anticoagulant Management For A Pattern 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 Beeded), And Scheduling Of Additiona No 93799 Unisted Card/Oxacuus Seg Monitoring (Per Session] No 93799 Unisted Card/Oxacuus Seg Monitoring (Per Session] No 93880 Dugles Scan Of Extracranial Arteries; Complete Blateral Study No 93881 Transcranial Doppier Study Of The Intracranial Arteries; Vasoreactivity Study No	Procedure Code	Description	Prior Auth Required
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93985 Duplex Scan Of Arterial Inflow And Venous Outflow For Preoperative Vessel Assessment Prior To No			
	33301	Duplex Scan Of Arterial Innow And Venous Outflow Of Penile Vessels; Follow-Op Of Limited Study	105
	02085	Duplay Scap Of Arterial Inflow And Vanaus Outflow For Prognarative Vascal Association To	No
Creation OF Hemodialysis Access; Complete Bilateral Study	33303		NU
		Creation Or Hemodialysis Access; Complete Bilateral Study	

Procedure Code	Description	Prior Auth Required
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;	
94453	High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional; With Supplemental Oxygen Titration	
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

Procedure Code	Description	Prior Auth Required
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
94662	Continuous Negative Pressure Ventilation (Cnp), Initiation And Management	No
94664		No
94667	Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function; Initial Demonstration And/Or Evaluation	No
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

Procedure Code	Description	Prior Auth Required
95027	Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of	No
	Tests	
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	Yes
95117	Professional Services For Allergen Immunotherapy Not Including Provision Of Allergenic Extracts; 2 Or More Injections	Yes
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

Procedure CodeDescriptionPrio95249Ambulatory 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 RecordingYes95250Ambulatory 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 MonitorNo95251Ambulatory 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 MonitorNo95251Ambulatory Continuous Glucose Monitoring Of Interstitial Tissue Fluid Via A Subcutaneous Sensor For A Minimum Of 72 Hours; Analysis, Interpretation And ReportNo95700Electroencephalogram (EEG) Continuous Recording, With Video When Performed, Setup, Patient Education, And Takedown When Performed, Administered In Person By EEG Technologist, Minimum Of 8 ChannelsNo95705Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEGNo	
A Minimum Of 72 Hours; Patient-Provided Equipment, Sensor Placement, Hook-Up, Calibration Of Monitor, Patient Training, And Printout Of Recording95250Ambulatory 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 MonitorNo95251Ambulatory Continuous Glucose Monitoring Of Interstitial Tissue Fluid Via A Subcutaneous Sensor For A Minimum Of 72 Hours; Analysis, Interpretation And ReportNo95700Electroencephalogram (EEG) Continuous Recording, With Video When Performed, Setup, Patient Education, And Takedown When Performed, Administered In Person By EEG Technologist, Minimum Of 8 ChannelsNo	
Monitor, Patient Training, And Printout Of Recording95250Ambulatory 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 MonitorNo95251Ambulatory Continuous Glucose Monitoring Of Interstitial Tissue Fluid Via A Subcutaneous Sensor For A Minimum Of 72 Hours; Analysis, Interpretation And ReportNo95700Electroencephalogram (EEG) Continuous Recording, With Video When Performed, Setup, Patient Education, And Takedown When Performed, Administered In Person By EEG Technologist, Minimum Of 8 ChannelsNo	1
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)
Equipment, Sensor Placement, Hook-Up, Calibration Of Monitor 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	
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	
A Minimum Of 72 Hours; Analysis, Interpretation And Report 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	
95700 Electroencephalogram (EEG) Continuous Recording, With Video When Performed, Setup, Patient No Education, And Takedown When Performed, Administered In Person By EEG Technologist, Minimum Of 8 Channels)
Education, And Takedown When Performed, Administered In Person By EEG Technologist, Minimum Of 8 Channels	
Of 8 Channels)
95705 Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG No	
)
Technologist, 2-12 Hours; Unmonitored	
95706 Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG No)
Technologist, 2-12 Hours; With Intermittent Monitoring And Maintenance	
95707 Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG No)
Technologist, 2-12 Hours; With Continuous, Real-Time Monitoring And Maintenance	
95708 Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG No)
Technologist, Each Increment Of 12-26 Hours; Unmonitored	
95709 Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG No)
Technologist, Each Increment Of 12-26 Hours; With Intermittent Monitoring And Maintenance	
95710 Electroencephalogram (EEG), Without Video, Review Of Data, Technical Description By EEG No)
Technologist, Each Increment Of 12-26 Hours; With Continuous, Real-Time Monitoring And	
Maintenance	
95711 Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, No)
2-12 Hours; Unmonitored	
95712 Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, No)
2-12 Hours; With Intermittent Monitoring And Maintenance	
95713 Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, No	
2-12 Hours; With Continuous, Real-Time Monitoring And Maintenance 95714 Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, No	
Each Increment Of 12-26 Hours; Unmonitored 95715 Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, No	
Each Increment Of 12-26 Hours; With Intermittent Monitoring And Maintenance	
Each increment of 12-20 hours, with intermittent wonitoning And Maintenance	
95716 Electroencephalogram With Video (VEEG), Review Of Data, Technical Description By EEG Technologist, No	
Each Increment Of 12-26 Hours; With Continuous, Real-Time Monitoring And Maintenance	
95717 Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care No)
Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation And	
Report, 2-12 Hours Of EEG Recording; Without Video	
95718 Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care No)
Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation And	
Report, 2-12 Hours Of EEG Recording; With Video (VEEG)	
95719 Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care No	
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	
95720 Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care No)
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	
95721 Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care No)
Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And	
Summary Report, Complete Study; Greater Than 36 Hours, Up To 60	
95722 Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care No)
Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And	
Summary Report, Complete Study; Greater Than 36 Hours, Up To 60	
95723 Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care No)
Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And	
Summary Report, Complete Study; Greater Than 60 Hours, Up To 84	
95724 Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care No)
Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And	
Summary Report, Complete Study; Greater Than 60 Hours, Up To 84	

Procedure Code	Description	Prior Auth Required
95725	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care	No
55725	Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And	
	Summary Report, Complete Study; Greater Than 84 Hours Of EEG Re	
95726	Electroencephalogram (EEG), Continuous Recording, Physician Or Other Qualified Health Care	No
	Professional Review Of Recorded Events, Analysis Of Spike And Seizure Detection, Interpretation, And	
	Summary Report, Complete Study; Greater Than 84 Hours Of EEG Re	
95782	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of	No
	Sleep, Attended By A Technologist	
95783	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of	Yes
	Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation,	
	Attended By A Technologist	
95800	Sleep Study, Unattended, Simultaneous Recording; Heart Rate, Oxygen Saturation, Respiratory	No
	Analysis (eg, By Airflow Or Peripheral Arterial Tone), And Sleep Time	
95801	Sleep Study, Unattended, Simultaneous Recording; Minimum Of Heart Rate, Oxygen Saturation, And	No
	Respiratory Analysis (eg, By Airflow Or Peripheral Arterial Tone)	
95803	Actigraphy Testing, Recording, Analysis, Interpretation, And Report (Minimum Of 72 Hours To 14	Yes
	Consecutive Days Of Recording)	
95805	Multiple Sleep Latency Or Maintenance Of Wakefulness Testing, Recording, Analysis And	Yes
	Interpretation Of Physiological Measurements Of Sleep During Multiple Trials To Assess Sleepiness	
95806	Sleep Study, Unattended, Simultaneous Recording Of, Heart Rate, Oxygen Saturation, Respiratory	Yes
	Airflow, And Respiratory Effort (eg, Thoracoabdominal Movement)	
95807	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, Ecg Or Heart Rate, And	Yes
05000	Oxygen Saturation, Attended By A Technologist	
95808	Polysomnography; Any Age, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A	Yes
05040	Technologist	N .
95810	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of	No
05.011	Sleep, Attended By A Technologist	N
95811	Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of	No
	Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation, Attended	
95812	By A Technologist	No
95812	Electroencephalogram (Eeg) Extended Monitoring; 41-60 Minutes	No
95816	Electroencephalogram (EEG) extended monitoring; 61-119 minutes Electroencephalogram (Eeg); Including Recording Awake And Drowsy	No
95819	Electroencephalogram (Eeg); Including Recording Awake And Blowsy	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	No
	Electroencephalographic (Eeg) Recording	
95836	Electrocorticogram From An Implanted Brain Neurostimulator Pulse Generator/Transmitter, Including	No
	Recording, With Interpretation And Written Report, Up To 30 Days	
95851	Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand)	No
	Or Each Trunk Section (Spine)	
95852	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without	No
	Comparison With Normal Side	
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	Yes
	(Unilateral Or Bilateral), Other Than Thoracic Paraspinal, Cranial Nerve Supplied Muscles, Or	
	Sphincters	
95872	Needle Electromyography Using Single Fiber Electrode, With Quantitative Measurement Of Jitter,	No
	Blocking And/Or Fiber Density, Any/All Sites Of Each Muscle Studied	
95873	Electrical Stimulation For Guidance In Conjunction With Chemodenervation (List Separately In	Yes
1	Addition To Code For Primary Procedure)	

Procedure Code	Description	Prior Auth Required
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		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
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

Procedure Code	Description	Prior Auth Required
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
05055		N
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

Procedure Code	Description	Prior Auth Required
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
96003	Dynamic Fine Wire Electromyography, During Walking Or Other Functional Activities, 1 Muscle	Yes
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
96040	Medical Genetics And Genetic Counseling Services, Each 30 Minutes Face-To-Face With Patient/Family	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		No
96137		No
96138	Psychological Or Neuropsychological Test Administration And Scoring By Technician, Two Or More Tests, Any Method; First 30 Minutes	No

Procedure Code	Description	Prior Auth Required
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
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	Νο
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		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

Procedure Code	Description	Prior Auth Required
96376	Therapeutic, Prophylactic, Or Diagnostic Injection (Specify Substance Or Drug); Each Additional	Yes
50570	Sequential Intravenous Push Of The Same Substance/Drug Provided In A Facility (List Separately In	103
96377	Addition To Code For Primary Procedure)	No
90577	Application Of On-Body Injector (Includes Cannula Insertion) For Timed Subcutaneous Injection	INO
96379	Liplisted Therapoutic Draphylactic Or Diagnostic Intravenous Or Intra Artarial Injection Or Infusion	No
90579	Unlisted Therapeutic, Prophylactic, Or Diagnostic Intravenous Or Intra-Arterial Injection Or Infusion	NO
06380	Administration Of Despiratory Supertial Virus, Managlang Antihody, Cossenal Dess Dy Interney availar	Voc
96380	Administration Of Respiratory Syncytial Virus, Monoclonal Antibody, Seasonal Dose By Intramuscular	Yes
	Injection, With Counseling By Physician Or Other Qualified Health Care Professional	
06201		
96381		Yes
00401	Injection	No
96401	Chemotherapy Administration, Subcutaneous Or Intramuscular; Non-Hormonal Anti-Neoplastic	No
00402	Charactheanna Administration Culture and On International Institute and Anti Nampatia	No
96402	Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic	No
96405		No
96406		No
96409	Chemotherapy Administration; Intravenous, Push Technique, Single Or Initial Substance/Drug	No
06444		NL.
96411		No
0.5.440	Separately In Addition To Code For Primary Procedure)	
96413		No
	Substance/Drug	••
96415	Chemotherapy Administration, Intravenous Infusion Technique; Each Additional Hour (List Separately	No
	In Addition To Code For Primary Procedure)	
96416		No
	Chemotherapy Infusion (More Than 8 Hours), Requiring Use Of A Portable Or Implantable Pump	
96417	Chemotherapy Administration, Intravenous Infusion Technique; Each Additional Sequential Infusion	No
	(Different Substance/Drug), Up To 1 Hour (List Separately In Addition To Code For Primary Procedure)	
96420		No
96422		No
96423	Chemotherapy Administration, Intra-Arterial; Infusion Technique, Each Additional Hour (List	No
	Separately In Addition To Code For Primary Procedure)	
96425		No
	(More Than 8 Hours), Requiring The Use Of A Portable Or Implantable Pump	
96440	Chemotherapy Administration Into Pleural Cavity, Requiring And Including Thoracentesis	No
96446	Chemotherapy Administration Into The Peritoneal Cavity Via Implanted Port Or Catheter	NI-
96450		No
	Chemotherapy Administration, Into Cns (eg, Intrathecal), Requiring And Including Spinal Puncture	No
		No
96521		
96521 96522	Refilling And Maintenance Of Portable Pump	No
	Refilling And Maintenance Of Portable Pump	No
96522 96523	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems	No
96522	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems	No No
96522 96523	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems	No No No
96522 96523	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or	No No No
96522 96523 96542	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents	No No No No
96522 96523 96542	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents Intraoperative Hyperthermic Intraperitoneal Chemotherapy (Hipec) Procedure, Including Separate	No No No No
96522 96523 96542	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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 No No No
96522 96523 96542 96547	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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 No No No
96522 96523 96542 96547	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) Intraoperative Hyperthermic Intraperitoneal Chemotherapy (Hipec) Procedure, Including Separate	No No No No
96522 96523 96542 96547	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) 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 No No No
96522 96523 96542 96547 96548	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) 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) Unlisted Chemotherapy Procedure	No No No No
96522 96523 96542 96547 96548 96549	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) 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) 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) Unlisted Chemotherapy Procedure	No No No No No No No No No
96522 96523 96542 96547 96548 96549	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) 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) Unlisted Chemotherapy Procedure Photodynamic Therapy By External Application Of Light To Destroy Premalignant Lesions Of The Skin	No No No No No No No No No
96522 96523 96542 96547 96548 96549	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) 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) 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) Unlisted Chemotherapy Procedure 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 No No No No No No No No
96522 96523 96542 96547 96548 96548 96549 96567	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) 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) 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) Unlisted Chemotherapy Procedure 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
96522 96523 96542 96547 96548 96549 96567	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) 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) Unlisted Chemotherapy Procedure 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 Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation	No
96522 96523 96542 96547 96548 96548 96549 96567	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) 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) Unlisted Chemotherapy Procedure 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 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)	No
96522 96523 96542 96547 96548 96549 96567 965570	Refilling And Maintenance Of Portable Pump Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (eg, Intravenous, Intra-Arterial) Irrigation Of Implanted Venous Access Device For Drug Delivery Systems Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents 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) 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) Unlisted Chemotherapy Procedure 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 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)	No No No No Yes

Procedure Code	Description	Prior Auth Required
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
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
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 97028	Application Of A Modality To 1 Or More Areas; Infrared Application Of A Modality To 1 Or More Areas; Ultraviolet	No 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

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
97167	Occupational Therapy Evaluation, High Complexity, Requiring These Components: An Occupational	Yes
	Profile And Medical And Therapy History, Which Includes Review Of Medical And/Or Therapy Records	
	And Extensive Additional Review Of Physical, Cognitive, Or Psych	
97168	Re-Evaluation Of Occupational Therapy Established Plan Of Care, Requiring These Components: An	Yes
	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	
97169	Athletic Training Evaluation, Low Complexity, Requiring These Components: A History And Physical	Yes
	Activity Profile With No Comorbidities That Affect Physical Activity; An Examination Of Affected Body	
	Area And Other Symptomatic Or Related Systems Addressing	
97170	Athletic Training Evaluation, Moderate Complexity, Requiring These Components: A Medical History	Yes
	And Physical Activity Profile With 1-2 Comorbidities That Affect Physical Activity; An Examination Of	
	Affected Body Area And Other Symptomatic Or Related Syst	
97171	Athletic Training Evaluation, High Complexity, Requiring These Components: A Medical History And	Yes
	Physical Activity Profile, With 3 Or More Comorbidities That Affect Physical Activity; A Comprehensive	
07170	Examination Of Body Systems Using Standardized Tests An	Yes
97172		res
	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	
97530	Therapeutic Activities, Direct (One-On-One) Patient Contact (Use Of Dynamic Activities To Improve	No
5,550	Functional Performance), Each 15 Minutes	
97533	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To	Yes
57555	Environmental Demands, Direct (One-On-One) Patient Contact, Each 15 Minutes	
97535	Self-Care/Home Management Training (Eg, Activities Of Daily Living (Adl) And Compensatory Training,	No
	Meal Preparation, Safety Procedures, And Instructions In Use Of Assistive Technology	
	Devices/Adaptive Equipment) Direct One-On-One Contact, Each 15 Minutes	
97537	Community/Work Reintegration Training (Eg, Shopping, Transportation, Money Management,	Yes
	Avocational Activities And/Or Work Environment/Modification Analysis, Work Task Analysis, Use Of	
	Assistive Technology Device/Adaptive Equipment), Direct One-On-One Cont	
97542	Wheelchair Management (eg, Assessment, Fitting, Training), Each 15 Minutes	Yes
97545 97546	Work Hardening/Conditioning; Initial 2 Hours	Yes
97540	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	Yes
	The Home Or Community (Eg, Activities Of Daily Living [Adls], Instrumental Adls [Iadls], Transfers,	
	Mobility, Communication, Swallowing, Feeding, Problem	
97551	Caregiver Training In Strategies And Techniques To Facilitate The Patient'S Functional Performance In	Yes
	The Home Or Community (Eg, Activities Of Daily Living [Adls], Instrumental Adls [Iadls], Transfers,	
	Mobility, Communication, Swallowing, Feeding, Problem	
97552	Group Caregiver Training In Strategies And Techniques To Facilitate The Patient'S Functional	Yes
	Performance In The Home Or Community (Eg, Activities Of Daily Living [Adls], Instrumental Adls	
	[Iadls], Transfers, Mobility, Communication, Swallowing, Feeding, P	
97597	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With	No
	Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis,	
	Exudate, Debris, Biofilm), Including Topical Application(S), Wound	
97598	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With	No
	Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis,	
	Exudate, Debris, Biofilm), Including Topical Application(S), Wound	
97602	Removal Of Devitalized Tissue From Wound(S), Non-Selective Debridement, Without Anesthesia (Eg,	Yes
	Wet-To-Moist Dressings, Enzymatic, Abrasion, Larval Therapy), Including Topical Application(S),	
	Wound Assessment, And Instruction(S) For Ongoing Care, Per Sess	
97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable	No
	Medical Equipment (Dme), Including Topical Application(S), Wound Assessment, And Instruction(S)	
	For Ongoing Care, Per Session; Total Wound(S) Surface Area Less Th	
97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable	No
	Medical Equipment (Dme), Including Topical Application(S), Wound Assessment, And Instruction(S)	
	For Ongoing Care, Per Session; Total Wound(S) Surface Area Greater	

Procedure Code	Description	Prior Auth Required
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(C), Wound Assessment, and Instructions For Ong	Yes
97608	Topical Application(S), Wound Assessment, And Instructions For Ong 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
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(les), Lower Extremity(les), 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 Re-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 Re-Insertion Of Needle(s) (List Separately In Addition To Code For Primary Procedure)	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 Qualified, Nonphysician 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 Qualified, Nonphysician Health Care Professional Using A Standardized Curriculum, Face-To-Face With The Patient (Could Include Caregiver/Family) Each 30 Minutes; 2-4 Patients	No
98962	Education And Training For Patient Self-Management By A Qualified, Nonphysician Health Care Professional Using A Standardized Curriculum, Face-To-Face With The Patient (Could Include Caregiver/Family) Each 30 Minutes; 5-8 Patients	No
98966	Telephone Assessment And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days N	Yes
98967	Telephone Assessment And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days N	Yes

Procedure Code	Description	Prior Auth Required
98968	Telephone Assessment And Management Service Provided By A Qualified Nonphysician Health Care Professional To An Established Patient, Parent, Or Guardian Not Originating From A Related Assessment And Management Service Provided Within The Previous 7 Days N	Yes
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Yes
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Yes
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Yes
98975	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response); Initial Set-Up And Patient Education On Use Of Equipment	Yes
98976	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response); Device(S) Supply With Scheduled (Eg, Daily) Recording(S) And/Or Programmed Alert(S) Transmission To Monitor Respiratory System, Each 30 Days	Yes
98977	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response); Device(S) Supply With Scheduled (Eg, Daily) Recording(S) And/Or Programmed Alert(S) Transmission To Monitor Musculoskeletal System, Each 30 Days	Yes
98978	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response); Device(S) Supply With Scheduled (Eg, Daily) Recording(S) And/Or Programmed Alert(S) Transmission To Monitor Cognitive Behavioral Therapy, Each 30 Days	No
98980	Remote Therapeutic Monitoring Treatment Management Services, Physician Or Other Qualified Health Care Professional Time In A Calendar Month Requiring At Least One Interactive Communication With The Patient Or Caregiver During The Calendar Month; First 20	Yes
98981	Remote Therapeutic Monitoring Treatment Management Services, Physician Or Other Qualified Health Care Professional Time In A Calendar Month Requiring At Least One Interactive Communication With The Patient Or Caregiver During The Calendar Month; Each Addi	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
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	
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)	
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

Procedure Code	Description	Prior Auth Required
99072	Additional Supplies, Materials, And Clinical Staff Time Over And Above Those Usually Included In An	Yes
	Office Visit Or Other Non-Facility Service(S), When Performed During A Public Health Emergency, As	
	Defined By Law, Due To Respiratory-Transmitted Infectiou	
99075	Medical Testimony	Yes
99078	Physician Or Other Qualified Health Care Professional Qualified By Education, Training,	Yes
	Licensure/Regulation (When Applicable) Educational Services Rendered To Patients In A Group Setting	
	(eg, Prenatal, Obesity, Or Diabetic Instructions)	
99080	Special Reports Such As Insurance Forms, More Than The Information Conveyed In The Usual Medical	Yes
	Communications Or Standard Reporting Form	
99082	Unusual Travel (eg, Transportation And Escort Of Patient)	Yes
99091		No
	Digitally Stored And/Or Transmitted By The Patient And/Or Caregiver To The Physician Or Other	
	Qualified Health Care Professional, Qualified By Education, Train	
99100	Anesthesia For Patient Of Extreme Age, Younger Than 1 Year And Older Than 70 (List Separately In	Yes
	Addition To Code For Primary Anesthesia Procedure)	
99116	Anesthesia Complicated By Utilization Of Total Body Hypothermia (List Separately In Addition To Code	Yes
	For Primary Anesthesia Procedure)	
99135	Anesthesia Complicated By Utilization Of Controlled Hypotension (List Separately In Addition To Code	Yes
	For Primary Anesthesia Procedure)	
99140	Anesthesia Complicated By Emergency Conditions (Specify) (List Separately In Addition To Code For	Yes
	Primary Anesthesia Procedure)	••
99151	Moderate Sedation Services Provided By The Same Physician Or Other Qualified Health Care	No
	Professional Performing The Diagnostic Or Therapeutic Service That The Sedation Supports, Requiring	
	The Presence Of An Independent Trained Observer To Assist In The M	
99152		No
	Professional Performing The Diagnostic Or Therapeutic Service That The Sedation Supports, Requiring	
	The Presence Of An Independent Trained Observer To Assist In The M	
99153	, , ,	No
	Professional Performing The Diagnostic Or Therapeutic Service That The Sedation Supports, Requiring	
	The Presence Of An Independent Trained Observer To Assist In The M	
99155	······································	No
	than the physician or other qualified health care professional performing the diagnostic or therapeutic	
00456	service that the sedation supports; initial 15 min	A1 -
99156	······································	No
	than the physician or other qualified health care professional performing the diagnostic or therapeutic	
00457	service that the sedation supports; initial 15 min	NI-
99157	Moderate sedation services provided by a physician or other qualified health care professional other	No
	than the physician or other qualified health care professional performing the diagnostic or therapeutic	
99170	service that the sedation supports; each additiona Anogenital Examination, Magnified, In Childhood For Suspected Trauma, Including Image Recording	No
99170		INU
99172	When Performed Visual Function Screening, Automated Or Semi-Automated Bilateral Quantitative Determination Of	Yes
99172	Visual Acuity, Ocular Alignment, Color Vision By Pseudoisochromatic Plates, And Field Of Vision (May	res
	Include All Or Some Screening Of The Determination[S] For C	
99173	Screening Tect Of Vicual Acuity, Quantitative, Bilateral	Yes
99173	Screening Test Of Visual Acuity, Quantitative, Bilateral Instrument-Based Ocular Screening (eg, Photoscreening, Automated-Refraction), Bilateral; With	Yes
551/7	Remote Analysis And Report	
99175	Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach	Yes
55175	Adequately Emptied Of Poison	105
99177	Instrument-Based Ocular Screening (eg, Photoscreening, Automated-Refraction), Bilateral; With On-	Yes
55177	Site Analysis	103
99183	Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric	Yes
33103	Oxygen Therapy, Per Session	103
99184		No
	Appropriate Patient Selection By Review Of Clinical, Imaging And Laboratory Data, Confirmation Of	
	Esophageal Temperature Probe Location, Evaluation Of Amplitude	
99188		No
99190	Assembly And Operation Of Pump With Oxygenator Or Heat Exchanger (With Or Without Ecg And/Or	Yes
	Pressure Monitoring): Each Hour	
99191	Pressure Monitoring); Each Hour Assembly And Operation Of Pump With Oxygenator Or Heat Exchanger (With Or Without Ecg And/Or	Yes

Procedure Code	Description	Prior Auth Required
99192	Assembly And Operation Of Pump With Oxygenator Or Heat Exchanger (With Or Without Ecg And/Or	Yes
	Pressure Monitoring); 30 Minutes	
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	No
	Requires A Medically Appropriate History And/Or Examination And Straightforward Medical Decision	
	Making. When Using Total Time On The Date Of The	
99203	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which	No
	Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision	
	Making. When Using Total Time On The Date Of The	
99204	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which	No
	Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical	
	Decision Making. When Using Total Time On The Date Of	
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which	No
	Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision	
	Making. When Using Total Time On The Date Of The	
99211	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient That	No
	May Not Require The Presence Of A Physician Or Other Qualified Health Care Professional	
99212	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient,	No
	Which Requires A Medically Appropriate History And/Or Examination And Straightforward Medical	
	Decision Making. When Using Total Time On The Date	
99213	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient,	No
	Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical	
	Decision Making. When Using Total Time On The Date Of	
99214	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient,	No
	Which Requires A Medically Appropriate History And/Or Examination And Moderate Level Of Medical	
	Decision Making. When Using Total Time On The	
99215	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient,	No
	Which Requires A Medically Appropriate History And/Or Examination And High Level Of Medical	
	Decision Making. When Using Total Time On The Date Of	
99221	Initial Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of A	No
	Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward Or	
	Low Level Medical Decision Making. When Using Total Time On T	
99222	Initial Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of A	No
	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	
99223	Initial Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of A	No
	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	
99231	Subsequent Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of	NO
	A Patient, Which Requires A Medically Appropriate History And/Or Examination And Straightforward	
	Or Low Level Of Medical Decision Making. When Using Total Tim	
00000		
99232	Subsequent Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of	NO
	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	
00222		NL -
99233	Subsequent Hospital Inpatient Or Observation Care, Per Day, For The Evaluation And Management Of	NO
	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	
00224	Heavital Invations On Observation Cons. For The Evaluation Available constants of A Patheonic I. 1	No
99234	Hospital Inpatient Or Observation Care, For The Evaluation And Management Of A Patient Including	No
	Admission And Discharge On The Same Date, Which Requires A Medically Appropriate History And/Or	
	Examination And Straightforward Or Low Level Of Medical Decisi	
00225		
99235	Hospital Inpatient Or Observation Care, For The Evaluation And Management Of A Patient Including	No
	Admission And Discharge On The Same Date, Which Requires A Medically Appropriate History And/Or	
	Examination And Moderate Level Of Medical Decision Making. Whe	

Procedure Code	Description	Prior Auth Required
99236	Hospital Inpatient Or Observation Care, For The Evaluation And Management Of A Patient Including	No
	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	
99238	Hospital Inpatient Or Observation Discharge Day Management; 30 Minutes Or Less On The Date Of	No
	The Encounter	
99239	Hospital Inpatient Or Observation Discharge Day Management; More Than 30 Minutes On The Date	No
	Of The Encounter	
99242	Office Or Other Outpatient Consultation For A New Or Established Patient, Which Requires A	No
	Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making.	
	When Using Total Time On The Date Of The Encounter For Code Selection,	
99243	Office Or Other Outpatient Consultation For A New Or Established Patient, Which Requires A	No
	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	
99244	Office Or Other Outpatient Consultation For A New Or Established Patient, Which Requires A	No
	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	
99245	Office Or Other Outpatient Consultation For A New Or Established Patient, Which Requires A	No
	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	
99252		No
	Appropriate History And/Or Examination And Straightforward Medical Decision Making. When Using	
	Total Time On The Date Of The Encounter For Code Selection, 3	
99253		No
	Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using	
00054	Total Time On The Date Of The Encounter For Code Selection, 45 M	••
99254	Inpatient Or Observation Consultation For A New Or Established Patient, Which Requires A Medically	No
	Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making. When	
00255	Using Total Time On The Date Of The Encounter For Code Selection,	N1 .
99255		No
	Appropriate History And/Or Examination And High Level Of Medical Decision Making. When Using	
00201	Total Time On The Date Of The Encounter For Code Selection, 80	N
99281	Emergency Department Visit For The Evaluation And Management Of A Patient That May Not Require	INO
00282	The Presence Of A Physician Or Other Qualified Health Care Professional	Ne
99282	Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A	No
	Medically Appropriate History And/Or Examination And Straightforward Medical Decision Making	
99283	Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A	No
99203	Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making	NO
	Medically Appropriate firstory And/or Examination And Low Level of Medical Decision Making	
99284	Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A	No
55204	Medically Appropriate History And/Or Examination And Moderate Level Of Medical Decision Making	110
99285	Emergency Department Visit For The Evaluation And Management Of A Patient, Which Requires A	No
55200	Medically Appropriate History And/Or Examination And High Level Of Medical Decision Making	
99288	Physician Or Other Qualified Health Care Professional Direction Of Emergency Medical Systems (Ems)	Yes
	Emergency Care, Advanced Life Support	
99291	Critical Care, Evaluation And Management Of The Critically III Or Critically Injured Patient; First 30-74	No
	Minutes	
99292	Critical Care, Evaluation And Management Of The Critically III Or Critically Injured Patient; Each	No
	Additional 30 Minutes (List Separately In Addition To Code For Primary Service)	
99304	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which	No
	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	
99305		No
	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	
99306	Initial Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which	No
	Requires A Medically Appropriate History And/Or Examination And High Level Of Medical Decision	

Procedure Code	Description	Prior Auth Required
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
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
99325	Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; And Medical Decision Making Of Low Complexity. Counseli	No
99326	Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Detailed History; A Detailed Examination; And Medical Decision Making Of Moderate Complexity. Counseling And/Or Coordination Of Car	No
99327	Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of Moderate Complexity. Counseling And/Or Coordinat	No
99328	Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; And Medical Decision Making Of High Complexity. Counseling And/Or Coordination	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		No
99343	Home Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Detailed History; A Detailed Examination; And Medical Decision Making Of Moderate Complexity. Counseling And/Or Coordination Of Care With Other Physici	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

Procedure Code	Description	Prior Auth Required
99350	Home Or Residence Visit For The Evaluation And Management Of An Established Patient, Which	No
	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	
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	No
00200	Additional 30 Minutes (List Separately In Addition To Code For Prolonged Service)	N -
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	Yes
	With Patient And/Or Family, 30 Minutes Or More, Participation By Nonphysician Qualified Health Care Professional	
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	Yes
	Family Not Present, 30 Minutes Or More; Participation By Nonphysician Qualified Health Care	
	Professional	
99374	Supervision Of A Patient Under Care Of Home Health Agency (Patient Not Present) In Home,	Yes
	Domiciliary Or Equivalent Environment (Eg, Alzheimer'S Facility) Requiring Complex And	
99375	Multidisciplinary Care Modalities Involving Regular Development And/Or Revision Supervision Of A Patient Under Care Of Home Health Agency (Patient Not Present) In Home,	Yes
33373	Domiciliary Or Equivalent Environment (Eg, Alzheimer'S Facility) Requiring Complex And	
	Multidisciplinary Care Modalities Involving Regular Development And/Or Revision	
99377	Supervision Of A Hospice Patient (Patient Not Present) Requiring Complex And Multidisciplinary Care	Yes
	Modalities Involving Regular Development And/Or Revision Of Care Plans By That Individual, Review	
	Of Subsequent Reports Of Patient Status, Review Of Relate	
99378	Supervision Of A Hospice Patient (Patient Not Present) Requiring Complex And Multidisciplinary Care	Yes
55576	Modalities Involving Regular Development And/Or Revision Of Care Plans By That Individual, Review	103
	Of Subsequent Reports Of Patient Status, Review Of Relate	
99379	Supervision Of A Nursing Facility Patient (Patient Not Present) Requiring Complex And	Yes
	Multidisciplinary Care Modalities Involving Regular Development And/Or Revision Of Care Plans By	
99380	That Individual, Review Of Subsequent Reports Of Patient Status, Review Supervision Of A Nursing Facility Patient (Patient Not Present) Requiring Complex And	Yes
	Multidisciplinary Care Modalities Involving Regular Development And/Or Revision Of Care Plans By	
	That Individual, Review Of Subsequent Reports Of Patient Status, Review	
99381	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An	No
	Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor	
00202	Reduction Interventions, And The Ordering Of Laboratory/Diagnos	N -
99382	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor	NO
	Reduction Interventions, And The Ordering Of Laboratory/Diagnos	
99383	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An	No
	Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor	
	Reduction Interventions, And The Ordering Of Laboratory/Diagnos	
99384	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An	No
	Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diagnos	
99385	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An	No
	Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor	
	Reduction Interventions, And The Ordering Of Laboratory/Diagnos	
99386	Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An	No
	Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor	
99387	Reduction Interventions, And The Ordering Of Laboratory/Diagnos Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An	No
55507	Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor	
	Reduction Interventions, And The Ordering Of Laboratory/Diagnos	
99391	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of An Individual	No
	Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory	
	Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/Diag	

Procedure Code	Description	Prior Auth Required
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	No
	Elements: One Complex Chronic Condition Expected To Last At Least 3 Months, And That Places The	
	Patient At Significant Risk Of Hospitalization, Acute Exacerbat	
99425		No
	Elements: One Complex Chronic Condition Expected To Last At Least 3 Months, And That Places The	
	Patient At Significant Risk Of Hospitalization, Acute Exacerbat	
99426	Principal Care Management Services, For A Single High-Risk Disease, With The Following Required	No
55120	Elements: One Complex Chronic Condition Expected To Last At Least 3 Months, And That Places The	110
	Patient At Significant Risk Of Hospitalization, Acute Exacerbat	
99427	Principal Care Management Services, For A Single High-Risk Disease, With The Following Required	No
55427	Elements: One Complex Chronic Condition Expected To Last At Least 3 Months, And That Places The	110
	Patient At Significant Risk Of Hospitalization, Acute Exacerbat	
99429	Unlisted Preventive Medicine Service	Yes
99437	Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More)	No
55457		NO
	Chronic Conditions Expected To Last At Least 12 Months, Or Until The Death Of The Patient, Chronic	
00.420	Conditions That Place The Patient At Significant Risk Of Death	Ne
99439	Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More)	No
	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	
99441	Telephone Evaluation And Management Service By A Physician Or Other Qualified Health Care	Yes
	Professional Who May Report Evaluation And Management Services Provided To An Established	
	Patient, Parent, Or Guardian Not Originating From A Related E/M Service Pro	
99442	Telephone Evaluation And Management Service By A Physician Or Other Qualified Health Care	Yes
	Professional Who May Report Evaluation And Management Services Provided To An Established	
	Patient, Parent, Or Guardian Not Originating From A Related E/M Service Pro	
99443	Telephone Evaluation And Management Service By A Physician Or Other Qualified Health Care	Yes
	Professional Who May Report Evaluation And Management Services Provided To An Established	
	Patient, Parent, Or Guardian Not Originating From A Related E/M Service Pro	
99446	Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service	Yes
	Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Verbal	
	And Written Report To The Patient'S Treating/Requesting Ph	
00447		N
99447	Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service	res
	Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Verbal	
	And Written Report To The Patient'S Treating/Requesting Ph	
99448	Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service	Yes
	Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Verbal	
	And Written Report To The Patient'S Treating/Requesting Ph	
	And written report to the ratione's freating/requesting th	
99449	Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service	Vec
	Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Verbal	
	And Written Report To The Patient'S Treating/Requesting Ph	
	And written report to the rationes freating/requesting th	
99450	Basic Life And/Or Disability Examination That Includes: Measurement Of Height, Weight, And Blood	Yes
55-50	Pressure; Completion Of A Medical History Following A Life Insurance Pro Forma; Collection Of Blood	103
99451	Sample And/Or Urinalysis Complying With "Chain Of Custody Interprofessional Telephone/Internet/Electronic Health Record Assessment And Management Service	No
99431		NU
	Provided By A Consultative Physician Or Other Qualified Health Care Professional, Including A Written	
00453	Report To The Patient'S Treating/Requesting Physician Or	
99452	Interprofessional Telephone/Internet/Electronic Health Record Referral Service(s) Provided By A	Yes
	Treating/Requesting Physician Or Other Qualified Health Care Professional, 30 Minutes	
99453	Remote Monitoring Of Physiologic Parameter(s) (eg, Weight, Blood Pressure, Pulse Oximetry,	No
55 155	Respiratory Flow Rate), Initial; Set-Up And Patient Education On Use Of Equipment	
99454	Remote Monitoring Of Physiologic Parameter(s) (eg, Weight, Blood Pressure, Pulse Oximetry,	No
	Respiratory Flow Rate), Initial; Device(s) Supply With Daily Recording(s) Or Programmed Alert(s)	
	Transmission, Each 30 Days	
99455	Work Related Or Medical Disability Examination By The Treating Physician That Includes: Completion	Yes
	Of A Medical History Commensurate With The Patient'S Condition; Performance Of An Examination	
	Commensurate With The Patient'S Condition; Formulation Of A Di	

Procedure Code	Description	Prior Auth Required
99456	Work Related Or Medical Disability Examination By Other Than The Treating Physician That Includes:	Yes
	Completion Of A Medical History Commensurate With The Patient'S Condition; Performance Of An	
	Examination Commensurate With The Patient'S Condition; Formulat	
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other	No
	qualified health care professional time in a calendar month requiring interactive communication with	
	the patient/caregiver during the month; first 20 minutes	
99458	Remote Physiologic Monitoring Treatment Management Services, Clinical Staff/Physician/Other	No
	Qualified Health Care Professional Time In A Calendar Month Requiring Interactive Communication	
	With The Patient/Caregiver During The Month; Each Additional 20 Min	
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	No
	Infant	
99461	Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than	No
	Hospital Or Birthing Center	
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	No
	Infant Admitted And Discharged On The Same Date	
99464	Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care	No
	Professional) And Initial Stabilization Of Newborn	
99465	Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest	No
	Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output	
99466	Critical Care Face-To-Face Services, During An Interfacility Transport Of Critically III Or Critically Injured	No
	Pediatric Patient, 24 Months Of Age Or Younger; First 30-74 Minutes Of Hands-On Care During	
	Transport	
99467	Critical Care Face-To-Face Services, During An Interfacility Transport Of Critically III Or Critically Injured	No
	Pediatric Patient, 24 Months Of Age Or Younger; Each Additional 30 Minutes (List Separately In	
	Addition To Code For Primary Service)	
99468		No
	Neonate, 28 Days Of Age Or Younger	
99469	Subsequent Inpatient Neonatal Critical Care, Per Day, For The Evaluation And Management Of A	No
	Critically III Neonate, 28 Days Of Age Or Younger	
99471		No
00.470	Infant Or Young Child, 29 Days Through 24 Months Of Age	
99472	Subsequent Inpatient Pediatric Critical Care, Per Day, For The Evaluation And Management Of A	No
00.470	Critically III Infant Or Young Child, 29 Days Through 24 Months Of Age	
99473	Self-Measured Blood Pressure Using A Device Validated For Clinical Accuracy; Patient	Yes
00474	Education/Training And Device Calibration	N
99474	Self-Measured Blood Pressure Using A Device Validated For Clinical Accuracy; Separate Self-	Yes
	Measurements Of Two Readings One Minute Apart, Twice Daily Over A 30-Day Period (Minimum Of	
99475	12 Readings), Collection Of Data Reported By The Patient And/Or Caregive	No
99475	Initial Inpatient Pediatric Critical Care, Per Day, For The Evaluation And Management Of A Critically III Infant Or Young Child, 2 Through 5 Years Of Age	INO
99476		No
55470	Critically III 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	No
55477	Or Younger, Who Requires Intensive Observation, Frequent Interventions, And Other Intensive Care	
	Services	
99478		No
55470	Low Birth Weight Infant (Present Body Weight Less Than 1500 Grams)	110
99479		No
	Birth Weight Infant (Present Body Weight Of 1500-2500 Grams)	
99480		No
	(Present Body Weight Of 2501-5000 Grams)	
99483		No
	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	
99484		Yes
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	Yes

99855 Supervision By A Control Physical Of Interfacility Transport Care Of The Critically III or Critically Transport Team Before Transport, At The Inferring Tacility A No 99886 Supervision By A Control Physical Of Interfacility Transport Care Of The Critically III or Critically Injured Pediatric Patient, 24 Months Of Age OY Younger, Includes Two-Way Communication With Transport Team Before Transport, At The Referring Tacility A No 99885 Complex Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Stapected To Last At Less 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Rik Yes 99889 Complex Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Stapected To Last At Less 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Rik No 99891 Chronic Care Management Services With The Following Required Elements: Multiple (Two Or More) Chronic Conditions Expected To Last At Less 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Rik Of Death No 99493 Chronic Conditions Expected To Last At Less 12 Months, Or Until The Death Of The Patient, Chronic Conditions That Place The Patient At Significant Rik Of Death No 99493 Initial Psychiatric Collaborative Care Management, First 30 Minutes in A Subsequent Month Of Behavioral Heath Care Managere Attivites, In Consultation Mand No	Procedure Code	Description	Prior Auth Required
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Assessment, Apnea Evaluation)Yes99504Home Visit For Mechanical Ventilation CareYes99505Home Visit For Stoma Care And Maintenance Including Colostomy And CystostomyYes99506Home Visit For Intramuscular InjectionsYes99507Home Visit For Care And Maintenance Of Catheter(s) (eg, Urinary, Drainage, And Enteral)Yes99509Home Visit For Assistance With Activities Of Daily Living And Personal CareYes99510Home Visit For Individual, Family, Or Marriage CounselingYes99511Home Visit For Fecal Impaction Management And Enema AdministrationYes99502Home Visit For HemodialysisYes99601Unlisted Home Visit Service Or ProcedureYes99602Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours); Each Additional Hour (List Separately In Addition To Code For Primary Procedure)Yes99605Medication Therapy Management Service(s) Provided By A Pharmacist, Individual, Face-To-Face WithNo	99502	Home Visit For Newborn Care And Assessment	No
99504Home Visit For Mechanical Ventilation CareYes99505Home Visit For Stoma Care And Maintenance Including Colostomy And CystostomyYes99506Home Visit For Intramuscular InjectionsYes99507Home Visit For Care And Maintenance Of Catheter(s) (eg, Urinary, Drainage, And Enteral)Yes99509Home Visit For Assistance With Activities Of Daily Living And Personal CareYes99510Home Visit For Individual, Family, Or Marriage CounselingYes99511Home Visit For Fecal Impaction Management And Enema AdministrationYes99512Home Visit For HemodialysisYes99601Unlisted Home Visit Service Or ProcedureYes99602Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours); Each Additional Hour (List Separately In Addition To Code For Primary Procedure)Yes99605Medication Therapy Management Service(s) Provided By A Pharmacist, Individual, Face-To-Face WithNo	99503	Home Visit For Respiratory Therapy Care (eg, Bronchodilator, Oxygen Therapy, Respiratory	Yes
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99509Home Visit For Assistance With Activities Of Daily Living And Personal CareYes99510Home Visit For Individual, Family, Or Marriage CounselingYes99511Home Visit For Fecal Impaction Management And Enema AdministrationYes99512Home Visit For HemodialysisYes99600Unlisted Home Visit Service Or ProcedureYes99601Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours);Yes99602Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours); Each Additional Hour (List Separately In Addition To Code For Primary Procedure)Yes99605Medication Therapy Management Service(s) Provided By A Pharmacist, Individual, Face-To-Face WithNo	99507	Home Visit For Care And Maintenance Of Catheter(s) (eg, Urinary, Drainage, And Enteral)	Yes
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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 No No	99510		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 No			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 No	99512		Yes
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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 No	99601		
Separately In Addition To Code For Primary Procedure) Separately In Addition To Code For Primary Procedure 99605 Medication Therapy Management Service(s) Provided By A Pharmacist, Individual, Face-To-Face With No			
99605 Medication Therapy Management Service(s) Provided By A Pharmacist, Individual, Face-To-Face With No			
	99605		No

Procedure Code	Description	Prior Auth Required
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
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
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
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
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
A0888	Noncovered Ambulance Mileage, Per Mile (E.G., For Miles Traveled Beyond Closest Appropriate	Yes
	Facility) (Non-Covered By Medicare. See Mcm: 2125)	

Procedure Code	Description	Prior Auth Required
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
A2001	Innovamatrix Ac, Per Square Centimeter	Yes
A2002	Mirragen Advanced Wound Matrix, Per Square Centimeter	Yes
A2004	Xcellistem, 1 Mg	Yes
A2005	Microlyte Matrix, Per Square Centimeter	Yes
A2006	Novosorb Synpath Dermal Matrix, Per Square Centimeter	Yes
A2007	Restrata, Per Square Centimeter	Yes
A2008	Theragenesis, Per Square Centimeter	Yes
A2009	Symphony, Per Square Centimeter	Yes
A2010	Apis, Per Square Centimeter	Yes
A2011	Supra Sdrm, Per Square Centimeter	Yes
A2012	Suprathel, Per Square Centimeter	Yes
A2013	Innovamatrix Fs, Per Square Centimeter	Yes
A2014	Omeza Collagen Matrix, Per 100 Mg	Yes
A2015	Phoenix Wound Matrix, Per Square Centimeter	Yes
A2016	Permeaderm B, Per Square Centimeter	Yes
A2017	Permeaderm Glove, Each	Yes
A2018	Permeaderm C, Per Square Centimeter	Yes
A2019	Kerecis Omega3 Marigen Shield, Per Square Centimeter	Yes
A2020	Ac5 Advanced Wound System (Ac5)	Yes
A2021	Neomatrix, Per Square Centimeter	Yes
A2022	Innovaburn Or Innovamatrix XI, Per Square Centimeter	Yes
A2023	Innovamatrix Pd, 1 Mg	Yes
A2024	Resolve Matrix, Per Square Centimeter	Yes
A2025	Miro3D, Per Cubic Centimeter	Yes
A4100	Skin Substitute, Fda Cleared As A Device, Not Otherwise Specified	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 MI (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
A4217	Sterile Water/Saline, 500 MI (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

Procedure Code	Description	Prior Auth Required
A4234	Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood Glucose Monitor	Yes
	Owned By Patient, Each	
A4235	Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose Monitor	Yes
	Owned By Patient, Each	
A4236	Replacement Battery, Silver Oxide, For Use With Medically Necessary Home Blood Glucose Monitor	Yes
	Owned By Patient, Each	
A4238	Supply Allowance For Adjunctive, Non-Implanted Continuous Glucose Monitor (Cgm), Includes All	Yes
	Supplies And Accessories, 1 Month Supply = 1 Unit Of Service	
A4239	Supply Allowance For Non-Adjunctive, Non-Implanted Continuous Glucose Monitor (Cgm), Includes All	Yes
	Supplies And Accessories, 1 Month Supply = 1 Unit Of Service	
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 MI	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:	Yes
A 4252	1861(N)) Read Chucago Tost Or Reagant String For Hamo Read Chucago Manitar, Par 50 String (Special	Vac
A4253	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips (Special	Yes
A4255	Coverage Instructions Apply. See Cim: 60-11) Platforms For Home Blood Glucose Monitor, 50 Per Box (Special Coverage Instructions Apply. See	Yes
A4233	Cim: 60-11)	105
A4256	Normal, Low And High Calibrator Solution / Chips (Special Coverage Instructions Apply. See Cim: 60-	Yes
	11)	
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	Yes
	Apply. See Mcm: 15030)	
A4264	Permanent Implantable Contraceptive Intratubal Occlusion Device(S) And Delivery System (Not	Yes
	Payable By Medicare)	
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
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 Proact Shield And Splach Brotector For Use With Breast Pump, Benjacement	Yes
A4284 A4285	Breast Shield And Splash Protector For Use With Breast Pump, Replacement Polycarbonate Bottle For Use With Breast Pump, Replacement	Yes
A4285 A4286	Locking Ring For Breast Pump, Replacement	Yes Yes
A4280 A4287	Disposable Collection And Storage Bag For Breast Milk, Any Size, Any Type, Each	No
A4290	Sacral Nerve Stimulation Test Lead, Each	Yes
A4300	Implantable Access Catheter, (E.G., Venous, Arterial, Epidural Subarachnoid, Or Peritoneal, Etc.)	Yes
	External Access (Special Coverage Instructions Apply. See Mcm: 2130)	
A4301	Implantable Access Total Catheter, Port/Reservoir (E.G., Venous, Arterial, Epidural, Subarachnoid,	Yes
	Peritoneal, Etc.)	
A4305	Disposable Drug Delivery System, Flow Rate Of 50 MI Or Greater Per Hour	No
A4306	Disposable Drug Delivery System, Flow Rate Of Less Than 50 MI Per Hour	Yes
A4310	Insertion Tray Without Drainage Bag And Without Catheter (Accessories Only) (Special Coverage	No
	Instructions Apply. See Mcm: 2130)	
A4311	Insertion Tray Without Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex With	No
	Coating (Teflon, Silicone, Silicone Elastomer Or Hydrophilic, Etc.) (Special Coverage Instructions Apply.	
	See Mcm: 2130)	

Procedure Code	Description	Prior Auth Required
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
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
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, Silicone Elastomer, Or Hydrophilic, Etc.), Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A4352	Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, 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

Procedure Code	Description	Prior Auth Required
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
A4369	Ostomy Skin Barrier, Liquid (Spray, Brush, Etc.), Per Oz (Special Coverage Instructions Apply. See Mcm: 2130)	
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	Yes
A4377	Apply. See Mcm: 2130) Ostomy Pouch, Drainable, For Use On Faceplate, Plastic, Each (Special Coverage Instructions Apply.	Yes
A4378	See Mcm: 2130) Ostomy Pouch, Drainable, For Use On Faceplate, Rubber, Each (Special Coverage Instructions Apply.	Yes
A4379	See Mcm: 2130) Ostomy Pouch, Urinary, With Faceplate Attached, Plastic, Each (Special Coverage Instructions Apply.	Yes
A4380	See Mcm: 2130) Ostomy Pouch, Urinary, With Faceplate Attached, Rubber, Each (Special Coverage Instructions Apply.	Yes
A4381	See Mcm: 2130) Ostomy Pouch, Urinary, For Use On Faceplate, Plastic, Each (Special Coverage Instructions Apply. See	Yes
A4382	Mcm: 2130) Ostomy Pouch, Urinary, For Use On Faceplate, Heavy Plastic, Each (Special Coverage Instructions	Yes
A4383	Apply. See Mcm: 2130) Ostomy Pouch, Urinary, For Use On Faceplate, Rubber, Each (Special Coverage Instructions Apply. See	Yes
A4384	Mcm: 2130) Ostomy Faceplate Equivalent, Silicone Ring, Each (Special Coverage Instructions Apply. See Mcm:	Yes
A4385	2130) Ostomy Skin Barrier, Solid 4 X 4 Or Equivalent, Extended Wear, Without Built-In Convexity, Each	No
A4387	(Special Coverage Instructions Apply. See Mcm: 2130) Ostomy Pouch, Closed, With Barrier Attached, With Built-In Convexity (1 Piece), Each (Special	No
A4388	Coverage Instructions Apply. See Mcm: 2130) Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, (1 Piece), Each (Special Coverage	No
A4389	Instructions Apply. See Mcm: 2130) Ostomy Pouch, Drainable, With Barrier Attached, With Built-In Convexity (1 Piece), Each (Special	No
A4390	Coverage Instructions Apply. See Mcm: 2130) Ostomy Pouch, Drainable, With Extended Wear Barrier Attached, With Built-In Convexity (1 Piece), Such (See in 1.5 means before the set of the s	No
A4391	Each (Special Coverage Instructions Apply. See Mcm: 2130) Ostomy Pouch, Urinary, With Extended Wear Barrier Attached (1 Piece), Each (Special Coverage	No
A4392	Instructions Apply. See Mcm: 2130) Ostomy Pouch, Urinary, With Standard Wear Barrier Attached, With Built-In Convexity (1 Piece), Each	No
A4393	(Special Coverage Instructions Apply. See Mcm: 2130) Ostomy Pouch, Urinary, With Extended Wear Barrier Attached, With Built-In Convexity (1 Piece), Each	No
	(Special Coverage Instructions Apply. See Mcm: 2130)	

Procedure Code	Description	Prior Auth Required
A4394	Ostomy Deodorant, With Or Without Lubricant, For Use In Ostomy Pouch, Per Fluid Ounce (Special	No
	Coverage Instructions Apply. See Mcm: 2130)	
A4395	Ostomy Deodorant For Use In Ostomy Pouch, Solid, Per Tablet (Special Coverage Instructions Apply.	Yes
A4396	See Mcm: 2130) 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	No
	Apply. See Mcm: 2130)	
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
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
A 4 4 1 0	Osternu Deusk, Classel With out Demise Attach ad With Filter (1 Disse). Fash	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
A4420 A4427	Ostomy Pouch, Drainable, For Use On Barrier With Locking Flange (2 Piece System), Each 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

Procedure Code	Description	Prior Auth Required
A4432	Ostomy Pouch, Urinary; For Use On Barrier With Non-Locking Flange, With Faucet-Type Tap With	No
	Valve (2 Piece), Each	
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	No
	Piece), Each	
A4435	Ostomy Pouch, Drainable, High Output, With Extended Wear Barrier (One-Piece System), With Or	No
	Without Filter, Each	
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
		.,
A4450	Tape, Non-Waterproof, Per 18 Square Inches (Special Coverage Instructions Apply. See Mcm: 2130)	Yes
4452	Tana Waterproof Day 10 Guerra Inches (Cassial Causers a Instructions Apply Cas Mary 2120)	Yes
A4452	Tape, Waterproof, Per 18 Square Inches (Special Coverage Instructions Apply. See Mcm: 2130)	res
A4453	Rectal Catheter For Use With The Manual Pump-Operated Enema System, Replacement Only	Yes
A4433	Rectar Catheter For Ose with the Manual Fully-Operated Enema System, Replacement Only	103
A4455	Adhesive Remover Or Solvent (For Tape, Cement Or Other Adhesive), Per Ounce (Special Coverage	Yes
	Instructions Apply. See Mcm: 2130)	
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	Yes
	Medicare Statute. Statute Reference: 1861S8)	
A4458	Enema Bag With Tubing, Reusable	Yes
A4459	Manual Pump-Operated Enema System, Includes Balloon, Catheter And All Accessories, Reusable, Any	Yes
	Туре	
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	Yes
A4470	Reference: 1834(A)(3))	Yes
A4470 A4480	Gravlee Jet Washer (Special Coverage Instructions Apply. See Cim: 50-4 And Mcm: 2320) Vabra Aspirator (Special Coverage Instructions Apply. See Cim: 50-10 And Mcm: 2320)	Yes
A4480 A4481	Tracheostoma Filter, Any Type, Any Size, Each (Special Coverage Instructions Apply. See Mcm: 2130)	No
A++01		110
A4483	Moisture Exchanger, Disposable, For Use With Invasive Mechanical Ventilation (Special Coverage	No
	Instructions Apply. See Mcm: 2130)	
A4490	Surgical Stockings Above Knee Length, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm:	Yes
	2079, 2100)	
A4495	Surgical Stockings Thigh Length, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2079,	Yes
	2100)	
A4500	Surgical Stockings Below Knee Length, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm:	Yes
	2079, 2100)	
A4510	Surgical Stockings Full Length, Each (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2079, 2100)	Yes
44520		
A4520	Incontinence Garment, Any Type, (E.G., Brief, Diaper), Each (Non-Covered By Medicare. See Cim: 60-	Yes
A4540	9) Distal Transcutaneous Electrical Nerve Stimulator, Stimulates Peripheral Nerves Of The Upper Arm	Yes
A4J40	(Non-Covered By Medicare Statute. Statute Reference: 1861(N))	165
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	
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,	Yes
	Replacement Only (Not Payable By Medicare)	
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

Procedure Code	Description	Prior Auth Required
A4560	Neuromuscular Electrical Stimulator (Nmes), Disposable, Replacement Only (Non-Covered By	Yes
	Medicare Statute. Statute Reference: 1861(N))	
A4561	Pessary, Rubber, Any Type	Yes
A4562	Pessary, Non Rubber, Any Type	Yes
A4563	Rectal Control System For Vaginal Insertion, For Long Term Use, Includes Pump And All Supplies And Accessories, Any Type Each	Yes
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
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	Yes
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)	Yes
A4620	Variable Concentration Mask (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 3312)	Yes
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
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	No
-	(Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	

Procedure Code	Description	Prior Auth Required
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		Yes
	Calibrated Microcapillary Tube, Each (Special Coverage Instructions Apply. See Mcm: 4270)	
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.	Yes
A4674	See Mcm: 4270) Chemicals/Antiseptics Solution Used To Clean/Sterilize Dialysis Equipment, Per 8 Oz (Special Coverage	Yes
	Instructions Apply. See Mcm: 4270)	
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	Yes
A4714	Mcm: 4270) Treated Water (Deionized, Distilled, Or Reverse Osmosis) For Peritoneal Dialysis, Per Gallon (Special	Yes
	Coverage Instructions Apply. See Cim: 55-1 And Mcm: 4270)	
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
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 MI	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

Procedure Code	Description	Prior Auth Required
A4737	Injectable Anesthetic, For Dialysis, Per 10 MI (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 MI (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
A5051	Ostomy Pouch, Closed; With Barrier Attached (1 Piece), Each (Special Coverage Instructions Apply. See Mcm: 2130)	
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, With Darrier 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

Procedure Code	Description	Prior Auth Required
A5072	Ostomy Pouch, Urinary; Without Barrier Attached (1 Piece), Each (Special Coverage Instructions Apply.	No
15070	See Mcm: 2130)	••
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
A5102	Bedside Drainage Bottle With Or Without Tubing, Rigid Or Expandable, Each (Special Coverage Instructions Apply. See Mcm: 2130)	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	No
	Depth-Inlay Shoe Manufactured To Accommodate Multi-Density Insert(S), Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	
A5501	For Diabetics Only, Fitting (Including Follow-Up), Custom Preparation And Supply Of Shoe Molded	Yes
	From Cast(S) Of Patient'S Foot (Custom Molded Shoe), Per Shoe (Special Coverage Instructions Apply. See Mcm: 2134)	
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	Yes
A5504	Mcm: 2134) 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

Procedure Code	Description	Prior Auth Required
A5514	For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam Technology From A	Yes
	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	
A6000	Non-Contact Wound Warming Wound Cover For Use With The Non-Contact Wound Warming Device	Yes
	And Warming Card (Non-Covered By Medicare. See Mcm: 2303)	
A6010	Collagen Based Wound Filler, Dry Form, Sterile, Per Gram Of Collagen (Special Coverage Instructions	No
AC011	Apply. See Mcm: 2079)	Vec
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:	No
A0021		110
A6022	Collagen Dressing, Sterile, Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each (Special	No
	Coverage Instructions Apply. See Mcm: 2079)	
A6023	Collagen Dressing, Sterile, Size More Than 48 Sq. In., Each (Special Coverage Instructions Apply. See	Yes
	Mcm: 2079)	
A6024	Collagen Dressing Wound Filler, Sterile, Per 6 Inches (Special Coverage Instructions Apply. See Mcm:	Yes
	2079)	
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	No
46407	Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	NI-
A6197	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less	NO
	Than Or Equal To 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	
A6198	Alginate Or Other Fiber Gelling Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Each	Yes
10150	Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	
A6199	Alginate Or Other Fiber Gelling Dressing, Wound Filler, Sterile, Per 6 Inches (Special Coverage	No
	Instructions Apply. See Mcm: 2079)	
A6203	Composite Dressing, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing	No
	(Special Coverage Instructions Apply. See Mcm: 2079)	
A6204	Composite Dressing, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., With	No
	Any Size Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	
A6205	Composite Dressing, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border, Each	No
4.5205	Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	NL .
A6206	Contact Layer, Sterile, 16 Sq. In. Or Less, Each Dressing (Special Coverage Instructions Apply. See Mcm:	NO
A6207	2079) Contact Layer, Sterile, More Than 16 Sq. In. But Less Than Or Equal To 48 Sq. In., Each Dressing	No
A0207	(Special Coverage Instructions Apply. See Mcm: 2079)	NO
A6208	Contact Layer, Sterile, More Than 48 Sq. In., Each Dressing (Special Coverage Instructions Apply. See	No
	Mcm: 2079)	
A6209	Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each	No
	Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	
A6210	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq.	No
	In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	
A6211	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., Without Adhesive Border, Each	No
4.6242	Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	NL.
A6212	Foam Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each	NO
AC212	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:	No
	2079)	
A6214	Foam Dressing, Wound Cover, Sterile, Pad Size More Than 48 Sq. In., With Any Size Adhesive Border,	No
	Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	
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	No
	Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	
A6217	Gauze, Non-Impregnated, Non-Sterile, Pad Size More Than 16 Sq. In. But Less Than Or Equal To 48 Sq.	No
	In., Without Adhesive Border, Each Dressing (Special Coverage Instructions Apply. See Mcm: 2079)	

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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
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

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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
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

Procedure Code	Description	Prior Auth Required
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
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
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

Procedure Code	Description	Prior Auth Required
A6531	Gradient Compression Stocking, Below Knee, 30-40 Mmhg, Used As A Surgical Dressing, Each (Special	Yes
	Coverage Instructions Apply. See Mcm: 2079)	
A6532	Gradient Compression Stocking, Below Knee, 40-50 Mmhg, Used As A Surgical Dressing, Each (Special	Yes
	Coverage Instructions Apply. See Mcm: 2079)	
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 (Non-Covered By Medicare. See Cim: 60-9 And Mcm: 2133)	No
A6545	Gradient Compression Wrap, Non-Elastic, Below Knee, 30-50 Mmhg, Used As A Surgical Dressing, Eac (Special Coverage Instructions Apply. See Mcm: 2079)	h No
A6549	Gradient Compression Garment, Not Otherwise Specified	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, Lach	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
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, 30-50 Mmhg, Each	Yes
A6584	Gradient Compression Wrap With Adjustable Straps, Not Otherwise Specified	Yes
A6585	Gradient Pressure Wrap With Adjustable Straps, Above Knee, Each	Yes
A6586	Gradient Pressure Wrap With Adjustable Straps, Full Leg, Each	Yes
A6587	Gradient Pressure Wrap With Adjustable Straps, Foot, Each	Yes
A6588	Gradient Pressure 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	Yes
	Specified	

Procedure Code	Description	Prior Auth Required
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
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 MI	Yes
A7020	Interface For Cough Stimulating Device, Includes All Components, Replacement Only	Yes
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
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

Procedure Code	Description	Prior Auth Required
A7034		No
	Head Strap	
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,	No
	Replacement Only (Special Coverage Instructions Apply. See Cim: 60-17)	
A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each	No
	(Special Coverage Instructions Apply. See Cim: 60-17)	
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	No
	Change, For Use With Implanted Catheter, Each	
A7049	Expiratory Positive Airway Pressure Intranasal Resistance Valve (Non-Covered By Medicare Statute.	No
	Statute Reference: 1861(N))	
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	No
	Apply. See Mcm: 2130)	
A7503	Filter Holder Or Filter Cap, Reusable, For Use In A Tracheostoma Heat And Moisture Exchange System,	No
	Each (Special Coverage Instructions Apply. See Mcm: 2130)	
A7504	Filter For Use In A Tracheostoma Heat And Moisture Exchange System, Each (Special Coverage	No
	Instructions Apply. See Mcm: 2130)	
A7505	Housing, Reusable Without Adhesive, For Use In A Heat And Moisture Exchange System And/Or With	No
	A Tracheostoma Valve, Each (Special Coverage Instructions Apply. See Mcm: 2130)	
	······································	
A7506	Adhesive Disc For Use In A Heat And Moisture Exchange System And/Or With Tracheostoma Valve,	No
	Any Type Each (Special Coverage Instructions Apply. See Mcm: 2130)	
A7507	Filter Holder And Integrated Filter Without Adhesive, For Use In A Tracheostoma Heat And Moisture	No
	Exchange System, Each (Special Coverage Instructions Apply. See Mcm: 2130)	
A7508	Housing And Integrated Adhesive, For Use In A Tracheostoma Heat And Moisture Exchange System	No
	And/Or With A Tracheostoma Valve, Each (Special Coverage Instructions Apply. See Mcm: 2130)	
A7509	Filter Holder And Integrated Filter Housing, And Adhesive, For Use As A Tracheostoma Heat And	No
	Moisture Exchange System, Each (Special Coverage Instructions Apply. See Mcm: 2130)	
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
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	Yes
	Medicare)	
A9153	Multiple Vitamins, With Or Without Minerals And Trace Elements, Oral, Per Dose, Not Otherwise	Yes
	Specified (Not Payable By Medicare)	
A9155	Artificial Saliva, 30 MI	Yes
A9156	Oral Mucoadhesive, Any Type (Liquid, Gel, Paste, Etc.), Per 1 Ml (Special Coverage Instructions Apply.	Yes

Procedure Code	Description	Prior Auth Required
A9180	Pediculosis (Lice Infestation) Treatment, Topical, For Administration By Patient/Caretaker (Not	Yes
	Payable By Medicare)	
A9268	Programmer For Transient, Orally Ingested Capsule (Non-Covered By Medicare Statute. Statute	Yes
	Reference: 1861(N))	
A9269	Programable, Transient, Orally Ingested Capsule, For Use With External Programmer, Per Month (Non-	Yes
	Covered By Medicare Statute. Statute Reference: 1861(N))	
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 (Non-	Yes
	Covered By Medicare Statute. Statute Reference: 1861(N))	
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type (non-covered by medicare)	Yes
40074		Maria
A9274	External Ambulatory Insulin Delivery System, Disposable, Each, Includes All Supplies And Accessories	Yes
40275	(Non-Covered By Medicare Statute. Statute Reference: 1861(N))	N
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	Yes
	Interstitial Continuous Glucose Monitoring System, One Unit = 1 Day Supply (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	
A9277	Transmitter; External, For Use With Non-Durable Medical Equipment Interstitial Continuous Glucose	Yes
10211	Monitoring System (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	
A9278	Receiver (Monitor); External, For Use With Non-Durable Medical Equipment Interstitial Continuous	Yes
	Glucose Monitoring System (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	
A9279	Monitoring Feature/Device, Stand-Alone Or Integrated, Any Type, Includes All Accessories,	Yes
	Components And Electronics, Not Otherwise Classified (Non-Covered By Medicare Statute. Statute	
	Reference: 1861(N))	
A9280	Alert Or Alarm Device, Not Otherwise Classified (Non-Covered By Medicare Statute. Statute	Yes
	Reference: 1861)	
A9281	Reaching/Grabbing Device, Any Type, Any Length, Each (Non-Covered By Medicare Statute. Statute	No
	Reference: 1862 Ssa)	
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.	Yes
	Statute Reference: 1862A(I)13)	
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	Yes
	Statute. Statute Reference: 1834)	
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
A9292 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
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:	Yes
	153.60)	
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

Procedure Code	Description	Prior Auth Required
A9529		No
A9530		No
A9531		No
A9532		No
A9536		No
A9537		No
A9538		No
A9539		No
A9540	Technetium Tc-99m Macroaggregated Albumin, Diagnostic, Per Study Dose, Up To 10 Millicuries	No
A9541		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		No
A9547		No
A9548		No
A9550		No
A9551		No
A9552 A9553		No No
A9553 A9554		No
A9555		Yes
A9555 A9556		No
A9556 A9557		
		No No
A9558		No
A9559 A9560		
		No
A9561		No
A9562		No
A9563		No
A9564		No
A9566		No
A9567		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 MI	No
A9574	Air Polymer-Type A Intrauterine Foam, 0.1 MI	Yes
A9575	Injection, Gadoterate Meglumine, 0.1 MI	No
A9576	Injection, Gadoteridol, (Prohance Multipack), Per Ml	No
A9577	Injection, Gadobenate Dimeglumine (Multihance), Per Ml	No
A9578		No
A9579	Injection, Gadolinium-Based Magnetic Resonance Contrast Agent, Not Otherwise Specified (Nos), Per MI	No
A9580	Sodium Fluoride F-18, Diagnostic, Per Study Dose, Up To 30 Millicuries	No
A9581		No
A9582		No
A9583	Injection, Gadofosveset Trisodium, 1 MI	No
A9584	Iodine 1-123 Ioflupane, Diagnostic, Per Study Dose, Up To 5 Millicuries	No
A9585	Injection, Gadobutrol, 0.1 MI	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		No
A9589		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

Procedure Code	Description	Prior Auth Required
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	No
	Otherwise Classified	-
A9598	Positron Emission Tomography Radiopharmaceutical, Diagnostic, For Non-Tumor Identification, Not	No
	Otherwise Classified	
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
A9697	Injection, Carboxydextran-Coated Superparamagnetic Iron Oxide, Per Study Dose	No
A9698	Non-Radioactive Contrast Imaging Material, Not Otherwise Classified, Per Study (Special Coverage	No
	Instructions Apply. See Mcm: 15022)	
A9699	Radiopharmaceutical, Therapeutic, Not Otherwise Classified	Yes
A9700	Supply Of Injectable Contrast Material For Use In Echocardiography, Per Study (Special Coverage	Yes
	Instructions Apply. See Mcm: 15360)	
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	Miscellaneous Dme Supply Or Accessory, Not Otherwise Specified	Yes
AAA00	HIPPS Code AAA00	No
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day, Includes But Not Limited To Feeding/Flushing	No
	Syringe, Administration Set Tubing, Dressings, Tape (Special Coverage Instructions Apply. See Cim: 65-	
D 4005	10 And Mcm: 2130, 4450)	
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe,	No
	Administration Set Tubing, Dressings, Tape (Special Coverage Instructions Apply. See Cim: 65-10 And	
B4036	Mcm: 2130, 4450) Enteral Feeding Supply Kit; Gravity Fed, Per Day, Includes But Not Limited To Feeding/Flushing	No
64030	Syringe, Administration Set Tubing, Dressings, Tape (Special Coverage Instructions Apply. See Cim: 65-	NO
	10 And Mcm: 2130, 4450)	
B4081	Nasogastric Tubing With Stylet (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130,	No
54001		
B4082	Nasogastric Tubing Without Stylet (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm:	No
	2130, 4450)	
B4083	Stomach Tube - Levine Type (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130,	No
	4450)	
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 MI = 1	Yes
	Unit (Special Coverage Instructions Apply. See Cim: 65-10)	
B4103	Enteral Formula, For Pediatrics, Used To Replace Fluids And Electrolytes (E.G., Clear Liquids), 500 MI =	Yes
	1 Unit (Special Coverage Instructions Apply. See Cim: 65-10)	
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	Yes
	Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape (Special Coverage Instructions	
	Apply. See Cim: 65-10 And Mcm: 2130, 4450)	
B4149	Enteral Formula, Manufactured Blenderized Natural Foods With Intact Nutrients, Includes Proteins,	Yes
	Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral	
	Feeding Tube, 100 Calories = 1 Unit (Special Coverage Instruct	
B4150	Enteral Formula, Nutritionally Complete With Intact Nutrients, Includes Proteins, Fats, Carbohydrates,	Yes
	Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100	
	Calories = 1 Unit (Special Coverage Instructions Apply. See	

Procedure Code	Description	Prior Auth Required
B4152	Enteral Formula, Nutritionally Complete, Calorically Dense (Equal To Or Greater Than 1.5 Kcal/MI)	Yes
	With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include	
	Fiber, Administered Through An Enteral Feeding Tube, 100 Ca	
B4153	Enteral Formula, Nutritionally Complete, Hydrolyzed Proteins (Amino Acids And Peptide Chain),	Yes
	Includes Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An	
	Enteral Feeding Tube, 100 Calories = 1 Unit (Special Coverage Ins	
B4154	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs, Excludes Inherited Disease Of	Yes
	Metabolism, Includes Altered Composition Of Proteins, Fats, Carbohydrates, Vitamins And/Or	
	Minerals, May Include Fiber, Administered Through An Enteral Fee	
B4155	Enteral Formula, Nutritionally Incomplete/Modular Nutrients, Includes Specific Nutrients,	Yes
	Carbohydrates (E.G., Glucose Polymers), Proteins/Amino Acids (E.G., Glutamine, Arginine), Fat (E.G.,	
	Medium Chain Triglycerides) Or Combination, Administered Through	
B4157	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs For Inherited Disease Of	Yes
	Metabolism, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber,	
	Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit	
B4158	Enteral Formula, For Pediatrics, Nutritionally Complete With Intact Nutrients, Includes Proteins, Fats,	Yes
	Carbohydrates, Vitamins And Minerals, May Include Fiber And/Or Iron, Administered Through An	
	Enteral Feeding Tube, 100 Calories = 1 Unit (Special Cover	
B4159	Enteral Formula, For Pediatrics, Nutritionally Complete Soy Based With Intact Nutrients, Includes	Yes
	Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber And/Or Iron, Administered	
	Through An Enteral Feeding Tube, 100 Calories = 1 Unit (Spe	
B4160	Enteral Formula, For Pediatrics, Nutritionally Complete Calorically Dense (Equal To Or Greater Than	Yes
	0.7 Kcal/MI) With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals,	
	May Include Fiber, Administered Through An Enteral Feedi	
B4161	Enteral Formula, For Pediatrics, Hydrolyzed/Amino Acids And Peptide Chain Proteins, Includes Fats,	Yes
	Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding	
	Tube, 100 Calories = 1 Unit (Special Coverage Instructions	
B4162	Enteral Formula, For Pediatrics, Special Metabolic Needs For Inherited Disease Of Metabolism,	Yes
	Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered	
	Through An Enteral Feeding Tube, 100 Calories = 1 Unit (Special Co	
B4164	Parenteral Nutrition Solution: Carbohydrates (Dextrose), 50% Or Less (500 MI = 1 Unit) - Home Mix	Yes
	(Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	
B4168	Parenteral Nutrition Solution; Amino Acid, 3.5%, (500 MI = 1 Unit) - Home Mix (Special Coverage	Yes
0.4470	Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	
B4172	Parenteral Nutrition Solution; Amino Acid, 5.5% Through 7%, (500 MI = 1 Unit) - Home Mix (Special	Yes
D 447C	Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Maria
B4176	Parenteral Nutrition Solution; Amino Acid, 7% Through 8.5%, (500 MI = 1 Unit) - Home Mix (Special	Yes
D 44 70	Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Mar a
B4178	Parenteral Nutrition Solution: Amino Acid, Greater Than 8.5% (500 MI = 1 Unit) - Home Mix (Special	Yes
D4190	Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Vec
B4180	Parenteral Nutrition Solution; Carbohydrates (Dextrose), Greater Than 50% (500 Ml = 1 Unit) - Home	Yes
D4105	Mix (Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	Vac
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids (Special coverage instructions	Yes
B4187	apply)	Yes
B4187 B4189	Omegaven, 10 Grams Lipids (Special Coverage Instructions Apply)	
D4109	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace	Yes
	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	
B4193	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace	Yes
04195	Elements, And Vitamins, Including Preparation, Any Strength, 52 To 73 Grams Of Protein - Premix	105
	(Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2	
B4197	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace	Yes
54197	Elements And Vitamins, Including Preparation, Any Strength, 74 To 100 Grams Of Protein - Premix	105
	(Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2	
B4199	Parenteral Nutrition Solution; Compounded Amino Acid And Carbohydrates With Electrolytes, Trace	Yes
0.100	Elements And Vitamins, Including Preparation, Any Strength, Over 100 Grams Of Protein - Premix	
	(Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 21	
B4216	Parenteral Nutrition; Additives (Vitamins, Trace Elements, Heparin, Electrolytes), Home Mix, Per Day	Yes
5 /210	(Special Coverage Instructions Apply. See Cim: 65-10 And Mcm: 2130, 4450)	
B4220	Parenteral Nutrition Supply Kit; Premix, Per Day (Special Coverage Instructions Apply. See Cim: 65-10	Yes
5.220	And Mcm: 2130, 4450)	

Procedure Code	Description	Prior Auth Required
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
BHPC1	HIPPS Code BHPC1	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
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
C1602	Orthopedic/Device/Drug Matrix/Absorbable Bone Void Filler, Antimicrobial-Eluting (Implantable) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	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
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

Procedure Code	Description	Prior Auth Required
C1727	Catheter, Balloon Tissue Dissector, Non-Vascular (Insertable) (Special Coverage Instructions Apply.	Yes
	Statute Reference: 1833(T))	
C1728	Catheter, Brachytherapy Seed Administration (Special Coverage Instructions Apply. Statute Reference:	Yes
	1833(T))	
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	Yes
01701	Coverage Instructions Apply. Statute Reference: 1833(T))	.,
C1731	Catheter, Electrophysiology, Diagnostic, Other Than 3D Mapping (20 Or More Electrodes) (Special	Yes
C1732	Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1/52	Catheter, Electrophysiology, Diagnostic/Ablation, 3D Or Vector Mapping (Special Coverage Instructions Apply. Statute Reference: 1833(T))	res
C1733	Catheter, Electrophysiology, Diagnostic/Ablation, Other Than 3D Or Vector Mapping, Other Than Cool-	Ves
01/00	Tip (Special Coverage Instructions Apply. Statute Reference: 1833(T))	
C1734	Orthopedic/Device/Drug Matrix For Opposing Bone-To-Bone Or Soft Tissue-To Bone (Implantable)	No
	(Special Coverage Instructions Apply. Statute Reference: 1833(T))	
C1747	Endoscope, Single-Use (I.E. Disposable), Urinary Tract, Imaging/Illumination Device (Insertable)	Yes
	(Special Coverage Instructions Apply. Statute Reference: 1833(T))	
C1748	Endoscope, Single-Use (I.E. Disposable), Upper Gi, Imaging/Illumination Device (Insertable) (Special	No
	Coverage Instructions Apply. Statute Reference: 1833(T))	
C1749	Endoscope, Retrograde Imaging/Illumination Colonoscope Device (Implantable) (Special Coverage	Yes
	Instructions Apply. Statute Reference: 1833(T))	
C1750	Catheter, Hemodialysis/Peritoneal, Long-Term (Special Coverage Instructions Apply. Statute	Yes
C1751	Reference: 1833(T))	Maria
C1751	Catheter, Infusion, Inserted Peripherally, Centrally Or Midline (Other Than Hemodialysis) (Special	Yes
C1752	Coverage Instructions Apply. Statute Reference: 1833(T)) Catheter, Hemodialysis/Peritoneal, Short-Term (Special Coverage Instructions Apply. Statute	Yes
C1/32	Reference: 1833(T))	165
C1753	Catheter, Intravascular Ultrasound (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
61755		
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:	Yes
	1833(T))	
C1758	Catheter, Ureteral (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1759	Catheter, Intracardiac Echocardiography (Special Coverage Instructions Apply. Statute Reference:	Yes
C17C0	1833(T))	
C1760	Closure Device, Vascular (Implantable/Insertable) (Special Coverage Instructions Apply. Statute	Yes
C1761	Reference: 1833(T)) Catheter, Transluminal Intravascular Lithotripsy, Coronary (Special Coverage Instructions Apply.	Yes
C1/01	Statute Reference: 1833(T))	165
C1762	Connective Tissue, Human (Includes Fascia Lata) (Special Coverage Instructions Apply. Statute	Yes
01/01	Reference: 1833(T))	
C1763	Connective Tissue, Non-Human (Includes Synthetic) (Special Coverage Instructions Apply. Statute	Yes
	Reference: 1833(T))	
C1764	Event Recorder, Cardiac (Implantable) (Special Coverage Instructions Apply. Statute Reference:	Yes
	1833(T))	
C1765	Adhesion Barrier (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1766	Introducer/Sheath, Guiding, Intracardiac Electrophysiological, Steerable, Other Than Peel-Away	Yes
01767	(Special Coverage Instructions Apply. Statute Reference: 1833(T))	•.
C1767	Generator, Neurostimulator (Implantable), Non-Rechargeable (Special Coverage Instructions Apply.	No
C1768	Statute Reference: 1833(T)) Craft Vacuular (Special Coverage Instructions Apply Statute Reference: 1822(T))	Yes
C1769	Graft, Vascular (Special Coverage Instructions Apply. Statute Reference: 1833(T)) Guide Wire (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C1769 C1770	Imaging Coil, Magnetic Resonance (Insertable) (Special Coverage Instructions Apply. Statute	Yes
	Reference: 1833(T))	
C1771	Repair Device, Urinary, Incontinence, With Sling Graft (Special Coverage Instructions Apply. Statute	No
	Reference: 1833(T))	
C1772	Infusion Pump, Programmable (Implantable) (Special Coverage Instructions Apply. Statute Reference:	Yes
	1833(T))	
C1773	Retrieval Device, Insertable (Used To Retrieve Fractured Medical Devices) (Special Coverage	Yes
	Instructions Apply. Statute Reference: 1833(T))	

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
C1831	Interbody Cage, Anterior, Lateral Or Posterior, Personalized (Implantable) (Special Coverage	Yes
	Instructions Apply. Statute Reference: 1833(T))	
C1832	Autograft Suspension, Including Cell Processing And Application, And All System Components (Special	Yes
	Coverage Instructions Apply. Statute Reference: 1833(T))	
C1833	Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) (Special	Yes
	Coverage Instructions Apply. Statute Reference: 1833(T))	
C1834	Pressure Sensor System, Includes All Components (E.G., Introducer, Sensor), Intramuscular	Yes
	(Implantable), Excludes Mobile (Wireless) Software Application (Special Coverage Instructions Apply.	
01000	Statute Reference: 1833(T))	
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.	Yes
C1070	Statute Reference: 1833(T))	Vac
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))	
C1882	Cardioverter-Defibrillator, Other Than Single Or Dual Chamber (Implantable) (Special Coverage	No
	Instructions Apply. Statute Reference: 1833(T))	
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	Yes
C1893	Coverage Instructions Apply. Statute Reference: 1833(T)) Introducer/Sheath, Guiding, Intracardiac Electrophysiological, Fixed-Curve, Other Than Peel-Away	Yes
01055	(Special Coverage Instructions Apply. Statute Reference: 1833(T))	105
C1894	Introducer/Sheath, Other Than Guiding, Other Than Intracardiac Electrophysiological, Non-Laser	Yes
C1895	(Special Coverage Instructions Apply. Statute Reference: 1833(T)) Lead, Cardioverter-Defibrillator, Endocardial Dual Coil (Implantable) (Special Coverage Instructions	No
04000	Apply. Statute Reference: 1833(T))	
C1896	Lead, Cardioverter-Defibrillator, Other Than Endocardial Single Or Dual Coil (Implantable) (Special	No
C1897	Coverage Instructions Apply. Statute Reference: 1833(T)) Lead, Neurostimulator Test Kit (Implantable) (Special Coverage Instructions Apply. Statute Reference:	Yes
	1833(T))	-
C1898	Lead, Pacemaker, Other Than Transvenous Vdd Single Pass (Special Coverage Instructions Apply.	Yes
	Statute Reference: 1833(T))	
C1899	Lead, Pacemaker/Cardioverter-Defibrillator Combination (Implantable) (Special Coverage Instructions	Yes
	Apply. Statute Reference: 1833(T))	
C1900	Lead, Left Ventricular Coronary Venous System (Special Coverage Instructions Apply. Statute	Yes
	Reference: 1833(T))	

Procedure Code	Description	Prior Auth Required
C1982	Catheter, Pressure-Generating, One-Way Valve, Intermittently Occlusive (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C2596		No
C2613	Lung Biopsy Plug With Delivery System (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
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		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		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		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

Procedure Code	Description	Prior Auth Required
C2645	Brachytherapy Planar Source, Palladium-103, Per Square Millimeter (Special Coverage Instructions	No
	Apply. Statute Reference: 1833(T))	
C2698	Brachytherapy Source, Stranded, Not Otherwise Specified, Per Source (Special Coverage Instructions	No
	Apply. Statute Reference: 1833(T)(2))	
C2699	Brachytherapy Source, Non-Stranded, Not Otherwise Specified, Per Source (Special Coverage	No
	Instructions Apply. Statute Reference: 1833(T)(2))	
C5271	Application Of Low Cost Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To	Yes
	100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area (Special Coverage Instructions Apply. Statute	
	Reference: 1833(T))	
C5272	Application Of Low Cost Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To	Yes
	100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In	
05070	Addition To Code For Primary Procedure) (Special Coverage Instru	
C5273	Application Of Low Cost Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater	Yes
	Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of Infants And	
05274	Children (Special Coverage Instructions Apply. Statute R	N
C5274	Application Of Low Cost Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater	Yes
	Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part Thereof, Or	
CF 37F	Each Additional 1% Of Body Area Of Infants And Children, Or	Vee
C5275	Application Of Low Cost Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq	Yes
C5276	Cm Or Less Wound Surface Area (Special Coverage Instruc Application Of Low Cost Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits,	Yes
05270	Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; Each	103
	Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List	
C5277		Yes
65277	Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To	103
	100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Bod	
C5278	Application Of Low Cost Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits,	Yes
	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	
C7500	Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If	Yes
	Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg, Subfacial)	
	Drug-Delivery Device(S)	
C7501	Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization	Yes
	Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When	
	Performed, All Lesions Unilateral And Bilateral (For Single Les	
C7502	Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast	Yes
	Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy	
	Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Singl	
C7503	Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of	Yes
	Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed	
C7504	Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And	Yes
	Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection,	
07505	Inclusive Of All Imaging Guidance	
C7505	Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any	Yes
	Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive	
C7506	Of All Imaging Guidance	Voc
C7507	Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation	Yes 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	Tes
	Performed) Using Mechanical Device (Eg, Kyphoplasty), Unilateral O	
C7508	Percutaneous Vertebral Augmentations, First Lumbar And Any Additional Thoracic Or Lumbar	Yes
	Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When	
	Performed) Using Mechanical Device (Eg, Kyphoplasty), Unilateral Or	
C7509	Bronchoscopy, Rigid Or Flexible, Diagnostic With Cell Washing(S) When Performed, With Computer-	Yes
	Assisted Image-Guided Navigation, Including Fluoroscopic Guidance When Performed	
C7510	Bronchoscopy, Rigid Or Flexible, With Bronchial Alveolar Lavage(S), With Computer-Assisted Image-	Yes

Procedure Code C7511 C7512	Description Bronchoscopy, Rigid Or Flexible, With Single Or Multiple Bronchial Or Endobronchial Biopsy(les), Single Or Multiple Sites, With Computer-Assisted Image-Guided Navigation, Including Fluoroscopic Guidance When Performed	Prior Auth Required Yes
C7512	Guidance when Performed	
	Bronchoscopy, Rigid Or Flexible, With Single Or Multiple Bronchial Or Endobronchial Biopsy(les), 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(les) 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(les) 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(les) 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(les) 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(les) 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(les) 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(les) 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(les) 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(les) 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(les) 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
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
C7529	Catheter Placement In Coronary Artery(les) 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(les), 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(les) 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(les), 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 Debribrillator Or Pacemake 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 Defribrillator 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 Dialation, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And	Yes

Procedure Code	Description	Prior Auth Required
C7548	Exchange Nephrostomy Catheter, Percutaneous, With Ureteral Stricture Balloon Dilation, Including	Yes
	Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound	
	And/Or Fluoroscopy) And All Associated Radiological Supervision A	
C7549	Change Of Ureterostomy Tube Or Externally Accessible Ureteral Stent Via Ileal Conduit With Ureteral	Yes
	Stricture Balloon Dilation, Including Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All	
	Associated Radiological Supervision And Interpretation	
C7550	Cystourethroscopy, With Biopsy(les) With Adjuctive Blue Light Cystoscopy With Fluorescent Imaging	Yes
07554	Agent	
C7551	Excision Of Major Peripheral Nerve Neuroma, Except Sciatic, With Implantation Of Nerve End Into	Yes
C7552	Bone Or Muscle	Yes
C755Z	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural	res
	Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Ven	
	Placement(S) in Bypass Grat(S) (internal Manimary, Free Artenal, Ven	
C7553	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural	Yes
07555	Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Right And Left	
	Heart Catheterization Including Intraprocedural Injection(S) Fo	
C7554	Cystourethroscopy With Adjunctive Blue Light Cystoscopy With Fluorescent Imaging Agent	Yes
C7555	Thyroidectomy, Total Or Complete With Parathyroid Autotransplantation	Yes
C7556	Bronchoscopy, Rigid Or Flexible, With Bronchial Alveolar Lavage And Transendoscopic Endobronchial	Yes
	Ultrasound (Ebus) During Bronchoscopic Diagnostic Or Therapeutic Intervention(S) For Peripheral	
	Lesion(S), Including Fluoroscopic Guidance, When Performed (S	
C7557	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural	Yes
	Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation With Left Heart	
	Catheterization Including Intraprocedural Injection(S) For Left Vent	
C7558	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural	Yes
	Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation With Right And Left	
	Heart Catheterization Including Intraprocedural Injection(S) For	
C7560	Endoscopic Retrograde Cholangiopancreatography (Ercp) With Removal Of Foreign Body(S) Or	Yes
C7500	Stent(S) From Biliary/Pancreatic Duct(S) And Endoscopic Cannulation Of Papilla With Direct	165
	Visualization Of Pancreatic/Common Bile Duct(S) (Special Coverage Instructi	
C7900	Service For Diagnosis, Evaluation, Or Treatment Of A Mental Healthor Substance Use Disorder, 15-29	Yes
	Minutes, Provided Remotely By Hospital Staff Who Are Licensed To Provide Mental Health Services	
	Under Applicable State Law(S), When The Patient	
C7901	Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder, 30-60	Yes
	Minutes, Provided Remotely By Hospital Staff Who Are Licensed To Provided Mental Health Services	
	Under Applicable State Law(S), When The	
C7902	Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder, Each	Yes
	Additional 15 Minutes, Provided Remotely By Hospital Staff Who Are Licensed To Provide Mental	
	Health Services Under Applicable State Law(S), When The Patien	
C7903	Group Psychotherapy Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or	Yes
	Substance Use Disorder Provided Remotely By Hospital Staff Who Are Licensed To Provide Mental	
C8000	Health Services Under Applicable State Law(S), When The Patient Is In T	Vac
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.	Yes
	Statute Reference: 1833(T)(2))	
C8902	Magnetic Resonance Angiography Without Contrast Followed By With Contrast, Abdomen (Special	Yes
	Coverage Instructions Apply. Statute Reference: 1833(T)(2))	-
C8903	Magnetic Resonance Imaging With Contrast, Breast; Unilateral (Special Coverage Instructions Apply.	Yes
	Statute Reference: 1833(T)(2))	
C8905	Magnetic Resonance Imaging Without Contrast Followed By With Contrast, Breast; Unilateral (Special	Yes
	Coverage Instructions Apply. Statute Reference: 1833(T)(2))	
C8906	Magnetic Resonance Imaging With Contrast, Breast; Bilateral (Special Coverage Instructions Apply.	Yes
	Statute Reference: 1833(T)(2))	
C8908	Magnetic Resonance Imaging Without Contrast Followed By With Contrast, Breast; Bilateral (Special	Yes
l	Coverage Instructions Apply. Statute Reference: 1833(T)(2))	

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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
C9088	Instillation, Bupivacaine And Meloxicam, 1 Mg/0.03 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9089	Bupivacaine, Collagen-Matrix Implant, 1 Mg (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
C9145	Injection, Aprepitant, (Aponvie), 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9150	Xenon Xe-129 Hyperpolarized Gas, Diagnostic, Per Study Dose (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9152	Injection, Aripiprazole, (Abilify Asimtufii), 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9153	Injection, Amisulpride, 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
C9155	Injection, Epcoritamab-Bysp, 0.16 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9156	Flotufolastat F 18, Diagnostic, 1 Millicurie (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9157	Injection, Tofersen, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9158	Injection, Risperidone, (Uzedy), 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9159	Injection, Prothrombin Complex Concentrate (Human), Balfaxar, Per I.U. Of Factor Ix Activity (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9160	Injection, Daxibotulinumtoxina-Lanm, 1 Unit (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9161	Injection, Aflibercept Hd, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9162	Injection, Avacincaptad Pegol, 0.1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9163	Injection, Talquetamab-Tgvs, 0.25 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9164	Cantharidin For Topical Administration, 0.7%, Single Unit Dose Applicator (3.2 Mg) (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9165	Injection, Elranatamab-Bcmm, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9248	Injection, Clevidipine Butyrate, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	Yes
C9250	Human Plasma Fibrin Sealant, Vapor-Heated, Solvent-Detergent (Artiss), 2 MI (Special Coverage Instructions Apply. Statute Reference: 621Mma)	No
C9254	Injection, Lacosamide, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 621Mma)	No

Procedure Code	Description	Prior Auth Required
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
C9290	Injection, Bupivacaine Liposome, 1 Mg (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9293	Injection, Glucarpidase, 10 Units (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		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		No
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))	No
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		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

Procedure Code	Description	Prior Auth Required
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
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
C9751	Bronchoscopy, Rigid Or Flexible, Transbronchial Ablation Of Lesion(S) By Microwave Energy, Including Fluoroscopic Guidance, When Performed, With Computed Tomography Acquisition(S) And 3-D Rendering, Computer-Assisted, Image-Guided Navigation, And Endobro	No
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
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

Procedure Code	Description	Prior Auth Required
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
C9769	Cystourethroscopy, With Insertion Of Temporary Prostatic Implant/Stent With Fixation/Anchor And Incisional Struts (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9770	Vitrectomy, Mechanical, Pars Plana Approach, With Subretinal Injection Of Pharmacologic/Biologic Agent (Special Coverage Instructions Apply. Statute Reference: 1833(T))	No
C9771	Nasal/Sinus Endoscopy, Cryoablation Nasal Tissue(S) And/Or Nerve(S), Unilateral Or Bilateral (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(les); 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(les); 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 Catherization, Venous And Coronary Sinus Angiography, Imaging Guidance And Supervision And Interpret	Yes

Procedure Code	Description	Prior Auth Required
C9784	Gastric Restrictive Procedure, Endoscopic Sleeve Gastroplasty, With Esophagogastroduodenoscopy	Yes
	And Intraluminal Tube Insertion, If Performed, Including All System And Tissue Anchoring	
	Components (Special Coverage Instructions Apply. Statute Reference: 183	
C9785	Endoscopic Outlet Reduction, Gastric Pouch Application, With Endoscopy And Intraluminal Tube	Yes
	Insertion, If Performed, Including All System And Tissue Anchoring Components (Special Coverage	
	Instructions Apply. Statute Reference: 1833(T))	
C9786	Echocardiography Image Post Processing For Computer Aided Detection Of Heart Failure With	Yes
	Preserved Ejection Fraction, Including Interpretation And Report (Special Coverage Instructions Apply.	
	Statute Reference: 1833(T))	
C9787	Gastric Electrophysiology Mapping With Simultaneous Patient Symptom Profiling (Special Coverage	Yes
	Instructions Apply. Statute Reference: 1833(T))	
C9788	Opto-Acoustic Imaging, Breast (Including Axilla When Performed), Unilateral, With Image	No
	Documentation, Analysis And Report, Obtained With Ultrasound Examination (Special Coverage	
	Instructions Apply. Statute Reference: 1833(T))	
C9789	Instillation Of Anti-Neoplastic Pharmacologic/Biologic Agent Into Renal Pelvis, Any Method, Including	No
	All Imaging Guidance, Including Volumetric Measurement If Performed (Special Coverage Instructions	
	Apply. Statute Reference: 1833(T))	
C9790	Histotripsy (le, Non-Thermal Ablation Via Acoustic Energy Delivery) Of Malignant Renal Tissue,	No
	Including Image Guidance (Special Coverage Instructions Apply. Statute Reference: 1833(T))	
C9791	Magnetic Resonance Imaging With Inhaled Hyperpolarized Xenon-129 Contrast Agent, Chest,	No
	Including Preparation And Administration Of Agent (Special Coverage Instructions Apply. Statute	
	Reference: 1833(T))	
C9792	Blinded Or Nonblinded Procedure For Symptomatic New York Heart Association (Nyha) Class Ii, Iii, Iva	Yes
	Heart Failure; Transcatheter Implantation Of Left Atrial To Coronary Sinus Shunt Using Jugular Vein	
	Access, Including All Imaging Necessary To Intra Proce	
C9793	3D Predictive Model Generation For Pre-Planning Of A Cardiac Procedure, Using Data From Cardiac	Yes
	Computed Tomographic Angiography With Report (Special Coverage Instructions Apply. Statute	
	Reference: 1833(T))	
C9794	Therapeutic Radiology Simulation-Aided Field Setting; Complex, Including Acquisition Of Pet And Ct	No
	Imaging Data Required For Radiopharmaceutical-Directed Radiation Therapy Treatment Planning (I.E.,	
	Modeling) (Special Coverage Instructions Apply. Statute R	
C9795	Stereotactic Body Radiation Therapy, Treatment Delivery, Per Fraction To 1 Or More Lesions,	No
	Including Image Guidance And Real-Time Positron Emissions-Based Delivery Adjustments To 1 Or	
	More Lesions, Entire Course Not To Exceed 5 Fractions (Special Coverag	
C9803	Hospital Outpatient Clinic Visit Specimen Collection For Severe Acute Respiratory Syndrome	No
	Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]), Any Specimen Source (Special Coverage	
	Instructions Apply. Statute Reference: 1833(T))	
C9898	Radiolabeled Product Provided During A Hospital Inpatient Stay (Special Coverage Instructions Apply.	Yes
	Statute Reference: Na)	
C9899	Implanted Prosthetic Device, Payable Only For Inpatients Who Do Not Have Inpatient Coverage	Yes
	(Special Coverage Instructions Apply. Statute Reference: 1833(T))	
CAGE1	HIPPS Code CAGE1	No
CAKF1	HIPPS Code CAKF1	No
CASD1	HIPPS Code CASD1	No
CAXD1	HIPPS Code CAXD1	No
CEGE1	HIPPS Code CEGE1	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
00474	Re-Evaluation - Post-Operative Office Visit	Yes
D0171		
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	Yes
	Comprehensive Periodontal Evaluation - New Or Established Patient Screening Of A Patient	Yes Yes
D0180		
D0180 D0190	Screening Of A Patient	Yes
D0180 D0190 D0191	Screening Of A Patient Assessment Of A Patient	Yes Yes

Procedure Code	Description	Prior Auth Required
D0240	Intraoral - Occlusal Radiographic Image	Yes
D0250	Extra-Oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And	No
	Detector	
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
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
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 Diagnostic Testing	Yes
D0418	Analysis Of Saliva Sample	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
D0423	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including	Yes
-	Premalignant And Malignant Lesions, Not To Include Cytology Or Biopsy Procedures	-

Procedure Code	Description	Prior Auth Required
D0460		Yes
D0470		Yes
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	Yes
D0473		Yes
	Report	
D0474		Yes
	For Presence Of Disease, Preparation And Transmission Of Written Report	
D0475		Yes
D0476	Special Stains For Microorganisms	Yes
D0477		Yes
D0478		Yes
D0479		Yes
D0480		Yes
	Written Report	
D0481		Yes
D0482	Direct Immunofluorescence	Yes
D0483		Yes
D0484		Yes
D0485		Yes
D0486	Laboratory Accession Of Transepithelial Cytologic Sample, Microscopic Examination, Preparation And	Yes
	Transmission Of Written Report	
D0502		No
D0600	Non-Ionizing Diagnostic Procedure Capable Of Quantifying, Monitoring, And Recording Changes In	Yes
	Structure Of Enamel, Dentin, And Cementum	
D0601		Yes
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	Yes
D0603		Yes
D0604		Yes
D0605		Yes
D0606		Yes
D0701		Yes
D0702		Yes
D0703		Yes
D0705	Extra-Oral Posterior Dental Radiographic Image - Image Capture Only	Yes
D0706		Yes
D0707		Yes
D0708		Yes
D0709		Yes
D0801		Yes
D0802		Yes
D0803	3D Facial Surface Scan - Direct	Yes
D0804		Yes
D0999		No
D1110		No
D1120		Yes
D1206	Topical Application Of Fluoride Varnish	Yes
D1208		Yes
D1301	Immunization Counseling	Yes
D1310	Nutritional Counseling For Control Of Dental Disease	Yes
D1320		Yes
D1321		Yes
	Associated With High-Risk Substance Use	
D1330		Yes
D1351		Yes
D1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient - Permanent Tooth	Yes
D1353		Yes
		Yes
D1354		
D1354 D1355		Yes
	Caries Preventive Medicament Application - Per Tooth	Yes Yes
D1355	Caries Preventive Medicament Application - Per Tooth Space maintainer - fixed, unilateral- per quadrant	

Procedure Code	Description	Prior Auth Required
D1520	Space maintainer - removable, unilateral - per guadrant	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
D1701	Pfizer-Biontech Covid-19 Vaccine Administration - First Dose	Yes
D1702	Pfizer-Biontech Covid-19 Vaccine Administration - Second Dose	Yes
D1703	Moderna Covid-19 Vaccine Administration - First Dose	Yes
D1704	Moderna Covid-19 Vaccine Administration - Second Dose	Yes
D1705	Astrazeneca Covid-19 Vaccine Administration - First Dose	Yes
D1706	Astrazeneca Covid-19 Vaccine Administration - Second Dose	Yes
D1707	Janssen Covid-19 Vaccine Administration	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
D1712	Janssen 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
D1781	Vaccine Administration - Human Papillomavirus - Dose 1	Yes
D1782	Vaccine Administration - Human Papillomavirus - Dose 2	Yes
D1783	Vaccine Administration - Human Papillomavirus - Dose 3	Yes
D1999	Unspecified Preventive Procedure, By Report	Yes
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 D2544	Onlay - Metallic - Three Surfaces	Yes
D2610	Onlay - Metallic - Four Or More Surfaces Inlay - Porcelain/Ceramic - One Surface	Yes
D2620	Inlay - Porcelain/Ceramic - One Surfaces	Yes
D2630	Inlay - Porcelain/Ceramic - Two 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 - Two Surfaces	Yes
D2662	Onlay - Resin-Based Composite - Two Surfaces	Yes
D2663	Onlay - Resin-Based Composite - Two Surfaces	Yes
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	Yes
D2710	Crown - Resin-Based Composite (Indirect)	Yes
52710		105

Procedure Code	Description	Prior Auth Required
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	Protective Restoration	No
D2941	Interim Therapeutic Restoration - Primary Dentition	Yes
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
D2954	Prefabricated Post And Core In Addition To Crown	Yes
D2955	Post Removal	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	Yes
	Dentinocemental Junction And Application Of Medicament	
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

Procedure Code	Description	Prior Auth Required
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	Yes
	Resorption, Etc.)	
D3352	Apexification/Recalcification - Interim Medication Replacement	Yes
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical	Yes
	Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	
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	Yes
	Surgical Site	
D3430	Retrograde Filling - Per Root	Yes
D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular	Yes
	Surgery	
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
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
D4212 D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per	Yes
5 1250	Quadrant	
D4231	Anatomical Crown Exposure - One To Three Teeth Or Tooth Bounded Spaces Per Quadrant	Yes
D4231	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded	Yes
	Spaces Per Quadrant	
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded	Yes
	Spaces Per Quadrant	
D4245	Apically Positioned Flap	Yes
D4249	Clinical Crown Lengthening - Hard Tissue	Yes
		1

Procedure Code	Description	Prior Auth Required
D4260		No
	Teeth Or Tooth Bounded Spaces Per Quadrant	
D4261		No
	Teeth Or Tooth Bounded Spaces Per Quadrant	
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	Yes
D4273		105
D4274	Tooth, Implant, Or Edentulous Tooth Position In Graft	Vac
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,	Yes
04275	Implant, Or Edentulous Tooth Position In Graft	103
D4276	Combined Connective Tissue And Pedicle Graft, Per Tooth	Yes
D4276		
U4211	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) First Tooth, Implant Or Edentulous Tooth Position In Graft	105
D4278	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) Each Additional	Yes
04270		165
D4292	Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	Vec
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) - Each	Yes
	Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site And Donor	Yes
	Material) - Each Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft	
	Site	
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	Yes
	Evaluation	
D4355	Full Mouth Debridement To Enable A Comprehensive Periodontal Evaluation And Diagnosis On A	Yes
	Subsequent Visit	
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle Into Diseased Crevicular	Yes
	Tissue, Per Tooth	
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
0.2211		
D5212	Mandibular Partial Denture - Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	Yes
05212		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including	Yes
55215	retentive/clasping materials, rests and teeth)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including	Yes
03214		103
D5221	retentive/clasping materials, rests and teeth)	Vec
	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and	Yes
05333	teeth)	Vec
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and	Yes
05222	teeth)	
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including	Yes
	retentive/clasping materials, rests and teeth)	
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including	Yes
	retentive/clasping materials, rests and teeth)	

Procedure Code	Description	Prior Auth Required
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 (Each 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 Broken Teeth - Per Tooth	Yes
D5650	Add Tooth To Existing Partial Denture	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) Interim Complete Denture (Mandibular)	Yes
D5811 D5820	Interim Partial Denture (Including Retentive/Clasping Materials, Rests, And Teeth), Maxillary	Yes Yes
D5821	Interim Partial Denture (Including Retentive/Clasping Materials, Rests, And Teeth), Mandibular	Yes
D5850	Tissue Conditioning, Maxillary	Yes
D5850	Tissue Conditioning, Maximary	Yes
D5862	Precision Attachment, By Report	Yes
D5863	Overdenture - Complete Maxillary	Yes
D5864	Overdenture - Partial Maxillary	Yes
D5865	Overdenture - Complete Mandibular	Yes
D5866		Yes
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment, Per Attachment	Yes
D5875	Modification Of Removable Prosthesis Following Implant Surgery	Yes

Procedure Code	Description	Prior Auth Required
D5899	Unspecified Removable Prosthodontic Procedure, By Report	Yes
D5911	Facial Moulage (Sectional)	No
D5912	Facial Moulage (Complete)	No
D5913	Nasal Prosthesis	Yes
D5914	Auricular Prosthesis	Yes
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
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
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	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 D5993	Adjust Maxillofacial Prosthetic Appliance, By Report	Yes
05993	Maintenance And Cleaning Of A Maxillofacial Prosthesis (Extra- Or Intra-Oral) Other Than Required	Yes
D5995	Adjustments, By Report	Yes
D5996	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed - Maxillary	Yes
D5996	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed - Mandibular Unspecified Maxillofacial Prosthesis, By Report	Yes
D6010	Surgical Placement Of Implant Body: Endosteal Implant	Yes
D6010	Surgical Access To An Implant Body (Second Stage Implant Surgery)	Yes
D6011	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	Yes
D6012	Surgical Placement Of Mini Implant	Yes
D6040	Surgical Placement: Eposteal Implant	Yes
D6050	Surgical Placement: Transosteal Implant	Yes
D6051	Interim Implant Abutment Placement	Yes
D6055	Connecting Bar - Implant Supported Or Abutment Supported	Yes
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 (Fredominantly Base Metal)	Yes
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	Yes
D6065	Implant Supported Porcelain/Ceramic Crown	Yes
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Procedure Code	Description	Prior Auth Required
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 (Figh Rose Metal)	Yes
50070		
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 Prostheses Are Removed And Reinserted, Including Cleansing Of Prostheses And Abutments	Yes
D6081	Scaling And Debridement In The Presence Of Inflammation Or Mucositis Of A Single Implant, Including	Yes
DC002	Cleaning Of The Implant Surfaces, Without Flap Entry And Closure	Vee
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 Implant Supported Prosthesis, By Report	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
D6095	Repair Implant Abutment, By Report	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
		Yes
D6119		
D6119 D6120		Yes
	Implant Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	Yes
D6120	Implant Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys Implant Supported Retainer For Metal FPD - Predominantly Base Alloys	
D6120 D6121	Implant Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	Yes

Procedure Code	Description	Prior Auth Required
D6191	Semi-Precision Abutment - Placement	Yes
D6192	Semi-Precision Attachment - Placement	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
D6197	Replacement Of Restorative Material Used To Close An Access Opening Of A Screw-Retained Implant	Yes
	Supported Prosthesis, Per Implant	
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
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 D6753	Retainer Crown - Porcelain Fused To Noble Metal	Yes
D6780	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys	Yes Yes
D6780	Retainer Crown - 3/4 Cast High Noble Metal	
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal Retainer Crown - 3/4 Cast Noble Metal	Yes
D6782	Retainer Crown - 3/4 Cast Noble Metai	Yes Yes
D6783	Retainer Crown - 3/4 Porcelain/Ceramic Retainer Crown 3/4 - Titanium And Titanium Alloys	Yes
D6784 D6790		Yes
D6790	Retainer Crown - Full Cast High Noble Metal	Yes
D6791	Retainer Crown - Full Cast Predominantly Base Metal Retainer Crown - Full Cast Noble Metal	Yes
D6792	Interim Retainer Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final	Yes
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	Impression	

Procedure Code	Description	Prior Auth Required
D6794	Retainer crown - titanium and titanium alloys	Yes
D6920	Connector Bar	Yes
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	No
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
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

Procedure Code	Description	Prior Auth Required
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
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple	Yes
	Fascial Spaces)	
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	No
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple	Yes
	Fascial Spaces)	
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: Synovectomy Arthroscopy: Discectomy	No
D7877	Arthroscopy: Discectomy Arthroscopy: Debridement	No
D7880	Occlusal Orthotic Device, By Report	Yes
D7880		Yes
D7881 D7899	Occlusal Orthotic Device Adjustment	Yes
D7899 D7910	Unspecified Tmd Therapy, By Report	No
D7910 D7911	Suture Of Recent Small Wounds Up To 5 Cm	No
D7911 D7912	Complicated Suture - Up To 5 Cm	No
07912	Complicated Suture - Greater Than 5 Cm	

Procedure Code	Description	Prior Auth Required
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 li Or Lefort lii - 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
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 Yes
D7996 D7997	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report Appliance Removal (Not By Dentist Who Placed Appliance), Includes Removal Of Archbar	No
D7997		Yes
D7998	Intraoral Placement Of A Fixation Device Not In Conjunction With A Fracture	No
D8010	Unspecified Oral Surgery Procedure, By Report	Yes
D8020	Limited Orthodontic Treatment Of The Primary Dentition 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
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
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

Procedure Code	Description	Prior Auth Required
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
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	Deep Sedation/General Anesthesia - First 15 Minutes	Yes
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	Yes
D9230	Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis	No
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia- First 15 Minutes	Yes
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	Yes
D9248	Non-Intravenous Conscious Sedation	No
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
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
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
	Februaries And Delivery of Oral Appliance Therapy (Oct) Marning Departitioning Device	Yes
D9954	Fabrication And Delivery Of Oral Appliance Therapy (Oat) Morning Repositioning Device	
D9954 D9955	Oral Appliance Therapy (Oat) Titration Visit	Yes
D9954		Yes Yes
D9954 D9955 D9956 D9957	Oral Appliance Therapy (Oat) Titration Visit Administration Of Home Sleep Apnea Test Screening For Sleep Related Breathing Disorders	
D9954 D9955 D9956	Oral Appliance Therapy (Oat) Titration Visit Administration Of Home Sleep Apnea Test	Yes

Procedure Code	Description	Prior Auth Required
D9971	Odontoplasty - Per Tooth	Yes
D9972		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	Yes
	Trays	
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
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
E0105		No
20105	Coverage Instructions Apply. See Cim: 60-15, 60-9 And Mcm: 2100.1)	INU
E0110		No
	Tips And Handgrips (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	
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		No
E0113	Crutch Underarm, Wood, Adjustable Or Fixed, Each, With Pad, Tip And Handgrip (Special Coverage	Yes
10115	Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	105
E0114	Crutches Underarm, Other Than Wood, Adjustable Or Fixed, Pair, With Pads, Tips And Handgrips	No
	(Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	
E0116		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		No
E0143	Walker, Folding, Wheeled, Adjustable Or Fixed Height (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	No
E0144		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		No
E0149		No
E0153	Platform Attachment, Forearm Crutch, Each	No
E0154	Platform Attachment, Walker, Each	No
E0155	Wheel Attachment, Rigid Pick-Up Walker, Per Pair	No
E0156		No
E0157		No
E0158		No
E0159		No

Procedure Code	Description	Prior Auth Required
E0160		Yes
10100	Instructions Apply. See Cim: 60-9)	163
E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S	Yes
20101		res
50162	(Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0162	Sitz Bath Chair (Special Coverage Instructions Apply. See Cim: 60-9)	
E0163		No
50465	Cim: 60-9 And Mcm: 2100.1)	A1 -
E0165		No
	See Cim: 60-9 And Mcm: 2100.1)	
E0167	Pail Or Pan For Use With Commode Chair, Replacement Only (Special Coverage Instructions Apply. See	No
	Cim: 60-9)	
E0168		No
	Type, Each	
E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type	Yes
E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type	Yes
E0172	Seat Lift Mechanism Placed Over Or On Top Of Toilet, Any Type (Non-Covered By Medicare Statute.	Yes
	Statute Reference: 1861Ssa)	
E0175	Foot Rest, For Use With Commode Chair, Each	Yes
E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty	No
	(Special Coverage Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	
E0182		No
	Cim: 60-9 And Mcm: 4107.6)	
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
20104	bry messure matrices (special coverage instructions Apply, see ein, of 5 And Ment, 4107.0)	NO
E0185	Col Or Col Like Pressure Pad For Mattress Standard Mattress Length And Width (Special Coverage	No
E0105		INU
50406	Instructions Apply. See Cim: 60-9 And Mcm: 4107.6)	N -
E0186		No
E0187		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:	No
	4107.6)	
E0190	Positioning Cushion/Pillow/Wedge, Any Shape Or Size, Includes All Components And Accessories	Yes
	(Special Coverage Instructions Apply. See Mcm: 2100.1)	
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	No
	Apply. See Cim: 60-9)	
E0198	Water Pressure Pad For Mattress, Standard Mattress Length And Width (Special Coverage Instructions	No
	Apply. See Cim: 60-9)	
E0199		No
	Apply. See Cim: 60-9)	
E0200		Yes
20200	Instructions Apply. See Cim: 60-9 And Mcm: 2100.1)	105
E0202		No
E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Table Top Model (Non-Covered By Medicare. See Cim: 60-	
10203		163
E0205	-1	Yes
EU2U5	······································	res
50240	Cim: 60-9 And Mcm: 2100.1)	N-
E0210		No
E0215		Yes
E0217		Yes
E0218	Fluid circulating cold pad with pump, any type (special coverage instructions apply. See cim: 60-9)	Yes
	Infrared Heating Pad System	Yes
E0221	Hydrocollator Unit, Includes Pads (Special Coverage Instructions Apply. See Cim: 60-9 And Mcm:	Yes
E0221 E0225	river ocollator offic, includes r aus (special coverage instituctions Apply, see clin. 00-9 And Meth.	105
	2210.3)	
	2210.3)	Yes

Procedure Code	Description	Prior Auth Required
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)	Yes
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
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

Procedure Code	Description	Prior Auth Required
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)	No
E0300		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	Yes
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	Yes
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)	Yes
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)	Yes
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
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)	Yes
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)	Yes
E0441	Stationary Oxygen Contents, Gaseous, 1 Month'S Supply = 1 Unit (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	Yes

Procedure Code	Description	Prior Auth Required
E0442	Stationary Oxygen Contents, Liquid, 1 Month'S Supply = 1 Unit (Special Coverage Instructions Apply. See Cim: 60-4 And Mcm: 4107.9)	Yes
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)	Yes
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	Yes
	Coverage Instructions Apply. See Mcm: 60-9)	
E0466		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
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)	Yes
E0481	Intrapulmonary Percussive Ventilation System And Related Accessories (Non-Covered By Medicare. See Cim: 60-21)	Yes
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)	Yes
E0490	Power Source And Control Electronics Unit For Oral Device/Appliance For Neuromuscular Electrical	Yes
E0491	Stimulation Of The Tongue Muscle, Controlled By Hardware Remote 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
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

Procedure Code	Description	Prior Auth Required
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)	Yes
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	Yes
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: 60-57	No
E0610	Pacemaker Monitor, Self-Contained, (Checks Battery Depletion, Includes Audible And Visible Check	Yes
	Systems) (Special Coverage Instructions Apply. See Cim: 60-7, 50-1)	
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	Yes
E0619	Apnea Monitor, With Recording Feature	Yes
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	Yes
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)	Yes
E0642	Standing Frame/Table System, Mobile (Dynamic Stander), Any Size Including Pediatric (Non-Covered By Medicare. See Cim: 60-9)	Yes

cb-16 Control Control 06051 Coverage Instruction Apply, Sec Cm. 60-10 Coverage Instruction Apply, Sec Cm. 60-10 Coverage Instruction Apply, Sec Cm. 60-10 06052 Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pressure (Special Coverage Ves Yes 06055 Coverage Instructions Apply, Sec Cm. 60-10 Yes Yes 06056 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Tunk (Special Coverage Ves Yes 06057 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Lag (Special Coverage Ves Yes 06056 Instructions Apply, Sec Cm. 60-10 Yes Yes 06056 Coverage Instructions Apply, Sec Cm. 60-10 Yes Yes 06056 Coverage Instructions Apply, Sec Cm. 60-10 Yes Yes 06056 Coverage Instructions Apply, Sec Cm. 60-10 Yes Yes 06056 Coverage Instructions Apply, Sec Cm. 60-10 Yes Yes 06057 Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Full Arm (Special Coverage Yes Yes 06067 Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Full Arm (Special Coverage Yes Yes	Procedure Code	Description	Prior Auth Required
DB031 Procursitic Compression, Segmential Home Model Without Calibrated Gradient Pressure (Special Coverage Instruction Apply, See Clim. 60-16) Yes DB052 Procursitic Compression, Segmential Home Model With Calibrated Gradient Pressure (Special Coverage Instruction Apply, See Clim. 60-16) Yes DB055 Non-Segmential Pneumatic Appliance For Use With Pneumatic Compression, Full Repetial Coverage Instructions Apply, See Clim. 60-16) Yes DB056 Segmential Pneumatic Appliance For Use With Pneumatic Compressor, Fuel (Special Coverage Instructions Apply). See Clim. 60-16) Yes DB066 Non-Segmential Pneumatic Appliance For Use With Pneumatic Compressor, Fuel Log (Special Coverage Instruction Apply, See Clim. 60-16) Yes DB066 Non-Segmential Pneumatic Appliance For Use With Pneumatic Compressor, Fuel Log (Special Coverage Instruction Apply, See Clim. 60-16) Yes DB066 Non-Segmential Pneumatic Appliance For Use With Pneumatic Compressor, Fuel Log (Special Coverage Instruction Apply, See Clim. 60-16) Yes DB066 Non-Segmential Pneumatic Appliance For Use With Pneumatic Compressor, Fuel Log (Special Coverage Instruction Apply, See Clim. 60-16) Yes DB067 Segmential Pneumatic Appliance For Use With Pneumatic Compressor, Fuel Log (Special Coverage Instruction Apply, See Clim. 60-16) Yes DB068 Segmential Pneumatic Appliance For Use With Pneumatic Compressor, Fuel Log (Special Cove	E0650		Yes
Display Presumatic Compressor, Segmental Home Model With Resumatic Grapheser (Special Coverage Instructions Apply, Sec Crim 60:16) Yes D0555 Non-Segmental Presumatic Appliance For Use With Presumatic Compressor, Trunk [Special Coverage Instructions Apply, Sec Crim 50:16) Yes D0555 Segmental Presumatic Appliance For Use With Presumatic Compressor, Trunk [Special Coverage Instructions Apply, Sec Crim 50:16] Yes D0556 Segmental Presumatic Appliance For Use With Presumatic Compressor, Full Eq. (Special Coverage Instructions Apply, Sec Crim 60:16] Yes D0566 Non-Segmental Presumatic Appliance For Use With Presumatic Compressor, Full Eq. (Special Coverage Ves Yes D0566 Non-Segmental Presumatic Appliance For Use With Presumatic Compressor, Full Arm (Special Coverage Ves Yes D0566 Non-Segmental Presumatic Appliance For Use With Presumatic Compressor, Full Arm (Special Coverage Ves Yes D0566 Non-Segmental Presumatic Appliance For Use With Presumatic Compressor, Full Arm (Special Coverage Ves Yes D0567 Segmental Presumatic Appliance For Use With Presumatic Compressor, Full Arm (Special Coverage Ves Yes D0568 Segmental Presumatic Appliance, Full With Presumatic Compressor, Full Arm (Special Coverage Ves Yes D0569 Segmental Presumatic Appliance, Full With Presumatic Compressor, Full Arm (Special Co	E0651	Pneumatic Compressor, Segmental Home Model Without Calibrated Gradient Pressure (Special	Yes
D0055 Non Segmental Pneumatic Applance For Use With Pneumatic Compressor, Half Arm (Special Coverage Instructions Apply, Sec Cttr. 36: 10-10 Yes D0056 Segmental Pneumatic Applance For Use With Pneumatic Compressor, Frunk (Special Coverage Instructions Apply, Sec Cttr. 30: 10-10 Yes D0056 Non-Segmental Pneumatic Applance For Use With Pneumatic Compressor, Chest (Special Coverage Instructions Apply, Sec Cttr. 30: 10-10 Yes D0066 Non-Segmental Pneumatic Applance For Use With Pneumatic Compressor, Full Krg (Special Coverage Instructions Apply, Sec Cttr. 30: 10-10 Yes D0066 Non-Segmental Pneumatic Applance For Use With Pneumatic Compressor, Full Krg (Special Coverage Instructions Apply, Sec Cttr. 30: 10-10 Yes D00667 Segmental Pneumatic Applance For Use With Pneumatic Compressor, Full Krm (Special Coverage Instructions Apply, Sec Cttr. 30: 10-10 Yes D00687 Segmental Pneumatic Applance For Use With Pneumatic Compressor, Full Krm (Special Coverage Instructions Apply, Sec Ctr. 30: 10-10 Yes D00688 Segmental Pneumatic Applance For Use With Pneumatic Compressor, Full Krm (Special Coverage Instructions Apply, Sec Ctr. 30: 10-10 Yes D00689 Segmental Applance For Use With Pneumatic Compressor, Full Krm (Special Coverage Instructions Apply, Sec Ctr. 30: 10-10 Yes D00670 Segmental Applance Pro Use With Pneumatic Compressor Applance, Full Krm (Special Coverage Instructi	E0652		Yes
Coverage Instructions Apply, Sec Cim: 60.16) Image: Second Presents Appliance For Use With Pneumatic Compressor, Trunk (Special Coverage Instructions Apply) Yes 06057 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Chest (Special Coverage Instructions Apply), Sec Cim: 60.16) Yes 06066 Non-Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Full Ltg (Special Coverage Instructions Apply, Sec Cim: 60.16) Yes 06065 Non-Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Full Ltg (Special Coverage Instructions Apply, Sec Cim: 60.16) Yes 06066 Non-Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Full Ltg (Special Coverage Instructions Apply, Sec Cim: 60.16) Yes 06067 Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Full Ltg (Special Coverage Instructions Apply, Sec Cim: 60.16) Yes 06068 Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Full Ltg (Special Coverage Instructions Apply, Sec Cim: 60.16) Yes 06069 Segmental Pneumatic Appliance for Use With Pneumatic Compressor, Full Ltg (Special Coverage Instructions Apply, Sec Cim: 60.16) Yes 06070 Segmental Foreunit CAppliance, Full Ltg (Special Coverage Instructions Apply, Sec Cim: 60.16) Yes 06071 Segmental Foreunit CAppliance, Full Ltg (Special Coverage Instructions Apply, Sec Cim: 60.16) Yes	FOREE		Voc
Instructions Apply) Hereinstein Preumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cin: 60-16) Yes 06660 Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cin: 60-16) Yes 06665 Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cin: 60-16) Yes 06666 Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cin: 60-16) Yes 06667 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cin: 60-16) Yes 06668 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cin: 60-16) Yes 06669 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Leg And Truck (Special Coverage Instructions Apply, See Cin: 60-16) Yes 06670 Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, See Cin: 60-16) Yes 0671 Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, See Yes Yes 0673 Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, See Yes <	20033	Coverage Instructions Apply. See Cim: 60-16)	res
EB657 Segmental Preumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, Sec Cinn: 60-16) Yes ED660 Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, Sec Cinn: 60-16) Yes ED665 Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, Sec Cinn: 60-16) Yes ED666 Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, Sec Cinn: 60-16) Yes ED667 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply, Sec Cinn: 60-16) Yes ED668 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply, Sec Cinn: 60-16) Yes ED667 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Leg And Trunk (Special Coverage Instructions Apply, Sec Cinn: 60-16) Yes ED670 Segmental Gradem Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply, Sec Cinn: 60-16) Yes ED671 Segmental Gradem Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply, Sec Cinn: 60-16) Yes ED673 Segmental Gradem Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply, Sec Cinn: 60-16)	E0656		Yes
EBE60 Non-Segmental Preumatic Appliance For Use With Preumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cim: 60-16) Yes EB66 Non-Segmental Preumatic Appliance For Use With Preumatic Compressor, Full Arm (Special Coverage Instructions Apply, See Cim: 60-16) Yes EB66 Non-Segmental Preumatic Appliance For Use With Preumatic Compressor, Full Leg (Special Coverage Yes Yes EB66 Segmental Preumatic Appliance For Use With Preumatic Compressor, Full Leg (Special Coverage Yes Yes EB66 Segmental Preumatic Appliance For Use With Preumatic Compressor, Full Arm (Special Coverage Yes Yes EB66 Segmental Preumatic Appliance For Use With Preumatic Compressor, Full Leg (Special Coverage Yes Yes EB667 Segmental Preumatic Appliance For Use With Preumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cim: 60-16) Yes EB670 Segmental Preumatic Appliance For Use With Preumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cim: 60-16) Yes EB671 Segmental Freesure Preumatic Appliance, Full Leg (Special Coverage Instructions Apply, See Cim: 60-16) Yes EB672 Segmental Gradient Pressure Preumatic Appliance, Full Keg (Special Coverage Instructions Apply, See Cim: 60-16) Yes EB673 Segmental Gradient Pressure Preusentic Appliance, Full Arm (Special Coverage Instr	E0657	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Chest (Special Coverage	Yes
DB665 Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply, Sec (IIII: 60-16) Yes ED666 Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, Sec (IIII: 60-16) Yes ED667 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply, Sec (IIII: 60-16) Yes ED668 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply, Sec (IIII: 60-16) Yes ED669 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Leg And Trunk (Special Coverage Instructions Apply, Sec (IIII: 60-16) Yes ED670 Segmental Growing Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, Sec (IIII: 60-16) Yes ED671 Segmental Growing Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, Sec (IIII: 60-16) Yes ED672 Segmental Growing Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, Sec (IIII: 60-16) Yes ED673 Pneumatic Compression Device (Includes All Accessories), Not Otherwise Specified Yes ED674 Instructional Pressure Pneumatic Appliance for Anterial Full Leg Yes ED675 Pneumatic Compression Garment, Fu	E0660	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Leg (Special Coverage	Yes
E0666 Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Hall Leg (Special Coverage Instructions Apply, See Clim. 60-16) Yes E0667 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply, See Clim. 60-16) Yes E0668 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply, See Clim. 60-16) Yes E0669 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg (Special Coverage Instructions Apply, See Clim. 60-16) Yes E0670 Segmental Orenamic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Legs And Trunk (Special Coverage Instructions Apply, See Clim. 60-16) Yes E0671 Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, See Clim. 60-16) Yes E0673 Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, See Clim. 60-16) Yes E0674 Instructions Apply See Question Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial Instructions Apply, See Question Device, High Pressure, Rapid Inflaton/Deflation Cycle, For Arterial Instructions Apply, See Question Device, Includes All Accessories), Not Otherwise Specified Yes E0674 Intermittent Limb Compression Garment, Full Leg Yes E0675 Pneumatic Sequential Compression Garmen	E0665	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Full Arm (Special	Yes
E6667 Segmental Pneumatic Applance For Use With Pneumatic Compressor, Full Leg (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0668 Segmental Pneumatic Applance For Use With Pneumatic Compressor, Full Arm (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0669 Segmental Pneumatic Applance For Use With Pneumatic Compressor, Integrated, 2 Full Legs And Trunk (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0671 Segmental Cradient Pressure Pneumatic Applance, Full Leg (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0672 Segmental Gradient Pressure Pneumatic Applance, Full Leg (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0673 Segmental Gradient Pressure Pneumatic Applance, Full Arm (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0674 Segmental Gradient Pressure Pneumatic Applance, Half Leg (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0675 Pneumatic Compression Device, High Pressure, Rapid Inflaton/Deflation Cycle, For Arterial Insufficiency (Unitareial Or Bilaterial System) Yes E0676 Intermittent Compression Garment, Full Leg Yes E0677 Non-Pneumatic Segmential Compression Garment, Full Leg Yes E0678 Non-Pneumatic Segmential Compression Garment, Full Leg Yes E0	E0666	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Half Leg (Special Coverage	Yes
E0668 Segmental Preumatic 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) Yes E0670 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Legs And Trunk (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0671 Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0673 Segmental Gradient Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0673 Segmental Gradient Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply, See Cim: 60-16) Yes E0674 Instructions Compression Device, Includes All Accessories), Not Otherwise Specified Yes E0675 Pneumatic Sequential Compression Garment, Full Leg Yes E0676 Intermittent Limb Compression Garment, Full Leg Yes E0678 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0679 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0670 Non-Pneumatic Sequential Compression Garment, Full Leg Yes	E0667		Yes
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) Yes E0670 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Legs And Trunk (Special Coverage Instructions Apply. See Cim: 60-16) Yes E0671 Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply. See Cim: 60-16) Yes 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 Garment, Trunk Yes E0676 Intermittent Limb Compression Garment, Full Leg Yes E0676 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0676 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0677 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0678 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0679 Non-Pneumatic Sequential Compression Garment, Full Leg <td< td=""><td>E0668</td><td></td><td>Yes</td></td<>	E0668		Yes
Instructions Apply, See Clm: 60-16) Instructions Apply, See Clm: 60-16) E0670 Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Legs And Trunk (Special Coverage Instructions Apply, See Clm: 60-16) Yes E0671 Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply, See Clm: 60-16) Yes E0672 Segmental Gradient Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply, See Clm: 60-16) Yes E0673 Segmental Gradient Pressure Pneumatic Appliance, Half Leg (Special Coverage Instructions Apply, See Clm: 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 Garment, Trunk Yes E0677 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0678 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0679 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0679 Non-Pneumatic Sequential Compression Garment, Full Arm Yes E0680 Non-Pneumatic Sequential Compression Garment, Full Arm Yes E0681 Non-Pneumatic Sequential Compression Garment, Fu		Instructions Apply. See Cim: 60-16)	
Trunk (Special Coverage Instructions Apply, See Cim: 60-16) Image: Comparison of Coverage Instructions Apply. See (See Segmental Gradient Pressure Pneumatic Appliance, Full Leg (Special Coverage Instructions Apply. See (Segmental Gradient Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply. See (See Cim: 60-16) Yes E0672 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 Yes E0676 Intermittent Limb Compression Garment, Trunk Yes E0677 Non-Pneumatic Sequential Compression Garment, Trunk Yes E0678 Non-Pneumatic Sequential Compression Garment, Half Leg Yes E0679 Non-Pneumatic Compression Controller Without Calibrated Gradient Pressure Yes E0680 Non-Pneumatic Compression Controller Without Calibrated Gradient Pressure Yes E0681 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Yes E0691 Ultravi	E0669	Instructions Apply. See Cim: 60-16)	Yes
Cim: 60-16) Chromoto Controller Vitro Controller Vitro Controller Vitro E0672 Segmental Gradient Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply, See Cim: 60-16) Yes 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 Garment, Trunk Yes E0677 Non-Pneumatic Sequential Compression Garment, Hul Leg Yes E0678 Non-Pneumatic Sequential Compression Garment, Hul Leg Yes E0679 Non-Pneumatic Sequential Compression Garment, Hul Leg Yes E0680 Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure Yes E0681 Non-Pneumatic Compression Garment, Full Arm Yes E0692 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Yes E0693 Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot Panel Yes E0694 Ultraviolet Multidirectional Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protect	E0670		Yes
E0672 Segmental Gradient Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply. See Cim: 60-16) Yes 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 Garment, Full Accessories), Not Otherwise Specified Yes E0678 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0679 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0680 Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure Yes E0681 Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure Yes E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Yes E0692 Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot Panel Yes E0693 Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot Panel Yes E0700 Safety Equipment, Device Or Accessory, Any Type Yes Yes E0711 Upper Extremity Medi	E0671		Yes
E0673 Segmental Gradient Pressure Pneumatic Appliance, Half Leg (Special Coverage Instructions Apply. See Yes E0675 Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial Yes E0676 Intermittent Limb Compression Device (Includes All Accessories), Not Otherwise Specified Yes E0676 Intermittent Limb Compression Garment, Trunk Yes E0677 Non-Pneumatic Sequential Compression Garment, Trunk Yes E0678 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0679 Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure Yes E0680 Non-Pneumatic Compression Controller Without Calibrated Gradient Pressure Yes E0681 Non-Pneumatic Compression Controller Without Calibrated Gradient Pressure Yes E0681 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Yes E0692 Ultraviolet Hight Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 4 Foot Panel Yes E0693 Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot	E0672	Segmental Gradient Pressure Pneumatic Appliance, Full Arm (Special Coverage Instructions Apply. See	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, Full Leg Yes E0678 Non-Pneumatic Sequential Compression Garment, Hall Leg Yes E0679 Non-Pneumatic Sequential Compression Garment, Hall Leg Yes E0680 Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure Yes E0681 Non-Pneumatic Compression Garment, Full Arm Yes E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection, 4 Foot Panel Yes 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 E0700 Safety Equipment, Device Or Accessory, Any Type Yes Yes E0710 Restraints, Any Type, Each (Special Coverage Instructions Apply) No No E0711 Upper Extramity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of Motion Yes	E0673	Segmental Gradient Pressure Pneumatic Appliance, Half Leg (Special Coverage Instructions Apply. See	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 Sequential Compression Garment, Full Arm Yes E0682 Non-Pneumatic Sequential Compression Garment, Full Arm Yes E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection, 4 Foot Panel Yes E0692 Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot Panel Yes E0693 Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer And Yes E0700 Safety Equipment, Device Or Accessory, Any Type Yes Yes E0711 Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of Motion Yes E0720 Transcutaneous Electrical Nerve Stimulation (Tens) Device, Fwo Leads, For Multiple Nerve Yes E0731 Upper Extremity Medical Tubing/Lines	E0675	Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial	Yes
E0678 Non-Pneumatic Sequential Compression Garment, Full Leg Yes E0679 Non-Pneumatic Sequential Compression Garment, Hall Leg Yes E0680 Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure Yes E0681 Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure Yes E0682 Non-Pneumatic Sequential Compression Garment, Full Arm Yes E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Yes 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 Yes E0700 Safety Equipment, Device Or Accessory, Any Type Yes Yes E0710 Restraints, Any Type, Each (Special Coverage Instructions Apply) No Yes E0711 Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of Motion Yes E0720 Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage In	E0676		Yes
E0679 Non-Pneumatic Sequential Compression Garment, Half Leg Yes E0680 Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure Yes E0681 Non-Pneumatic Sequential Compression Controller Without Calibrated Gradient Pressure Yes E0682 Non-Pneumatic Sequential Compression Garment, Full Arm Yes E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Yes 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, 6 Foot Panel Yes E0700 Safety Equipment, Device Or Accessory, Any Type Yes Yes E0710 Restraints, Any Type (Body, Chest, Wrist Or Ankle) Yes Yes E0710 Restraints, Any Type (Body, Chest, Wrist Or Ankle) Yes Yes E0710 Restraints, Any Type (Body, Chest, Wrist Or Ankle) Yes Yes E0720 Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions	E0677		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 E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Yes 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 Yes E0700 Safety Equipment, Device Or Accessory, Any Type Yes Yes E0710 Restraints, Any Type, Each (Special Coverage Instructions Apply) No No E0711 Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of Motion Yes E0730 Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6) Yes E0730 Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation (Special Coverage Instruct	E0678	Non-Pneumatic Sequential Compression Garment, Full 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 E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Yes 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 Yes E0700 Safety Equipment, Device Or Accessory, Any Type Yes Yes E0710 Restraints, Any Type, Each (Special Coverage Instructions Apply) No No E0711 Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of Motion Yes E0730 Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6) Yes E0730 Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation (Special Coverage Instruct	E0679	Non-Pneumatic Seguential Compression Garment, Half Leg	Yes
E0681Non-Pneumatic Compression Controller Without Calibrated Gradient PressureYesE0682Non-Pneumatic Sequential Compression Garment, Full ArmYesE0691Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2YesE0692Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 4 Foot PanelYesE0693Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot PanelYesE0694Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer And Eye ProtectionYesE0700Safety Equipment, Device Or Accessory, Any TypeYesE0711Restraints, Any Type (Body, Chest, Wrist Or Ankle)YesE0720Transfer Device, Any Type, Each (Special Coverage Instructions Apply)NoE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Leads, For Multiple Nerve Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0731Form 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: 45-20, 35-46 And Mcm: 4107.6)Yes			
E0682 Non-Pneumatic Sequential Compression Garment, Full Arm Yes E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection; Treatment Area 2 Square Feet Or Less Yes 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 Yes E0700 Safety Equipment, Device Or Accessory, Any Type Yes E0710 Restraints, Any Type, (Body, Chest, Wrist Or Ankle) Yes E0720 Transfer Device, Any Type, (Body, Chest, Wrist Or Ankle) 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 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 <td></td> <td></td> <td></td>			
E0691 Ultraviolet Light Therapy System, Includes Bulbs/Lamps, Timer And Eye Protection, Treatment Area 2 Yes 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, 6 Foot Panel Yes E0700 Safety Equipment, Device Or Accessory, Any Type Yes E0710 Restraints, Any Type (Body, Chest, Wrist Or Ankle) Yes E0720 Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. No E0720 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) No 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 The Patient'S Skin By Layers Of Fabric) (Special Coverage Instructions Apply. See Cim: 45-25) Yes			
Square Feet Or LessE0692Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 4 Foot PanelYesE0693Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot PanelYesE0694Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer And Eye ProtectionYesE0700Safety Equipment, Device Or Accessory, Any TypeYesE0705Transfer Device, Any Type, Each (Special Coverage Instructions Apply)NoE0710Restraints, Any Type (Body, Chest, Wrist Or Ankle)YesE0711Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of MotionYesE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0731Form 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			
E0692Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 4 Foot PanelYesE0693Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot PanelYesE0694Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer And Eye ProtectionYesE0700Safety Equipment, Device Or Accessory, Any TypeYesE0705Transfer Device, Any Type, Each (Special Coverage Instructions Apply)NoE0710Restraints, Any Type (Body, Chest, Wrist Or Ankle)YesE0721Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of MotionYesE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0731Form 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	E0691		Yes
E0694Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, Includes Bulbs/Lamps, Timer And Eye ProtectionYesE0700Safety Equipment, Device Or Accessory, Any TypeYesE0705Transfer Device, Any Type, Each (Special Coverage Instructions Apply)NoE0710Restraints, Any Type (Body, Chest, Wrist Or Ankle)YesE0711Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of MotionYesE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0731Form 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	E0692		Yes
Eye ProtectionEye ProtectionE0700Safety Equipment, Device Or Accessory, Any TypeYesE0705Transfer Device, Any Type, Each (Special Coverage Instructions Apply)NoE0710Restraints, Any Type (Body, Chest, Wrist Or Ankle)YesE0711Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of MotionYesE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0730Transcutaneous 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)YesE0731Form 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	E0693	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer And Eye Protection, 6 Foot Panel	Yes
E0700Safety Equipment, Device Or Accessory, Any TypeYesE0705Transfer Device, Any Type, Each (Special Coverage Instructions Apply)NoE0710Restraints, Any Type (Body, Chest, Wrist Or Ankle)YesE0711Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of MotionYesE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0730Transcutaneous 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)YesE0731Form 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	E0694		Yes
E0705Transfer Device, Any Type, Each (Special Coverage Instructions Apply)NoE0710Restraints, Any Type (Body, Chest, Wrist Or Ankle)YesE0711Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of MotionYesE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0730Transcutaneous 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)YesE0731Form 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	50700		
E0710Restraints, Any Type (Body, Chest, Wrist Or Ankle)YesE0711Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of MotionYesE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0730Transcutaneous 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)YesE0731Form 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			
E0711Upper Extremity Medical Tubing/Lines Enclosure Or Covering Device, Restricts Elbow Range Of MotionYesE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0730Transcutaneous 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)YesE0731Form 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			
MotionE0720Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation (Special Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)NoE0730Transcutaneous 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)YesE0731Form 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	E0710	Restraints, Any Type (Body, Chest, Wrist Or Ankle)	Yes
Coverage Instructions Apply. See Cim: 35-20, 35-46 And Mcm: 4107.6)E0730Transcutaneous 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)YesE0731Form 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	E0711		Yes
E0730Transcutaneous 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)YesE0731Form 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	E0720		No
From The Patient'S Skin By Layers Of Fabric) (Special Coverage Instructions Apply. See Cim: 45-25)	E0730	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve	Yes
F0732 Cranial Electrotherany Stimulation (Ces) System Any Type	E0731		Yes
	E0732	Cranial Electrotherapy Stimulation (Ces) System, Any Type	Yes

Procedure Code	Description	Prior Auth Required
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
E0735	Non-Invasive Vagus Nerve Stimulator	Yes
E0740	NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR, COMPLETE SYSTEM (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE CIM: 60.24)	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)	Yes
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, With Replaceable Batteries, For Treatment Of Nausea And Vomiting	Yes
E0766	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any Type	Yes
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)	Yes
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)	Yes
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	Yes
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

Procedure Code	Description	Prior Auth Required
E0860		No
20800	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
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)	Yes
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		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		No
E0968	Commode Seat, Wheelchair (Special Coverage Instructions Apply. See Cim: 60-9)	Yes
E0969		Yes
E0989	Narrowing Device, Wheelchair (Special Coverage Instructions Apply. See Cim: 60-9)	
	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

Procedure Code	Description	Prior Auth Required
E0973	Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each (Special	No
	Coverage Instructions Apply. See Cim: 60-9)	
E0974	Manual Wheelchair Accessory, Anti-Rollback Device, Each (Special Coverage Instructions Apply. See	No
50070	Cim: 60-9)	NL.
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each	No
E0980	Safety Vest, Wheelchair	Yes No
E0981 E0982	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	No
20584	Wheelchair, Tiller Control	NO
E0985	Wheelchair Accessory, Seat Lift Mechanism	No
E0986	Manual Wheelchair Accessory, Push-Rim Activated Power Assist System	No
E0988	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair	Yes
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
E1002	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction	No
E1003	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction	No
21001	wheelenan Accessory, Tower Searing System, Reame only, with Mechanical Shear Readerson	110
E1005	Wheelchair Accessory, Power Seatng System, Recline Only, With Power Shear Reduction	No
E1006	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, Without Shear Reduction	-
21000	wheelenan Accessory, Fower Searing System, combination file And Realine, without shear reduction	
E1007	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Mechanical Shear	No
21007	Reduction	
E1008	Wheelchair Accessory, Power Seating System, Combination Tilt And Recline, With Power Shear	No
21000	Reduction	
E1009	Wheelchair Accessory, Addition To Power Seating System, Mechanically Linked Leg Elevation System,	Yes
21000	Including Pushrod And Leg Rest, Each	
E1010	Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg	No
	Rest, Pair	
E1011	Modification To Pediatric Size Wheelchair, Width Adjustment Package (Not To Be Dispensed With	Yes
	Initial Chair) (Special Coverage Instructions Apply. See Cim: 60-9)	
E1012	Wheelchair Accessory, Addition To Power Seating System, Center Mount Power Elevating Leg	Yes
	Rest/Platform, Complete System, Any Type, Each	
E1014	Reclining Back, Addition To Pediatric Size Wheelchair (Special Coverage Instructions Apply. See Cim:	No
	60-9)	
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	Yes
	Coverage Instructions Apply. See Mcm: 60.9)	
E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each (Special	Yes
	Coverage Instructions Apply. See Mcm: 60.9)	
E1020	Residual Limb Support System For Wheelchair, Any Type (Special Coverage Instructions Apply. See	No
	Mcm: 60-6)	
E1028	Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For	No
	Joystick, Other Control Interface Or Positioning Accessory	
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	No
	INSTRUCTIONS APPLY. SEE CIM: 60-9)	
E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient	Yes
	Weight Capacity Up To And Including 300 Lbs (Special Coverage Instructions Apply. See Mcm: 2100)	
1		
E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver,	Yes
E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs	Yes

Procedure Code	Description	Prior Auth Required
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
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		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)	Yes
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

Procedure Code	Description	Prior Auth Required
E1224	Wheelchair With Detachable Arms, Elevating Legrests (Special Coverage Instructions Apply. See Cim:	Yes
	60-6)	
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than	No
	80 Degrees), Each (Special Coverage Instructions Apply. See Cim: 60-6)	
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each (Special	No
	Coverage Instructions Apply. See Cim: 60-9)	
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	Yes
E1230	Power Operated Vehicle (Three Or Four Wheel Nonhighway) Specify Brand Name And Model Number	No
	(Special Coverage Instructions Apply. See Cim: 60-5 And Mcm: 4107.6)	
E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, With Seating System (Special Coverage	Yes
	Instructions Apply. See Cim: 60-9)	
E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System (Special Coverage	No
	Instructions Apply. See Cim: 60-9)	
E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System (Special Coverage	No
	Instructions Apply. See Cim: 60-9)	
E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System (Special	No
	Coverage Instructions Apply. See Cim: 60-9)	
E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System (Special Coverage Instructions	No
	Apply. See Cim: 60-9)	
E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System (Special Coverage Instructions	No
	Apply. See Cim: 60-9)	
E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System (Special Coverage Instructions	No
54000	Apply. See Cim: 60-9)	••
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System (Special Coverage Instructions	NO
F1220	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	Yes
E1250	Legrest (Special Coverage Instructions Apply. See Cim: 60-9)	Voc
E1250	Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest (Not Payable By	Yes
E1260	Medicare. See Cim: 60-9) Lightweight Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest (Not	Voc
E1200	Payable By Medicare. See Cim: 60-9)	Tes
E1270	Lightweight Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Legrests (Special	Yes
11270	Coverage Instructions Apply. See Cim: 60-9)	163
E1280	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Elevating Legrests (Special Coverage	Yes
21200	Instructions Apply. See Cim: 60-9)	105
E1285	Heavy Duty Wheelchair, Fixed Full Length Arms, Swing Away Detachable Footrest (Not Payable By	Yes
	Medicare. See Cim: 60-9)	
E1290	Heavy Duty Wheelchair, Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrest (Not	Yes
	Payable By Medicare. See Cim: 60-9)	
E1295	Heavy Duty Wheelchair, Fixed Full Length Arms, Elevating Legrest (Special Coverage Instructions	Yes
	Apply. See Cim: 60-9)	
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.	No
	See Cim: 60-6)	
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,	Yes
	Replacement Only, Each	
E1355	Stand/Rack (Special Coverage Instructions Apply. See Cim: 60-4)	Yes
E1356	Oxygen Accessory, Battery Pack/Cartridge For Portable Concentrator, Any Type, Replacement Only,	Yes
	Each	
E1357	Oxygen Accessory, Battery Charger For Portable Concentrator, Any Type, Replacement Only, Each	Yes

Procedure Code	Description	Prior Auth Required
E1358	Oxygen Accessory, Dc Power Adapter For Portable Concentrator, Any Type, Replacement Only, Each	Yes
	(Special Coverage Instructions Apply)	
E1372	Immersion External Heater For Nebulizer (Special Coverage Instructions Apply. See Cim: 60-4)	Yes
54000		
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	Yes
	Meter, Power Off, Heater And Temperature Control With Alarm, I.V. Poles, Pressure Gauge, Concentrate Container (Special Coverage Instructions Apply)	
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
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 E1637	Sorbent Cartridges, For Hemodialysis, Per 10 (Special Coverage Instructions Apply) Hemostats, Each (Special Coverage Instructions Apply)	Yes 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/Flexion Device, Includes Soft Interface Material	Yes
E1801	Static Progressive Stretch Elbow Device, Extension And/Or Flexion, With Or Without Range Of Motion	Yes
54000	Adjustment, Includes All Components And Accessories	N
E1802	Dynamic Adjustable Forearm Pronation/Supination Device, Includes Soft Interface Material	Yes
E1805 E1806	Dynamic Adjustable Wrist Extension / Flexion Device, Includes Soft Interface Material Static Progressive Stretch Wrist Device, Flexion And/Or Extension, With Or Without Range Of Motion	Yes Yes
	Adjustment, Includes All Components And Accessories	
E1810	Dynamic Adjustable Knee Extension / Flexion Device, Includes Soft Interface Material	No

Procedure Code	Description	Prior Auth Required
E1811	Static Progressive Stretch Knee Device, Extension And/Or Flexion, With Or Without Range Of Motion	Yes
	Adjustment, Includes All Components And Accessories	
E1812	Dynamic Knee, Extension/Flexion Device With Active Resistance Control	Yes
E1815	Dynamic Adjustable Ankle Extension/Flexion Device, Includes Soft Interface Material	Yes
E1816	Static Progressive Stretch Ankle Device, Flexion And/Or Extension, With Or Without Range Of Motion	Yes
	Adjustment, Includes All Components And Accessories	
E1818	Static Progressive Stretch Forearm Pronation / Supination Device, With Or Without Range Of Motion	Yes
	Adjustment, Includes All Components And Accessories	
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
E1825	Dynamic Adjustable Finger Extension/Flexion Device, Includes Soft Interface Material	Yes
E1830	Dynamic Adjustable Toe Extension/Flexion Device, Includes Soft Interface Material	Yes
E1831	Static Progressive Stretch Toe Device, Extension And/Or Flexion, With Or Without Range Of Motion	Yes
51040	Adjustment, Includes All Components And Accessories	V
E1840	Dynamic Adjustable Shoulder Flexion / Abduction / Rotation Device, Includes Soft Interface Material	Yes
F1041	Chattie Deservative Charabab Charabae Device With On With ant Deserva Of Mastien Adverture at traductor	Yes
E1841	Static Progressive Stretch Shoulder Device, With Or Without Range Of Motion Adjustment, Includes	Tes
E1902	All Components And Accessories	Yes
E1902	Communication Board, Non-Electronic Augmentative Or Alternative Communication Device Virtual Reality Cognitive Behavioral Therapy Device (Cbt), Including Pre-Programmed Therapy	Yes
1905	Software	103
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	Yes
22001	Management System	
E2100	Blood Glucose Monitor With Integrated Voice Synthesizer (Special Coverage Instructions Apply. See	No
12100	Cim: 60-11)	
E2101	Blood Glucose Monitor With Integrated Lancing/Blood Sample (Special Coverage Instructions Apply.	No
	See Cim: 60-11)	
E2102	Adjunctive, Non-Implanted Continuous Glucose Monitor Or Receiver	Yes
E2103	Non-Adjunctive, Non-Implanted Continuous Glucose Monitor Or Receiver	Yes
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	No
	And Less Than 24 Inches	
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	No
	Type, Replacement Only, Each	
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,	No
52214	Each	
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 E2219	Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each	Yes
E2219 E2220	Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE,	No
	REPLACEMENT ONLY, EACH	
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE,	No
	REPLACEMENT ONLY, EACH	
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	No
	WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT	No
 .	ONLY, EACH	

Procedure Code	Description	Prior Auth Required
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	Yes
E2294	Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware	Yes
E2295	Manual Wheelchair Accessory, For Pediatric Size Wheelchair, Dynamic Seating Frame, Allows Coordinated Movement Of Multiple Positioning Features	Yes
E2300	Wheelchair Accessory, Power Seat Elevation System, Any Type	No
E2301	Wheelchair Accessory, Power Standing System, Any Type	Yes
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
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	Yes
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	Yes
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	No

Procedure Code	Description	Prior Auth Required
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	Yes
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
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)	Yes

Procedure Code	Description	Prior Auth Required
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)	Yes
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)	Yes
E2506	Speech Generating Device, Digitized Speech, Using Pre-Recorded Messages, Greater Than 40 Minutes Recording Time (Special Coverage Instructions Apply. See Cim: 60-23)	Yes
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)	Yes
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)	Yes
E2512	Accessory For Speech Generating Device, Mounting System (Special Coverage Instructions Apply. See Cim: 60-23)	Yes
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	Yes
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
E2627	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Rancho Type	No

Procedure Code	Description	Prior Auth Required
E2628	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced,	No
	Reclining	
E2629	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced,	No
	Friction Arm Support (Friction Dampening To Proximal And Distal Joints)	
E2630	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support, Monosuspension Arm And Hand	No
	Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension Support	
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	No
	Balance Control	
E2633	Wheelchair Accessory, Addition To Mobile Arm Support, Supinator	No
E3000	Speech Volume Modulation System, Any Type, Including All Components And Accessories	Yes
E8000	Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components (Not Payable	Yes
	By Medicare)	
E8001	Gait Trainer, Pediatric Size, Upright Support, Includes All Accessories And Components (Not Payable	Yes
	By Medicare)	
E8002	Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components (Not Payable	Yes
	By Medicare)	
EADB1	HIPPS Code EADB1	No
EAEE1	HIPPS Code EAEE1	No
EAIC1	HIPPS Code EAIC1	No
EAMB1	HIPPS Code EAMB1	No
EAMD1	HIPPS Code EAMD1	No
EAUD1	HIPPS Code EAUD1	No
EAUF1	HIPPS Code EAUF1	No
EDMD1	HIPPS Code EDMD1	No
EFMF1	HIPPS Code EFMF1	No
EIUD1	HIPPS Code EIUD1	No
FAMC1	HIPPS Code FAMC1	No
FANE1	HIPPS Code FANE1	No
FAUF1	HIPPS Code FAUF1	No
FAXE1	HIPPS Code FAXE1	No
FBME1	HIPPS Code FBME1	No
FBUE1	HIPPS Code FBUE1	No
FDED1	HIPPS Code FDED1	No
FFKC1	HIPPS Code FFKC1	No
FFXE1	HIPPS Code FFXE1	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	No
	Professional (Qhp)To Prevent Human Immunodeficiency Virus (Hiv), Includes Hiv Risk Assessment	
	(Initial Or Continued Assessment Of Risk), Hiv Risk Reduction An	
G0012	Injection Of Pre-Exposure Prophylaxis (Prep) Drug For Hiv Prevention, Under Skin Or Into Muscle	Yes
60010		
G0013	Individual Counseling For Pre-Exposure Prophylaxis (Prep) By Clinical Staff To Prevent Human	Yes
	Immunodeficiency Virus (Hiv), Includes: Hiv Risk Assessment (Initial Or Continued Assessment Of Risk),	
C0017	Hiv Risk Reduction And Medication Adherence	No.
G0017	Psychotherapy For Crisis Furnished In An Applicable Site Of Service (Any Place Of Service At Which The	res
	Non-Facility Rate For Psychotherapy For Crisis Services Applies, Other Than The Office Setting); First	
G0018	60 Minutes Psychotherapy For Crisis Furnished In An Applicable Site Of Service (Any Place Of Service At Which The	Voc
00018		103
	Non-Facility Rate For Psychotherapy For Crisis Services Applies, Other Than The Office Setting); Each Additional 30 Minutes (List Separately In Addition	
G0019	Community Health Integration Services Performed By Certified Or Trained Auxiliary Personnel,	Yes
00019		Tes
	Including A Community Health Worker, Under The Direction Of A Physician Or Other Practitioner; 60 Minutes Per Calendar Month, In The Following Activities To	
G0022	Community Health Integration Services, Each Additional 30 Minutes Per Calendar Month (List	Yes
00022	Separately In Addition To G0019)	
G0023	Principal Illness Navigation Services By Certified Or Trained Auxiliary Personnel Under The Direction Of	νος
00025	A Physician Or Other Practitioner, Including A Patient Navigator; 60 Minutes Per Calendar Month, In	105
G0024	The Following Activities: Person-Centered Principal Illness Navigation Services, Additional 30 Minutes Per Calendar Month (List Separately In	Yes
55024	Addition To G0023)	
	productor to 000237	1

	Description	Prior Auth Required
Procedure Code G0027		Yes
G0029		Yes
	Measurement Period Or In The Six Months Prior To The Measurement Period	
G0030	Patient Screened For Tobacco Use And Received Tobacco Cessation Intervention During The	Yes
	Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling,	
	Pharmacotherapy, Or Both), If Identified As A Tobacco User	
G0031	Palliative Care Services given to patient any time during the measurement period	Yes
G0032		Yes
	Schizophrenia, Schizoaffective Disorder, Or Bipolar Disorder On Or Between January 1 Of The Year	
60000	Prior To The Measurement Period And The Index Prescription Start Date (Ips	N
G0033	Two Or More Benzodiazepine Prescriptions Ordered For Patients Who Had A Diagnosis Of Seizure	Yes
	Disorders, Rapid Eye Movement Sleep Behavior Disorder, Benzodiazepine Withdrawal, Ethanol Withdrawal, Or Sovere Constrained Anviety Disorder On Or Petween January	
	Withdrawal, Or Severe Generalized Anxiety Disorder On Or Between January	
G0034	Patients Receiving Palliative Care During The Measurement Period	Yes
G0035	Patient Has Any Emergency Department Encounter During The Performance Period With Place Of	Yes
	Service Indicator 23	
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-	Yes
	Verbal Patients, Delirious, Severely Aphasic, Severely Developmentally Delayed, Severe Visual Or	
	Hearing Impairment And For Those Patients, No Knowledgeable	
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	Yes
	Measurement Period	
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	Yes
	Value Pathways	
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 G0063	Audiology Mips Specialty Set	Yes
G0063 G0064	Cardiology Mips Specialty Set Certified Nurse Midwife Mips Specialty Set	Yes Yes
G0064 G0065	Chiropractic Medicine Mips Specialty Set	Yes
G0065 G0066	Clinical Social Work Mips Specialty Set	Yes
G0066 G0067	Dentistry Mips Specialty Set	Yes
G0067 G0068		Yes
	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	103

Procedure Code	Description	Prior Auth Required
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
G0071	Payment For Communication Technology-Based Services For 5 Minutes Or More Of A Virtual (Non- Face-To-Face) Communication Between An Rural Health Clinic (Rhc) Or Federally Qualified Health Center (Fqhc) Practitioner And Rhc Or Fqhc Patient, Or 5 Minutes Or	No
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
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

Procedure Code	Description	Prior Auth Required
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
G0106	Colorectal Cancer Screening; Alternative To G0104, Screening Sigmoidoscopy, Barium Enema (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
G0120	Colorectal Cancer Screening; Alternative To G0105, Screening Colonoscopy, Barium Enema. (Special Coverage Instructions Apply)	Yes
G0121	Colorectal Cancer Screening; Colonoscopy On Individual Not Meeting Criteria For High Risk (Special Coverage Instructions Apply)	Yes
G0122	Colorectal Cancer Screening; Barium Enema (Non-Covered By Medicare)	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 Social Determinants Of Health Risk Assessment Tool, 5-15 Minutes	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
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
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	No

Procedure Code	Description	Prior Auth Required
G0152	Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting,	No
	Each 15 Minutes	
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	No
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	Yes
	Establishment Or Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes	
G0160	Services Performed By A Qualified Occupational Therapist, In The Home Health Setting, In The	Yes
	Establishment Or Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes	
G0161	Services Performed By A Qualified Speech-Language Pathologist, In The Home Health Setting, In The	Yes
	Establishment Or Delivery Of A Safe And Effective Speech-Language Pathology Maintenance Program, Each 15 Minutes	
G0162	Skilled Services By A Registered Nurse (Rn) For Management And Evaluation Of The Plan Of Care; Each	No
	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	
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)	Yes
G0177	(Special Coverage Instructions Apply) Training And Educational Services Related To The Care And Treatment Of Patient'S Disabling Mental	Yes
50177	Health Problems Per Session (45 Minutes Or More) (Special Coverage Instructions Apply)	103
G0179	Physician Or Allowed Practitioner Re-Certification For Medicare-Covered Home Health Services Under	Yes
	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	
G0180	Physician Or Allowed Practitioner Certification For Medicare-Covered Home Health Services Under A	Yes
	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	
G0181	Physician Or Allowed Practitioner Supervision Of A Patient Receiving Medicare-Covered Services	Yes
00101	Provided By A Participating Home Health Agency (Patient Not Present) Requiring Complex And	
	Multidisciplinary Care Modalities Involving Regular Physician Or Allo	
G0182	Physician Supervision Of A Patient Under A Medicare-Approved Hospice (Patient Not Present)	Yes
	Requiring Complex And Multidisciplinary Care Modalities Involving Regular Physician Development And/Or Revision Of Care Plans, Review Of Subsequent Reports Of Patie	
G0186	Destruction Of Localized Lesion Of Choroid (For Example, Choroidal Neovascularization);	Yes
	Photocoagulation, Feeder Vessel Technique (One Or More Sessions)	
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	Yes
G0245	Respiratory Muscles, Two Or More Individuals (Includes Monitoring) Initial Physician Evaluation And Management Of A Diabetic Patient With Diabetic Sensory Neuropathy	Yes
	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	
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Procedure Code Description 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) Patient History, (2) A Physical Examination That Includes: (A) G0247 Routine Foot Care By A Physician Of A Diabetic Patient With Diabetic Sensory Neuropathy Resulting I A Loss Of Protective Sensation (Lops) To Include, The Local Care Of Superficial Wounds (I.E. Superfici To Muscle And Fascia) And At Least The Following 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 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 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 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) G0257 Unscheduled Or Emergency Dialysis Treatment For An Esrd Patient In	n Yes al
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Audiologic Function Testing G0269 Placement Of Occlusive Device Into Either A Venous Or Arterial Access Site, Post Surgical Or	
, 3	
	Yes
G0270 Medical Nutrition Therapy; Reassessment And Subsequent Intervention(S) Following Second Referra	al Yes
In Same Year For Change In Diagnosis, Medical Condition Or Treatment Regimen (Including Additiona	al
Hours Needed For Renal Disease), Individual, Face To Face W	
G0271 Medical Nutrition Therapy, Reassessment And Subsequent Intervention(S) Following Second Referra	
In Same Year For Change In Diagnosis, Medical Condition, Or Treatment Regimen (Including Addition	al
Hours Needed For Renal Disease), Group (2 Or More Individu	
G0276 Blinded Procedure For Lumbar Stenosis, Percutaneous Image-Guided Lumbar Decompression (Pild) (
Placebo-Control, Performed In An Approved Coverage With Evidence Development (Ced) Clinical Tria	al
(Special Coverage Instructions Apply)	
G0277 Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval (Special Coverage	Yes
Instructions Apply. See Cim: 35-10)	
G0278 Iliac And/Or Femoral Artery Angiography, Non-Selective, Bilateral Or Ipsilateral To Catheter Insertion	n, Yes
Performed At The Same Time As Cardiac Catheterization And/Or Coronary Angiography, Includes	
Positioning Or Placement Of The Catheter In The Distal Aort	
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	Yes
STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS, AND VENOUS STAGE III AND	
DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE, AS	'
DEMONSTRATING MEASORABLE SIGNS OF HEALING AFTER SU DATS OF CONVENTIONAL CARE, AS	
G0282 Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described	In Yes
G0281 (Non-Covered By Medicare. See Mcm: 35-98)	
G0283 Electrical Stimulation (Unattended), To One Or More Areas For Indication(s) Other Than Wound Care	e, Yes
As Part Of A Therapy Plan Of Care	
G0288 Reconstruction, Computed Tomographic Angiography Of Aorta For Surgical Planning For Vascular	Yes
Surgery	
G0289 Arthroscopy, Knee, Surgical, For Removal Of Loose Body, Foreign Body, Debridement/Shaving Of	Yes
Articular Cartilage (Chondroplasty) At The Time Of Other Surgical Knee Arthroscopy In A Different	
Compartment Of The Same Knee	

Procedure Code	Description	Prior Auth Required
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
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	No
	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)	
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	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

Procedure Code	Description	Prior Auth Required
G0329	Electromagnetic Therapy, To One Or More Areas For Chronic Stage Iii And Stage Iv Pressure Ulcers,	Yes
	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	
G0330	Facility Services For Dental Rehabilitation Procedure(S) Performed On A Patient Who Requires	Yes
	Monitored Anesthesia (E.G., General, Intravenous Sedation (Monitored Anesthesia Care) And Use Of	
	An Operating Room (Special Coverage Instructions Apply)	
G0333	Pharmacy Dispensing Fee For Inhalation Drug(S); Initial 30-Day Supply As A Beneficiary (Special	Yes
	Coverage Instructions Apply)	
G0337	Hospice Evaluation And Counseling Services, Pre-Election	Yes
G0339	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery, Complete Course Of	Yes
	Therapy In One Session Or First Session Of Fractionated Treatment	
G0340	Image-Guided Robotic Linear Accelerator-Based Stereotactic Radiosurgery, Delivery Including	Yes
	Collimator Changes And Custom Plugging, Fractionated Treatment, All Lesions, Per Session, Second	
	Through Fifth Sessions, Maximum Five Sessions Per Course Of Treatm	
G0341	Percutaneous Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion (Special Coverage	Yes
	Instructions Apply. See Cim: 260.3, 35-82)	
G0342	Laparoscopy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion (Special	Yes
602.42	Coverage Instructions Apply. See Cim: 35-82)	
G0343	Laparotomy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion (Special	Yes
C0272	Coverage Instructions Apply. See Cim: 35-82)	
G0372	Physician Service Required To Establish And Document The Need For A Power Mobility Device (Special	Yes
C0279	Coverage Instructions Apply)	Vec
G0378 G0379	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	Yes
00500	Must Meet At Least One Of The Following Requirements: (1) It Is Licensed By The State In Which It Is	165
	Located Under Applicable State Law As An Emergency Room Or	
G0381	Level 2 Hospital Emergency Department Visit Provided In A Type B Emergency Department; (The Ed	Yes
00301	Must Meet At Least One Of The Following Requirements: (1) It Is Licensed By The State In Which It Is	103
	Located Under Applicable State Law As An Emergency Room Or	
G0382	Level 3 Hospital Emergency Department Visit Provided In A Type B Emergency Department; (The Ed	Yes
00001	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	
G0383	Level 4 Hospital Emergency Department Visit Provided In A Type B Emergency Department; (The Ed	Yes
	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	
G0384	Level 5 Hospital Emergency Department Visit Provided In A Type B Emergency Department; (The Ed	Yes
	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	
G0390	Trauma Response Team Associated With Hospital Critical Care Service (Special Coverage Instructions	Yes
	Apply)	
G0396	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G., Audit, Dast),	Yes
	And Brief Intervention 15 To 30 Minutes	
G0397	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G., Audit, Dast),	Yes
	And Intervention, Greater Than 30 Minutes	
G0398	Home Sleep Study Test (Hst) With Type li Portable Monitor, Unattended; Minimum Of 7 Channels:	No
	Eeg, Eog, Emg, Ecg/Heart Rate, Airflow, Respiratory Effort And Oxygen Saturation	
G0399	Home Sleep Test (Hst) With Type lii Portable Monitor, Unattended; Minimum Of 4 Channels: 2	No
	Respiratory Movement/Airflow, 1 Ecg/Heart Rate And 1 Oxygen Saturation	
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	Yes
00400	The First 12 Months Of Medicare Enrollment	
G0403	Electrocardiogram, Routine Ecg With 12 Leads; Performed As A Screening For The Initial Preventive	Yes
60404	Physical Examination With Interpretation And Report	¥
G0404	Electrocardiogram, Routine Ecg With 12 Leads; Tracing Only, Without Interpretation And Report,	Yes
C0405	Performed As A Screening For The Initial Preventive Physical Examination	N
G0405	Electrocardiogram, Routine Ecg With 12 Leads; Interpretation And Report Only, Performed As A	Yes
60406	Screening For The Initial Preventive Physical Examination	
G0406	Follow-Up Inpatient Consultation, Limited, Physicians Typically Spend 15 Minutes Communicating	Yes
60407	With The Patient Via Telehealth	Voc
G0407	Follow-Up Inpatient Consultation, Intermediate, Physicians Typically Spend 25 Minutes	Yes
	Communicating With The Patient Via Telehealth	

G0408 Follow-Up Inpatient Consultation, Complex, Physicians Typically Spend 35 Minutes Communicatin With The Patient Via Telehealth 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-Qua Social Worker OF Psychologist In A Corf) G0410 Group Psychotherapy Other Than Of A Multiple-Fanily Group, In A Partial Hospitalization Or Inte Outpatient Setting, Approximately 45 To 50 Minutes G0411 Interactive Group Psychotherapy, In A Partial Hospitalization Or Intensive Outpatient Setting, Approximately 45 To 50 Minutes G0412 Open Treatment Of Ilias Spinel(s), Tuberosity Avulsion, Or Iliac Wing Fracture(s), Unilateral Or Bilar (Marting Contension) G0413 Percutaneous Skeletal Fixation Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fractur Patterns Which Disrupt The Pelvic Ring, Unilateral Or Bilateral, (Includes Illum, Sacroilia: Joint An Sacrum) 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 (Include Public Symphysis And/Or Superior/Inferior Rami) G0415 Open Treatment Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns Whi Disrupt The Pelvic Ring, Unilateral Or Bilateral, Includes Internal Fixation, When Performed (Include Public Symphysis And/Or Sacrum) G0415 Open Treatment Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns W	Yes
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G0426 Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 50 Minutes Communicating With The Patient Via Telehealth G0427 Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 70 Minutes Or Mon Communicating With The Patient Via Telehealth G0428 Collagen Meniscus Implant Procedure For Filling Meniscal Defects (E.G., Cmi, Collagen Scaffold, Menaflex) (Non-Covered By Medicare) G0429 Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G., As A R Of Highly Active Antiretroviral Therapy) G0432 Infectious Agent Antibody Detection By Enzyme Immunoassay (Eia) Technique, Hiv-1 And/Or Hiv- Screening G0435 Infectious Agent Antibody Detection By Rapid Antibody Test, Hiv-1 And/Or Hiv-2, Screening	Yes
G0427 Telehealth Consultation, Emergency Department Or Initial Inpatient, Typically 70 Minutes Or Monocommunicating With The Patient Via Telehealth G0428 Collagen Meniscus Implant Procedure For Filling Meniscal Defects (E.G., Cmi, Collagen Scaffold, Menaflex) (Non-Covered By Medicare) G0429 Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G., As A R Of Highly Active Antiretroviral Therapy) G0432 Infectious Agent Antibody Detection By Enzyme Immunoassay (Eia) Technique, Hiv-1 And/Or Hiv-Screening G0435 Infectious Agent Antibody Detection By Enzyme-Linked Immunosorbent Assay (Elisa) Technique, And/Or Hiv-2, Screening	Yes
G0428 Collagen Meniscus Implant Procedure For Filling Meniscal Defects (E.G., Cmi, Collagen Scaffold, Menaflex) (Non-Covered By Medicare) G0429 Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G., As A R Of Highly Active Antiretroviral Therapy) G0432 Infectious Agent Antibody Detection By Enzyme Immunoassay (Eia) Technique, Hiv-1 And/Or Hiv-Screening G0435 Infectious Agent Antibody Detection By Enzyme-Linked Immunosorbent Assay (Elisa) Technique, And/Or Hiv-2, Screening	re Yes
G0429 Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G., As A R Of Highly Active Antiretroviral Therapy) G0432 Infectious Agent Antibody Detection By Enzyme Immunoassay (Eia) Technique, Hiv-1 And/Or Hiv- Screening G0433 Infectious Agent Antibody Detection By Enzyme-Linked Immunosorbent Assay (Elisa) Technique, And/Or Hiv-2, Screening G0435 Infectious Agent Antibody Detection By Rapid Antibody Test, Hiv-1 And/Or Hiv-2, Screening	Yes
G0432 Infectious Agent Antibody Detection By Enzyme Immunoassay (Eia) Technique, Hiv-1 And/Or Hiv-Screening G0433 Infectious Agent Antibody Detection By Enzyme-Linked Immunosorbent Assay (Elisa) Technique, And/Or Hiv-2, Screening G0435 Infectious Agent Antibody Detection By Rapid Antibody Test, Hiv-1 And/Or Hiv-2, Screening	lesult Yes
G0433 Infectious Agent Antibody Detection By Enzyme-Linked Immunosorbent Assay (Elisa) Technique, And/Or Hiv-2, Screening G0435 Infectious Agent Antibody Detection By Rapid Antibody Test, Hiv-1 And/Or Hiv-2, Screening	-2, Yes
G0435 Infectious Agent Antibody Detection By Rapid Antibody Test, Hiv-1 And/Or Hiv-2, Screening	Hiv-1 Yes
G0/38 Annual Wellness Visit: Includes A Dersonalized Provention Plan Of Service (Dos) Initial Visit	Yes
	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 Mir	nutes No
G0447 Face-To-Face Behavioral Counseling For Obesity, 15 Minutes	No
G0448 Insertion Or Replacement Of A Permanent Pacing Cardioverter-Defibrillator System With Transver Lead(s), Single Or Dual Chamber With Insertion Of Pacing Electrode, Cardiac Venous System, For Ventricular Pacing	
G0451 Development Testing, With Interpretation And Report, Per Standardized Instrument Form	Yes

Procedure Code	Description	Prior Auth Required
G0452	Molecular Pathology Procedure; Physician Interpretation And Report	No
G0453	Continuous Intraoperative Neurophysiology Monitoring, From Outside The Operating Room (Remote	Yes
	Or Nearby), Per Patient, (Attention Directed Exclusively To One Patient) Each 15 Minutes (List In	
	Addition To Primary Procedure)	
G0454	Physician Documentation Of Face-To-Face Visit For Durable Medical Equipment Determination	Yes
	Performed By Nurse Practitioner, Physician Assistant Or Clinical Nurse Specialist	
G0455	Preparation With Instillation Of Fecal Microbiota By Any Method, Including Assessment Of Donor	Yes
	Specimen	
G0458	Low Dose Rate (Ldr) Prostate Brachytherapy Services, Composite Rate	No
G0459	Inpatient Telehealth Pharmacologic Management, Including Prescription, Use, And Review Of	Yes
G0460	Medication With No More Than Minimal Medical Psychotherapy	Yes
G0460	Autologous Platelet Rich Plasma Or Other Blood-Derived Product For Non-Diabetic Chronic	res
	Wounds/Ulcers, Including As Applicable Phlebotomy, Centrifugation Or Mixing, And All Other Preparatory Procedures, Administration And Dressings, Per Treatment	
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	Yes
	wounds/ulcers, using an FDA-cleared device for this indication, (includes as applicable administration,	
	dressings, phlebotomy, centrifugation or mixing, and all othe	
G0466	Federally Qualified Health Center (Fqhc) Visit, New Patient; A Medically-Necessary, Face-To-Face	No
	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	
G0467	Federally Qualified Health Center (Fqhc) Visit, Established Patient; A Medically-Necessary, Face-To-	No
	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	
G0468	Federally Qualified Health Center (Fqhc) Visit, Ippe Or Awv; A Fqhc Visit That Includes An Initial	No
	Preventive Physical Examination (Ippe) Or Annual Wellness Visit (Awv) And Includes A Typical Bundle	
	Of Medicare-Covered Services That Would Be Furnished Per	
G0469	Federally Qualified Health Center (Fqhc) Visit, Mental Health, New Patient; A Medically-Necessary,	No
	Face-To-Face Mental Health Encounter (One-On-One) Between A New Patient And A Fqhc	
G0470	Practitioner During Which Time One Or More Fqhc Services Are Rendered And	No
60470	Federally Qualified Health Center (Fqhc) Visit, Mental Health, Established Patient; A Medically-	INO
	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	
G0471	Collection Of Venous Blood By Venipuncture Or Urine Sample By Catheterization From An Individual In	Yes
00171	A Skilled Nursing Facility (Snf) Or By A Laboratory On Behalf Of A Home Health Agency (Hha)	100
G0472	Hepatitis C Antibody Screening, For Individual At High Risk And Other Covered Indication(s) (Special	No
	Coverage Instructions Apply. Statute Reference: 1861ssa)	
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),	Yes
	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	
G0480	Drug Test(S), Definitive, Utilizing (1) Drug Identification Methods Able To Identify Individual Drugs And	No
	Distinguish Between Structural Isomers (But Not Necessarily Stereoisomers), Including, But Not	
	Limited To Gc/Ms (Any Type, Single Or Tandem) And Lc/M	
G0481	Drug Test(S), Definitive, Utilizing (1) Drug Identification Methods Able To Identify Individual Drugs And	No
00401	Distinguish Between Structural Isomers (But Not Necessarily Stereoisomers), Including, But Not	
	Limited To Gc/Ms (Any Type, Single Or Tandem) And Lc/M	
G0482	Drug Test(S), Definitive, Utilizing (1) Drug Identification Methods Able To Identify Individual Drugs And	No
	Distinguish Between Structural Isomers (But Not Necessarily Stereoisomers), Including, But Not	
	Limited To Gc/Ms (Any Type, Single Or Tandem) And Lc/M	
G0483	Drug Test(S), Definitive, Utilizing (1) Drug Identification Methods Able To Identify Individual Drugs And	No
	Distinguish Between Structural Isomers (But Not Necessarily Stereoisomers), Including, But Not	
	Limited To Gc/Ms (Any Type, Single Or Tandem) And Lc/M	
G0490	Face-To-Face Home Health Nursing Visit By A Rural Health Clinic (Rhc) Or Federally Qualified Health	Yes
	Center (FQHC) In An Area With A Shortage Of Home Health Agencies; (Services Limited To RN Or Lpn	
<u> </u>	Only)	

Procedure Code	Description	Prior Auth Required
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		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
G0511	Rural Health Clinic Or Federally Qualified Health Center (Rhc Or Fqhc) Only, General Care Management, 20 Minutes Or More Of Clinical Staff Time For Chronic Care Management Services Or Behavioral Health Integration Services Directed By An Rhc Or Fqhc Pract	Yes
G0512	Rural Health Clinic Or Federally Qualified Health Center (Rhc/Fqhc) Only, Psychiatric Collaborative Care Model (Psychiatric Cocm), 60 Minutes Or More Of Clinical Staff Time For Psychiatric Cocm Services Directed By An Rhc Or Fqhc Practitioner (Physician,	Yes
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		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
G0659		No
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
G0916	Satisfaction With Care Achieved Within 90 Days Following Cataract Surgery	Yes
G0917	Patient Care Survey Was Not Completed By Patient	Yes

Procedure Code	Description	Prior Auth Required
G1001	Clinical Decision Support Mechanism Evicore, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1002	Clinical Decision Support Mechanism Medcurrent, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1003	Clinical Decision Support Mechanism Medicalis, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1004	Clinical Decision Support Mechanism National Decision Support Company, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1007	Clinical Decision Support Mechanism Aim Specialty Health, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1008	Clinical Decision Support Mechanism Cranberry Peak, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1010	Clinical Decision Support Mechanism Stanson, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1011	Clinical Decision Support Mechanism, Qualified Tool Not Otherwise Specified, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1012	Clinical Decision Support Mechanism Agilemd, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1013	Clinical Decision Support Mechanism Evidencecare Imagingcare, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1014	Clinical Decision Support Mechanism Inveniqa Semantic Answers In Medicine, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1015		Yes
G1016	Clinical Decision Support Mechanism Speed Of Care, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1017	Clinical Decision Support Mechanism Healthhelp, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1018	Clinical Decision Support Mechanism Infinx, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1019	Clinical Decision Support Mechanism Logicnets, As Defined By The Medicare Appropriate Use Criteria Program	Yes
G1020	Clinical Decision Support Mechanism Curbside Clinical Augmented Workflow, As Defined By The	No
G1021	Medicare Appropriate Use Criteria Program Clinical Decision Support Mechanism Ehealthline Clinical Decision Support Mechanism, As Defined By	No
G1022	The Medicare Appropriate Use Criteria Program Clinical Decision Support Mechanism Intermountain Clinical Decision Support Mechanism, As Defined	No
G1023	By The Medicare Appropriate Use Criteria Program Clinical Decision Support Mechanism Persivia Clinical Decision Support, As Defined By The Medicare	No
G1024	Appropriate Use Criteria Program Clinical Decision Support Mechanism Radrite, As Defined By The Medicare Appropriate Use Criteria	Yes
G1025	· · · · · · · · · · · · · · · · · · ·	Yes
G1026	For The Month 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

Procedure Code	Description	Prior Auth Required
G2002	Limited (30 Minutes) In-Home Visit For A New Patient Post-Discharge. For Use Only In A Medicare-	Yes
	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	
G2003	Moderate (45 Minutes) In-Home Visit For A New Patient Post-Discharge. For Use Only In A Medicare-	Yes
	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	
G2004	Comprehensive (60 Minutes) In-Home Visit For A New Patient Post-Discharge. For Use Only In A	Yes
	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	
G2005	Extensive (75 Minutes) In-Home Visit For A New Patient Post-Discharge. For Use Only In A Medicare-	Yes
	Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest	
	Home, Assisted Living And/Or Nursing Facility Within 90 Days	
G2006	Brief (20 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A Medicare-	Yes
	Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest	
	Home, Assisted Living And/Or Nursing Facility Within 90 Day	
G2007	Limited (30 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A Medicare-	Yes
	Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home, Domiciliary, Rest	
	Home, Assisted Living And/Or Nursing Facility Within 90 D	
G2008	Moderate (45 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A	Yes
	Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home,	
	Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90	
G2009	Comprehensive (60 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A	Yes
	Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home,	
	Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Withi	
G2010	Remote Evaluation Of Recorded Video And/Or Images Submitted By An Established Patient (E.G.,	No
	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	
G2011	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G., Audit, Dast),	Yes
	And Brief Intervention, 5-14 Minutes	
G2012	Brief Communication Technology-Based Service, E.G. Virtual Check-In, By A Physician Or Other	No
	Qualified Health Care Professional Who Can Report Evaluation And Management Services, Provided	
	To An Established Patient, Not Originating From A Related E/M Servi	
G2013	Extensive (75 Minutes) In-Home Visit For An Existing Patient Post-Discharge. For Use Only In A	Yes
	Medicare-Approved Cmmi Model. (Services Must Be Furnished Within A Beneficiary'S Home,	
	Domiciliary, Rest Home, Assisted Living And/Or Nursing Facility Within 90	
G2014	Limited (30 Minutes) Care Plan Oversight. For Use Only In A Medicare-Approved Cmmi Model.	Yes
	(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	
G2015	Comprehensive (60 Mins) Home Care Plan Oversight. For Use Only In A Medicare-Approved Cmmi	Yes
	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	
G2020	Services For High Intensity Clinical Services Associated With The Initial Engagement And Outreach Of	Yes
	Beneficiaries Assigned To The Sip Component Of The Pcf Model (Do Not Bill With Chronic Care	
	Management Codes)	
G2021	Health Care Practitioners Rendering Treatment In Place (Tip)	Yes
G2022	A Model Participant (Ambulance Supplier/Provider), The Beneficiary Refuses Services Covered Under	Yes
	The Model (Transport To An Alternate Destination/Treatment In Place)	
G2025	Payment For A Telehealth Distant Site Service Furnished By A Rural Health Clinic (Rhc) Or Federally	Yes
	Qualified Health Center (Fqhc) Only	
G2066	Interrogation Device Evaluation(S), (Remote) Up To 30 Days; Implantable Cardiovascular Physiologic	No
	Monitor System, Implantable Loop Recorder System, Or Subcutaneous Cardiac Rhythm Monitor	
	System, Remote Data Acquisition(S), Receipt Of Transmissions And Te	
G2067	Medication Assisted Treatment, Methadone; Weekly Bundle Including Dispensing And/Or	Yes
	Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing, If	
	Performed (Provision Of The Services By A Medicare-Enrolled Opioid Treat	
G2068	Medication Assisted Treatment, Buprenorphine (Oral); Weekly Bundle Including Dispensing And/Or	Yes
	Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If	
	Performed (Provision Of The Services By A Medicare-Enrolled Op	
G2069	Medication Assisted Treatment, Buprenorphine (Injectable); Weekly Bundle Including Dispensing	Yes
	And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology	
	Testing If Performed (Provision Of The Services By A Medicare-Enrol	

Procedure Code	Description	Prior Auth Required
G2070	Medication Assisted Treatment, Buprenorphine (Implant Insertion); Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services By A Medicar	Yes
G2071	Medication Assisted Treatment, Buprenorphine (Implant Removal); Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services By A Medicare-	Yes
G2072	Medication Assisted Treatment, Buprenorphine (Implant Insertion And Removal); Weekly Bundle Including Dispensing And/Or Administration, Substance Use Counseling, Individual And Group Therapy, And Toxicology Testing If Performed (Provision Of The Services	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 A Complete, Fully Documented Physical Evaluation And Initial Assessment By A Program Physician Or A Primary Care Physician, Or An Authorized Healthcare Professional Under The Supervision Of	Yes
G2077	Periodic Assessment; Assessing Periodically By Qualified Personnel To Determine The Most Appropriate Combination Of Services And Treatment (Provision Of The Services By A Medicare- Enrolled Opioid Treatment Program); List Separately In Addition To Code For	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		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 Either One Acute Inpatient Encounter With A Diagnosis Of Advanced Illness Or Two Outpatient, Observation, Ed Or Nonacute Inpatient Encounter	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

Procedure Code	Description	Prior Auth Required
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
G2099	Patients 66 Years Of Age And Older With At Least One Claim/Encounter For Frailty During The Measurement Period And Either One Acute Inpatient Encounter With A Diagnosis Of Advanced Illness Or Two Outpatient, Observation, Ed Or Nonacute Inpatient Encounter	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 Either One Acute Inpatient Encounter With A Diagnosis Of Advanced Illness Or Two Outpatient, Observation, Ed Or Nonacute Inpatient Encounter	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 Either One Acute Inpatient Encounter With A Diagnosis Of Advanced Illness Or Two Outpatient, Observation, Ed Or Nonacute Inpatient Encounter	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 Either One Acute Inpatient Encounter With A Diagnosis Of Advanced Illness Or Two Outpatient, Observation, Ed Or Nonacute Inpatient Encounters On	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 Either One Acute Inpatient Encounter With A Diagnosis Of Advanced Illness Or Two Outpatient, Observation, Ed Or Nonacute Inpatient Encounters On	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

Procedure Code	Description	Prior Auth Required
G2136	Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20	Yes
	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	
G2137	Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20	Yes
	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	
G2138	Back Pain As Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15	Yes
02150	Months) Postoperatively Was Less Than Or Equal To 3.0 Or Back Pain Measured By The Visual Analog	105
	Scale (Vas) Or Numeric Pain Scale Within Three Months Preope	
G2139	Back Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15	Yes
02135	Months) Postoperatively Was Greater Than 3.0 And Back Pain Measured By The Visual Analog Scale	105
	(Vas) Or Numeric Pain Scale Within Three Months Preoperatively An	
G2140		Yes
G2140	Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20	165
	Weeks) Postoperatively Was Less Than Or Equal To 3.0 Or Leg Pain Measured By The Visual Analog	
C2141	Scale (Vas) Or Numeric Pain Scale Within Three Months Preoperat	N
G2141	Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20	Yes
	Weeks) Postoperatively Was Greater Than 3.0 And Leg Pain Measured By The Visual Analog Scale	
624.42	(Vas) Or Numeric Pain Scale Within Three Months Preoperatively An	
G2142	Functional Status Measured By The Oswestry Disability Index (Odi Version 2.1A) At One Year (9 To 15	Yes
	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	
G2143	Functional Status Measured By The Oswestry Disability Index (Odi Version 2.1A) At One Year (9 To 15	Yes
	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	
G2144	Functional Status Measured By The Oswestry Disability Index (Odi Version 2.1A) At Three Months (6-	Yes
	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	
G2145	Functional Status Measured By The Oswestry Disability Index (Odi Version 2.1A) At Three Months (6 -	Yes
	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	
G2146	Leg Pain As Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15	Yes
02140	Months) Postoperatively Was Less Than Or Equal To 3.0 Or Leg Pain Measured By The Visual Analog	105
	Scale (Vas) Or Numeric Pain Scale Within Three Months Preopera	
G2147	Leg Pain Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To 15	Yes
02147	Months) Postoperatively Was Greater Than 3.0 And Leg Pain Measured By The Visual Analog Scale	105
G2148	(Vas) Or Numeric Pain Scale Within Three Months Preoperatively And Multimodal Pain Management was used	Yes
G2148		Yes
62149	Documentation Of Medical Reason(S) For Not Using Multimodal Pain Management (E.G., Allergy To	res
	Multiple Classes Of Analgesics, Intubated Patient, Hepatic Failure, Patient Reports No Pain During	
C2150	Pacu Stay, Other Medical Reason(S))	No.
G2150	Multimodal Pain Management Was Not Used	Yes
G2151	Documentation Stating Patient Has A Diagnosis Of A Degenerative Neurological Condition Such As Als,	Yes
	Ms, Or Parkinson'S Diagnosed At Any Time Before Or During The Episode Of Care	
G2152	Residual Score For The Neck Impairment Successfully Calculated And The Score Was Equal To Zero (0)	Yes
	Or Greater Than Zero (> 0)	
G2167	Residual Score For The Neck Impairment Successfully Calculated And The Score Was Less Than Zero (<	Yes
	0)	
G2168	Services Performed By A Physical Therapist Assistant In The Home Health Setting In The Delivery Of A	Yes
	Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes	
G2169	Services Performed By An Occupational Therapist Assistant In The Home Health Setting In The	Yes
	Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes	
G2172	All Inducive Dayment For Services Balated To Highly Coordinated And Integrated Opinid Lise Disorder	Yes
02172	All Inclusive Payment For Services Related To Highly Coordinated And Integrated Opioid Use Disorder	103
C2172	(Oud) Treatment Services Furnished For The Demonstration Project	Voc
G2173	Uri Episodes Where The Patient Had A Comorbid Condition During The 12 Months Prior To Or On The	Yes
	Episode Date (E.G., Tuberculosis, Neutropenia, Cystic Fibrosis, Chronic Bronchitis, Pulmonary Edema,	
62174	Respiratory Failure, Rheumatoid Lung Disease)	V
G2174	Uri Episodes Where The Patient Is Taking Antibiotics (Table 1) In The 30 Days Prior To The Episode	Yes
l	Date	I

Procedure Code	Description	Prior Auth Required
G2175	Episodes Where The Patient Had A Comorbid Condition During The 12 Months Prior To Or On The	Yes
	Episode Date (E.G., Tuberculosis, Neutropenia, Cystic Fibrosis, Chronic Bronchitis, Pulmonary Edema,	
	Respiratory Failure, Rheumatoid Lung Disease)	
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	Yes
	Antibiotics (Table 1) In The 30 Days Prior To The Episode Date	
G2178	Clinician Documented That Patient Was Not An Eligible Candidate For Lower Extremity Neurological	Yes
	Exam Measure, For Example Patient Bilateral Amputee; Patient Has Condition That Would Not Allow	
	Them To Accurately Respond To A Neurological Exam (Dementia, A	
G2179	Clinician Documented That Patient Had Medical Reason For Not Performing Lower Extremity	Yes
	Neurological Exam	
G2180	Clinician Documented That Patient Was Not An Eligible Candidate For Evaluation Of Footwear As	Yes
	Patient Is Bilateral Lower Extremity Amputee	
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	Yes
	Resources Is Confirmed	
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	Yes
01100	Years Of Age	
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	Yes
02152	Years Of Age	105
G2193	Patients With Clinical Indications For Imaging Of The Head: New Onset Headache In Pre-School	Yes
02155	Children Or Younger (<6 Years Of Age)	
G2194	Patients With Clinical Indications For Imaging Of The Head: New Onset Headache In Pediatric Patients	Yes
02134	With Disabilities For Which Headache Is A Concern As Inferred From Behavior	
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	Yes
02150	Systematic Screening Method	105
G2197		Yes
02137		105
G2199	As An Unhealthy Alcohol User 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
G2200	Patient Did Not Receive Brief Counseling If Identified As An Unhealthy Alcohol User	Yes
G2202	Patients Between 45 And 85 Years Of Age Who Received A Screening Colonoscopy During The	Yes
02204	Performance Period	103
G2205	Patients With Pregnancy During Adjuvant Treatment Course	Yes
G2205	Patient Received Adjuvant Treatment Course Including Both Chemotherapy And Her2-Targeted	Yes
92200	Therapy	Tes
G2207		Yes
92207	Reason For Not Administering Adjuvant Treatment Course Including Both Chemotherapy And Her2-	165
	Targeted Therapy (E.G. Poor Performance Status (Ecog 3-4; Karnofsky <=50), Cardiac	
C2200	Contraindications, Insufficient Renal Function, Insufficient Hepatic Function, O	N
G2208	Patient Did Not Receive Adjuvant Treatment Course Including Both Chemotherapy And Her2-Targeted	res
62200	Therapy Patient Refused To Participate	Voc
G2209	Patient Refused To Participate Pacidual Score For The Nack Impairment Net Measured Resource The Patient Did Net Complete The	Yes
G2210	Residual Score For The Neck Impairment Not Measured Because The Patient Did Not Complete The	Yes
C2211	Neck Fs Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	V
G2211	Visit Complexity Inherent To Evaluation And Management Associated With Medical Care Services That	res
	Serve As The Continuing Focal Point For All Needed Health Care Services And/Or With Medical Care	
C2242	Services That Are Part Of Ongoing Care Related To A Patient'	N
G2212	Prolonged Office Or Other Outpatient Evaluation And Management Service(S) Beyond The Maximum	Yes
	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	

Procedure Code	Description	Prior Auth Required
G2213	Initiation Of Medication For The Treatment Of Opioid Use Disorder In The Emergency Department	No
	Setting, Including Assessment, Referral To Ongoing Care, And Arranging Access To Supportive Services	
	(List Separately In Addition To Code For Primary Procedure)	
G2214	Initial Or Subsequent Psychiatric Collaborative Care Management, First 30 Minutes In A Month Of	Yes
	Behavioral Health Care Manager Activities, In Consultation With A Psychiatric Consultant, And	
	Directed By The Treating Physician Or Other Qualified Health Care	
G2215	Take-Home Supply Of Nasal Naloxone; 2-Pack Of 4Mg Per 0.1 Ml Nasal Spray (Provision Of The	Yes
02213	Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code For	
	Primary Procedure	
G2216	Take-Home Supply Of Injectable Naloxone (Provision Of The Services By A Medicare-Enrolled Opioid	Yes
02210	Treatment Program); List Separately In Addition To Code For Primary Procedure	
G2250	Remote Assessment Of Recorded Video And/Or Images Submitted By An Established Patient (E.G.,	Yes
02250	Store And Forward), Including Interpretation With Follow-Up With The Patient Within 24 Business	
	Hours, Not Originating From A Related Service Provided Within The	
G2251	Brief Communication Technology-Based Service, E.G. Virtual Check-In, By A Qualified Health Care	Yes
02251	Professional Who Cannot Report Evaluation And Management Services, Provided To An Established	103
	Patient, Not Originating From A Related Service Provided Within T	
G2252	Brief Communication Technology-Based Service, E.G. Virtual Check-In, By A Physician Or Other	Yes
02232	Qualified Health Care Professional Who Can Report Evaluation And Management Services, Provided	103
G3002	To An Established Patient, Not Originating From A Related E/M Servi	Yes
03002	Chronic Pain Management And Treatment, Monthly Bundle Including, Diagnosis; Assessment And	103
	Monitoring; Administration Of A Validated Pain Rating Scale Or Tool; The Development,	
	Implementation, Revision, And/Or Maintenance Of A Person-Centered Care Plan Th	
C 2002	Fach Additional 15 Minutes Of Chronic Dain Management And Treatment Dy A Develoien Or Other	Vac
G3003	Each Additional 15 Minutes Of Chronic Pain Management And Treatment By A Physician Or Other	Yes
	Qualified Health Care Professional, Per Calendar Month. (List Separately In Addition To Code For	
C 4000	G3002. When Using G3003, 15 Minutes Must Be Met Or Exceeded.)	N
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
G4024	Pediatrics Mips Specialty Set	Yes
G4025	Physical Medicine Mips Specialty Set	Yes
G4026	Physical Therapy/Occupational Therapy Mips Specialty Set	Yes
	Plastic Surgery Mips Specialty Set	Yes
G4027		Voc
G4027 G4028	Podiatry Mips Specialty Set	Yes
	Podiatry Mips Specialty Set Preventive Medicine Mips Specialty Set	Yes
G4028		
G4028 G4029	Preventive Medicine Mips Specialty Set	Yes

Procedure Code	Description	Prior Auth Required
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
G6001	Ultrasonic Guidance For Placement Of Radiation Therapy Fields (Special Coverage Instructions Apply. See Cim: 50-7)	No
G6002	Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy	No
G6003	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: Up To 5 Mev	No
G6004	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 6-10 Mev	No
G6005	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 11-19 Mev	No
G6006	Radiation Treatment Delivery, Single Treatment Area, Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 20 Mev Or Greater	No
G6007	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: Up To 5 Mev	No
G6008	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 6-10 Mev	No
G6009	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 11-19 Mev	No
G6010	Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 20 Mev Or Greater	No
G6011	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; Up To 5 Mev	No
G6012		No
G6013	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 11-19 Mev	No
G6014	Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 20 Mev Or Greater	No
G6015	Intensity Modulated Treatment Delivery, Single Or Multiple Fields/Arcs, Via Narrow Spatially And Temporally Modulated Beams, Binary, Dynamic MLC, Per Treatment Session	No
G6016	Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planned Treatment Using 3 Or More High Resolution (Milled Or Cast) Compensator, Convergent Beam Modulated Fields, Per Treatment Session	No
G6017	Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (eg,3d Positional Tracking, Gating, 3d Surface Tracking), Each Fraction Of Treatment	No
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

Procedure Code	Description	Prior Auth Required
G8421	Bmi Not Documented And No Reason Is Given	Yes
G8427	ELIGIBLE CLINICIAN ATTESTS TO DOCUMENTING IN THE MEDICAL RECORD THEY OBTAINED,	Yes
	UPDATED, OR REVIEWED THE PATIENT'S CURRENT MEDICATIONS	
G8428		Yes
	ELIGIBLE CLINICIAN, REASON NOT GIVEN	
G8430	Documentation Of A Medical Reason(S) For Not Documenting, Updating, Or Reviewing The Patient'S	Yes
	Current Medications List (E.G., Patient Is In An Urgent Or Emergent Medical Situation)	
G8431	SCREENING FOR DEPRESSION IS DOCUMENTED AS BEING POSITIVE AND A FOLLOW-UP PLAN IS	No
	DOCUMENTED	
G8432	DEPRESSION SCREENING NOT DOCUMENTED, REASON NOT GIVEN	Yes
G8433	Screening For Depression Not Completed, Documented Patient Or Medical Reason	No
G8450 G8451	Beta-Blocker Therapy Prescribed Beta-Blocker Therapy For Lvef <=40% Not Prescribed For Reasons Documented By The Clinician (E.G.,	Yes Yes
60431	Low Blood Pressure, Fluid Overload, Asthma, Patients Recently Treated With An Intravenous Positive	165
	Inotropic Agent, Allergy, Intolerance, Other Medical Reaso	
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	Yes
	Prescribed	
G8474	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Therapy Not	Yes
	Prescribed For Reasons Documented By The Clinician (E.G., Allergy, Intolerance, Pregnancy, Renal	
	Failure Due To Ace Inhibitor, Diseases Of The Aortic Or Mitral	
G8475	Angiotensin Converting Enzyme (Ace) Inhibitor Or Angiotensin Receptor Blocker (Arb) Therapy Not	Yes
	Prescribed, Reason Not Given	
G8476	Most Recent Blood Pressure Has A Systolic Measurement Of < 140 Mmhg And A Diastolic	Yes
	Measurement Of < 90 Mmhg	
G8477	Most Recent Blood Pressure Has A Systolic Measurement Of >= 140 Mmhg And/Or A Diastolic	Yes
	Measurement Of >= 90 Mmhg	
G8478	Blood Pressure Measurement Not Performed Or Documented, Reason Not Given	Yes
G8482	Influenza Immunization Administered Or Previously Received	Yes
G8483	Influenza Immunization Was Not Administered For Reasons Documented By Clinician (E.G., Patient	Yes
	Allergy Or Other Medical Reasons, Patient Declined Or Other Patient Reasons, Vaccine Not Available	
C0404	Or Other System Reasons)	N
G8484 G8510	Influenza Immunization Was Not Administered, Reason Not Given	Yes
00010	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,	Yes
00011	REASON NOT GIVEN	
G8535	Elder Maltreatment Screen Not Documented; Documentation That Patient Is Not Eligible For The	Yes
	Elder Maltreatment Screen At The Time Of The Encounter Related To One Of The Following Reasons:	
	(1) Patient Refuses To Participate In The Screening	
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	Yes
	Based On Identified Deficiencies Is Documented Within Two Days Of The Functional Outcome	
	Assessment	
G8540	Functional Outcome Assessment Not Documented As Being Performed, Documentation The Patient Is	Yes
	Not Eligible For A Functional Outcome Assessment Using A Standardized Tool At The Time Of The	
	Encounter	
G8541	Functional Outcome Assessment Using A Standardized Tool Not Documented, Reason Not Given	Yes
005.00		
G8542	Functional Outcome Assessment Using A Standardized Tool Is Documented; No Functional	Yes
C9542	Deficiencies Identified, Care Plan Not Required	Voc
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		Yes
5555	Patient Referred To A Physician (Preferably A Physician With Training In Disorders Of The Ear) For An Otologic Evaluation	103
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	Yes
	Drainage Measure	
G8562	Patient Does Not Have A History Of Active Drainage From The Ear Within The Previous 90 Days	Yes

Procedure Code	Description	Prior Auth Required
G8563	Patient Not Referred To A Physician (Preferably A Physician With Training In Disorders Of The Ear) For	Yes
	An Otologic Evaluation, Reason Not Given	
G8564	Patient Was Referred To A Physician (Preferably A Physician With Training In Disorders Of The Ear) For	Yes
	An Otologic Evaluation, Reason Not Specified)	
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	Yes
	PROGRESSIVE HEARING LOSS'' MEASURE	
G8567	Patient Does Not Have Verification And Documentation Of Sudden Or Rapidly Progressive Hearing	Yes
	Loss	
G8568	Patient Was Not Referred To A Physician (Preferably A Physician With Training In Disorders Of The	Yes
	Ear) For An Otologic Evaluation, Reason Not Given	
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 Dialysis	Yes
G8577	Re-Exploration Required Due To Mediastinal Bleeding With Or Without Tamponade, Graft Occlusion,	Yes
08577	Valve Dysfunction Or Other Cardiac Reason	105
G8578		Yes
00570	Re-Exploration Not Required Due To Mediastinal Bleeding With Or Without Tamponade, Graft	165
C9509	Occlusion, Valve Dysfunction Or Other Cardiac Reason	Vec
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	Yes
	Reasons Documented By Clinician (E.G. Patient Enrolled In Clinical Trial For Stroke, Patient Admitted	
	For Elective Carotid Intervention)	
G8602	Iv Thrombolytic Therapy Not Initiated Within 4.5 Hours (<= 270 Minutes) Of Time Last Known Well,	Yes
	Reason Not Given	
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)	Yes
	Or Greater Than Zero (> 0)	
G8648	Residual Score For The Knee Impairment Successfully Calculated And The Score Was Less Than Zero (<	Yes
	0)	
G8650	Residual Score For The Knee Impairment Not Measured Because The Patient Did Not Complete The	Yes
	Lepf Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	
G8651	Residual Score For The Hip Impairment Successfully Calculated And The Score Was Equal To Zero (0)	Yes
	Or Greater Than Zero (> 0)	
G8652	Residual Score For The Hip Impairment Successfully Calculated And The Score Was Less Than Zero (<	Yes
	0)	
G8654	Residual Score For The Hip Impairment Not Measured Because The Patient Did Not Complete The	Yes
	Lepf Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	
G8655	Residual Score For The Lower Leg, Foot Or Ankle Impairment Successfully Calculated And The Score	Yes
	Was Equal To Zero (0) Or Greater Than Zero (> 0)	
G8656	Residual Score For The Lower Leg, Foot Or Ankle Impairment Successfully Calculated And The Score	Yes
	Was Less Than Zero (< 0)	
G8658	Residual Score For The Lower Leg, Foot Or Ankle Impairment Not Measured Because The Patient Did	Yes
00000	Not Complete The Lepf Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	103
G8659	Residual Score For The Low Back Impairment Successfully Calculated And The Score Was Equal To	Yes
00000	Zero (0) Or Greater Than Zero (> 0)	103
G8660		Yes
00000	Residual Score For The Low Back Impairment Successfully Calculated And The Score Was Less Than Zero (< 0)	103
G8661		Yes
00001	Risk-Adjusted Functional Status Change Residual Score For The Low Back Impairment Not Measured	103
	Because The Patient Did Not Complete The Fs Status Survey Near Discharge, Patient Not Appropriate	
C9662	Decidual Score For The Low Deck Immersment Net Measured Decrement The Deficit Did Net Council in	Voc
G8662	Residual Score For The Low Back Impairment Not Measured Because The Patient Did Not Complete	Yes
	The Low Back Fs Prom At Initial Evaluation And/Or Near Discharge, Reason Not Given	
C0(C2		Vee
G8663	Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Equal To Zero	res
00004	(0) Or Greater Than Zero (> 0)	N
G8664	Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than	Yes
	Zero (< 0)	

Procedure Code	Description	Prior Auth Required
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	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 [lup])	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

Procedure Code	Description	Prior Auth Required
G8841	Sleep Apnea Symptoms Not Assessed, Reason Not Given	Yes
G8842	Apnea Hypopnea Index (Ahi), Respiratory Disturbance Index (Rdi) Or Respiratory Event Index (Rei)	Yes
	Documented Or Measured Within 2 Months Of Initial Evaluation For Suspected Obstructive Sleep	
	Apnea	
G8843	Documentation Of Reason(S) For Not Measuring An Apnea Hypopnea Index (Ahi), A Respiratory	Yes
	Disturbance Index (Rdi), Or A Respiratory Event Index (Rei) Within 2 Months Of Initial Evaluation For	
	Suspected Obstructive Sleep Apnea (E.G., Medical, Neurological,	
G8844	Apnea Hypopnea Index (Ahi), Respiratory Disturbance Index (Rdi), Or Respiratory Event Index (Rei)	Yes
	Not Documented Or Measured Within 2 Months Of Initial Evaluation For Suspected Obstructive Sleep	
	Apnea, Reason Not Given	
G8845	Positive Airway Pressure Therapy Prescribed	Yes
G8846	Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory	Yes
66646	Disturbance Index (Rdi) Of 15 Or Greater)	105
G8849	Documentation Of Reason(S) For Not Prescribing Positive Airway Pressure Therapy (E.G., Patient	Yes
00045	Unable To Tolerate, Alternative Therapies Use, Patient Declined, Financial, Insurance Coverage)	103
	Onable To Tolerate, Alternative Therapies Ose, Patient Declined, Pinancial, insurance Coverage)	
G8850	Desitive Airway Pressure Thereasy Net Pressriked, Dessen Net Civen	Yes
	Positive Airway Pressure Therapy Not Prescribed, Reason Not Given	
G8851	Adherence To Therapy Was Assessed At Least Annually Through An Objective Informatics System Or	Yes
00054	Through Self-Reporting (If Objective Reporting Is Not Available, Documented)	
G8854	Documentation Of Reason(S) For Not Objectively Reporting Adherence To Evidence-Based Therapy	Yes
	(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	
G8855		Yes
	Or Through Self-Reporting (If Objective Reporting Is Not Available), Reason Not Given	
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	Yes
	Already Under The Care Of A Physician For Acute Or Chronic Dizziness)	
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	Yes
	Vaccine (E.G., Patient Allergic Reaction, Potential Adverse Drug Reaction)	
G8866	Documentation Of Patient Reason(s) For Not Administering Or Previously Receiving Pneumococcal	Yes
	Vaccine (E.G., Patient Refusal)	
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	Yes
	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	
G8877	Clinician Did Not Attempt To Achieve The Diagnosis Of Breast Cancer Preoperatively By A Minimally	Yes
	Invasive Biopsy Method, Reason Not Given	
G8878	Sentinel Lymph Node Biopsy Procedure Performed	Yes
G8880	Documentation Of Reason(S) Sentinel Lymph Node Biopsy Not Performed (E.G., Reasons Could	Yes
	Include But Not Limited To; Non-Invasive Cancer, Incidental Discovery Of Breast Cancer On	
	Prophylactic Mastectomy, Incidental Discovery Of Breast Cancer On Reduction	
G8881	Stage Of Breast Cancer Is Greater Than T1n0m0 Or T2n0m0	Yes
G8882	Sentinel Lymph Node Biopsy Procedure Not Performed, Reason Not Given	Yes
G8882 G8907	Patient Documented Not To Have Experienced Any Of The Following Events: A Burn Prior To	Yes
00007	Discharge; A Fall Within The Facility; Wrong Site/Side/Patient/Procedure/Implant Event; Or A Hospital	103
G8908	Transfer Or Hospital Admission Upon Discharge From The Facility Patient Documented To Have Received A Burn Prior To Discharge	Yes
		Yes
G8909	Patient Documented Not To Have Received A Burn Prior To Discharge	
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	Yes
60042	Procedure Or Wrong Implant Event	
G8913	Patient Documented Not To Have Experienced A Wrong Site, Wrong Side, Wrong Patient, Wrong	Yes
	Procedure Or Wrong Implant Event	
G8914	Patient Documented To Have Experienced A Hospital Transfer Or Hospital Admission Upon Discharge	Yes
	From Asc	

GR915 Patient Documented Not To Have Experienced A Hospital Transfer Or Hospital Admission Upon Dickarge Trom Acc Yes G8916 Patient With Properative Order For Iv Antibiotic Surgical Site Infection (Ss) Prophysics, Antibiotic Initiated On Time Yes G8917 Patient With Properative Order For Iv Antibiotic Surgical Site Infection (Ss) Prophysics, Antibiotic Net Initiated On Time Yes G8918 Patient With Properative Order For Iv Antibiotic Surgical Site Infection (Ss) Prophysics, Antibiotic Surgical Stress Stres	Procedure Code	Description	Prior Auth Required
Discharge From Acc. Patient With Prosporative Order For Iv Antibiotic Surgical Site Infection (Sai) Prophylaxis, Antibiotic Infacted On Time. Yes 68127 Patient With Prosporative Order For Iv Antibiotic Surgical Site Infection (Sai) Prophylaxis, Antis Prophylaxis			
GB916 Patient With Properative Order For Iv Antibiotic Surgical Site Infection (Sci) Prophylaxis, Antibiotic Indiated On Time Yes GB917 Patient With Properative Order For Iv Antibiotic Surgical Site Infection (Sci) Prophylaxis, Antibiotic International Content of Content of International Content of International Site Infection (Sci) Prophylaxis Yes GB918 Patient With Properative Order For Iv Antibiotic Surgical Site Infection (Sci) Prophylaxis Yes GB924 Epity Properative Order For Iv Antibiotic Surgical Site Infection (Sci) Prophylaxis Yes GB924 Sprometry Results Documented (FerV/Twc < 20%)			
Initiated on Time and the properties Order for Iv Antibiotic Surgical Site Infection (Sa) Prophylaxis, Antibiotic Yes 6812 Patient Without Properative Order for Iv Antibiotic Surgical Site Infection (Sa) Prophylaxis, Antibiotic Yes 6813 Patient Without Properative Order for Iv Antibiotic Surgical Site Infection (Sa) Prophylaxis, Antibiotic Yes 6823 Left Ventricular Ejection Fraction (Lvef) << 40% OF Documentation Of Moderately OF Severely	G8916		Yes
Not Initiated On Time			
G8918 Patient Without Preoperative Order for Iv Antibiotic Surgical Site infection (Sol Prophylaxis Yes G8933 Left Ventricular Ejection Fraction (Uver) <= 40% CP Documentation Of Moderately Or Severely Depresed Left Ventricular Systolic Function	G8917	Patient With Preoperative Order For Iv Antibiotic Surgical Site Infection (Ssi) Prophylaxis, Antibiotic	Yes
Control Control Vest 05022 Left Vestricular Systole Function Yes 05023 Left Vestricular Systole Function Yes 05024 Depresed Left Vestricular Systole Function Yes 05023 Left Vestricular Systole Function Yes 05024 Left Vestricular Systole Function Yes 05035 Clinician Prescribed Angiotemic Converting Enzyme (Ac) Inhibitor Or Angiotemia Receptor Blocker (Ac) Inhibitor Or Angiotemia Receptor Blocker (Ar) Threapy (Eg. Allergy, Inderance, Pregnancy, Remal Failure Due To Ace Inhibitor, Diseases Of The Acri (Clinician Documented That Pailent Was NAL at Eliptic Cradidate For Angiotemia Converting Enzyme (Ace) Inhibitor Or Angiotemia Receptor Blocker (Arb) Threapy, Reason Not Given Yes 050327 Clinician Documented Sassement Uang A Standardiard 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 06844 Alce Melanoma Cancer, Stage O Through Ite Melanoma Yes 06845 MINIMALY INVASYS BLOOSY METHOO STRUETHOR TON DIAGNOSTIC OF BREAST CANCER (EG., Yes Yes 06846 MINIMALY INVASYS BLOOSY METHOO STRUETHOR TON DIAGNOSTIC OF BREAST CANCER (EG., Yes Yes 06847 Elewated Or Hypertrenelosis Ibod Prescue Reading Documented, Indicated Fo		Not Initiated On Time	
Depresent Left Ventricular Systalic Function Ves 68924 Sprometry Result Social Comment (if ext) (Ves < 20%)	G8918	Patient Without Preoperative Order For Iv Antibiotic Surgical Site Infection (Ssi) Prophylaxis	Yes
Depresent Left Ventricular Systalic Function Ves 68924 Sprometry Result Social Comment (if ext) (Ves < 20%)			
G8924 Spirometry Results Documental (FerL/IVs < 70%) Yes G8934 Left Ventricular Systelic Function Yes G8935 Clinician Proscribed Anglotenian Receiptor Blocker Yes G8936 Clinician Documented That Patient Was Not An Eligible Candidate For Anglotensin Receiptor Blocker Yes G8936 Clinician Documented That Patient Was Not An Eligible Candidate For Anglotensin Receiptor Yes G8937 Clinician Documented That Patient Was Not An Eligible Candidate For Anglotensin Receiptor Yes G8937 Clinician Documented Sessment Using A Standardized Tool Is Documented Within The Previous 30 Yes G8942 Eurotical Outcome Assessment Using A Standardized Tool Is Documented Within The Previous 30 Yes G8944 Ajec Melanoma Cancer Stage D Through Iic Melanoma Yes G8945 MiniNALU IWASSE BIOPS METHOD DUTTA DICANOTIC OF BREAST CANCER (EG. Ves. Yes G8946 MiniNALU IWASSE BIOPS METHOD ADTEMPTED BUT NOT DIAGNOSTIC OF BREAST CANCER (EG. Ves. Yes G8950 Elevated Or Hypertensive Blood Pressure Reading Documented, And The Indicated Follow-Up Not Documented Yes G8952 Elevated Or Hypertensive Blood Pressure Reading Nocumented Resson Not Given Yes G	G8923		Yes
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G8936 Clinician Documented That Patient Was Net An Eligible Candidate For Angiotensin Converting Enzyme (Leg Inhibitor 7: Unglotensin Receptor Blocker (API) Therayo (Eg. Allergy, Intolerance, Pregnancy, Renal Failure Due To Ace Inhibitor, Dissases Of The Aorti G8937 Clinician Did Nat 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 Two Days Of The Functional Outcome Assessment (Clinician Did Nath Prescribed Patiencies is Documented Within Two Days Of The Functional Outcome Assessment Alice Melanoma Cancer Stage O Through Ic Melanoma Yes G8944 Alice Melanoma Cancer Stage O Through Ic Melanoma Yes G8946 MINIMALI VINVASIVE BIOPSY METHOD ATTEMPTED BUT ND TO ID IAGNOSTIC OF BREAST CANCER (E.G., HIGH RISK LESION OF BREAST SUCH AS ATYPICAL DUCTAL HYPERPLASIA, LOBULAR KICPLASIA, ATYPICAL LOBULAR HYPERPLASIA, LOBULAR CARCINOMA IN SITU, ATYPICAL COLUMNAR HYPERPLASIA. Yes G8950 Elevated Or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up Not Documented Yes G8951 Documented Or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up Not Ves Yes G8952 Elevated Or Hypertensive Blood Pressure Reading Documented, Macano Nat Given Ves Yes G8953 Mast Recent Assessment Of Adequay Of Volume Management Not Documented, Bacano Nat Given Ves Yes	G8935		Yes
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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 Ajec Melanoma Cancer Stage O Through It Melanoma Yes G8946 MiNIMALU INVAVE BIOPSY METHOD ATTEMPTED BUT NOT DIAGNOSTIC OF BREAST CANCER (E.G., HICH RISK LESION OF BREAST SUCH AS ATYPICAL DUCTAL HYPERPLASIA, LOBULAR ROPEASIA, ATYPICAL LOBULAR HYPERPLASIA, LOBULAR CARCINOMA IN SITU, ATYPICAL COLUMNAR HYPERPLASIA Yes G8950 Elevated Or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up Is Documented, Reason Not Given Yes G8952 Elevated Or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up Not Documented, Reason Not Given Yes G8953 Most Receint Assessment Of Adequacy Of Volume Management Not Not Given Yes G8954 Cardiac Stress Imaging Test Primarily Performed On Low-Risk Surgery Patient For Preoperative Evaluation Within 30 Days Preceding This Surgery Yes G8956 Cardiac Stress Imaging Test Primarily Performed On Low Chikk Ratient For Initial Detection And Risk Assessment Any Reason Other Than Initial Detection And Risk Assessment Any Reason Other Than Initial Detection And Risk Assessment Any Reason Other Than Initial Detecti			
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G8966 Cardiac Stress Imaging Test Performed On Symptomatic Or Higher Than Low Chd Risk Patient Or For Any Reason Other Than Initial Detection And Risk Assessment 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, Risk Adjusted High, Initial (Special Coverage Instructions Apply) Yes G9003 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, Risk Adjusted Maintenance (Special Coverage Instructions Apply) Yes G9006 Coordinated Care Fee, Risk Adjusted Maintenance (Special Coverage Instructions Apply) Yes<	G8965		Yes
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G8969Documentation 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)YesG8970No Risk Factors Or One Moderate Risk Factor For ThromboembolismYesG9001Coordinated Care Fee, Initial Rate (Special Coverage Instructions Apply)YesG9002Coordinated Care Fee, Maintenance Rate (Special Coverage Instructions Apply)YesG9003Coordinated Care Fee, Risk Adjusted High, Initial (Special Coverage Instructions Apply)YesG9004Coordinated Care Fee, Risk Adjusted Low, Initial (Special Coverage Instructions Apply)YesG9005Coordinated Care Fee, Risk Adjusted Maintenance (Special Coverage Instructions Apply)YesG9006Coordinated Care Fee, Scheduled Team Conference (Special Coverage Instructions Apply)YesG9007Coordinated Care Fee, Physician Coordinated Care Oversight Services (Special Coverage Instructions Apply)YesG9008Coordinated Care Fee, Physician Coordinated Care Oversight Services (Special Coverage Instructions Apply)Yes			
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Anticoagulation)YesG8970No Risk Factors Or One Moderate Risk Factor For ThromboembolismYesG9001Coordinated Care Fee, Initial Rate (Special Coverage Instructions Apply)YesG9002Coordinated Care Fee, Maintenance Rate (Special Coverage Instructions Apply)YesG9003Coordinated Care Fee, Risk Adjusted High, Initial (Special Coverage Instructions Apply)YesG9004Coordinated Care Fee, Risk Adjusted Low, Initial (Special Coverage Instructions Apply)YesG9005Coordinated Care Fee, Risk Adjusted Low, Initial (Special Coverage Instructions Apply)YesG9006Coordinated Care Fee, Risk Adjusted Maintenance (Special Coverage Instructions Apply)YesG9007Coordinated Care Fee, Scheduled Team Conference (Special Coverage Instructions Apply)YesG9008Coordinated Care Fee, Physician Coordinated Care Oversight Services (Special Coverage Instructions Apply)Yes	00505		165
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G9002Coordinated Care Fee, Maintenance Rate (Special Coverage Instructions Apply)YesG9003Coordinated Care Fee, Risk Adjusted High, Initial (Special Coverage Instructions Apply)YesG9004Coordinated Care Fee, Risk Adjusted Low, Initial (Special Coverage Instructions Apply)YesG9005Coordinated Care Fee, Risk Adjusted Maintenance (Special Coverage Instructions Apply)YesG9006Coordinated Care Fee, Home Monitoring (Special Coverage Instructions Apply)YesG9007Coordinated Care Fee, Scheduled Team Conference (Special Coverage Instructions Apply)YesG9008Coordinated Care Fee, Physician Coordinated Care Oversight Services (Special Coverage Instructions Apply)Yes			
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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 Apply) Yes Yes Yes	G9005		
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 Apply) Apply Yes	G9006		Yes
Apply)	G9007		Yes
	G9008	Coordinated Care Fee, Physician Coordinated Care Oversight Services (Special Coverage Instructions	Yes
G9009 Coordinated Care Fee, Risk Adjusted Maintenance, Level 3 (Special Coverage Instructions Apply) Yes		Apply)	
	G9009	Coordinated Care Fee, Risk Adjusted Maintenance, Level 3 (Special Coverage Instructions Apply)	Yes

Procedure Code	Description	Prior Auth Required
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
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
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

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
G9089	Oncology; Disease Status; Colon Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant	Yes
	Cell Type; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-	
	Approved Demonstration Project)	
G9090	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant	Yes
	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	
G9091	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant	Yes
	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	
G9092	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant	Yes
	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	
G9093	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant	Yes
	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	.,
G9094	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant	Yes
	Cell Type; M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-	
C000F	Approved Demonstration Project)	Vec
G9095	Oncology; Disease Status; Rectal Cancer, Limited To Invasive Cancer, Adenocarcinoma As Predominant	res
	Cell Type; Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-	
G9096	Approved Demonstration Project)	Yes
03050	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	103
	(Prior To Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease P	
G9097	Oncology; Disease Status; Esophageal Cancer, Limited To Adenocarcinoma Or Squamous Cell	Yes
05057	Carcinoma As Predominant Cell Type; Extent Of Disease Initially Established As T4, Any N, M0 (Prior To	103
	Neo-Adjuvant Therapy, If Any) With No Evidence Of Disease Progre	
G9098	Oncology; Disease Status; Esophageal Cancer, Limited To Adenocarcinoma Or Squamous Cell	Yes
0,000	Carcinoma As Predominant Cell Type; M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive	
	(For Use In A Medicare-Approved Demonstration Project)	
G9099	Oncology; Disease Status; Esophageal Cancer, Limited To Adenocarcinoma Or Squamous Cell	Yes
	Carcinoma As Predominant Cell Type; Extent Of Disease Unknown, Staging In Progress, Or Not Listed	
	(For Use In A Medicare-Approved Demonstration Project)	
G9100	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type; Post	Yes
	R0 Resection (With Or Without Neoadjuvant Therapy) With No Evidence Of Disease Recurrence,	
	Progression, Or Metastases (For Use In A Medicare-Approved Demons	
G9101	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type; Post	Yes
	R1 Or R2 Resection (With Or Without Neoadjuvant Therapy) With No Evidence Of Disease	
	Progression, Or Metastases (For Use In A Medicare-Approved Demonstratio	
G9102	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type;	Yes
	Clinical Or Pathologic M0, Unresectable With No Evidence Of Disease Progression, Or Metastases (For	
	Use In A Medicare-Approved Demonstration Project)	
G9103	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type;	Yes
	Clinical Or Pathologic M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A	
	Medicare-Approved Demonstration Project)	
G9104	Oncology; Disease Status; Gastric Cancer, Limited To Adenocarcinoma As Predominant Cell Type;	Yes
	Extent Of Disease Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved	
	Demonstration Project)	
G9105	Oncology; Disease Status; Pancreatic Cancer, Limited To Adenocarcinoma As Predominant Cell Type;	Yes
	Post R0 Resection Without Evidence Of Disease Progression, Recurrence, Or Metastases (For Use In A	
	Medicare-Approved Demonstration Project)	
G9106	Oncology; Disease Status; Pancreatic Cancer, Limited To Adenocarcinoma; Post R1 Or R2 Resection	Yes
	With No Evidence Of Disease Progression, Or Metastases (For Use In A Medicare-Approved	
	Demonstration Project)	
G9107	Oncology; Disease Status; Pancreatic Cancer, Limited To Adenocarcinoma; Unresectable At Diagnosis,	Yes
	M1 At Diagnosis, Metastatic, Locally Recurrent, Or Progressive (For Use In A Medicare-Approved	
	Demonstration Project)	
G9108	Oncology; Disease Status; Pancreatic Cancer, Limited To Adenocarcinoma; Extent Of Disease	Yes
	Unknown, Staging In Progress, Or Not Listed (For Use In A Medicare-Approved Demonstration	
	Project)	
G9109	Oncology; Disease Status; Head And Neck Cancer, Limited To Cancers Of Oral Cavity, Pharynx And	Yes
	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	

Procedure Code	Description	Prior Auth Required
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, MO (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, li At Diagnosis, Not Relapsed, Not Refractory (For Use In A Medicare-Approved Demonstration Project)	Yes

Procedure Code	Description	Prior Auth Required
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
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-lvtm 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/MI Or Viral Load Not Performed	Yes
G9243	Documentation Of Viral Load Less Than 200 Copies/MI	Yes
G9246	Patient Did Not Have At Least One Medical Visit In Each 6 Month Period Of The 24 Month Measurement Period, With A Minimum Of 60 Days Between Medical Visits	Yes
G9247	Patient Had At Least One Medical Visit In Each 6 Month Period Of The 24 Month Measurement Period, With A Minimum Of 60 Days Between Medical Visits	Yes

Procedure Code	Description	Prior Auth Required
G9254	Documentation Of Patient Discharged To Home Later Than Post-Operative Day 2 Following Cas	Yes
G9255	Documentation Of Patient Discharged To Home No Later Than Post Operative Day 2 Following 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
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

Procedure Code	Description	Prior Auth Required
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
G9321	Count Of Previous CT (Any Type Of Ct) And Cardiac Nuclear Medicine (Myocardial Perfusion) Studies Documented In The 12-Month Period Prior To The Current Study	Yes
G9322	Count Of Previous CT And Cardiac Nuclear Medicine (Myocardial Perfusion) Studies Not Documented In The 12-Month Period Prior To The Current Study, Reason Not Given	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

Procedure Code	Description	Prior Auth Required
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	Yes
	Updated During The Measurement Period	
G9382	Patient Not Offered Assistance With End Of Life Issues Or Existing End Of Life Plan Was Not Reviewed	Yes
	Or Updated During The Measurement Period	
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.,	Yes
	Decompensated Cirrhosis Indicating Advanced Disease [I.E., Ascites, Esophageal Variceal Bleeding,	
	Hepatic Encephalopathy], Hepatocellular Carcinoma, Waitlist Fo	
G9385	Documentation Of Patient Reason(s) For Not Receiving Annual Screening For HCV Infection (E.G.,	Yes
	Patient Declined, Other Patient Reasons)	
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	Yes
	Demonstrated By A Twelve Month (+/- 30 Days) Phq-9 Score Of Less Than Five	
G9394	Patient Who Had A Diagnosis Of Bipolar Disorder Or Personality Disorder, Death, Permanent Nursing	Yes
	Home Resident Or Receiving Hospice Or Palliative Care Any Time During The Measurement Or	
	Assessment Period	
G9395	Patient With An Initial Phq-9 Score Greater Than Nine Who Did Not Achieve Remission At Twelve	Yes
	Months As Demonstrated By A Twelve Month (+/- 30 Days) Phq-9 Score Greater Than Or Equal To	
	Five	
G9396	Patient With An Initial Phq-9 Score Greater Than Nine Who Was Not Assessed For Remission At	Yes
	Twelve Months (+/- 30 Days)	
G9402	Patient Received Follow-Up Within 30 Days After Discharge	Yes
G9403	Clinician Documented Reason Patient Was Not Able To Complete 30 Day Follow-Up From Acute	Yes
	Inpatient Setting Discharge (E.G., Patient Death Prior To Follow-Up Visit, Patient Non-Compliant For	
	Visit Follow-Up)	
G9404	Patient Did Not Receive Follow-Up Within 30 Days After Discharge	Yes
G9405	Patient received follow-up within 7 days after discharge	Yes
G9406	Clinician Documented Reason Patient Was Not Able To Complete 7 Day Follow-Up From Acute	Yes
	Inpatient Setting Discharge (I.E Patient Death Prior To Follow-Up Visit, Patient Non-Compliance For	
	Visit Follow-Up)	
G9407	Patient Did Not Receive Follow-Up Within 7 Days After Discharge	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	Yes
	Infection Requiring Device Removal Or Surgical Revision	
G9411	Patient Not Admitted Within 180 Days, Status Post Cied Implantation, Replacement, Or Revision With	Yes
	An Infection Requiring Device Removal Or Surgical Revision	
G9412	Patient Admitted Within 180 Days, Status Post Cied Implantation, Replacement, Or Revision With An	Yes
	Infection Requiring Device Removal Or Surgical Revision	
G9413	Patient Not Admitted Within 180 Days, Status Post Cied Implantation, Replacement, Or Revision With	Yes
	An Infection Requiring Device Removal Or Surgical Revision	
G9414	Patient had one dose of meningococcal vaccine (serogroups a, c, w, y) on or between the patient's	Yes
	11th and 13th birthdays	
G9415	Patient Did Not Have One Dose Of Meningococcal Vaccine (Serogroups A, C, W, Y) On Or Between The	Yes
	Patient'S 11Th And 13Th Birthdays	
G9416	PATIENT HAD ONE TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) ON	Yes
	OR BETWEEN THE PATIENT'S 10TH AND 13TH BIRTHDAYS	
G9417	PATIENT DID NOT HAVE ONE TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE	Yes
	(TDAP) ON OR BETWEEN THE PATIENT'S 10TH AND 13TH BIRTHDAYS	
G9418	Primary Non-Small Cell Lung Cancer Lung Biopsy And Cytology Specimen Report Documents	Yes
	Classification Into Specific Histologic Type Following Iaslc Guidance Or Classified As Nsclc-Nos With An	
	Explanation	
G9419	Documentation Of Medical Reason(S) For Not Including The Histological Type Or Nsclc-Nos	Yes
	Classification With An Explanation (E.G. Specimen Insufficient Or Non-Diagnostic, Specimen Does Not	
	Contain Cancer, Or Other Documented Medical Reasons)	
G9420	Specimen Site Other Than Anatomic Location Of Lung Or Is Not Classified As Primary Non-Small Cell	Yes
	Lung Cancer	
G9421	Primary Non-Small Cell Lung Cancer Lung Biopsy And Cytology Specimen Report Does Not Document	Yes
	Classification Into Specific Histologic Type Or Histologic Type Does Not Follow Iaslc Guidance Or Is	
	Classified As Nsclc-Nos But Without An Explanation	

Procedure Code	Description	Prior Auth Required
G9422	Primary Lung Carcinoma Resection Report Documents Pt Category, Pn Category And For Non-Small	Yes
	Cell Lung Cancer, Histologic Type (E.G., Squamous Cell Carcinoma, Adenocarcinoma And Not Nsclc-	
	Nos)	
G9423		Yes
03423	[For Patient With Appropriate Exclusion Criteria (E.G., Metastatic Disease, Benign Tumors, Malignant	103
	Tumors Other Than Carcinomas, Inadequate Surgical Specimens	
G9424	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG, OR CLASSIFIED AS NSCLC-NOS	Yes
G9425		
69425	Primary Lung Carcinoma Resection Report Does Not Document Pt Category, Pn Category And For Non-	res
	Small Cell Lung Cancer, Histologic Type (E.G., Squamous Cell Carcinoma, Adenocarcinoma)	
G9426	Improvement In Median Time From Ed Arrival To Initial Ed Oral Or Parenteral Pain Medication	Yes
	Administration Performed For Ed Admitted Patients	
G9427	Improvement In Median Time From Ed Arrival To Initial Ed Oral Or Parenteral Pain Medication	Yes
	Administration Not Performed For Ed Admitted Patients	
G9428	Pathology Report Includes The Pt Category, Thickness, Ulceration And Mitotic Rate, Peripheral And	Yes
00.120	Deep Margin Status And Presence Or Absence Of Microsatellitosis For Invasive Tumors	
	beep margin status And Tresence of Absence of Microsatelinosis for invasive runiors	
G9429	Documentation Of Medical Reason(S) For Not Including Pt Category, Thickness, Ulceration And Mitotic	Voc
09429		103
	Rate, Peripheral And Deep Margin Status And Presence Or Absence Of Microsatellitosis For Invasive Tumors (E.G., Negative Skin Biopsies, Insufficient Tissue	
G9430		Yes
	Specimen Site Other Than Anatomic Cutaneous Location	
G9431	Pathology Report Does Not Include The Pt Category, Thickness, Ulceration And Mitotic Rate,	Yes
	Peripheral And Deep Margin Status And Presence Or Absence Of Microsatellitosis For Invasive Tumors	
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	Yes
09494	Control Tool Not Used, Reason Not Given	103
G9452		Yes
09432	Documentation Of Medical Reason(S) For Not Receiving Hcv Antibody Test Due To Limited Life	165
C0455	Expectancy	Vec
G9455	Patient Underwent Abdominal Imaging With Ultrasound, Contrast Enhanced CT Or Contrast MRI For	Yes
C0456		
G9456	Documentation Of Medical Or Patient Reason(S) For Not Ordering Or Performing Screening For Hcc.	Yes
	Medical Reason: Comorbid Medical Conditions With Expected Survival < 5 Years, Hepatic	
C0457	Decompensation And Not A Candidate For Liver Transplantation, Or Other Me	
G9457	Patient Did Not Undergo Abdominal Imaging And Did Not Have A Documented Reason For Not	Yes
	Undergoing Abdominal Imaging In The Submission Period	
G9458	Patient Documented As Tobacco User And Received Tobacco Cessation Intervention (Must Include At	Yes
	Least One Of The Following: Advice Given To Quit Smoking Or Tobacco Use, Counseling On The	
	Benefits Of Quitting Smoking Or Tobacco Use, Assistance With Or Refe	
G9459	Currently A Tobacco Non-User	Yes
G9460	Tobacco Assessment Or Tobacco Cessation Intervention Not Performed, Reason Not Given	Yes
G9468		Yes
	For 60 Or Greater Consecutive Days Or A Single Prescription Equating To 600 Mg Prednisone Or	
	Greater For All Fills	
G9470	Patients Not Receiving Corticosteroids Greater Than Or Equal To 10 Mg/Day Of Prednisone	Yes
	Equivalents For 60 Or Greater Consecutive Days Or A Single Prescription Equating To 600 Mg	
	Prednisone Or Greater For All Fills	
G9471	Within The Past 2 Years, Central Dual-Energy X-Ray Absorptiometry (Dxa) Not Ordered Or	Yes
	Documented	
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
60.1 7 0	Services Performed By Qualified Pharmacist In The Hospice Setting, Each 15 Minutes	Yes
G9479		M
G9479 G9480	Admission To Medicare Care Choice Model Program (Mccm)	Yes
		Yes
G9480		

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-	Yes
	approved cms innovation center demonstration project, which requires these 3 key components: an	
	expanded problem focused history; an expanded problem focuse	
G9483	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-	Yes
	approved cms innovation center demonstration project, which requires these 3 key components: a	
	detailed history; a detailed examination; medical decision ma	
G9484	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-	Yes
	approved cms innovation center demonstration project, which requires these 3 key components: a	
	comprehensive history; a comprehensive examination; medical d	
G9485	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-	Yes
	approved cms innovation center demonstration project, which requires these 3 key components: a	
C0486	comprehensive history; a comprehensive examination; medical d	Vac
G9486	Remote in-home visit for the evaluation and management of an established patient for use only in a	Yes
	medicare-approved cms innovation center demonstration project, which requires at least 2 of the	
G9487	following 3 key components: a problem focused history; a pro Remote in-home visit for the evaluation and management of an established patient for use only in a	Yes
03487	medicare-approved cms innovation center demonstration project, which requires at least 2 of the	105
	following 3 key components: an expanded problem focused hist	
G9488	Remote in-home visit for the evaluation and management of an established patient for use only in a	Yes
	medicare-approved cms innovation center demonstration project, which requires at least 2 of the	
	following 3 key components: a detailed history; a detailed e	
G9489	Remote in-home visit for the evaluation and management of an established patient for use only in a	Yes
	medicare-approved coms innovation center demonstration project, which requires at least 2 of the	
	following 3 key components: a comprehensive history; a comp	
G9490	Cms Innovation Center Models, Home Visit For Patient Assessment Performed By Clinical Staff For An	Yes
	Individual Not Considered Homebound, Including, But Not Necessarily Limited To Patient Assessment	
	Of Clinical Status, Safety/Fall Prevention, Functional Sta	
G9497	RECEIVED INSTRUCTION FROM THE ANESTHESIOLOGIST OR PROXY PRIOR TO THE DAY OF SURGERY	Yes
	TO ABSTAIN FROM SMOKING ON THE DAY OF SURGERY	
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	Yes
00500	Not Given	
G9502	Documentation Of Medical Reason For Not Performing Foot Exam (I.E., Patients Who Have Had Either	Yes
	A Bilateral Amputation Above Or Below The Knee, Or Both A Left And Right Amputation Above Or	
G9504	Below The Knee Before Or During The Measurement Period) Documented Reason For Not Assessing Hepatitis B Virus (Hbv) Status (E.G., Patient Not Initiating Anti-	Vec
03304	The Therapy, Patient Declined) Prior To Initiating Anti-The Therapy	105
G9505	Antibiotic Regimen Prescribed Within 10 Days After Onset Of Symptoms For Documented Medical	Yes
65565	Reason	103
G9507	Documentation That The Patient Is On A Statin Medication Or Has Documentation Of A Valid	Yes
	Contraindication Or Exception To Statin Medications; Contraindications/Exceptions That Can Be	
	Defined By Diagnosis Codes Include Pregnancy During The Measurement Peri	
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	Yes
	twelve months as demonstrated by a twelve month (+/-60 days) phq-9 or phq-9m score of less than 5	
G9510	Adult patients 18 years of age or older with major depression or dysthymia who did not reach	Yes
	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	
G9511	Index Event Date Phq-9 Or Phq-9M Score Greater Than 9 Documented During The Twelve Month	Yes
	Denominator Identification Period	
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	Yes
60517	Surgery Patient Did Not Achieve An Improvement In Visual Acuity, From Their Preoperative Level, Within 90	Voc
G9517	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	Yes
	Within 90 Days Of Surgery	

Procedure Code	Description	Prior Auth Required
G9520	Patient Does Not Achieve Final Refraction (Spherical Equivalent) +/- 1.0 Diopters Of Their Planned	Yes
	Refraction Within 90 Days Of Surgery	
G9521	Total Number Of Emergency Department Visits And Inpatient Hospitalizations Less Than Two In The	Yes
	Past 12 Months	
G9522	Total Number Of Emergency Department Visits And Inpatient Hospitalizations Equal To Or Greater	Yes
	Than Two In The Past 12 Months Or Patient Not Screened, Reason Not Given	
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	Yes
	emergency care provider	
G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, or is currently	Yes
	taking an antiplatelet medication including: abciximab, anagrelide, cangrelor, cilostazol, clopidogrel,	
G9533	dipyridamole, eptifibatide, prasugrel, ticlopidine, ti	Yes
69333	Patient With Minor Blunt Head Trauma Did Not Have An Appropriate Indication(s) For A Head Ct	res
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	Yes
	Placement	
G9543	Documentation Of At Least Two Attempts To Reach The Patient To Arrange A Clinical Re-Assessment	Yes
	For The Appropriateness Of Filter Removal Within 3 Months Of Placement	
G9544	Patients That Do Not Have The Filter Removed, Documented Re-Assessment For The Appropriateness	Yes
	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	
G9547	Cystic renal lesion that is simple appearing (bosniak i or ii), or adrenal lesion less than or equal to 1.0	Yes
	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	
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	Yes
	lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical	
00550	reason(s))	Vec
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.,	Yes
	PATIENT HAS MULTIPLE ENDOCRINE NEOPLASIA, PATIENT HAS CERVICAL LYMPHADENOPATHY,	
	OTHER MEDICAL REASON(S))	
G9556	Final Reports For Ct, Cta, Mri Or Mra Of The Chest Or Neck With Follow-Up Imaging Not	Yes
	Recommended	
G9557	Final Reports For Ct, Cta, Mri Or Mra Studies Of The Chest Or Neck Without An Incidentally Found	Yes
	Thyroid Nodule < 1.0 Cm Noted Or No Nodule Found	
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	Yes
00504	Prediction Rules	
G9594	Patient presented with a minor blunt head trauma and had a head ct ordered for trauma by an	Yes
G9595	emergency care provider	Voc
G9595 G9597	Patient has documentation of ventricular shunt, brain tumor, or coagulopathy Pediatric Patient With Minor Blunt Head Trauma Not Classified As Low Risk According To The Pecarn	Yes Yes
	Prediction Rules	
G9598		Yes
	Axial Formatted Ct	
G9599	Avian of Matted Ct Aortic Aneurysm 6.0 Cm Or Greater Maximum Diameter On Centerline Formatted CT Or Minor	Yes
		-
	Diameter On Axial Formatted Ct	
G9603		Yes
	Diameter On Axial Formatted Ct Patient Survey Score Improved From Baseline Following Treatment Patient Survey Results Not Available	Yes Yes

Procedure Code Description Prior Au 695005 Intraoperative Cystoscopy Performed To Evaluate For Lower Tract Injury Yes 695007 Documented Medical Reasons For Not Performing Intraoperative Cystoscopy (E.G., Urethral Pathology Precluding Cystoscopy, NP Patient Who Has A Congenital Or Acquired Absence Of The Urethraj Or In The Case Of Patient Death Yes 69508 Intraoperative Cystoscopy NO EPromed To Evaluate For Lower Tract Injury Yes 69610 DOCUMENTATION OF AN ORDER FOR ANTI-PLATELET AGENTS Yes 69611 ORDER FOR ANTI-PLATELET AGENTS Wes 69611 ORDER FOR ANTI-PLATELET AGENTS Yes 69611 ORDER FOR ANTI-PLATELET AGENTS Wes NOT OUMENTED IN THE PATIENT'S RECORD FOR NOT ORDERING ANTI- PLATELET AGENTS 69612 Patient Identified As An Unhealthy Alcohol User When Screened For Unhealthy Alcohol Use Using A Systematic Screening Method And Neckeved Brief Counseling if durabulary Alcohol User Yes 69622 Patient Not Screened For Unhealthy Alcohol User Yes 69625 Patient Not Screened For Unhealthy Alcohol User Yes 69626 Documented Medical Reason For Not Reporting Bladder Injury (E.G., Gynaccologic Or Other Pelvic Malignancy Documented, Concurrent Surgery VinoVing Bladder Pathology, Injury That Occurs During A Uninsry Incontinnece Procedure, Patien	Auth Required
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G9628 Patient Sustained Bowel Injury At The Time Of Surgery Or Discovered Subsequently Up To 30 Days Yes Post-Surgery G9629 DOCUMENTED MEDICAL REASONS FOR NOT REPORTING BOWEL INJURY (E.G., GYNECOLOGIC OR Yes 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 Yes 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 G9644 Patients Who Abstained From Smoking Prior To Anesthesia On The Day Of Surgery Or Procedure Yes Yes G9645 Patients With 90 Day Mrs Score Of O To 2 Yes G9648 Patients With 90 Day Mrs Score Of O To 2 Yes G9649 Patients With 90 Day Mrs Score Of O To 2 Yes G9649 Poriasis Assessment T	
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G9630 Patient Did Not Sustain A Bowel Injury At The Time Of Surgery Nor Discovered Subsequently Up To 30 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 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 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 Yes G9651 Psoriasis Assessment Tool Documented Not Meeting Any One Of T	
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 G9648 Patients With 90 Day Mrs Score Of 0 To 2 Yes G9649 Patients With 90 Day Mrs Score Greater Than 2 Yes G9649 Point Or 6-Point Scale), Body Surface Area (Bsa), Psoriasis Area And Severity Index (Pasi) And/Or 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) Yes	
G9638Final 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)YesG9642Current Smoker (E.G., Cigarette, Cigar, Pipe, E-Cigarette Or Marijuana)YesG9643Elective SurgeryYesG9644Patients Who Abstained From Smoking Prior To Anesthesia On The Day Of Surgery Or ProcedureYesG9645Patients Who Did Not Abstain From Smoking Prior To Anesthesia On The Day Of Surgery Or ProcedureYesG9646Patients With 90 Day Mrs Score Of 0 To 2YesG9648Patients With 90 Day Mrs Score Greater Than 2YesG9649Psoriasis 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)YesG9651Psoriasis 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)Yes	
G9642Current Smoker (E.G., Cigarette, Cigar, Pipe, E-Cigarette Or Marijuana)YesG9643Elective SurgeryYesG9644Patients Who Abstained From Smoking Prior To Anesthesia On The Day Of Surgery Or ProcedureYesG9645Patients Who Did Not Abstain From Smoking Prior To Anesthesia On The Day Of Surgery Or ProcedureYesG9646Patients With 90 Day Mrs Score Of 0 To 2YesG9648Patients With 90 Day Mrs Score Greater Than 2YesG9649Psoriasis 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)YesG9651Psoriasis 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)Yes	
G9644Patients Who Abstained From Smoking Prior To Anesthesia On The Day Of Surgery Or ProcedureYesG9645Patients Who Did Not Abstain From Smoking Prior To Anesthesia On The Day Of Surgery Or ProcedureYesG9646Patients With 90 Day Mrs Score Of 0 To 2YesG9648Patients With 90 Day Mrs Score Greater Than 2YesG9649Psoriasis 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))YesG9651Psoriasis 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)Yes	
G9644Patients Who Abstained From Smoking Prior To Anesthesia On The Day Of Surgery Or ProcedureYesG9645Patients Who Did Not Abstain From Smoking Prior To Anesthesia On The Day Of Surgery Or ProcedureYesG9646Patients With 90 Day Mrs Score Of 0 To 2YesG9648Patients With 90 Day Mrs Score Greater Than 2YesG9649Point Or 6-Point Scale), Body Surface Area (Bsa), Psoriasis Area And Severity Index (Pasi) And/Or Dermatology Life Quality Index) (Dlqi))YesG9651Psoriasis 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)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) 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) 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) Yes	
Point Or 6-Point Scale), Body Surface Area (Bsa), Psoriasis Area And Severity Index (Pasi) And/Or Dermatology Life Quality Index) (Dlqi)) 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)	
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) Yes	
G9654 Monitored Anesthesia Care (Mac) No	
G9655 A Transfer Of Care Protocol Or Handoff Tool/Checklist That Includes The Required Key Handoff Yes Elements Is Used	
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 Yes Elements Is Not Used	
G9659 Patients Greater Than Or Equal To 86 Years Of Age Who Underwent A Screening Colonoscopy And Did Yes Not Have A History Of Colorectal Cancer Or Other Valid Medical Reason For The Colonoscopy, Including: Iron Deficiency Anemia, Lower Gastrointestinal Bleeding,	

Procedure Code	Description	Prior Auth Required
G9660	Documentation Of Medical Reason(S) For A Colonoscopy Performed On A Patient Greater Than Or	Yes
	Equal To 86 Years Of Age (E.G., Iron Deficiency Anemia, Lower Gastrointestinal Bleeding, Crohn'S	
	Disease (I.E., Regional Enteritis), Familial History Of Adenomatou	
G9661	Patients Greater Than Or Equal To 86 Years Of Age Who Received A Colonoscopy For An Assessment	Yes
	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	
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	Yes
	Therapy	
G9665	Patients Who Are Not Currently Statin Therapy Users Or Did Not Receive An Order (Prescription) For	Yes
	Statin Therapy	
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	Yes
	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	
G9679	This Code Is For Onsite Acute Care Treatment Of A Nursing Facility Resident With Pneumonia; May	Yes
	Only Be Billed Once Per Day Per Beneficiary	
G9680	This Code Is For Onsite Acute Care Treatment Of A Nursing Facility Resident With Chf; May Only Be	Yes
	Billed Once Per Day Per Beneficiary	
G9681	This Code Is For Onsite Acute Care Treatment Of A Resident With Copd Or Asthma; May Only Be Billed	Yes
	Once Per Day Per Beneficiary	
G9682	This Code Is For The Onsite Acute Care Treatment A Nursing Facility Resident With A Skin Infection;	Yes
	May Only Be Billed Once Per Day Per Beneficiary	
G9683	Facility service(s) for the onsite acute care treatment of a nursing facility resident with fluid or	Yes
	electrolyte disorder. (may only be billed once per day per beneficiary). This service is for a	
	demonstration project	
G9684	This Code Is For The Onsite Acute Care Treatment Of A Nursing Facility Resident For A Uti; May Only	Yes
	Be Billed Once Per Day Per Beneficiary	
G9685	Physician Service Or Other Qualified Health Care Professional For The Evaluation And Management Of	Yes
	A Beneficiary'S Acute Change In Condition In A Nursing Facility. This Service Is For A Demonstration	
	Project	
G9687	Hospice Services Provided To Patient Any Time During The Measurement Period	Yes
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 G9696	Long-Acting Inhaled Bronchodilator Prescribed	Yes
09090	Documentation Of Medical Reason(S) For Not Prescribing A Long-Acting Inhaled Bronchodilator (E.G.,	Yes
G9698	Patient Intolerance Or History Of Side Effects) Documentation Of System Reason(S) For Not Prescribing A Long-Acting Inhaled Bronchodilator (E.G.,	Yes
09090	Cost Of Treatment Or Lack Of Insurance)	ies
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
G9702	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	Ajce 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
G9707	Patient Received Hospice Services Any Time During The Measurement Period	Yes
G9708	Women Who Had A Bilateral Mastectomy Or Who Have A History Of A Bilateral Mastectomy Or For	Yes
	When There Is Evidence Of A Right And A Left Unilateral Mastectomy	
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
09/11	Fauents with A Diagnosis of Past history of Fold Colectority of Colorectal Cancer	103

Procedure Code	Description	Prior Auth Required
G9712	Documentation Of Medical Reason(S) For Prescribing Or Dispensing Antibiotic (E.G., Intestinal	Yes
	Infection, Pertussis, Bacterial Infection, Lyme Disease, Otitis Media, Acute Sinusitis, Acute Pharyngitis,	
	Acute Tonsillitis, Chronic Sinusitis, Infection Of T	
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	Yes
	Documented Medical Reason	
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	Yes
	On Helper Pushing Wheelchair, Independent In Wheelchair Or Minimal Help In Wheelchair	
C0720		Vec
G9720 G9721	Hospice Services For Patient Occurred Any Time During The Measurement Period	Yes
09721	Patient Not Ambulatory, Bed Ridden, Immobile, Confined To Chair, Wheelchair Bound, Dependent On	Tes
	Helper Pushing Wheelchair, Independent In Wheelchair Or Minimal Help In Wheelchair	
G9722	Documented History Of Renal Failure Or Baseline Serum Creatinine >= 4.0 Mg/Dl; Renal Transplant	Yes
03722	Recipients Are Not Considered To Have Preoperative Renal Failure, Unless, Since Transplantation The	103
	Cr Has Been Or Is 4.0 Or Higher	
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	Yes
03724	Measurement Year	
G9726	Patient Refused To Participate	Yes
G9727	Patient Unable To Complete The Lepf Prom At Initial Evaluation And/Or Discharge Due To Blindness,	Yes
00727	Illiteracy, Severe Mental Incapacity Or Language Incompatibility And An Adequate Proxy Is Not	
	Available	
G9728	Patient Refused To Participate	Yes
G9729	Patient Unable To Complete The Lepf Prom At Initial Evaluation And/Or Discharge Due To Blindness,	Yes
	Illiteracy, Severe Mental Incapacity Or Language Incompatibility And An Adequate Proxy Is Not	
	Available	
G9730	Patient Refused To Participate	Yes
G9731	Patient Unable To Complete The Lepf Prom At Initial Evaluation And/Or Discharge Due To Blindness,	Yes
	Illiteracy, Severe Mental Incapacity Or Language Incompatibility And An Adequate Proxy Is Not	
	Available	
G9732	Patient Refused To Participate	Yes
G9733	Patient unable to complete the low back fs prom at initial evaluation and/or discharge due to	Yes
	blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not	
	available	
G9734	Patient Refused To Participate	Yes
G9735	Patient unable to complete the shoulder fs prom at initial evaluation and/or discharge due to	Yes
	blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not	
	available	
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	
G9740	available	Voc
G9740 G9741	Hospice Services Given To Patient Any Time During The Measurement Period	Yes Yes
G9741 G9744	Patients Who Use Hospice Services Any Time During The Measurement Period 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
03743		103
G9746	Patient Has Mitral Stenosis Or Prosthetic Heart Valves Or Patient Has Transient Or Reversible Cause Of	Ves
05740	Af (E.G., Pneumonia, Hyperthyroidism, Pregnancy, Cardiac Surgery)	
G9751	Patient Died At Any Time During The 24-Month Measurement Period	Yes
G9752	Emergency Surgery	Yes
G9753	Documentation Of Medical Reason For Not Conducting A Search For Dicom Format Images For Prior	Yes
	Patient Ct Imaging Studies Completed At Non-Affiliated External Healthcare Facilities Or Entities	
	Within The Past 12 Months That Are Available Through A Secure,	
G9754	A Finding Of An Incidental Pulmonary Nodule	Yes
G9755	Documentation Of Medical Reason(S) For Not Including A Recommended Interval And Modality For	Yes
	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)	
G9756	Surgical Procedures That Included The Use Of Silicone Oil	Yes
		105

Procedure Code	Description	Prior Auth Required
G9757	Surgical Procedures That Included The Use Of Silicone Oil	Yes
G9758	Patient In Hospice At Any Time During The Measurement Period	Yes
G9760	Patients Who Use Hospice Services 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	Yes
00702	Vaccines On Or Between The Patient'S 9Th And 13Th Birthdays	
G9763	Patient Did Not Have At Least Two Hpv Vaccines (With At Least 146 Days Between The Two) Or Three	Yes
	Hpv Vaccines On Or Between The Patient'S 9Th And 13Th Birthdays	
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	Yes
65765	Unavailable, Has Documented Contraindications, Or Has Not Been Treated With A Systemic	
	Medication For At Least Six Consecutive Months (E.G., Experienced Adverse Eff	
G9766	Patients Who Are Transferred From One Institution To Another With A Known Diagnosis Of Cva For	Yes
05700	Endovascular Stroke Treatment	105
G9767	Hospitalized Patients With Newly Diagnosed Cva Considered For Endovascular Stroke Treatment	Yes
05/07	nospitalized Patients with Newly Diagnosed CVa Considered For Endovascular Stroke Treatment	165
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	Yes
05705	Or Therapy In The Past 12 Months	105
G9770		Yes
G9770 G9771	Peripheral Nerve Block (Pnb) At Least 1 Body Temperature Measurement Equal To Or Greater Than 35.5 Degrees Celsius (Or 95.9	Yes
69771		Tes
	Degrees Fahrenheit) Achieved Within The 30 Minutes Immediately Before Or 15 Minutes Immediately	
C0772	After Anesthesia End Time	Voc
G9772	Documentation Of Medical Reason(S) For Not Achieving At Least 1 Body Temperature Measurement	Yes
	Equal To Or Greater Than 35.5 Degrees Celsius (Or 95.9 Degrees Fahrenheit) Within The 30 Minutes	
C0772	Immediately Before Or 15 Minutes Immediately	M
G9773	At Least 1 Body Temperature Measurement Equal To Or Greater Than 35.5 Degrees Celsius (Or 95.9	Yes
	Degrees Fahrenheit) Not Achieved Within The 30 Minutes Immediately Before Or 15 Minutes	
	Immediately After Anesthesia End Time, Reason Not Given	
G9775	Patient Received At Least 2 Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes	Yes
	Preoperatively And/Or Intraoperatively	
G9776	Documentation Of Medical Reason For Not Receiving At Least 2 Prophylactic Pharmacologic Anti-	Yes
	Emetic Agents Of Different Classes Preoperatively And/Or Intraoperatively (E.G., Intolerance Or Other	
	Medical Reason)	
G9777	Patient Did Not Receive At Least 2 Prophylactic Pharmacologic Anti-Emetic Agents Of Different Classes	Yes
	Preoperatively And/Or Intraoperatively	
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	Yes
	Order (Prescription) For Statin Therapy (E.G., Patients With Statin-Associated Muscle Symptoms Or An	
	Allergy To Statin Medication Therapy, Patients Who Are Re	
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	Yes
	(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	
G9786	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma	Yes
	(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	
G9787	Patient Alive As Of The Last Day Of The Measurement Year	Yes
G9788	MOST RECENT BP IS LESS THAN OR EQUAL TO 140/90 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 140/90 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	Yes
	Of Gastrointestinal Bleed, Intra-Cranial Bleed, Idiopathic Thrombocytopenic Purpura (Itp), Gastric	
	Runges Or Desumentation Of Active Anticegoulant Lice Durin	
	Bypass Or Documentation Of Active Anticoagulant Use Durin	

Procedure Code	Description	Prior Auth Required
G9796	Patient Is Currently On A Statin Therapy	Yes
G9797	Patient Is Not On A 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	Yes
	Performed, Even If After 30 Days, And Those Deaths Occurring After Discharge From The Hospital, But	
	Within 30 Days Of The Procedure	
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	Yes
	(Exclusive Of The Index Date)	
G9823	Endometrial Sampling Or Hysteroscopy With Biopsy And Results Documented During The 12 Months	Yes
	Prior To The Index Date (Exclusive Of The Index Date) Of The Endometrial Ablation	
G9824	Endometrial Sampling Or Hysteroscopy With Biopsy And Results Not Documented During The 12	Yes
	Months Prior To The Index Date (Exclusive Of The Index Date) Of The Endometrial Ablation	
G9830	Her-2/Neu Positive	Yes
G9831	Ajcc Stage At Breast Cancer Diagnosis = li Or lii	Yes
G9832	Ajcc Stage At Breast Cancer Diagnosis = I (Ia Or Ib) And T-Stage At Breast Cancer Diagnosis Does Not	Yes
	Equal = T1, T1a, T1b	
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	Yes
	(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	
G9868	Receipt And Analysis Of Remote, Asynchronous Images For Dermatologic And/Or Ophthalmologic	Yes
	Evaluation, For Use Only In A Medicare-Approved Cmmi Model, Less Than 10 Minutes	
G9869	Receipt And Analysis Of Remote, Asynchronous Images For Dermatologic And/Or Ophthalmologic	Yes
	Evaluation, For Use Only In A Medicare-Approved Cmmi Model, 10-20 Minutes	
G9870	Receipt And Analysis Of Remote, Asynchronous Images For Dermatologic And/Or Ophthalmologic	Yes
	Evaluation, For Use Only In A Medicare-Approved Cmmi Model, More Than 20 Minutes	
G9873	First Medicare Diabetes Prevention Program (Mdpp) Core Session Was Attended By An Mdpp	No
	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	
G9874	Four Total Medicare Diabetes Prevention Program (Mdpp) Core Sessions Were Attended By An Mdpp	No
	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	
G9875	Nine Total Medicare Diabetes Prevention Program (Mdpp) Core Sessions Were Attended By An Mdpp	No
	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	1

Procedure Code	Description	Prior Auth Required
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
G9880	The Mdpp Beneficiary Achieved At Least 5% Weight Loss (WI) 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 (WI) 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% WI 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
G9892	Documentation Of Patient Reason(s) For Not Performing A Dilated Macular Examination	Yes
G9893	Dilated Macular Exam Was Not Performed, Reason Not Otherwise Specified	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	
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

Procedure Code	Description	Prior Auth Required
G9899	Screening, Diagnostic, Film, Digital Or Digital Breast Tomosynthesis (3d) Mammography Results	Yes
	Documented And Reviewed	
G9900	Screening, Diagnostic, Film, Digital Or Digital Breast Tomosynthesis (3d) Mammography Results Were	Yes
	Not Documented And Reviewed, Reason Not Otherwise Specified	
G9901	Patient Age 66 Or Older In Institutional Special Needs Plans (Snp) Or Residing In Long-Term Care With	Yes
	Pos Code 32, 33, 34, 54, Or 56 For More Than 90 Consecutive Days During The Measurement Period	
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	Yes
	Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling And/Or	
	Pharmacotherapy)	
G9908	Patient Identified As Tobacco User Did Not Receive Tobacco Cessation Intervention During The	Yes
	Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling And/Or	
	Pharmacotherapy)	
G9910	Patients Age 66 Or Older In Institutional Special Needs Plans (Snp) Or Residing In Long-Term Care With	Yes
	Pos Code 32, 33, 34, 54 Or 56 For More Than 90 Consecutive Days During The Measurement Period	
C0011	Clinically Nada Nagativa (T1n0m0 Or T2n0m0) Javativa Datati Caracar Defere On After Navativa	Vec
G9911	Clinically Node Negative (T1n0m0 Or T2n0m0) Invasive Breast Cancer Before Or After Neoadjuvant	Yes
G9912	Systemic Therapy Hepatitis B Virus (Hbv) Status Assessed And Results Interpreted Prior To Initiating Anti-Tnf (Tumor	Vac
09912		Yes
G9913	Necrosis Factor) Therapy Hepatitis B Virus (Hbv) Status Not Assessed And Results Interpreted Prior To Initiating Anti-Tnf (Tumor	Voc
05515	Necrosis Factor) Therapy, Reason Not Otherwise Specified	165
G9914	Patient Initiated An Anti-Tnf Agent	Yes
G9915	No Record Of Hby 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	No
G9920	Screening Performed And Negative	No
G9921	No Screening Performed, Partial Screening Performed Or Positive Screen Without Recommendations	Yes
	And Reason Is Not Given Or Otherwise Specified	
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,	Yes
	Including But Not Limited To Referral To Other Resources	
G9928	Fda-Approved Anticoagulant Not Prescribed, Reason Not Given	Yes
G9929	Patient With Transient Or Reversible Cause Of Af (E.G., Pneumonia, Hyperthyroidism, Pregnancy,	Yes
	Cardiac Surgery)	
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	Yes
	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	
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,	Yes
	Clomiphene Rx, Esrd, Cirrhosis, Muscular Pain And Disease During The Measurement Period Or Prior	
G9943	Year) Pack Dain Was Net Massured By The Visual Appleg Scale (Vas) Or Numeric Dain Scale At Three Menths	Voc
UJJ43	Back Pain Was Not Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months (6 - 20 Weeks) Postoperatively	103
G9945	Patient Had Cancer, Acute Fracture Or Infection Related To The Lumbar Spine Or Patient Had	Yes
00040	Neuromuscular, Idiopathic Or Congenital Lumbar Scoliosis	103
G9946	Back Pain Was Not Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9	Yes
0.00	To 15 Months) Postoperatively	
G9949	Leg Pain Was Not Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At Three Months	Yes
00040	(6 - 20 Weeks) Postoperatively	
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

Procedure Code	Description	Prior Auth Required
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	Yes
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
G9974	Dilated Macular Exam Performed, Including Documentation Of The Presence Or Absence Of Macular Thickening Or Geographic Atrophy Or Hemorrhage And The Level Of Macular Degeneration Severity	Yes
G9975	Documentation Of Medical Reason(s) For Not Performing A Dilated Macular Examination	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
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

G9990 Patient Did Not Receive Any Pneumococcil Conjugate Or Polysaccharide Vaccine Din Or After Their 197h Yes G991 Patient Reeview Any Pneumococcil Conjugate Or Polysaccharide Vaccine On Or After Their 197h Yes G992 Patient Reeview Any Pneumococcil Conjugate Or Polysaccharide Vaccine On Or After Their 197h Yes G9931 Patient Reeview Any Pneumococcil Conjugate Or Polysaccharide Vaccine On Or After Their 197h Yes G9932 Patient Is Using Patient Feed Of The Measurement Period Yes G9936 Documentation Stating The Patient Ness Any Time During The Measurement Period Yes G9937 Documentation Of Valent Pregnancy Anytine During The Measurement Period Prior To And Including The Current Encounter Yes G9938 Documentation Of Valent Pregnancy Anytine During The Measurement Period Prior To And Including The Current Encounter Yes G9939 Documentation Of Valent Reson(S) For An Interval Of Less Than 3 Years Since The Last Colonocopy Yes Yes G4661 HIPPS Code GAGC1 No No GAGG1 HIPPS Code GAGC1 No GAGG1 HIPPS Code GAGC1 No GAGC1 HIPPS Code GAGC1 No GAGG1 HIPPS Code GAGC1 <td< th=""><th>edure Code</th><th>Description</th><th>Prior Auth Required</th></td<>	edure Code	Description	Prior Auth Required
19Th Birthday And Before The End Of The Measurement Period ************************************			
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Birthday And Before The End Of The Messurement Period Yes 69992 Patient Was Provided Pallative Care Services Any Time During The Messurement Period Yes 69994 Patient Was Provided Pallative Care Services Any Time During The Messurement Period Yes 69996 Documentation Stating The Patient Hiss Received Or Is Currently Receiving Pallative Or Hospice Care Yes 69997 Documentation Of Patient Perganary Anytime During The Messurement Period Prior To And Including The Current Focumer Yes 69998 Documentation Of Matical Rescans(S) For An Internal Of Less Than 3 Years Since The Last Colonoscopy Res (E.G., Lust Colonoscopy Iden Cless Than 3 Years Since The Last Colonoscopy Res (E.G., Unable To Locate Previous Colonoscopy Rend These) The Data Colonoscopy Ves (E.G., Unable To Locate Previous Colonoscopy Rend These) No 63051 HIPS Code GAGC1 No No 634C1 HIPS Code GAGC1 No No 634C1 HIPS Code GAGC1 No No 634C1 HIPS Code GAGE1 No No 63)1		Yes
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G8994 Patient Is Uring Pallative Care Services Any Time During The Measurement Period Yes G8996 Documentation Stating The Patient Has Received Or is Currently Receiving Pallative Or Hospite Care Yes G997 Documentation Of Medical Resonancy Anyline During The Measurement Period Prior To And Including The Current Encounter Yes G998 Documentation Of Medical Resonancy For An Interval Of Less Than 3 Years Since The Last Colonoscopy (E.G., Last Colonoscopy Incomplete), Last Colonoscopy Had Inadequate Prey, Piccemeal Removal Of Adenomas, Or Sessile Serrated Polypts >= 20 Min No G9990 Documentation Of System Reason(S) For An Interval Of Less Than 3 Years Since The Last Colonoscopy (E.G., Unabile To Locate Previous Colonoscopy Report, Previous Colonoscopy Report Was Incomplete) Yes GAGC1 HIPPS Code GAGC1 No GARE1 HIPPS Code GAGC1 No GARE1 HIPPS Code GARE1 No GARE1 HIP			
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H0004Behavioral Health Counseling And Therapy, Per 15 Minutes (Not Payable By Medicare)YesH0005Alcohol And/Or Drug Services; Group Counseling By A Clinician (Not Payable By Medicare)YesH0006Alcohol And/Or Drug Services; Case Management (Not Payable By Medicare)YesH0007Alcohol And/Or Drug Services; Crisis Intervention (Outpatient) (Not Payable By Medicare)YesH0008Alcohol And/Or Drug Services; Sub-Acute Detoxification (Hospital Inpatient) (Not Payable By Medicare)YesH0009Alcohol And/Or Drug Services; Acute Detoxification (Hospital Inpatient) (Not Payable By Medicare)Yes	13		Yes
H0005Alcohol And/Or Drug Services; Group Counseling By A Clinician (Not Payable By Medicare)YesH0006Alcohol And/Or Drug Services; Case Management (Not Payable By Medicare)YesH0007Alcohol And/Or Drug Services; Crisis Intervention (Outpatient) (Not Payable By Medicare)YesH0008Alcohol And/Or Drug Services; Sub-Acute Detoxification (Hospital Inpatient) (Not Payable By Medicare)YesH0009Alcohol And/Or Drug Services; Acute Detoxification (Hospital Inpatient) (Not Payable By Medicare)Yes)4		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 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	15		Yes
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	06		Yes
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)7		Yes
Medicare) Medicare) H0009 Alcohol And/Or Drug Services; Acute Detoxification (Hospital Inpatient) (Not Payable By Medicare) Yes	8		Yes
	9		Yes
H0010 Alcohol And/Or Drug Services: Sub-Acute Detoxification (Residential Addiction Program Inpatient) Yes	.0	Alcohol And/Or Drug Services; Sub-Acute Detoxification (Residential Addiction Program Inpatient)	Yes
(Not Payable By Medicare)	-		

Procedure Code	Description	Prior Auth Required
H0011	Alcohol And/Or Drug Services; Acute Detoxification (Residential Addiction Program Inpatient) (Not	Yes
	Payable By Medicare)	
H0012	Alcohol And/Or Drug Services; Sub-Acute Detoxification (Residential Addiction Program Outpatient)	Yes
	(Not Payable By Medicare)	
H0013	Alcohol And/Or Drug Services; Acute Detoxification (Residential Addiction Program Outpatient) (Not	Yes
	Payable By Medicare)	
H0014	Alcohol And/Or Drug Services; Ambulatory Detoxification (Not Payable By Medicare)	Yes
H0015	Alcohol And/Or Drug Services; Intensive Outpatient (Treatment Program That Operates At Least 3	Yes
	Hours/Day And At Least 3 Days/Week And Is Based On An Individualized Treatment Plan), Including	
	Assessment, Counseling; Crisis Intervention, And Activity Therap	
H0016	Alcohol And/Or Drug Services; Medical/Somatic (Medical Intervention In Ambulatory Setting) (Not	Yes
	Payable By Medicare)	
H0017	Behavioral Health; Residential (Hospital Residential Treatment Program), Without Room And Board,	Yes
	Per Diem (Not Payable By Medicare)	
H0018	Behavioral Health; Short-Term Residential (Non-Hospital Residential Treatment Program), Without	Yes
	Room And Board, Per Diem (Not Payable By Medicare)	
H0019	Behavioral Health; Long-Term Residential (Non-Medical, Non-Acute Care In A Residential Treatment	Yes
	Program Where Stay Is Typically Longer Than 30 Days), Without Room And Board, Per Diem (Not	
	Payable By Medicare)	
H0020	Alcohol And/Or Drug Services; Methadone Administration And/Or Service (Provision Of The Drug By A	Yes
	Licensed Program) (Not Payable By Medicare)	
H0021	Alcohol And/Or Drug Training Service (For Staff And Personnel Not Employed By Providers) (Not	Yes
	Payable By Medicare)	
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	Yes
	By Medicare)	
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct Or Non-Direct	Yes
	Contact With Service Audiences To Affect Knowledge And Attitude) (Not Payable By Medicare)	
H0025	Behavioral Health Prevention Education Service (Delivery Of Services With Target Population To Affect	Yes
	Knowledge, Attitude And/Or Behavior) (Not Payable By Medicare)	
H0026	Alcohol And/Or Drug Prevention Process Service, Community-Based (Delivery Of Services To Develop	Yes
	Skills Of Impactors) (Not Payable By Medicare)	
H0027	Alcohol And/Or Drug Prevention Environmental Service (Broad Range Of External Activities Geared	Yes
	Toward Modifying Systems In Order To Mainstream Prevention Through Policy And Law) (Not Payable	
H0028	By Medicare)	Vac
0020	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)	res
	And Employee Assistance Programs), Does Not include Assessment (Not Payable by Medicale)	
H0029	Alcohol And/Or Drug Prevention Alternatives Service (Services For Populations That Exclude Alcohol	Yes
10023	And Other Drug Use E.G., Alcohol Free Social Events) (Not Payable By Medicare)	165
	And Other Drug Ose E.G., Alconor Free Social Events) (Not Payable by Medicare)	
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	Medication Haining And Support, Fer 15 Minutes (Not Payable by Medicate) Mental Health Partial Hospitalization, Treatment, Less Than 24 Hours (Not Payable By Medicare)	Yes
10055		105
H0036	Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Minutes (Not Payable By	Yes
110030	Medicare)	
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
H0040	Foster Care, Child, Non-Therapeutic, Per Diem (Not Payable by Medicare)	Yes
H0041	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
		-

Procedure Code	Description	Prior Auth Required
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
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 H2031	Mental Health Clubhouse Services, Per 15 Minutes (Not Payable By Medicare)	Yes
H2031	Mental Health Clubhouse Services, Per Diem (Not Payable By Medicare)	Yes Yes
H2032	Activity Therapy, Per 15 Minutes (Not Payable By Medicare) Multisystemic Therapy For Juveniles, Per 15 Minutes (Not Payable By Medicare)	Yes
H2033	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
IAEB1	HIPPS Code IAEB1	No
IAEC1	HIPPS Code IAEC1	No
IAED1	HIPPS Code IAED1	No
IAHD1	HIPPS Code IAED1	No
IAHE1	HIPPS Code IAHE1	No
IAIE1	HIPPS Code IAIE1	No
IALB1	HIPPS Code IALB1	No
IAUD1	HIPPS Code IAUD1	No

Procedure Code	Description	Prior Auth Required
IBID1	HIPPS Code IBID1	No
ICID1	HIPPS Code ICID1	No
IDCE1	HIPPS Code IDCE1	No
IDED1	HIPPS Code IDED1	No
IDID1	HIPPS Code IDID1	No
IDIE1	HIPPS Code IDIE1	No
IDUE1	HIPPS Code IDUE1	No
IEEE1	HIPPS Code IEEE1	No
IEIF1	HIPPS Code IEIF1	No
IEME1	HIPPS Code IEME1	No
IEUE1	HIPPS Code IEUE1	No
IEUF1	HIPPS Code IEUF1	No
IFEC1	HIPPS Code IFEC1	No
IFHE1	HIPPS Code IFHE1	No
IGBD1	HIPPS Code IGBD1	No
IGED1	HIPPS Code IGED1	No
IGID1	HIPPS Code IGID1	No
IGIE1	HIPPS Code IGIE1	No
IGUE1	HIPPS Code IGUE1	No
IHBC1	HIPPS Code IHBC1	No
IHED1	HIPPS Code IHED1	No
IHEE1	HIPPS Code IHEE1	No
IHID1	HIPPS Code IHID1	No
IHMD1	HIPPS Code IHMD1	No
IHMF1	HIPPS Code IHMF1	No
IHUD1	HIPPS Code IHUD1	No
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	Yes
10120	Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered)	V
J0130 J0131	Injection Abciximab, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0131 J0132	Injection, Acetaminophen, Not Otherwise Specified, 10 Mg	No
J0132 J0133	Injection, Acetylcysteine, 100 Mg	No No
J0133 J0134	Injection, Acyclovir, 5 Mg Injection, Acetaminophen (Fresenius Kabi) Not Therapeutically Equivalent To J0131, 10 Mg	No
J0134 J0135	Injection, Adalimumab, 20 Mg	Yes
J0135	Injection, Acetaminophen (B Braun) Not Therapeutically Equivalent To J0131, 10 Mg	No
J0137	Injection, Acetaminophen (Hikma) Not Therapeutically Equivalent To J0131, 10 Mg	No
J0153	Injection, Adenosine, 1 Mg (Not To Be Used To Report Any Adenosine Phosphate Compounds)	No
10133	(Special Coverage Instructions Apply)	NO
J0171	Injection, Adrenalin, Epinephrine, 0.1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
30171		
J0172	Injection, Aducanumab-Avwa, 2 Mg (Special Coverage Instructions Apply)	Yes
J0173	Injection, Epinephrine (Belcher) Not Therapeutically Equivalent To J0171, 0.1 Mg (Special Coverage	Yes
10474	Instructions Apply. See Mcm: 2049)	
J0174	Injection, Lecanemab-Irmb, 1 Mg	Yes
J0178	Injection, Aflibercept, 1 Mg	Yes
J0179	Injection, Brolucizumab-Dbll, 1 Mg	Yes
J0180	Injection, Agalsidase Beta, 1 Mg	Yes
J0184 J0185	Injection, Amisulpride, 1 Mg	Yes
J0183 J0190	Injection, Aprepitant, 1 Mg	Yes
J0200	Injection, Biperiden Lactate, Per 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
	Injection, Alatrofloxacin Mesylate, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	
J0202	Injection, Alemtuzumab, 1 Mg	Yes
J0205	Injection, Alglucerase, Per 10 Units (Special Coverage Instructions Apply. See Mcm: 2049)	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, 100 Mg	Yes
J0210	Injection, Methyldopate Hcl, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0215	Injection, Alefacept, 0.5 Mg	Yes

ID226 Injection, Alfentani Hydrochloride, 300 Micrograms Yes ID217 Injection, Olpudase Alfa-Ryc, 1 Mg Yes ID218 Injection, Olpudase Alfa-Ryc, 1 Mg Yes ID229 Injection, Algucosidase Alfa-Ryc, 1 Mg Yes ID220 Injection, Algucosidase Alfa, 10 Mg, Not Dtherwise Specified Yes ID221 Injection, Algucosidase Alfa, 10 Mg, Not Dtherwise Specified Yes ID222 Injection, Chosiran, 0.5 Mg Yes ID224 Injection, Chosiran, 0.5 Mg Yes ID225 Injection, Remission, 0.5 Mg Yes ID226 Injection, Remission, 0.5 Mg Yes ID225 Injection, Remission, 0.5 Mg Yes ID226 Injection, Remission, 0.5 Mg Yes ID226 Injection, Remission, 0.5 Mg Yes ID226 Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No ID227 Injection, Angrostadil, 1.25 Mrg (Code May Be Used For Medicare When Drug Administered Under The Yes Yes ID275 Alprostadil Urethani Suppository (Code May Be Used For Medicare When Drug Administer	ior Auth Required	dure Code Description
10218 Injection, Olipudase Affa-Rop, 1Mg Yes 10219 Injection, Alglucosidase Affa, 10Mg, Not Otherwise Specified Yes 10221 Injection, Alglucosidase Affa, 10Mg, Not Otherwise Specified Yes 10222 Injection, Alglucosidase Affa, 10Mg, Not Otherwise Specified Yes 10222 Injection, Alglucosidase Affa, 10Mg, Not Otherwise Specified Yes 10223 Injection, Gioscian, 0.5 Mg Yes 10224 Injection, Chossian, 0.5 Mg Yes 10225 Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10256 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10270 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) Yes 10275 Alprostatil, 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 10276 Injection, Almotarone Hydrochloride, 30 Mg (Special Coverage Instructions Apply, See Mcm: 2049) Yes 10278 Injection, Amptotericin	S	
p1229 injection, Avglgucoidsase Alfa, 10 Mg, NO Otherwise Specified Yes p1220 injection, Alglucosidsase Alfa, 10 Mg, NO Otherwise Specified Yes p1221 injection, Alglucosidsase Alfa, Lumixyme), 10 Mg Yes p1222 injection, Patisiran, 0.5 Mg Yes p1223 injection, Visitiran, 1.5 Mg Yes p1224 injection, Unitrairan, 0.5 Mg Yes p1225 injection, Natriaran, 0.5 Mg Yes p1226 injection, Alpina I Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage No p1226 injection, Alpina I Proteinase Inhibitor (Human), Kot Otherwise Specified, 10 Mg (Special Coverage No p12270 Injection, Alpina I Proteinase Inhibitor (Human), Glassia), 10 Mg (Special Coverage No p1275 Alprostadil Uratrial Suppository (Code May Be Used For Medicare When Drug Administered Under Yes p1275 Alprostadil Uratrial Suppository (Code May Be Used For Medicare When Drug Administered Under Yes p1276 Alprostadil Uratrial Suppository (Code May Be Used For Medicare When Drug Administered Under Yes p1275 Alprostadil Uratrial Suppository (Code May Be Used For Medicare When Drug Administered Under Y	!S	
10219 Injection, Avaiglucosidase Alfa-Ngpt, 4 Mg Yes 10220 Injection, Algiucosidase Alfa, ILUmizyme), 10 Mg Yes 10221 Injection, Algiucosidase Alfa, Lumizyme), 10 Mg Yes 10222 Injection, Patisiran, 0.5 Mg Yes 10223 Injection, Consideran, 0.5 Mg Yes 10224 Injection, Consideran, 0.5 Mg Yes 10225 Injection, Namistran, 0.5 Mg Yes 10226 Injection, Maria I Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10257 Injection, Alprostadil, 1.25 Mg (Code May Be Used For Medicare When Drug Administered Under Unerd Supervision of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision of A Physician, Not For Use When Drug Is Self Administered Under The	!S	Injection, Olipudase Alfa-Rpcp, 1 Mg
10221 Injection, Alglucosidase Alfa, (Lumeyme), 10 Mg Yes 10222 Injection, Alglucosidase Alfa, (Lumeyme), 10 Mg Yes 10223 Injection, Outsoiran, 0.5 Mg Yes 10224 Injection, Lumastran, 0.5 Mg Yes 10225 Injection, Lumastran, 0.5 Mg Yes 10226 Injection, Mangharian, 1 Mg Yes 10226 Injection, Apply Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10256 Injection, Appla Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10270 Injection, Appla Proteinase Inhibitor (Human), Glassia), 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) Yes 10275 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 10278 Injection, Amindorne Hydrochloride, 30 Mg (Special Coverage Instructions Apply, See Mcm: 2049) Yes 10282 Injection, Amindorne Hydrochloride, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) Yes 10282 Injection, Amphotericin B Lipid Com	!S	
D221 injection, Algipcosidase Affa, [Lumizyme], 10 Mg. Yes D222 injection, Algipcosidase, 0.5 Mg. Yes D223 injection, Givosiran, 0.5 Mg. Yes D224 injection, Civosiran, 0.5 Mg. Yes D225 injection, Varisiran, 0.5 Mg. Yes D224 injection, Varisiran, 1. Mg. Yes D2256 injection, Appl. Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. No D2565 injection, Appl. Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. No D2770 Injection, Appl. Proteinase Inhibitor (Human), Glassia), 10 Mg (Special Coverage Instructions Apply. No D2755 Alprostadil Urethal Suppository (Code May Be Used For Medicare When Drug Administered Under The Ves Yes D276 Alprostadil Urethal 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 D2280 Injection, Amiodarone Hydrochloride, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes D2825 Injection, Amplotericin B Lipid Complex, 10 Mg (Special Coverage Instructions Apply. See Mc	!S	Injection, Alglucosidase Alfa, 10 Mg, Not Otherwise Specified
Injection, Patharan, 0.1 Mg Yes 10223 Injection, Givosiran, 0.5 Mg Yes 10224 Injection, Urunasiran, 0.5 Mg Yes 10225 Injection, Rumasiran, 0.5 Mg Yes 10226 Injection, Rumasiran, 0.5 Mg Yes 10225 Injection, Rumasiran, 0.5 Mg Yes 10226 Injection, Rumasiran, 0.5 Mg No 10256 Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10270 Injection, Alpha 1 Proteinase Inhibitor (Human), IGlassia), 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10270 Injection, Alphos 1 Proteinase Inhibitor (Human), IGlassia), 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10275 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 10280 Injection, Amiodarone Hydrocholoride, 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10282 Injection, Amiodarone Hydrocholoride (Nexterone), 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes <td< td=""><td>!S</td><td></td></td<>	!S	
10223 Injection, Givosrian, 0.5 Mg Yes 10224 Injection, Lumasian, 0.5 Mg Yes 10225 Injection, Lumasian, 0.5 Mg Yes 10248 Injection, Remdesivir, 1 Mg Yes 10256 Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage No 10257 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10257 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10270 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10275 Alprostadil Ursthral Suppository (Code May Be Used For Medicare When Drug (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10278 Injection, Amicatics Suffate, 100 Mg No No 10280 Injection, Amicatics Suffate, 100 Mg No No 10281 Injection, Amicatics Suffate, 100 Mg No No 10282 Injection, Amiodarone Hydrochloride, 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10283 Inject	!S	
J0224 Injection, Lumasiran, 0.5 Mg Yes J0225 Injection, Vurtisiran, 1.Mg Yes J0248 Injection, Rendeskir, 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, 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 Administreed (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 Administreed (Special Coverage Instructions Apply. See Mcm: 2049) Yes J0280 Injection, Aminophyllin, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes J0281 Injection, Amiodarone Hydrochloride, 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No J0282 Injection, Amphotericin B Cholesteryl Sulfate Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm:		
10225 Injection, Vutrisiran, 1 Mg Yes 10248 Injection, Remdesivir, 1 Mg No 10256 Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10257 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10270 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) Yes 10275 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 10278 Injection, Aminacin Suffast, 100 Mg No 102820 Injection, Aminophyllin, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10283 Injection, Amiodarone Hydrochloride (Nexterone). 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10284 Injection, Amphotericin B, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10285 Injection, Amphotericin B, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10286 Injection, Amphotericin B, 50 Mg (Special Coverage Instruction	!S	
ID228 Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No ID256 Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No ID270 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No ID275 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 Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under The Otice Supervision Of A Physician, Not For Use When Drug Is Self Administered Under The Otice Supervision Of A Physician, Not For Use When Drug Is Self Administered Under The Otice Supervision Of A Dispervision Of A Supply See Mcm: 2049) No ID278 Injection, Aminodrine 1,00 Mg No No ID280 Injection, Aminodrone Hydrochloride, No Mg (Special Coverage Instructions Apply. See Mcm: 2049) No ID281 Injection, Amphotericin B, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No	!S	
10256 Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10257 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10270 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10275 Alprostadil Urethral Supportson (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 10278 Injection, Almicaria Suffas, 100 Mg No 10280 Injection, Aminophyllin, Up To 250 Mg (Special Coverage Instructions Apply, See Mcm: 2049) Yes 10281 Injection, Aminodarone Hydrochloride, 30 Mg (Special Coverage Instructions Apply, See Mcm: 2049) Yes 10282 Injection, Amphotericin B, 50 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10285 Injection, Amphotericin B, 50 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10286 Injection, Amphotericin B, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10285 Injection, Amphotericin B Upid Complex, 10 Mg (Special Coverage Instructions Apply, See Mcm: 2049) No 10286 Injectio)	
10257 Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10270 Injection, Alprostadii, 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 Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered (Special Coverage Instructions Apply, See Mcm: 2049) No 10278 Injection, Amikacin Sulfate, 100 Mg No 10280 Injection, Amikacin Sulfate, 100 Mg No 10282 Injection, Amikacin Sulfate, 100 Mg No 10282 Injection, Amikacin Sulfate, 100 Mg No 10283 Injection, Amikacin Sulfate, 100 Mg No 10284 Injection, Amiodarone Hydrochloride, 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10285 Injection, Amphotericin B, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10286 Injection, Amphotericin B Upid Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10287 Injection, Amphotericin B Lipo Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10288 Injection, Amphotericin B Liposome, 10 Mg (Spec		Injection, Alpha 1 Proteinase Inhibitor (Human), Not Otherwise Specified, 10 Mg (Special Coverage
J0270 Injection, Alprostadil, 1.25 Mcg (Code May Be Used For Medicare When Drug Administered Under The Yes Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered) (Special Coverage Instructions Apply. See Mcm: 2049) 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 Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under Medicare When Drug Is Self Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under Medicare When Drug Administered Under Medicare When Drug Administered Under Medicare Medicare When Drug Administered Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered Under Medicare When Drug Administered Under Medicare Medicare When Drug Administered Under Medicare Medicare When Drug Administered Under Medicare When Drug Is Self Administered Under Medicare When Drug Administered Under Medicare When Drug Administered Under Medicare Medicare When Drug Administered Under Medicare Medicare When Drug Is Self Administered Under Medicare When Drug Administered Under Medicare When Drug Administered Under Medicare When Drug Is Self Administered Under Medicare When Drug Administered Under Medicare Medicare When Drug Admini)	Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 Mg (Special Coverage Instructions Apply.
The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered) (Special Coverage Instructions Apply. See Mcm: 2049) 10278 Injection, Amikacia Sulfate, 100 Mg No 10280 Injection, Amikacia Sulfate, 100 Mg No 10281 Injection, Amikacia Sulfate, 100 Mg Yes 10282 Injection, Amiophyllin, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10283 Injection, Amiodarone Hydrochloride (Nexterone), 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10285 Injection, Amphotericin B, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10287 Injection, Amphotericin B Lipid Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10288 Injection, Amphotericin B Cholesteryl Sulfate Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10289 Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10290 Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10291 Injection, Ampointin, 5 Mg Yes 102925 Injection, Ampointin, 5 Mg Yes 10300 Injection, Amobarbital,	'S	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
10280 Injection, Aminophyllin, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10282 Injection, Amiodarone Hydrochloride, 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10283 Injection, Amiodarone Hydrochloride (Nexterone), 30 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10285 Injection, Amphotericin B, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10287 Injection, Amphotericin B Lipid Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10288 Injection, Amphotericin B Cholesteryl Sulfate Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10289 Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10290 Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 10291 Injection, Ampiotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10292 Injection, Ampiotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10292 Injection, Ampiotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No 10292 Injection, Ampiotericin B Liposome, 10 Mg (Special Coverag	'S	The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered) (Special Coverage
J0280 Injection, Aminophyllin, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes 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 J0288 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) No J0290 Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No J0291 Injection, Ampicillin Sodium, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No J0300 Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm (Special Coverage Instructions Apply. See Mcm: 2049) No J0330 Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No J0330 Injection, Anabarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No)	
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J0287 Injection, Amphotericin B Lipid Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No J0288 Injection, Amphotericin B Cholesteryl Sulfate 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, Ampicillin Sodium, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No J0295 Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm (Special Coverage Instructions Apply. See Mcm: 2049) No J0300 Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No J0330 Injection, Anidulafungin, 1 Mg No J0348 Injection, Anidulafungin, 1 Mg Yes J0350 Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049) Yes J0360 Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No J0348 Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049) Yes J0360 Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm:)	
JO288Injection, Amphotericin B Cholesteryl Sulfate Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0289Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0290Injection, Ampicillin Sodium, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0291Injection, Plazomicin, 5 MgYesJ0295Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0300Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0330Injection, Anidulafungin, 1 MgNoJ0348Injection, Anidulafungin, 1 MgYesJ0350Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0360Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0364Injection, Apomorphine Hydrochloride, 1 MgYesJ0365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)No)	Injection, Amphotericin B, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)
See Mcm: 2049)J0289Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0290Injection, Ampicillin Sodium, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0291Injection, Plazomicin, 5 MgYesJ0295Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0300Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0330Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0348Injection, Anidulafungin, 1 MgNoJ0349Injection, Rezafungin, 1 MgYesJ0350Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0360Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0364Injection, Apomorphine Hydrochloride, 1 MgYesJ0365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes)	Injection, Amphotericin B Lipid Complex, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)
J0289Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0290Injection, Ampicillin Sodium, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0291Injection, Plazomicin, 5 MgYesJ0295Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm (Special Coverage Instructions Apply. SeeYesJ0300Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0300Injection, Succinylcholine Chloride, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0348Injection, Anidulafungin, 1 MgNoJ0349Injection, Rezafungin, 1 MgYesJ0360Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0360Injection, Appmorphine Hydrochloride, 1 MgYesJ0364Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes)	
10291Injection, Plazomicin, 5 MgYes10295Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm (Special Coverage Instructions Apply. See Mcm: 2049)Yes10300Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049)No10330Injection, Succinylcholine Chloride, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)No10348Injection, Anidulafungin, 1 MgNo10349Injection, Rezafungin, 1 MgYes10350Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)Yes10360Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)No10364Injection, Apomorphine Hydrochloride, 1 MgYes10365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes	S	Injection, Amphotericin B Liposome, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)
10291Injection, Plazomicin, 5 MgYes10295Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm (Special Coverage Instructions Apply. See Mcm: 2049)Yes10300Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049)No10330Injection, Succinylcholine Chloride, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)No10348Injection, Anidulafungin, 1 MgNo10349Injection, Rezafungin, 1 MgYes10350Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)Yes10360Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)No10364Injection, Apomorphine Hydrochloride, 1 MgYes10365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes		Injection, Ampicillin Sodium, 500 Mg (Special Coverage Instructions Apply, See Mcm; 2049)
J0295Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0300Injection, Amobarbital, Up To 125 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0330Injection, Succinylcholine Chloride, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0348Injection, Anidulafungin, 1 MgNoJ0349Injection, Rezafungin, 1 MgYesJ0350Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0360Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0364Injection, Apomorphine Hydrochloride, 1 MgYesJ0365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes	S	
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J0330Injection, Succinylcholine Chloride, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0348Injection, Anidulafungin, 1 MgNoJ0349Injection, Rezafungin, 1 MgYesJ0350Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0360Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0364Injection, Apomorphine Hydrochloride, 1 MgYesJ0365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes	<u>ן</u>	
10349Injection, Rezafungin, 1 MgYes10350Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)Yes10360Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)No10364Injection, Apomorphine Hydrochloride, 1 MgYes10365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes		
J0349Injection, Rezafungin, 1 MgYesJ0350Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0360Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0364Injection, Apomorphine Hydrochloride, 1 MgYesJ0365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes)	Injection, Anidulafungin, 1 Mg
10350Injection, Anistreplase, Per 30 Units (Special Coverage Instructions Apply. See Mcm: 2049)YesJ0360Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0364Injection, Apomorphine Hydrochloride, 1 MgYesJ0365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes		
J0360Injection, Hydralazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)NoJ0364Injection, Apomorphine Hydrochloride, 1 MgYesJ0365Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049)Yes		
J0365 Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049) Yes		
J0365 Injection, Aprotonin, 10,000 Kiu (Special Coverage Instructions Apply. See Mcm: 2049) Yes	lS	Injection, Apomorphine Hydrochloride, 1 Mg
	!S	
	S	
J0390 Injection, Chloroquine Hydrochloride, Up To 250 Mg (Special Coverage Instructions Apply. See Mcm: Yes 2049)	!S	
J0391 Injection, Artesunate, 1 Mg Yes	S	
J0395 Injection, Arbutamine Hcl, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes	S	Injection, Arbutamine Hcl, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)
J0400 Injection, Aripiprazole, Intramuscular, 0.25 Mg Yes	S	Injection, Aripiprazole, Intramuscular, 0.25 Mg
J0401 Injection, Aripiprazole, Extended Release, 1 Mg Yes	S	Injection, Aripiprazole, Extended Release, 1 Mg
J0402 Injection, Aripiprazole (Abilify Asimtufii), 1 Mg Yes	S	Injection, Aripiprazole (Abilify Asimtufii), 1 Mg
J0456 Injection, Azithromycin, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5) No)	Injection, Azithromycin, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)
J0457 Injection, Aztreonam, 100 Mg No)	Injection, Aztreonam, 100 Mg
J0461 Injection, Atropine Sulfate, 0.01 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No)	Injection, Atropine Sulfate, 0.01 Mg (Special Coverage Instructions Apply. See Mcm: 2049)
J0470 Injection, Dimercaprol, Per 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049) No)	Injection, Dimercaprol, Per 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)
J0475 Injection, Baclofen, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Yes		

Procedure Code	Description	Prior Auth Required
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
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
J0572	Buprenorphine/Naloxone, Oral, Less Than Or Equal To 3 Mg Buprenorphine (Special Coverage	Yes
	Instructions Apply)	
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
J0576	Injection, Buprenorphine Extended-Release (Brixadi), 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
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
10600	Injection, Edetate Calcium Disodium, Up To 1000 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J0604	Cinacalcet, Oral, 1 Mg, (For Esrd On Dialysis) (Special Coverage Instructions Apply)	Yes
J0606	Injection, Etelcalcetide, 0.1 Mg (Special Coverage Instructions Apply)	Yes
J0612	Injection, Calcium Gluconate (Fresenius Kabi), Per 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0613	Injection, Calcium Gluconate (Wg Critical Care), Per 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J0620	Injection, Calcium Glycerophosphate And Calcium Lactate, Per 10 MI (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

Procedure Code	Description	Prior Auth Required
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
J0665	Injection, Bupivicaine, Not Otherwise Specified, 0.5 Mg	No
J0670	Injection, Mepivacaine Hydrochloride, Per 10 MI (Special Coverage Instructions Apply. See Mcm: 2049)	No
10688	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
10698	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
J0710	Injection, Cephapirin Sodium, Up To 1 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	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
J0715	Injection, Ceftizoxime Sodium, Per 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
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
J0739	Injection, Cabotegravir, 1Mg, Fda Approved Prescription, Only For Use As Hiv Pre-Exposure	Yes
	Prophylaxis (Not For Use As Treatment For Hiv) (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861(Ddd))	
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

Procedure Code	Description	Prior Auth Required
J0750		Yes
	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))	
J0751		Yes
	Use As Hiv Pre-Exposure Prophylaxis (Not For Use As Treatment Of Hiv) (Special Coverage Instructions	
	Apply. See Mcm: 2049. Statute Reference: 1861(Ddd))	
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
J0795	Injection, Corticorelin Ovine Triflutate, 1 Microgram (Special Coverage Instructions Apply. See Mcm:	Yes
30733		105
J0799	Fda Approved Prescription Drug, Only For Use As Hiv Pre-Exposure Prophylaxis (Not For Use As	Yes
	Treatment Of Hiv), Not Otherwise Classified (Special Coverage Instructions Apply. See Mcm: 2049.	
	Statute Reference: 1861(Ddd))	
J0801		Yes
J0802		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	Yes
	Instructions Apply. See Mcm: 2049)	
J0873		No
J0874		No
J0875		No
J0877		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
30001		
J0882	Injection, Darbepoetin Alfa, 1 Microgram (For Esrd On Dialysis) (Special Coverage Instructions Apply.	No
	See Mcm: 4273.1)	
J0883	Injection, Argatroban, 1 Mg (For Non-Esrd Use) (Special Coverage Instructions Apply. See Mcm: 2049,	Yes
	4273.1)	
J0884	Injection, Argatroban, 1 Mg (For Esrd On Dialysis) (Special Coverage Instructions Apply. See Mcm:	Yes
	2049, 4273.1)	
J0885	Injection, Epoetin Alfa, (For Non-Esrd Use), 1000 Units (Special Coverage Instructions Apply. See Mcm:	No
	2049)	
J0887	Injection, Epoetin Beta, 1 Microgram, (For Esrd On Dialysis) (Special Coverage Instructions Apply)	Yes
J0888	Injection, Epoetin Beta, 1 Microgram, (For Non Esrd Use) (Special Coverage Instructions Apply)	Yes
J0889	Daprodustat, Oral, 1 Mg, (For Esrd On Dialysis)	Yes
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)	No
	(Special Coverage Instructions Apply. See Mcm: 2049)	
J0892	Injection, Argatroban (Accord), Not Therapeutically Equivalent To J0884, 1 Mg (For Esrd On Dialysis)	No
	(Special Coverage Instructions Apply. See Mcm: 2049, 4273.1)	
J0893		No
J0894	,	No
J0895	Injection, Deferoxamine Mesylate, 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
10900	Injection Lucenteerent April 0.25 Mg	Vac
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	No
	Dialysis) (Special Coverage Instructions Apply. See Mcm: 2049, 4273.1)	
J0945	Injection, Brompheniramine Maleate, Per 10 Mg (Special Coverage Instructions Apply. See Mcm:	Yes
	2049)	

Procedure Code	Description	Prior Auth Required
J1000	Injection, Depo-Estradiol Cypionate, Up To 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1020	Injection, Methylprednisolone Acetate, 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1030	Injection, Methylprednisolone Acetate, 40 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1040	Injection, Methylprednisolone Acetate, 80 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
J1094	Injection, Dexamethasone Acetate, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	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
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
J1165	Injection, Phenytoin Sodium, Per 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1170	Injection, Hydromorphone, Up To 4 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
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
J1267	Injection, Doripenem, 10 Mg	No
J1270	Injection, Doxercalciferol, 1 Mcg	No
J1290	Injection, Ecallantide, 1 Mg	No
J1300	Injection, Eculizumab, 10 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 J1320	Injection, Inclisiran, 1 Mg	Yes
11320	Injection, Amitriptyline Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes

Procedure Code	Description	Prior Auth Required
J1322	Injection, Elosulfase Alfa, 1 Mg	Yes
J1324	Injection, Enfuvirtide, 1 Mg	Yes
J1325	Injection, Epoprostenol, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1327	Injection, Eptifibatide, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1330	Injection, Ergonovine Maleate, Up To 0.2 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:	No
	2049)	
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 MI, Containing Nominal 2 X 10^13 Vector Genomes	Yes
J1413	Injection, Delandistrogene Moxeparvovec-Rokl, 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
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	Yes
	Instructions Apply. See Mcm: 2049)	
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
J1443	Injection, Ferric Pyrophosphate Citrate Solution (Triferic), 0.1 Mg Of Iron	Yes
J1444	Injection, Ferric Pyrophosphate Citrate Powder, 0.1 Mg Of Iron	Yes
J1445	Injection, Ferric Pyrophosphate Citrate Solution (Triferic Avnu), 0.1 Mg Of Iron	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
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
J1452	Injection, Fomivirsen Sodium, Intraocular, 1.65 Mg (Special Coverage Instructions Apply. See Mcm: 2049.3)	Yes
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
J1457	Injection, Gallium Nitrate, 1 Mg	Yes
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)	Yes
J1551	Injection, Immune Globulin (Cutaquig), 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

Procedure Code	Description	Prior Auth Required
J1559	Injection, Immune Globulin (Hizentra), 100 Mg	Yes
J1560		Yes
J1561	Injection, Immune Globulin, (Gamunex-C/Gammaked), Non-Lyophilized (E.G., Liquid), 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1562	Injection, Immune Globulin (Vivaglobin), 100 Mg	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 MI (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 MI	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 Immuneglobulin	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
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
J1620	Injection, Gonadorelin Hydrochloride, Per 100 Mcg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
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
J1652	Injection, Fondaparinux Sodium, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1655	Injection, Tinzaparin Sodium, 1000 lu	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

Procedure Code	Description	Prior Auth Required
J1700	Injection, Hydrocortisone Acetate, Up To 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	
J1710	Injection, Hydrocortisone Sodium Phosphate, Up To 50 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
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
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
J1805	Injection, Esmolol Hydrochloride (Wg Critical Care) Not Therapeutically Equivalent To J1805, 10 Mg	No
J1810	Injection, Droperidol And Fentanyl Citrate, Up To 2 MI Ampule (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
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
J1835	Injection, Itraconazole, 50 Mg	Yes
J1836	Injection, Metronidazole, 10 Mg	No
J1840	Injection, Kanamycin Sulfate, Up To 500 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1850	Injection, Kanamycin Sulfate, Up To 75 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1885	Injection, Ketorolac Tromethamine, Per 15 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1890	Injection, Cephalothin Sodium, Up To 1 Gram (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J1920	Injection, Labetalol Hydrochloride, 5 Mg	No
J1921	Injection, Labetalol Hydrochloride (Hikma) Not Therapeutically Equivalent To J1920, 5 Mg	No
J1930	Injection, Lancotide, 1 Mg	Yes
J1931	Injection, Laronidase, 0.1 Mg	Yes
J1932	Injection, Laronidase, Oli Mg	Yes
J1939	Injection, Bumetanide, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1940	Injection, Furosemide, Up To 20 Mg (Special Coverage Instructions Apply: See Mcm: 2049)	No
J1941	Injection, Furosemide, Op To 20 Mg (Special Coverage instructions Apply: See McH. 2045)	Yes
J1943	Injection, Aripiprazole Lauroxil, (Aristada Initio), 1 Mg	Yes
11040	יוזיבטוטו, ארואיאי מבטוב במתוסאה, (ארוגובמים ווונוט), ד ועוק	103

Procedure Code	Description	Prior Auth Required
J1944	Injection, Aripiprazole Lauroxil, (Aristada), 1 Mg	Yes
J1945	Injection, Lepirudin, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1950	Injection, Leuprolide Acetate (For Depot Suspension), Per 3.75 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J1951	Injection, Leuprolide Acetate For Depot Suspension (Fensolvi), 0.25 Mg	No
J1952	Leuprolide Injectable, Camcevi, 1 Mg	Yes
J1953	Injection, Levetiracetam, 10 Mg	No
J1954	Injection, Leuprolide Acetate For Depot Suspension (Cipla), 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, 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
J2001	Injection, Lidocaine Hcl For Intravenous Infusion, 10 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
J2150	Injection, Mannitol, 25% In 50 MI (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
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
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 Hydrochloride (Wg Critical Care) Not Therapeutically Equivalent To J2250, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2260	Injection, Milrinone Lactate, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2265	Injection, Minocycline Hydrochloride, 1 Mg	No
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
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
J2300	Injection, Nalbuphine Hydrochloride, Per 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2305	Injection, Nitroglycerin, 5 Mg	No
J2310	Injection, Naloxone Hydrochloride, Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2311	Injection, Naloxone Hydrochloride (Zimhi), 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes

Procedure Code	Description	Prior Auth Required
J2315	Injection, Naltrexone, Depot Form, 1 Mg	Yes
J2320	Injection, Nandrolone Decanoate, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
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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
J2327	Injection, Risankizumab-Rzaa, Intravenous, 1 Mg	Yes
J2329	Injection, Ublituximab-Xiiy, 1Mg	Yes
J2350	Injection, Ocrelizumab, 1 mg	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
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)	
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
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
J2469	Injection, Palonosetron Hcl, 25 Mcg	No
J2501	Injection, Paricalcitol, 1 Mcg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2502	Injection, Pasireotide Long Acting, 1 Mg	Yes
J2503	Injection, Pegaptanib Sodium, 0.3 Mg	Yes
J2504	Injection, Pegademase Bovine, 25 Iu (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2506	Injection, Pegfilgrastim, Excludes Biosimilar, 0.5 Mg	Yes
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
J2513	Injection, Pentastarch, 10% Solution, 100 MI (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2515	Injection, Pentobarbital Sodium, Per 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	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	Yes
l	Coverage Instructions Apply. See Mcm: 2049)	ļ

Procedure Code	Description	Prior Auth Required
J2545	Pentamidine Isethionate, Inhalation Solution, Fda-Approved Final Product, Non-Compounded,	Yes
	Administered Through Dme, Unit Dose Form, Per 300 Mg (Special Coverage Instructions Apply)	
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
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
J2650	Injection, Prednisolone Acetate, Up To 1 MI (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
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, Proposal, 20 Mg Injection, Neostigmine Methylsulfate, Up To 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2720	Injection, Protamine Sulfate, Per 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2724	Injection, Protein C Concentrate, Intravenous, Human, 10 lu	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
J2780	Injection, Ranitidine Hydrochloride, 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2781	Injection, Pegcetacoplan, Intravitreal, 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
	Injection, Rho(D) Immune Globulin (Human), (Rhophylac), Intramuscular Or Intravenous, 100 lu	No
J2791	• • • • • • • • • • • • •	
J2791 J2792	(Special Coverage Instructions Apply. See Mcm: 2049) Injection, Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 lu (Special Coverage	No
J2792	(Special Coverage Instructions Apply. See Mcm: 2049) Injection, Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 lu (Special Coverage Instructions Apply. See Mcm: 2049)	
J2792 J2793	(Special Coverage Instructions Apply. See Mcm: 2049) Injection, Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 lu (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Rilonacept, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2792	(Special Coverage Instructions Apply. See Mcm: 2049) Injection, Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 lu (Special Coverage Instructions Apply. See Mcm: 2049)	

Procedure Code	Description	Prior Auth Required
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 MI (Special Coverage Instructions Apply. See Mcm: 2049)	No
J2805	Injection, Sincalide, 5 Micrograms	No
J2806	Injection, Sincalide (Maia) Not Therapeutically Equivalent To J2805, 5 Micrograms	Yes
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
J2910	Injection, Aurothioglucose, Up To 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J2916	Injection, Sodium Ferric Gluconate Complex In Sucrose Injection, 12.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049.2, 2049.4)	No
J2920	Injection, Methylprednisolone Sodium Succinate, Up To 40 Mg (Special Coverage Instructions Apply.	No
J2930	See Mcm: 2049) Injection, Methylprednisolone Sodium Succinate, Up To 125 Mg (Special Coverage Instructions Apply.	No
	See Mcm: 2049)	
J2940	Injection, Somatrem, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861S2B)	Yes
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
J2995	Injection, Streptokinase, Per 250,000 Iu (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
J3030	Injection, Sumatriptan Succinate, 6 Mg (Code May Be Used For Medicare When Drug Administered	Yes
	Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self Administered) (Special Coverage Instructions Apply. See Mcm: 2049)	
J3031	Injection, Fremanezumab-Vfrm, 1 Mg (Code May Be Used For Medicare When Drug Administered	Yes
	Under The Direct Supervision Of A Physician, Not For Use When Drug Is Self-Administered)	
J3032	Injection, Eptinezumab-Jjmr, 1 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

Procedure Code J3250 J3260 J3262 J3265 J3285 J3299 J3300	Description Injection, Trimethobenzamide Hcl, Up To 200 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Tobramycin Sulfate, Up To 80 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Tocilizumab, 1 Mg Injection, Torsemide, 10 Mg/MI (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Torsemide, 10 Mg/MI (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Thiethylperazine Maleate, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Treprostinil, 1 Mg Injection, Triamcinolone Acetonide (Xipere), 1 Mg Injection, Triamcinolone Acetonide, Preservative Free, 1 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Net Otherwise Specified, 10 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Net Otherwise Specified, 10 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Per 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Prior Auth Required Yes No Yes Yes Yes Yes No No
J3262 J3265 J3280 J3285 J3299 J3300 J3301	Injection, Tocilizumab, 1 Mg Injection, Torsemide, 10 Mg/MI (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Thiethylperazine Maleate, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Treprostinil, 1 Mg Injection, Triamcinolone Acetonide (Xipere), 1 Mg Injection, Triamcinolone Acetonide, Preservative Free, 1 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes Yes Yes Yes Yes No
J3265 J3280 J3285 J3299 J3300 J3301	Injection, Torsemide, 10 Mg/MI (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Thiethylperazine Maleate, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Treprostinil, 1 Mg Injection, Triamcinolone Acetonide (Xipere), 1 Mg Injection, Triamcinolone Acetonide, Preservative Free, 1 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply) See Mcm: 2049)	Yes Yes Yes No
J3280 J3285 J3299 J3300 J3301	Injection, Thiethylperazine Maleate, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Treprostinil, 1 Mg Injection, Triamcinolone Acetonide (Xipere), 1 Mg Injection, Triamcinolone Acetonide, Preservative Free, 1 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes Yes No
J3285 J3299 J3300 J3301	Injection, Thiethylperazine Maleate, Up To 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Treprostinil, 1 Mg Injection, Triamcinolone Acetonide (Xipere), 1 Mg Injection, Triamcinolone Acetonide, Preservative Free, 1 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes Yes No
J3299 J3300 J3301	Injection, Triamcinolone Acetonide (Xipere), 1 Mg Injection, Triamcinolone Acetonide, Preservative Free, 1 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes No
J3300 J3301	Injection, Triamcinolone Acetonide, Preservative Free, 1 Mg (Special Coverage Instructions Apply) Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3301	Injection, Triamcinolone Acetonide, Not Otherwise Specified, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	
	Apply. See Mcm: 2049)	No
12202		
J3302		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
J3305		Yes
J3310	Injection, Perphenazine, Up To 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3315	Injection, Triptorelin Pamoate, 3.75 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J3316	Injection, Triptorelin, Extended-Release, 3.75 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3320	Injection, Spectinomycin Dihydrochloride, Up To 2 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3350	Injection, Urea, Up To 40 Gm (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3355	Injection, Urofollitropin, 75 Iu (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
J3364	Injection, Urokinase, 5000 lu Vial (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3365	Injection, Iv, Urokinase, 250,000 I.U. Vial (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3370	Injection, Vancomycin Hcl, 500 Mg (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J3371	Injection, Vancomycin Hcl (Mylan) Not Therapeutically Equivalent To J3370, 500 Mg (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J3372	Injection, Vancomycin Hcl (Xellia) Not Therapeutically Equivalent To J3370, 500 Mg (Special Coverage Instructions Apply. See Cim: 60-14 And Mcm: 2049)	No
J3380	Injection, Vedolizumab, 1 Mg (Special Coverage Instructions Apply)	Yes
J3385	Injection, Velaglucerase Alfa, 100 Units	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
13399	Injection, Onasemnogene Abeparvovec-Xioi, Per Treatment, Up To 5X10^15 Vector Genomes	Yes
J3400	Injection, Triflupromazine Hcl, Up To 20 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J3401	Beremagene Geperpavec-Svdt For Topical Administration, Containing Nominal 5 X 10^9 Pfu/MI Vector Genomes, Per 0.1 MI	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
J3425	Injection, Hydroxocobalamin, 10 Mcg (Special Coverage Instructions Apply. See Cim: 45-4 And Mcm: 2049)	No

Procedure Code	Description	Prior Auth Required
J3430	Injection, Phytonadione (Vitamin K), Per 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
12465	Injustion Veringenerals 10 Mg (Charging Coverage Instructions Apply See Mary 2040)	Yes
J3465	Injection, Voriconazole, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	
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	Yes
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 MI = 1 Unit) (Special Coverage Instructions Apply. See Mcm: 2049)	No
J7042	5% Dextrose/Normal Saline (500 MI = 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 MI = 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 MI (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J7110	Infusion, Dextran 75, 500 MI (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 MI (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
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
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 lu	Yes
J7182	Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Novoeight), Per Iu	Yes
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

7139 Factor Via (Anthemophile Factor, Recombinant), Noroseven Rb, 1. Morcogram (Special Coverage Instructions Apply, See Morn: 2049) Yes 7190 Eactor Viii (Anthemophile Factor, Human) Per LU, (Special Coverage Instructions Apply, See Morn: 2049) Yes 7191 Factor Viii (Anthemophile Factor, Fa	Procedure Code	Description	Prior Auth Required
Instructions Apply, See Mor: 2049 Instructions Apply, See Mor: 2049 Yes 7190 Packor VIII (Anthercoghilic Factor (Porcine)), Per LU, Special Coverage Instructions Apply. See Mor: 2049 Yes 7191 Eactor VIII (Anthercoghilic Factor, Recombinant) Per LU, Not Otherwise Specified (Special Coverage Instructions Apply. See Mor: 2049) Yes 7192 Factor K (Konthernophilic Factor, Recombinant) Per LU, Special Coverage Instructions Apply. See Mor: 2049) Yes 7193 Apply, See Mor: 2049 Yes 7194 Factor K (Konthernophilic Factor, Purfed), Mon-Necombinant) Per LU, Special Coverage Instructions Apply, See Mor: 2049 Yes 7195 Injection, Factor K (Konthernophilic Factor, Necombinant) Per Lu, Not Otherwise Specified (Special Coverage Instructions Apply, See Mor: 2049 Yes 7194 Anthorhonis II, Houman), Ner LU, Special Coverage Instructions Apply, See Mor: 2049 Yes 7195 Injection, Factor K, Apply, See Mor: 2049 Yes 7196 Injection, Factor K, Apply, See Mor: 2049 Yes 7197 Injection, Factor K, Apply, See Mor: 2049 Yes 7198 Injection Factor K, Korthernophile Factor, Recombinant), Revolut, J. LU, Special Coverage Yes 7199 Injection Factor K, Korthernophile Factor, Recombinant, Specy	J7189		
Piso Factor VIII (Anthemorphile Factor, Human) Per LU, (Special Coverage Instructions Apply, See Merr. Yes 2049) Factor VIII (Anthemorphile Factor, Perrolle), Per LU, Special Coverage Instructions Apply, See Merr. Yes 2049 Factor VIII (Anthemorphile Factor, Recombinant) Per LU, Special Coverage Instructions Apply, See Merr. Yes 2133 Factor VIII (Anthemorphile Factor, Recombinant) Per LU, Special Coverage Instructions Apply, See Merr. Yes 2134 Factor VIII (Anthemorphile Factor, Recombinant) Per LU, Special Coverage Instructions Apply, See Merr. Yes 2135 Coverage Instructions Apply, See Merr. Yes 2136 Injection, Anthritoronia machine apply, See Merr. Yes 2137 Anthritononia machine factor, Renthritock Apply, See Merr. Yes 2138 Injection, Rator VIII (Anthemorphile Cator, Recombinant) Solut. Yes 2139 Hernophila Cotting Factor, Net Otherwise Classified Special Coverage Instructions Apply. See Merr. Yes 2139 Hernophila Cotting Factor, Net Otherwise Classified Special Coverage Yes 2140 Injection, Rator VIII, Net Net Constituent Special Coverage Yes 2141 Injection, Rator VIII, Net Net Constitue Apply, See Merr. Yes			
7191 Factor VIII (Anthemophile Factor (Porcine)). Per LU, Special Coverage Instructions Apply. See Mcm. Yes 7192 Factor VIII (Anthemophile Factor, Recombinant) Per LU, Not Otherwite Specified (Special Coverage Instructions Apply. See Mcm. 2049) Yes 7193 Factor IVII (Anthemophile Factor, Recombinant) Per LU, Special Coverage Instructions Apply. See Mcm. 2049) Yes 7194 Factor IV (Anthemophile Factor, Recombinant) Per LU, Special Coverage Instructions Apply. See Mcm. 2049) Yes 7195 Injection, Rathr IV (Anthemophile Factor, Recombinant) Per LU, Not Otherwise Specified (Special Coverage Instructions Apply. See Mcm. 2049) Yes 7196 Injection, Rathr IV, Complex, See Mcm. 2049) Yes 7197 Anthithmonthin Recombinant, Sotu Yes 7198 Hemophile Cotting Factor, Not Otherwise Classified (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7199 Hemophile Cotting Factor, Rucombinant, Souto, Per Lu (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7190 Injection, Factor VI, Infermophile Factor, Recombinant, Rubuk, Per Lu (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7191 Hemophile Cotting, Anthemophile Factor, Recombinant, JengVistal Coverage Instructions Apply, See Mcm. 2049) Yes 71920 Injection, Factor VIII, CLUSI	J7190	Factor Viii (Antihemophilic Factor, Human) Per I.U. (Special Coverage Instructions Apply. See Mcm:	Yes
2029) Factor VII (Anthemophilic Factor, Recombinant) Per LU, Not Otherwise Specified (Special Coverage Instructions Apply, See Mam. 2049) Yes 7132 Factor IV (Anthemophilic Factor, PartInde, Non-Recombinant) Per LU. (Special Coverage Instructions Apply, See Mam. 2049) Yes 7134 Factor IV, Complex, Per LU. (Special Coverage Instructions Apply, See Mam. 2049) Yes 7135 Injection, Factor IV, Anthemophilic Factor, Recombinant) Per LU, Not Otherwise Specified (Special Coverage Instructions Apply, See Mam. 2049) Yes 7136 Injection, Antition mobilin (Recombinant, Soi LU. Yes 7137 Anti-Inhibitor, Per LU. (Special Coverage Instructions Apply, See Mam. 2049) Yes 7138 Anti-Inhibitor, Per LU. (Special Coverage Instructions Apply, See Mam. 2049) Yes 7139 Hemophilic Cotting Factor, Net Otherwise Cashed Coverage Instructions Apply. See Mam. 2049) Yes 7200 Injection, Factor IV, Anthemophilic Factor, Recombinant), Ravabis, Per Iu (Special Coverage Instructions Apply). Yes 7211 INICTON, FACTOR IV, Althemophilic Factor, Recombinant), ALPROUX, 11.U. (Special Coverage Instructions Apply). Yes 7222 Inpection, Factor IV, Althemophilic Factor, Recombinant), Glycopegylated Acti, Per Iu Yes 7223 Inpection, Factor IV, Marthemophilic Factor, Recom			
7182 Factor VIII (Anthemophilic Factor, Recombinant) Per LU, Not Otherwise Specified (Special Coverage Instructions Apply, See Morm. 2049) Yes 7183 Factor IV (Anthemophile Factor, Purfied, Non-Recombinant) Per LU, (Special Coverage Instructions Apply, See Morm. 2049) Yes 7184 Factor IV, Compek, Per LU, (Special Coverage Instructions Apply, See Morm. 2049) Yes 7185 Injection, Anothrownian Recombinant, Der LU, Not Otherwise Specified (Special Coverage Instructions Apply, See Morm. 2049) Yes 7186 Injection, Anothrownian Recombinant, Soi LU. Yes 7189 Anti-Inhomito, Per LU, Special Coverage Instructions Apply, See Morm. 2049) Yes 7189 Anti-Inhomito, Per LU, Special Coverage Instructions Apply, See Morm. 2049) Yes 7189 Inhomitor, Per LU, Special Coverage Instructions Apply, See Morm. 2049) Yes 7200 Injection, Factor K, Anthiermophile Factor, Recombinant), Rubis, Per Iu (Special Coverage Instructions Apply, See Morm. 2049) Yes 72101 INICCTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 11.U. (Special Coverage Instructions Apply, See Morm. 2049) Yes 72121 Injection, Factor VII, Anthemophile Factor, Recombinant, Budyion, 11.U. (Special Coverage Instructions Apply, See Morm. 2049) Yes 72122 Injection, Factor VII, A	J7191		Yes
Instructions Apply, See Mon: 2059) Instructions Instructions 7193 Factor Vi Anthemophilic Factor, Parriulis, Non-Recombinant) Per LU, (Special Coverage Instructions Apply, See Mon: 2049) Yes 7195 Injection, Factor IV, Jopical Coverage Instructions Apply, See Mon: 2049) Yes 7196 Injection, Factor IV, Jopical Coverage Instructions Apply, See Mon: 2049) Yes 7197 Antthrombin II (Human Per LU, Special Coverage Instructions Apply, See Mon: 2049) Yes 7197 Antthrombin II (Human Per LU, Special Coverage Instructions Apply, See Mon: 2049) Yes 7198 Antt-Inhibitor, Per LU, Special Coverage Instructions Apply, See Mon: 2049) Yes 7199 Hemophilic Catting Factor, Net Otherwise Classified (Special Coverage Instructions Apply, See Mon: 2049) Yes 7200 Injection, Factor N, Kombinemphilic Factor, Recombinant, Raivais, Per IV (Special Coverage Instructions Apply, See Mon: 2049) Yes 7211 INJECTION, Factor N, Mathemophilic Factor, Recombinant, Jeroson, Janon, Factor N, Kombinemphilic Factor, Recombinant, Jeroson, Janon, Factor N, Mathemophilic Factor, Recombinant, Jeroson, Janon, Jun (Special Coverage Instructions Apply) 7202 Injection, Factor N, Mathemophilic Factor, Recombinant, Jeroson, Gactor N, Mathemophilic Factor, Recombinant, Jespecial Coverage Instructions Apply, See Mon: 2049) 720	17192		νος
7193 Factor Ix (Anthermophilic Factor, Purified, Non-Recombinant) Per LU. (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7194 Factor IX, Compete, Per LU. (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7195 injection, Factor IX, Mithemophilic Factor, Recombinant) Per IU, Not Otherwise Specified (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7193 Antithrombin II (Human), Per LU. (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7193 Antithrombin II (Human), Per LU. (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7193 Antithrombin II (Human), Per LU. (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7193 Hemophila Cottarg Factor, Net Otherwise Classified (Special Coverage Instructions Apply, See Mcm. 2049) Yes 7200 Injection, Factor IX, (Antithemophilic Factor, Recombinant), Raubis, Per Iu (Special Coverage Instructions Apply, See McM. 2049) Yes 7211 INIECTION, FACTO IX, JC F USION PROTEIN, [IECOMINIANT], ALPROLIX, 11.U. (Special Coverage Instructions Apply, See McM. 2049) Yes 7212 Injection Factor Vai, Antihemophilic Factor, Recombinant), Geopregylated Ace, Per Iu Yes 7213 Injection, Factor Vai, Antihemophilic Factor, Recombinant), CapperodJ, Glycopegylated Exe, Per Iu Yes 7214	J7192		105
Apply. See Mem. 2049) Yes 7194 Factor J. Complex, Per LU. (Special Coverage Instructions Apply. See Mem. 2049) Yes 7195 Injection, Factor J. (Anthemophilic Factor, Recombinant) Per Ju., Post Otherwise Specified (Special Coverage Instructions Apply. See Mem. 2049) Yes 7196 Injection, Anthermophilic Gutting Factor, Nat Otherwise (Special Coverage Instructions Apply. See Mem. 2049) Yes 7197 Anthermophilic Cotting Factor, Nat Otherwise (Special Coverage Instructions Apply. See Mem. 2049) Yes 7198 Anth-Inhibitor, Part LU. Special Coverage Instructions Apply. See Mem. 2049) Yes 7200 Injection, Factor IN, (Anthemophilic Factor, Recombinant), Baudis, Per Iu (Special Coverage Instructions Apply. See Mem. 2049) Yes 7201 Injection, Factor IN, (Anthemophilic Factor, Recombinant), Idelvian, 11.U. (Special Coverage Instructions Apply. See Mem. 2049) Yes 7202 Injection, Factor IN, (Anthemophilic Factor, Recombinant), Idelvian, 11.U. (Special Coverage Instructions Apply. See Mem. 2049) Yes 7203 Injection, Factor IN, (Anthemophilic Factor, Recombinant), Especial, Coverage Instructions Apply. See Mem. 2049) Yes 7204 Injection, Factor VIII, Anthemophilic Factor, Recombinant, Markola, Juliu, Juliu, Special Coverage Instructions Apply. See See Mem. 2049 Yes 7205	17193		Yes
Factor is, Complex, Per LU, (Special Coverage Instructions Apply, See Morn: 2009) Yes 7195 Injection, Factor is (Anthemosphile Factor, Recombinant), Per Iu, Not Otherwise Specified (Special Yes 7196 Injection, Stattor is (Anthemosphile Factor, Recombinant), See Morn: 2049) Yes 7197 Anthromobility, EPU LU, Special Coverage Instructions Apply, See Morn: 2049) Yes 7198 Anthromobility, See JOURD See Morn: 2049) Yes 7199 Anthromobility, See JOURD See Morn: 2049) Yes 7200 Injection, Factor N, (Anthemophile Factor, Recombinant), Rixubis, Per Iu (Special Coverage Yes 7201 Investion, Factor N, Conton K, Per USION PROTEIN, (RECOMBINANT), ALPROLIX, 1 LU, (SPECIAL COVERAGE Yes 7202 Injection, Factor N, Alphile Factor, Recombinant), Idelvion, 1 LU, (Special Coverage Yes 7203 Injection, Factor N, Alphile Factor, Recombinant), Idelvion, 1 LU, (Special Coverage Yes 7204 Injection, Factor N, Mathemophile Factor, Recombinant), Idelvion, 1 LU, (Special Coverage Yes 7205 INJECTION, FACTOR N, Mathemophile Factor, Recombinant), Perviated, ALL, COVERAGE Yes 7204 Injection, Factor VII, (Anthemophile Factor, Recombinant), Perviated-aucl, Givi), 1 LU, (Special Coverage Yes<			
Table Injection, Factor in (Anthemophilic Factor, Recombinant) Per Iu, Not Otherwise Specified (Special Yes Table Injection, Antiheronbin Bicombinant, 50 LU. Yes Table Injection, Antiheronbin Bicombinant, 50 LU. Yes Table Antiheronbin Bicombinant, 50 LU. Yes Table Anti-Inhibitor, Per I.U. (Special Coverage Instructions Apply, See Cim. 45-24 And Mem. 2049) Yes Table Anti-Inhibitor, Per I.U. (Special Coverage Instructions Apply, See Cim. 45 Yes Table Mem. 2049 Yes Table Mem. 2049 Yes Table Mem. 2049 Yes Table Injection, Factor N, (Anthemophilic Factor, Recombinant), Bixubis, Per Iu (Special Coverage Instructions Apply, See Mem. 2049) Yes Table Injection, Factor N, IAnthemophilic Factor, Recombinant), Glycopegylated, (Rebirwy), 1 Iu (Special Coverage Instructions Apply, See Mem. 2049) Yes Table Injection, Factor Wil, Anthemophilic Factor (Recombinant), Reproced, Glycopegylated See, Per Iu Yes Table Injection, Factor Wil, Anthemophilic Factor, Recombinant), MicsPecIAL COVERAGE Yes Table Injection, Factor Wil, Anthemophilic Factor, Recombinant), MicsPecIAL COVERAGE Ye	J7194		Yes
Table Injection, Anthromobin Recombinant, S0 LU. Yes 7197 Anthromobin II (Human), Per LU, Special Coverage Instructions Apply, See Mem: 2049) Yes 7198 Anti-Inhibitor, Per LU, Opecial Coverage Instructions Apply, See Mem: 2049) Yes 7199 Hemophila Octum gators, Not Otherwise Classified (Special Coverage Instructions Apply, See Cim: 45 Yes 7200 Injection, Factor IX, IC FUSION PROTEIN, (RECOMBINANT), ALROLIX, ILU, (SPECIAL COVERAGE Yes 7211 NUCCTION, APACTOR IX, IC FUSION PROTEIN, (RECOMBINANT), ALROLIX, ILU, (SPECIAL COVERAGE Yes 7222 Injection, Factor IX, Anbumin Fusion Protein, (Recombinant), Idelvion, 1.1U, (Special Coverage Yes 7233 Injection, Factor IX, Anbumin Fusion Protein, (Recombinant), Glycopeylated, (Rebinyn), 1.1U (Special Coverage Yes 7204 Injection, Factor VIII IFC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes 7205 NINECTION, FACTOR VIII IFC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes 7207 Injection, Factor VIII (GUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes 7208 Injection, Factor VIII (GUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes 7207 Injection, Factor VIII (Internophilic Factor, R	J7195		
7197 Antithrombin III (Human). Per LU. (Special Coverage Instructions Apply. See Mem: 2049) Yes 7198 Antithrombin III, (FUL, Special Coverage Instructions Apply. See Mem: 2049) Yes 7199 24 And Mem: 2049) Yes 7200 Injection, Factor IV, (Antihemophilic Factor, Recombinant), Rixubis, Per Iv (Special Coverage Instructions Apply. See Cim. 45 Yes 7201 INJECTION, FACTOR IV, CF CUSION PROTEIN, (RECOMBINANT), ALPROLIX, 11.U. (SPECIAL COVERACE INSTRUCTIONS APPLY. SEE MCM: 2049) Yes 7202 Injection, Factor IV, K CF USION PROTEIN, (RECOMBINANT), ALPROLIX, 11.U. (SPECIAL COVERACE INSTRUCTIONS APPLY). SEE MCM: 2049) Yes 7203 Injection, Factor IV, K CF USION PROTEIN, (RECOMBINANT), ALPROLIX, 11.U. (Special Coverage Instructions Apply). Yes 7204 Injection, Factor IV, (Anthemophilic Factor, Recombinant), Glycopegylated-Exe, Per IV Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes Yes 7206 Injection, Factor VII, (Anthemophilic Factor, recombinant), Pegylated, 11.U. (Special Coverage Yes Yes 7208 Injection, Factor VII, (Anthemophilic Factor, Recombinant), Pugylated, 11.U. (Special Coverage Yes Yes 7209 Injection, Factor VII, (Anthemophilic Factor, Recombinant), Involved, 11.U. (Special Coverage Instructions Apply). Yes		Coverage Instructions Apply. See Mcm: 2049)	
Table Anti-Hnibitor, Per LU, Special Coverage Instructions. Apply. See Cum: 45-24 And Morm. 2049) Yes 7199 Hemophila Octuming tackor, Not Otherwise Classified (Special Coverage Instructions Apply. See Cum: 45 Yes 7200 Injection, Factor IX, Antihemophilic Factor, Recombinant), Rxubis, Per Iu (Special Coverage Instructions Apply. See Morm. 2049) Yes 7211 INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, ILU, (Special Coverage Instructions Apply. See Morm. 2049) Yes 7202 Injection, Factor IX, Mathim Distoin Protein, (Recombinant), Giycopegylated, (Rebirryn), 1 Iu (Special Coverage Instructions Apply. See Morm. 2049) Yes 7204 Injection, Factor Viii, Anthemophilic Factor, Recombinant), Giycopegylated, Rebirryn, 1 Iu (Special Coverage Instructions Apply. See Morm. 2049) Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes Yes 7206 Injection, Factor VIII, Anthemophilic Factor, Recombinant), Pegylated, 1 IU. (Special Coverage Yes Yes 7207 Injection, Factor VIII, Anthemophilic Factor, Recombinant), Pegylated, 1 IU. (Special Coverage Yes Yes 7208 Injection, Factor VIII, Anthemophilic Factor, Recombinant), Kowalty, 1 I.U. Yes 7210 Injection, Factor VIII, Anthemophilic Factor, Recombinant, Kowalty, 1 I.U. Yes	J7196		Yes
7199 Hemophila Cletting Factor, Nut Otherwise Classified (Special Coverage Instructions Apply, See Clm: 45 Yes 7200 Injection, Factor IV, Antihemophile Factor, Recombinant), Rixubis, Per Iu (Special Coverage Instructions Apply, See Mem: 2049) Yes 7201 INJECTION, ACTOR IX, FC FUSIOR PROTEIN, (RECOMBINANT), ALPROLIX, 1 LU, (SPECIAL COVERAGE INSTRUCTIONS APPLY: SEE McM: 2049) Yes 7202 Injection, Factor IK, Abburnin Fusion Protein, (Recombinant), Ide/Vion, 1 LU, (Special Coverage Instructions Apply), See Mcm: 2049) Yes 7203 Injection, Factor IK, Abburnin Fusion Protein, (Recombinant), Glycopegylated, (Rebinyn), 1 lu (Special Coverage Instructions Apply), See Mcm: 2049) Yes 7204 Injection, Factor IV, (INTHENDOPHILE Factor, Recombinant), Esperotal, Glycopegylated-Exel, Per Iu Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes Yes 7207 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Pegylated, 1 LU, (Special Coverage Instructions Apply) Yes 7208 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), (Muviq), 1 LU Yes 7210 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Muviq), 1 LU Yes 7211 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Muviq), 1 LU Yes 7212 Factor VIIII, Anthemophilic Factor, R	J7197	Antithrombin lii (Human), Per I.U. (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
24 And Mem. 2049) Injection, Factor Ki, Kohthemophilic Factor, Recombinant), Rixubis, Per Iu (Special Coverage Yes 7200 Injection, Factor Ki, Kohthemophilic Factor, Recombinant), Rixubis, Per Iu (Special Coverage Yes 7201 INJECTION, FACTOR IX, FC PUSION PROTEIN, (RECOMBINANT), ALPROLIX, 11.U. (SPECIAL COVERAGE Yes 7202 Injection, Factor K, Alburin Fusion Protein, (Recombinant), Idelvion, 11.U. (Special Coverage Instructions Apply) Yes 7203 Injection, Factor K, (Anthemophilic Factor, Recombinant), Glycopegylated (Rebinyn), 11u (Special Coverage Instructions Apply) Yes 7204 Injection, Factor KU, (Anthemophilic Factor, Recombinant), Esperoct), Glycopegylated Exel, Per Iu Yes 7205 INJECTION, FACTOR WII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes 7206 Injection, Factor VII, (Anthemophilic Factor, Recombinant), Pegylated-aucl, (Jivi), 11u. (Special Coverage Instructions Apply) Yes 7208 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Markyly, 11U. Yes 7210 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Markyly, 11U. Yes 7211 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Markyly, 11U. Yes 7212 Factor VIII, (Anthemophilic Factor, Recombinant), Markyly, 11U.	J7198	Anti-Inhibitor, Per I.U. (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049)	Yes
7200 Injection, Factor IX, (Antihemophilic Factor, Recombinant), Rixubis, Per Iu (Special Coverage Instructions Apply, See Mcm: 2049) Yes 7201 INJECTION, FACTOR IX, FC FJSION PROTEIN, (RECOMBINANT), ALPROLIX, 11.U. (SPECIAL COVERAGE INSTRUCTIONS APPLY, SEE MCM: 2049) Yes 7202 Injection Factor IX, Abumin Fusion Protein, (Recombinant), IdeVion, 11.U. (Special Coverage Instructions Apply, See Mcm: 2049) Yes 7203 Injection Factor IX, (Antihemophilic Factor, Recombinant), Glycopegylated, (Rebinyn), 11 Iu (Special Coverage Instructions Apply, See Mcm: 2049) Yes 7204 Injection, Factor IX, (Antihemophilic Factor, Recombinant), PER IU (SPECIAL COVERAGE INSTRUCTIONS APPLY) Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT) PER IU (SPECIAL COVERAGE INSTRUCTIONS APPLY) Yes 7206 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), Pegylated, 11.U. (Special Coverage Instructions Apply) Yes 7207 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), Indvival, 11.U. Yes 7208 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), Indvival, 11.U. Yes 7210 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), Indvival, 11.U. Yes 7211 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), Indvival, 11.U. Yes	J7199	Hemophilia Clotting Factor, Not Otherwise Classified (Special Coverage Instructions Apply. See Cim: 45-	Yes
Instructions Apply, See More: 2049) Instructions Apply, See More: 2049) 7201 INJECTION, FACTOR IN, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 LU. (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE MCM.: 2049) Yes 7202 Injection, Factor IX, Albumin Fusion Protein, (Recombinant), Glycopeg/Jated. (Rebinyn), 1 lu (Special Coverage Instructions Apply) Yes 7203 Injection, Factor IX, (Anthemophilic Factor, Recombinant), Glycopeg/Jated. (Rebinyn), 1 lu (Special Coverage Instructions Apply) Yes 7204 Injection, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE INSTRUCTIONS APLY) Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE INSTRUCTIONS APLY) Yes 7208 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Pegylated-aucl, (jivi), 1 Lu. (Special Coverage Instructions Apply) Yes 7209 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Invirg), 1 LU. Yes 7211 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Microgram Yes 7212 Factor VIII, (Anthemophilic Factor, Recombinant), Microgram Yes 7214 Injection, Coogulation Factor K (Recombinant), Microgram Yes 7214 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Microgram Yes		24 And Mcm: 2049)	
7201 INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1.LU. (SPECIAL COVERAGE Yes 7202 Injection, Factor IX, Albumin Fusion Protein, (Recombinant), Idevion, 1.LU. (Special Coverage Instructions Apply) Yes 7203 Injection, Factor IX, Albumin Fusion Protein, (Recombinant), Glycopegylated, (Rebinyn), 1.lu (Special Coverage Instructions Apply) Yes 7204 Injection, Factor XIII, Anthemophilic Factor, Recombinant), Glycopegylated-Exel, Per Iu Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes 7207 Injection, Factor VIII, Anthemophilic Factor, Recombinant), Pegylated, 1.LU. (Special Coverage Yes 7208 Injection, Factor VIII, Inthemophilic Factor, Recombinant), Pegylated, 1.LU. (Special Coverage) Yes 7208 Injection, Factor VIII, Inthemophilic Factor, Recombinant), Negylated, 1.LU. (Special Coverage) Yes 7210 Injection, Factor VIII, Inthemophilic Factor, Recombinant), Multy, 1.LU. Yes 7211 Injection, Factor VIII, Inthemophilic Factor, Recombinant), Microgram Yes 7212 Factor VIII, Althemophilic Factor, Recombinant), Microgram Yes 7213 Injection, Factor VIII, Intherophilic Factor, Recombinant), Microgram Yes 7214 Injection, Factor VIII, Althemophilic Factor, Coverage I	J7200		Yes
INSTRUCTIONS APPLY. SEE MCM: 2049 Pres 7202 injection, Factor K, Alburin Fusion Protein, (Recombinant), Glycopegylated, Coverage Yes 7203 Injection, Factor K, Anthemophilic Factor, Recombinant), Glycopegylated, (Rebinyn), 1 Iu (Special Coverage Instructions Apply, See Mcm: 2049) Yes 7204 Injection, Factor VIII, Anthemophilic Factor, Recombinant), Esperioct), Glycopegylated-Exel, Per Iu Yes 7205 INJECTION, FACTOR VIII FC USION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE INSTRUCTIONS APPLY) Yes 7207 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Pegylated, 1 LU. (Special Coverage Instructions Apply) Yes 7208 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Nowigh, 1 LU. Yes 7210 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Nowigh, 1 LU. Yes 7211 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Kovaltry), 1 LU. Yes 7212 Factor VIII, (Anthemophilic Factor, Recombinant), Kovaltry), 1 LU. Yes 7214 Injection, Factor VIII, (Anthemophilic Factor, Recombinant), Kovaltry), 1 LU. Yes 7214 Injection, Factor VIII, Molthemophilic Factor, Recombinant), Kovaltry), 1 LU. Yes 7214 Injection, Factor VIII, Molthemophilic Factor			
T202 Injection, Factor IX, Albumin Fusion Protein, (Recombinant), Idelvion, 1 I.U. (Special Coverage Instructions Apply) Yes T203 Injection, Factor IX, (Antihemophilic Factor, Recombinant), Glycopegylated, (Rebinyn), 1 Iu (Special Coverage Instructions Apply), See Mcm: 2049 Yes T204 Injection, Factor VIII, Antihemophilic Factor, Recombinant), (Esperoct), Glycopegylated-Exei, Per Iu Yes T205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE INSTRUCTIONS APPLY) Yes T207 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), Pegylated, 1 I.U. (Special Coverage Instructions Apply) Yes T208 Injection, Factor VIII, (Antihemophilic Factor, recombinant), Pegylated, 1 I.U. Yes T209 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), INUW(1), 1 I.U. Yes T210 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), INUW(1), 1 I.U. Yes T211 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), INUW(1), 1 I.U. Yes T213 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), INUW(1), 1 I.U. Yes T214 Injection, Factor VIII, Mathemophilic Factor Complex, Recombinant, INUW(1), 1 I.U. Yes T214 Injection, Factor VIIII, VIII VIII Stradiol O ISMg, 0.013Mg Per 24 Hours; Ye	J7201		Yes
Instructions Apply) Instructions Apply 7203 Injection Factor IX, (Antihemophilic Factor, Recombinant), Glycopegylated, (Rebinyn), 1 Iu (Special Coverage Instructions Apply, See Mcm: 2049) Yes 7204 Injection, Factor Viii, Antihemophilic Factor (Recombinant), (Esperoct), Glycopegylated-Exei, Per Iu Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE INSTRUCTIONS APPLY) Yes 7207 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Pegylated, 1 I.U. (Special Coverage Instructions Apply) Yes 7208 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), pegylated, aucl. (jivi), 1 i.u. (Special Coverage Instructions apply) Yes 7210 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Mowiq), 1 I.U. Yes 7211 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Mowiq), 1 I.U. Yes 7212 Factor Viii, (Antihemophilic Factor, Recombinant), Mowiq), 1 I.U. Yes 7213 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Mowiq), 1 I.U. Yes 7214 Injection, Factor Viii, VON Willebrand Factor Complex, Recombinant, Matwin, 1 I.U. Yes 7224 Segesterone Acetate And Ethinyl Estradiol 0.15Mg, 0.013Mg Per 24 Hours; Yearly Vaginal Sing, Each (Non- Covered By Medicare Statute. Statute Re			
7203 Injection Factor, IX, (Anthemophilic Factor, Recombinant), Glycopegylated, (Rebinyn), 1 lu (Special Coverage Instructions Apply, See Mcm: 2049) Yes 7204 Injection, Factor Viii, Anthemophilic Factor (Recombinant), (Esperoct), Glycopegylated-Exei, Per lu Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE INSTRUCTIONS APPLY) Yes 7207 Injection, Factor Viii, (Anthemophilic Factor, Recombinant), Pegylated, 11.U. (Special Coverage Instructions Apply) Yes 7208 Injection, Factor Viii, (Anthemophilic Factor, Recombinant), Pegylated-aucl, (jivi), 11.u. (Special Coverage Instructions Apply) Yes 7209 Injection, Factor Viii, (Anthemophilic Factor, Recombinant), Nowin(), 11.U. Yes 7211 Injection, Factor Viii, (Anthemophilic Factor, Recombinant), Nowin(), 11.U. Yes 7212 Factor Viii (Anthemophilic Factor, Recombinant), Nowin(), 11.U. Yes 7213 Injection, Factor Viii, (Anthemophilic Factor, Recombinant), Nowin(), 11.U. Yes 7214 Injection, Factor Viii, (Anthemophilic Factor Complex, Recombinant), Nevylapul System, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7224 Segesterone Acetate And Ethinyl Estadiol 0.15Mg, 0.21Mg Per 24 Hours; Yearly Vaginal System, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7295	J7202		Yes
Coverage Instructions Apply, See Mcm: 2049) Yes 7204 injection, Factor Viii, Antihemophilic Factor (Recombinant), (Esperoct), Glycopegylated-Exei, Per Iu Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE Yes 7207 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), Pegylated, 1 I.U. (Special Coverage Instructions Apply) Yes 7208 Injection, Factor VIII, (Antihemophilic Factor, recombinant), Pegylated-aucl, (jivi), 1 i.u. (Special Coverage instructions apply) Yes 7210 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), IAstyta), 1 I.U. Yes 7211 Injection, Factor VIII, (Antihemophilic Factor, Recombinant), IAstyta), 1 I.U. Yes 7212 Factor VIII, Antihemophilic Factor, Recombinant), IAstyta), 1 I.U. Yes 7213 Injection, Factor VIII, Antihemophilic Factor, Recombinant), IAstyta), 1 I.U. Yes 7214 Injection, Factor VIII, Antihemophilic Factor, Recombinant), IAstyta), 1 I.U. Yes 7212 Factor VIII, Antihemophilic Factor, Recombinant), IAstyta), 1 I.U. Yes 7214 Injection, Factor VIII, Vol. VIII VIII VIII VIII VIII VIIII VIIII VIIII VIII VIIII VIIIIII			
7204 Injection, Factor Viii, Antihemophilic Factor (Recombinant), (Esperoct), Glycopegylated-Exei, Per lu Yes 7205 INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU (SPECIAL COVERAGE INSTRUCTIONS APPLY) Yes 7207 Injection, Factor Viii, Antihemophilic Factor, Recombinant), Pegylated, 1 LU. (Special Coverage Instructions Apply) Yes 7208 Injection, Factor Viii, (Antihemophilic Factor, recombinant), pegylated-auci, (jivi), 1 i.u. (Special Coverage instructions apply) Yes 7209 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kayta), 1 LU. Yes 7210 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kayta), 1 LU. Yes 7211 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1 LU. Yes 7213 Injection, Cactor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1 LU. Yes 7214 Injection, Cactor Viii, (Antihemophilic Factor Recombinant), Kinity, 1 LU. (Special Coverage Instructions Apply, See Cim. 45-24 And Mcm: 2049) Yes 7224 Segesterone Acetate And Ethinyl Estradiol 0.15Mg, 0.013Mg Per 24 Hours; Wearly Vaginal System, Each (Non-Covered By Medicare Statute Statute Reference: 1862(A)(1)) No 7296 Ethinyl Estradiol And Etoropestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthy Vaginal Ring, Each (Non- Covered By Medicare Statute, Statute Reference: 1862(A)(1)) No 7297 Levonorgestrel-Releasing Intrauterine Contraceptive System (Lifeta), 52 Mg (Non-Covered By Me	J7203		Yes
Zuber Letter version of the status			
INSTRUCTIONS APPLY) Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Pegylated, 1 I.U. (Special Coverage Instructions Apphy) 7208 Injection, factor Viii, (antihemophilic Factor, recombinant), pegylated-aucl, (jivi), 1 i.u. (Special Coverage Instructions apphy) Yes 7209 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Muwiq), 1 I.U. Yes 7210 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Muwiq), 1 I.U. Yes 7211 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Korgram Yes 7212 Factor Viia (Antihemophilic Factor, Recombinant), Korgram Yes 7213 Injection, Coagulation Factor IX (Recombinant), Korgvenfact), Infurogram Yes 7214 Injection, Factor Viii (JON Willebrand Factor Complex, Recombinant (Altuvilio), Per Factor Viii I.U. Yes 7224 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 7295 Ethinyl Estradiol And Econogestrel 0.015Mg, 0.013Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7296 Levonorgestrel-Releasing Intrauterine Contraceptive System (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7297 Levonorgestrel-Releasing	J7204	Injection, Factor Viii, Antihemophilic Factor (Recombinant), (Esperoct), Glycopegylated-Exei, Per Iu	Yes
INSTRUCTIONS APPLY) Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Pegylated, 1 I.U. (Special Coverage Instructions Apphy) 7208 Injection, factor Viii, (antihemophilic Factor, recombinant), pegylated-aucl, (jivi), 1 i.u. (Special Coverage Instructions apphy) Yes 7209 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Muwiq), 1 I.U. Yes 7210 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Muwiq), 1 I.U. Yes 7211 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Korgram Yes 7212 Factor Viia (Antihemophilic Factor, Recombinant), Korgram Yes 7213 Injection, Coagulation Factor IX (Recombinant), Korgvenfact), Infurogram Yes 7214 Injection, Factor Viii (JON Willebrand Factor Complex, Recombinant (Altuvilio), Per Factor Viii I.U. Yes 7224 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 7295 Ethinyl Estradiol And Econogestrel 0.015Mg, 0.013Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7296 Levonorgestrel-Releasing Intrauterine Contraceptive System (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7297 Levonorgestrel-Releasing	17205		V
7207 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Pegylated, 1 I.U. (Special Coverage Instructions Apply) Yes 7208 Injection, Factor Viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 I.u. (Special coverage instructions apply) Yes 7209 Injection, Factor Viii, (antihemophilic Factor, Recombinant), (Muviq), 1 I.U. Yes 7210 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1 I.U. Yes 7211 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1 I.U. Yes 7212 Factor Viia (Antihemophilic Factor, Recombinant), Ixovaltry), 1 I.U. Yes 7213 Injection, Coagulation Factor IX (Recombinant), Ixitity, 1 I.U. (Special Coverage Instructions Apply, See Yes 7214 Injection, Coagulation Factor IX (Recombinant), Ixitity, 1 I.U. (Special Coverage Instructions Apply, See Yes 7294 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 7295 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 7297 Levonorgestrel-Releasing Intrauterine Contraceptive System (Iuleta), 52 Mg (Non-Covered By Medicare Statute, Statute Reference: 1862(A)(1)) No 7300 Intrauterine Contraceptive (Non-Covered By Medicare Statute, Statute Reference: 1862(A)(1/205		res
Instructions Apply) Instructions Apply 7208 Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u. (Special coverage instructions apply) Yes 7209 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Nuwiq), 1 I.U. Yes 7210 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1 I.U. Yes 7211 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Kovaltry), 1 I.U. Yes 7212 Factor Viia (Antihemophilic Factor, Recombinant), Kovaltry), 1 I.U. Yes 7213 Injection, Coagulation Factor IX (Recombinant), Ixinity, 1 I.U. (Special Coverage Instructions Apply, See Yes 7214 Injection, Factor Viii (Non Willebrand Factor Complex, Recombinant (Altuvilio), Per Factor Viii (I.U. Yes 7294 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 7295 Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.21Mg Per 24 Hours; Yearly Vaginal Ring, Each (Non-Covered By Medicare Statute. Statute. Statute Reference: 1862(A)(1)) No 7296 Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7297 Levon	17207		Voc
7208 Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u. (Special coverage instructions apply) Yes 7209 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Nuwiq), 1 I.U. Yes 7210 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1 I.U. Yes 7211 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1 I.U. Yes 7212 Factor Viia (Antihemophilic Factor, Recombinant), Kovaltry), 1 I.U. Yes 7213 Injection, Cagulation Factor Ix (Recombinant), Juxinity, 1 I.U. (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049) Yes 7214 Injection, Factor Viii/Von Willebrand Factor Complex, Recombinant (Altuviilo), Per Factor Viii I.U. Yes 7294 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 7295 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 7296 Levonorgestrel-Releasing Intrauterine Contraceptive System (Klyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7297 Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 186	17207		Tes
coverage instructions apply)end7209Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Nuwiq), 1.1.U.Yes7210Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1.1.U.Yes7211Injection, Factor Viii, (Antihemophilic Factor, Recombinant), Incw (Sevenfact), 1 MicrogramYes7212Factor Viia (Antihemophilic Factor, Recombinant). Incw (Sevenfact), 1 MicrogramYes7213Injection, Coagulation Factor Ix (Recombinant), Ixinity, 1 I.U. (Special Coverage Instructions Apply. See Clim: 45-24 And Mcm: 2049)Yes7214Injection, Factor Viii/Von Willebrand Factor Complex, Recombinant (Altuviiio), Per Factor Viii I.U.Yes7294Segesterone 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))No7295Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non- Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7296Levonorgestrel-Releasing Intrauterine Contraceptive System (Kiyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Horm	17208		Vec
7209 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Nuwiq), 11.U. Yes 7210 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry, 11.U. Yes 7211 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry, 11.U. Yes 7212 Factor Viia (Antihemophilic Factor, Recombinant), Ne (Sevenfact), 1 Microgram Yes 7213 Injection, Coagulation Factor Ix (Recombinant), Ixinity, 11.U. (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049) Yes 7214 Injection, Coagulation Factor IX (Recombinant), Ixinity, 11.U. (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049) Yes 7294 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 7295 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 7296 Levonorgestrel-Releasing Intrauterine Contraceptive System (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7297 Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7300 Intrauterine Copper Contraceptive My Medicare Statute. Statute Reference: 1862(A)(1)) <td>37200</td> <td></td> <td>103</td>	37200		103
7210Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Afstyla), 1.U.Yes7211Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovatry), 1.U.Yes7212Factor Viii (Antihemophilic Factor, Recombinant), Low (Sevenfact), 1 MicrogramYes7213Injection, Coagulation Factor Ix (Recombinant), Ixinity, 1.U. (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049)Yes7214Injection, Factor Viii/Von Willebrand Factor Complex, Recombinant (Altuviiio), Per Factor Viii I.U.Yes7294Segesterone 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))No7295Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non- Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7296Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare	17209	- · · · · · · · · · · · · · · · · · · ·	Yes
7211 Injection, Factor Viii, (Antihemophilic Factor, Recombinant), (Kovaltry), 1 I.U. Yes 7212 Factor Viia (Antihemophilic Factor, Recombinant), Jncw (Sevenfact), 1 Microgram Yes 7213 Injection, Coagulation Factor Ix (Recombinant), Ixinity, 1 I.U. (Special Coverage Instructions Apply. See Yes 7213 Injection, Factor Viii/Von Willebrand Factor Complex, Recombinant (Altuvilio), Per Factor Viii I.U. Yes 7214 Injection, Factor Viii/Von Willebrand Factor Complex, Recombinant (Altuvilio), Per Factor Viii I.U. Yes 7294 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 7295 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 7296 Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7297 Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7300 Intrauterine Contraceptive Modicare Statute. Statute Reference: 1862(A)(1)) No 7301 Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Ref	J7210		
7212Factor Viia (Antihemophilic Factor, Recombinant)-Jncw (Sevenfact), 1 MicrogramYes7213Injection, Coagulation Factor Ix (Recombinant), Ixinity, 1 I.U. (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049)Yes7214Injection, Factor Vii//Von Willebrand Factor Complex, Recombinant (Altuviiio), Per Factor Viii I.U.Yes7294Segesterone 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))No7295Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non- Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7296Levonorgestrel-Releasing Intrauterine Contraceptive System (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)No7304Levonorgestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)Yes	J7211		
7213 Injection, Coagulation Factor Ix (Recombinant), Ixinity, 1 I.U. (Special Coverage Instructions Apply. See Cim: 45-24 And Mcm: 2049) Yes 7214 Injection, Factor Viii/Von Willebrand Factor Complex, Recombinant (Altuviiio), Per Factor Viii I.U. Yes 7294 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 7295 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 7296 Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7297 Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7300 Intrauterine Coper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7301 Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7304 Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1) No 7306 Levonorgestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare) Yes	J7212		Yes
Cim: 45-24 And Mcm: 2049)Yes7214Injection, Factor Viii/Von Willebrand Factor Complex, Recombinant (Altuviiio), Per Factor Viii I.U.Yes7294Segesterone 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))No7295Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non- Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7296Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non- Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)No7305Levonorgestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No	J7213		Yes
7294Segesterone 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))No7295Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non- Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7296Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Hormone Contarceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare)No7306Levonorgestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No			
Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7295Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7296Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)	J7214	Injection, Factor Viii/Von Willebrand Factor Complex, Recombinant (Altuviiio), Per Factor Viii I.U.	Yes
Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7295Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7296Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)			
7295Ethinyl Estradiol And Etonogestrel 0.015Mg, 0.12Mg Per 24 Hours; Monthly Vaginal Ring, Each (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7296Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)No7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No	J7294	Segesterone Acetate And Ethinyl Estradiol 0.15Mg, 0.013Mg Per 24 Hours; Yearly Vaginal System,	No
Covered By Medicare Statute. Statute Reference: 1862(A)(1))Medicare7296Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)No7305Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No			
7296Levonorgestrel-Releasing Intrauterine Contraceptive System, (Kyleena), 19.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)No7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No	J7295		No
Medicare Statute. Statute Reference: 1862(A)(1))7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)No7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No			
7297Levonorgestrel-Releasing Intrauterine Contraceptive System (Liletta), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862A1) Medicare Statute. Statute Reference: 1862(A)(1))No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)No7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No	J7296		No
Medicare Statute. Statute Reference: 1862(A)(1))No7298Levonorgestrel-Releasing Intrauterine Contraceptive System (Mirena), 52 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862A1)No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Statute. Statute Reference: 1862(A)(1))No7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No			
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Medicare Statute. Statute Reference: 1862(A)(1)) Medicare Statute. Statute Reference: 1862(A)(1)) 7300 Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862A1) No 7301 Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7304 Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1) No 7306 Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare) Yes 7307 Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare) No	17200		
7300Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862A1)No7301Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1))No7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)No7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No	17298		NO
7301 Levonorgestrel-Releasing Intrauterine Contraceptive System (Skyla), 13.5 Mg (Non-Covered By Medicare Statute. Statute Reference: 1862(A)(1)) No 7304 Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1) No 7306 Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare) Yes 7307 Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare) No	17200		
Medicare Statute. Statute Reference: 1862(A)(1))Medicare Statute. Statute7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)No7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No	1/300	Intrauterine Copper Contraceptive (Non-Covered By Medicare Statute. Statute Reference: 1862A1)	NO
Medicare Statute. Statute Reference: 1862(A)(1))Medicare Statute. Statute7304Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1)No7306Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare)Yes7307Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare)No	17301	Levenergestrel-Releasing Intrautering Contracentive System /Skyla/, 12 E Mg (Non-Covered Dy	No
7304 Contraceptive Supply, Hormone Containing Patch, Each (Non-Covered By Medicare Statute. Statute Reference: 1862.1) No 7306 Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare) Yes 7307 Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare) No	1/301		
Reference: 1862.1) Image: Contraceptive 7306 Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare) Yes 7307 Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare) No	17304		No
7306 Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies (Not Payable By Medicare) Yes 7307 Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare) No	3, JU 1		
Medicare) 7307 Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare) No	J7306		Yes
7307 Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies (Not Payable By Medicare) No			
Medicare)	J7307		No
	J7308		Yes

Procedure Code	Description	Prior Auth Required
J7309	Methyl Aminolevulinate (Mal) For Topical Administration, 16.8%, 1 Gram (Special Coverage	No
	Instructions Apply)	-
J7310	Ganciclovir, 4.5 Mg, Long-Acting Implant (Special Coverage Instructions Apply. See Mcm: 2049)	No
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, 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
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
J7505		Yes
J7507	Muromonab-Cd3, Parenteral, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
17507	Tacrolimus, Immediate Release, Oral, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	
J7508	Tacrolimus, Extended Release, (Astagraf XI), 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
J7513	Daclizumab, Parenteral, 25 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J7515	Cyclosporine, Oral, 25 Mg	Yes
J7516	Cyclosporin, Parenteral, 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
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
J7599	Immunosuppressive Drug, Not Otherwise Classified (Special Coverage Instructions Apply. See Mcm:	Yes
	2049.5)	

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
J7685	Tobramycin, Inhalation Solution, Compounded Product, Administered Through Dme, Unit Dose Form,	Yes
	Per 300 Milligrams	
J7686	Treprostinil, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered	Yes
37000	Through Dme, Unit Dose Form, 1.74 Mg	105
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	Yes
	Apply. See Mcm: 2100.5)	
J7999	Compounded Drug, Not Otherwise Classified (Special Coverage Instructions Apply)	Yes
J8498	Antiemetic Drug, Rectal/Suppository, Not Otherwise Specified (Special Coverage Instructions Apply.	Yes
	Statute Reference: 1861S2T)	
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
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
J8520	Capecitabine, Oral, 150 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J8521	Capecitabine, Oral, 500 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
J8560	Etoposide; Oral, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
J8562	Fludarabine Phosphate, Oral, 10 Mg	Yes
J8565	Gefitinib, Oral, 250 Mg (Special Coverage Instructions Apply)	Yes
J8505 J8597	Antiemetic Drug, Oral, Not Otherwise Specified (Special Coverage Instructions Apply)	Yes
16731	Reference: 1861S2T)	163
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 Mcth. 2049.5)	Yes
J8650	Nabilone, Oral, 1 Mg	Yes
J8655		Yes
J8670	Netupitant 300 Mg And Palonosetron 0.5 Mg, Oral (Special Coverage Instructions Apply) Rolapitant, Oral, 1 Mg (Special Coverage Instructions Apply)	No
J8700		Yes
J8705	Temozolomide, Oral, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049.5C)	Yes
18999	Topotecan, Oral, 0.25 Mg	-
18333	Prescription Drug, Oral, Chemotherapeutic, Nos (Special Coverage Instructions Apply. See Mcm: 2049.5)	Yes
10000		No
19000	Injection, Doxorubicin Hydrochloride, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	INO
J9015	luiastian Aldadaulin Dar Sinda Has Viel (Crasial Courses Instructions Annh. Cra Mars 2040)	Yes
19012	Injection, Aldesleukin, Per Single Use Vial (Special Coverage Instructions Apply. See Mcm: 2049)	res
J9017	Injustion Arconic Triavide 1 Ma	No
J9017 J9019	Injection, Arsenic Trioxide, 1 Mg	Yes
19019	Injection, Asparaginase (Erwinaze), 1,000 lu (Special Coverage Instructions Apply. See Mcm: 2049)	res
J9020	Injection Associations Not Otherwise Specified 10,000 Units (Special Coverage Instructions Apply	No
19020	Injection, Asparaginase, Not Otherwise Specified, 10,000 Units (Special Coverage Instructions Apply.	INO
J9021	See Mcm: 2049) Injection, Asparaginase, Recombinant, (Rylaze), 0.1 Mg	No
J9022		
	Injection, Atezolizumab, 10 Mg	Yes
J9023	Injection, Avelumab, 10 Mg Injection, Azacitidine, 1 Mg	Yes
J9025		No
J9027 J9029	Injection, Clofarabine, 1 Mg	Yes
	Injection, Nadofaragene Firadenovec-Vncg, Per Therapeutic Dose	Yes
J9030 J9032	Bcg Live Intravesical Instillation, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9032	Injection, Belinostat, 10 Mg	Yes
J9033 J9034	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	Yes
	Injection, Bendamustine Hcl (Bendeka), 1 Mg	Yes
J9035	Injection, Bevacizumab, 10 Mg	Yes
J9036	Injection, Bendamustine Hydrochloride, (Belrapzo/Bendamustine), 1 Mg	Yes
J9037	Injection, Belantamab Mafodotin-Blmf, 0.5 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

Procedure Code	Description	Prior Auth Required
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	No
	Instructions Apply. See Mcm: 2049)	
J9055	Injection, Cetuximab, 10 Mg	Yes
J9056	Injection, Bendamustine Hydrochloride (Vivimusta), 1 Mg	Yes
J9057	Injection, Copanlisib, 1 Mg	Yes
J9058	Injection, Bendamustine Hydrochloride (Apotex), 1 Mg	Yes
J9059	Injection, Bendamustine Hydrochloride (Baxter), 1 Mg	Yes
19060		No
19000	Injection, Cisplatin, Powder Or Solution, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	
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
J9070	Cyclophosphamide, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9071	Injection, Cyclophosphamide, (Auromedics), 5 Mg	Yes
J9072	Injection, Cyclophosphanide, (Dr. Reddy'S), 5 Mg	No
J9098	Injection, Cytarabine Liposome, 10 Mg	Yes
J9100	Injection, Cytarabine Elposonie, 10 Mg	No
J9118		Yes
J9118 J9119	Injection, Calaspargase Pegol-Mknl, 10 Units	Yes
J9119 J9120	Injection, Cemiplimab-Rwlc, 1 Mg	No
	Injection, Dactinomycin, 0.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9130	Dacarbazine, 100 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	
J9144	Injection, Daratumumab, 10 Mg And Hyaluronidase-Fihj	Yes
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
J9151	Injection, Daunorubicin Citrate, Liposomal Formulation, 10 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9153	Injection, Liposomal, 1 Mg Daunorubicin And 2.27 Mg Cytarabine	Yes
J9155	Injection, Degarelix, 1 Mg	No
J9160	Injection, Denileukin Diftitox, 300 Micrograms	Yes
J9165	Injection, Diethylstilbestrol Diphosphate, 250 Mg (Special Coverage Instructions Apply. See Mcm:	Yes
35105	2049)	
J9171	Injection, Docetaxel, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9172	Injection, Docetaxel (Ingenus) Not Therapeutically Equivalent To J9171, 1 Mg	Yes
J9173	Injection, Durvalumab, 10 Mg	No
J9175	Injection, Elliotts' B Solution, 1 MI (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
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, Fubrication, 500 Mg (special coverage instructions Apply, see Mch. 2049) Injection, Gemcitabine Hydrochloride (Accord), Not Therapeutically Equivalent To J9201, 200 Mg	No
19190	(Special Coverage Instructions Apply. See Mcm: 2049)	
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
J9202	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)	Yes
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

Procedure Code	Description	Prior Auth Required
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
J9212	Injection, Interferon Alfacon-1, Recombinant, 1 Microgram (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 lu (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)	Yes
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
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)	No
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
J9247	Injection, Melphalan Flufenamide, 1Mg	Yes
J9250	Methotrexate Sodium, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9255	Injection, Methotrexate (Accord) Not Therapeutically Equivalent To J9250 And J9260, 50 Mg	Yes
J9258	Injection, Paclitaxel Protein-Bound Particles (Teva) Not Therapeutically Equivalent To J9264, 1 Mg	Yes
J9259	Injection, Paclitaxel Protein-Bound Particles (American Regent) Not Therapeutically Equivalent To J9264, 1 Mg	Yes
J9260	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
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
J9270	Injection, Plicamycin, 2.5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	Yes
J9271	Injection, Pembrolizumab, 1 Mg	Yes
J9272	Injection, Dostarlimab-Gxly, 10 Mg	No
J9273	Injection, Tisotumab Vedotin-Tftv, 1 Mg	No
J9274	Injection, Tebentafusp-Tebn, 1 Microgram	Yes
J9280	Injection, Mitomycin, 5 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9281	Mitomycin Pyelocalyceal Instillation, 1 Mg	Yes
J9285	Injection, Olaratumab, 10 Mg	Yes
J9286	Injection, Glofitamab-Gxbm, 2.5 Mg	No
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 (Accord) Not Therapeutically Equivalent To J9305, 10 Mg	No
J9298	Injection, Nivolumab And Relatlimab-Rmbw, 3 Mg/1 Mg	No
15230	Injection, Nivolulliab Allu Nelatilliab-Nilbw, 5 Ng/ 1 Ng	NU

Procedure Code	Description	Prior Auth Required
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
19309	Injection, Polatuzumab Vedotin-Piiq, 1 Mg	Yes
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
J9328	Injection, Temozolomide, 1 Mg	No
J9330	Injection, Temsirolimus, 1 Mg	No
J9331	Injection, Sirolimus Protein-Bound Particles, 1 Mg	Yes
J9332	Injection, Efgartigimod Alfa-Fcab, 2Mg	Yes
J9333 J9334	Injection, Rozanolixizumab-Noli, 1 Mg	Yes
J9334 J9340	Injection, Efgartigimod Alfa, 2 Mg And Hyaluronidase-Qvfc	Yes
J9345	Injection, Thiotepa, 15 Mg (Special Coverage Instructions Apply. See Mcm: 2049) Injection, Retifanlimab-Dlwr, 1 Mg	Yes 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	Yes
J9353	Injection, Margetuximab-Cmkb, 5 Mg	Yes
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
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
J9370	Vincristine Sulfate, 1 Mg (Special Coverage Instructions Apply. See Mcm: 2049)	No
J9371	Injection, Vincristine Sulfate Liposome, 1 Mg	Yes
J9380	Injection, Teclistamab-cqyv, 0.5 mg	No
J9381	Injection, Teplizumab-Mzwv, 5 Mcg	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
19999	Not Otherwise Classified, Antineoplastic Drugs (Special Coverage Instructions Apply. See Cim: 45-16 And Mcm: 2049)	Yes
JAEC1	HIPPS Code JAEC1	No
JAEE1	HIPPS Code JAEE1	No
JAKD1	HIPPS Code JAKD1	No

Procedure Code	Description	Prior Auth Required
JAPE1	HIPPS Code JAPE1	No
JAUD1	HIPPS Code JAUD1	No
JAUE1	HIPPS Code JAUE1	No
JAXE1	HIPPS Code JAXE1	No
JBEE1	HIPPS Code JBEE1	No
JBGD1	HIPPS Code JBGD1	No
JBKD1	HIPPS Code JBKD1	No
JCEC1	HIPPS Code JCEC1	No
JCED1	HIPPS Code JCED1	No
JDCD1	HIPPS Code JDCD1	No
JDEC1	HIPPS Code JDEC1	No
JDED1	HIPPS Code JDED1	No
JDGD1	HIPPS Code JDGD1	No
JDGE1	HIPPS Code JDGE1	No
JDKD1	HIPPS Code JDKD1	No
JDXE1	HIPPS Code JDXE1	No
JEED1 JEIE1	HIPPS Code JEED1	No No
JEIF1	HIPPS Code JEIE1 HIPPS Code JEIF1	No
JEKE1	HIPPS Code JEIF1	No
JEPE1	HIPPS Code JEPE1	No
JEPF1	HIPPS Code JEPE1	No
JEUE1	HIPPS Code JEUE1	No
JEXE1	HIPPS Code JEXE1	No
JFFE1	HIPPS Code JFFE1	No
JFUD0	HIPPS Code JFUD0	No
JGKE1	HIPPS Code JGKE1	No
JGME1	HIPPS Code JGME1	No
JHID1	HIPPS Code JHID1	No
JHME1	HIPPS Code JHME1	No
K0001	Standard Wheelchair	No
К0002	Standard Hemi (Low Seat) Wheelchair	No
коооз	Lightweight Wheelchair	No
кооо4	High Strength, Lightweight Wheelchair	No
кооо5	Ultralightweight Wheelchair	No
коооб	Heavy Duty Wheelchair	No
К0007	Extra Heavy Duty Wheelchair	No
K0008	Custom Manual Wheelchair/Base (Special Coverage Instructions Apply)	Yes
кооо9	Other Manual Wheelchair/Base	Yes
КОО1О	Standard - Weight Frame Motorized/Power Wheelchair	No
КОО11	Standard - Weight Frame Motorized/Power Wheelchair With Programmable Control Parameters For	Yes
	Speed Adjustment, Tremor Dampening, Acceleration Control And Braking	
K0012	Lightweight Portable Motorized/Power Wheelchair	No
K0013	Custom Motorized/Power Wheelchair Base (Special Coverage Instructions Apply)	Yes
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
K0018	Detachable, Adjustable Height Armrest, Upper Portion, Replacement Only, Each	No
K0019 K0020	ARM PAD, REPLACEMENT ONLY, EACH Fixed, Adjustable Height Armrest, Pair	No No
K0020	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
K0041	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
коо50	RATCHET ASSEMBLY, REPLACEMENT ONLY	No
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	No

K0052 K0053 K0056 K0065 K0069		No No
K0056 K0065		No
К0065	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH,	
		No
	LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	
К0069	Spoke Protectors, Each	Yes
1	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	No
K0070		No
КОО71	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	No
КОО72	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	No
К0073	Caster Pin Lock, Each	No
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	No
К0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	No
К0105	Iv Hanger, Each	No
K0108	Wheelchair Component Or Accessory, Not Otherwise Specified	Yes
К0195	Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base) (Special Coverage Instructions	No
	Apply. See Cim: 60-9)	
К0455	Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication, (E.G., Epoprostenol	Yes
К0462	Or Treprostinol) (Special Coverage Instructions Apply. See Cim: 60-14)	Vec
KU462	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
К0601	Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 1.5 Volt, Each	No
КО602	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
К0604	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
КО606	Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type	Yes
К0607	Replacement Battery For Automated External Defibrillator, Garment Type Only, Each	Yes
K0608	Replacement Bartery For Automated External Densmator, Garment Type Only, Each	Yes
к0609	Replacement Electrodes For Use With Automated External Defibrillator, Garment Type Only, Each	Yes
К0669	Wheelchair Accessory, Wheelchair Seat Or Back Cushion, Does Not Meet Specific Code Criteria Or No	Yes
K0672	Written Coding Verification From Dme Pdac Addition To Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only,	Yes
	Each	
К0730	Controlled Dose Inhalation Drug Delivery System	Yes
К0733	Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G., Gel Cell, Absorbed Glassmat)	No
К0738	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
К0740		No
К0743	Suction Pump, Home Model, Portable, For Use On Wounds	Yes
К0744	Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size 16 Square Inches Or Less	Yes
К0745	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	Yes
К0746	Absorptive Wound Dressing For Use With Suction Pump, Home Model, Portable, Pad Size Greater Than 48 Square Inches	Yes
К0800	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds	No
К0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds	No

Procedure Code	Description	Prior Auth Required
K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds	No
К0806	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
К0808	Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds	No
K0812	Power Operated Vehicle, Not Otherwise Classified	Yes
К0813	Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	No
К0814	Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
К0815	Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds	No
К0816	Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
К0820	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
К0823	Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
К0824	Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	No
К0825	Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	No
К0826	Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	No
К0827	Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds	No
К0828	Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	No
К0829	Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight 601 Pounds Or More	No
ковзо	Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
К0831	Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
К0835	Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	No
К0836	Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	No
К0837	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
К0839	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

Pounds Pounds 00311 Power Wheelchar, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds No 0032 Power Wheelchar, Group 3 Extra Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity 451 To 600 No 00341 Power Wheelchar, Group 3 Extra Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity 451 To 600 No 00353 Power Wheelchar, Group 3 Extra Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or No 00354 Power Wheelchar, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or No 00355 Hore No No 00356 Power Wheelchar, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity No No 00357 Power Wheelchar, Group 3 Havy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No No 00359 Power Wheelchar, Group 3 Havy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity No No 00360 Power Wheelchar, Group 3 Havy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity No No 00450 Power Wheelchar, Group 3 Havy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity U Io And Inducing 300 Pounds No	Procedure Code	Description	Prior Auth Required
08851 Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds No 08852 Power Wheelchair, Group 3 Very Heavy Duty, Sing/Sold Seat/Back, Patient Weight Capacity 451 To No 08853 Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 No 08854 Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 No 08855 Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or No No 08856 Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or No No 08857 Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Sold Seat/Back, Patient Weight Capacity No No 08858 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No No 08850 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sing/Sold Seat/Back, Patient Weight Capacity No No 08851 Capacity 10 Fo And Inciding 300 Pounds. No 08861 Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sing/Sold Seat/Back, Patient Weight Capacity 301 To 30 Pounds. No 08861 Capacity 10 Fo And Inciding 300 Pounds. No </td <td>К0850</td> <td>Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450</td> <td>No</td>	К0850	Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450	No
Dower Wheelchair, Group 3 Very Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity 451 To No 00053 Power Wheelchair, Group 3 Very Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity 451 To No 00354 Power Wheelchair, Group 3 Very Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity 401 No 00355 Power Wheelchair, Group 3 Extra Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity 601 No 00355 Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 601 No 00356 Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 10 To And Including 300 Pounds No 00357 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 10 To And Including 300 Pounds No 00358 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 40 To And Including 300 Pounds No 00351 Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No Capacity 301 To 630 Pounds 00362 Capacity 30 To 630 Pounds No Capacity 301 To 630 Pounds 00363 Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 431 To 630 Pounds No		Pounds	
600 Pounds Power Wheckhair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 No 0854 Power Wheckhair, Group 3 Xera Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity 601 No 0855 Power Wheckhair, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity (D 10 No No 0856 Power Wheckhair, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity No 0857 Power Wheckhair, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity No 0858 Power Wheckhair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity No 0859 Power Wheckhair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity No 0859 Power Wheckhair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity No 0851 Power Wheckhair, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 40 To Add Including 300 Pounds No 0852 Power Wheckhair, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 40 To Add Including 300 Pounds No 0852 Power Wheckhair, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 40 To Add Including 300	K0851	Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	No
Pounds Pounds 08054 Pounds Or. Nore No 08055 Pounds Or. Nore No 08056 Pounds Or. Nore No 08056 Pounds Or. Nore No 08057 Pounds Charlon (Courg 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds No 08057 Pounds Charlon (Calding 300 Pounds No No 08058 Power Wheelchair, Group 3 Extra Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No 08058 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No 08059 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity No 08060 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Morther Adding 300 Pounds No 08061 Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No No 08062 Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No No 08063 Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No No <	K0852		No
OBSEA Power Wheekchar, Group 3 Extra Heavy Duty, Sing/Solid Seat/Back, Patient Weight Capacity 601 No 00055 Power Wheekchar, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More No 00056 Power Wheekchar, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds No 00057 Power Wheekchar, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity, Up To And Including 300 Pounds No 00058 Power Wheekchar, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity, No No 00059 Power Wheekchar, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity, Up To And Including 300 Pounds No 000660 Power Wheekchar, Group 3 Standard, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No No 000661 Power Wheekchar, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No No 000662 Power Wheekchar, Group 3 Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No No 000663 Power Wheekchar, Group 3 Extra Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 40 To And Including 300 Pounds No 000664 Power Wheekchar, Group 3 Extra Heavy Duty, Multiple Power Option, Sing	K0853		No
Dever Prover Weekbair, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Up 17 And Including 300 Pounds No 00856 Power Wieekbair, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Up 17 And Including 300 Pounds No 00857 Power Wieekbair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity Up 15 And Including 300 Pounds No 00858 Power Wieekbair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No No 0859 Power Wieekbair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Sol 15 o S60 Pounds No 08680 Power Wieekbair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Up 15 And Including 300 Pounds No 08681 Power Wieekbair, Group 3 Standard, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 301 7 o 50 Pounds No 08682 Power Wieekbair, Group 3 Standard, Sing/Solid Seat/Back, Patient Weight Capacity Up 10 And Including 300 Pounds No 08684 Power Wieekbair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up 10 And Including 300 Pounds Yee 08685 Power Wieekbair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up 10 And Including 300 Pounds Yee 08686	K0854	Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601	No
Bits Power Wheelchair, Group 3 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight No 03857 Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity No 03858 901 rod nicularing 300 Pounds. No 03859 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No 03850 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight No 03850 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight No 03850 Power Wheelchair, Group 3 Standard, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No 03851 Power Wheelchair, Group 3 Standard, Sing/Solid Seat/Back, Patient Weight No 03852 Power Wheelchair, Group 3 Standard, Sing/Solid Seat/Back, Patient Weight No 03854 Power Wheelchair, Group 3 Standard, Sing/Solid Seat/Back, Patient Weight Capacity Up To And No 03854 Power Wheelchair, Group 3 Standard, Sing/Solid Seat/Back, Patient Weight Capacity Up To And No 03854 Power Wheelchair, Group 4 Standard, Capatairs Chair, Patient Weight Capacity Up To And No 03856 Power Wheelchair, Group 4 S	K0855	Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or	No
Bower Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity No 00858 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No 00858 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No 00859 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No 00860 Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight No 00861 Power Wheelchair, Group 3 Standard, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No 00862 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight No 00863 Power Wheelchair, Group 3 Standard, Sing/Solid Seat/Back, Patient Weight No 00864 Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient No 00864 Power Wheelchair, Group 4 Standard, Sing/Solid Seat/Back, Patient Weight Capacity Up To And Yes 00864 Power Wheelchair, Group 4 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 451 To Yes 00864 Power Wheelchair, Group 4 Standard, Single Power Option, Sing/Solid Seat/Back, Patient	K0856	Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight	No
Device Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight No 08253 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No 08269 Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient No 08260 Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight No 08261 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight No 08262 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight No 08263 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight No 08264 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient No 08263 Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Da No Yes 08264 Power Wheelchair, Group 4 Standard, Sing/Solid Seat/Back, Patient Weight Capacity 401 To 4AD Yes 08264 Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To Yes 08267 Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Pat	K0857	Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity	No
CR859 Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity No CR860 Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient No CR861 Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight No CR862 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight No CR863 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight No CR864 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient No CR865 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient No CR866 Power Wheelchair, Group 4 Standard, Sing/Solid Seat/Back, Patient Weight Capacity Up To And Yes CR867 Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Yes CR868 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity UP To And Yes CR869 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity UP To And Including 300 Pounds Yes CR871 Po	K0858	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight	No
00860 Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient No 00861 Power Wheelchair, Group 3 Standard, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds No 00862 Power Wheelchair, Group 3 Standard, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds No 00863 Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds No 00864 Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More Including 300 Pounds No 00868 Power Wheelchair, Group 4 Standard, Singl/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes 00870 Power Wheelchair, Group 4 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes 00871 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes 00872 Power Wheelchair, Group 4 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes 00873 Power Wheelchair, Group 4 Standard, Single Power Option, Sing/Solid Seat/Back, Patient Weight Capacity 30 To 450 Pounds	K0859	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity	No
C0861 Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds No C0862 Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 30 To 450 Pounds No C0863 Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds No C0864 Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds No C0868 Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes C0869 Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes C0871 Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes C0877 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes C0878 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes C0879 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes C0880 Powe	K0860	Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient	No
0862 Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds No 0863 Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds No 0864 Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More Uncluding 300 Pounds No 0868 Power Wheelchair, Group 4 Standard, Sing/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes Including 300 Pounds 0869 Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 400 Pounds Yes Pounds 0877 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes Qarity Up To And Including 300 Pounds Yes Qarity Up To And Including 300 Pounds Yes Qarity Up To And Including 300 Pounds Yes Qarity 30 To Associate 4 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Ves Qarity 30 To Associate 4 Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Ves Qarity 30 To And Including 300 Pounds Yes 0880 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	K0861	Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight	No
0863 Power Wheelchair, Group 3 Yery Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds No 0864 Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More No 0868 Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes 08069 Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes 08070 Power Wheelchair, Group 4 Standard, Single Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes 0877 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes 0878 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes 0878 Power Wheelchair, Group 4 Yeny Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 10 To 450 Pounds Yes 0888 Power Wheelchair, Group 4 Yeny Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 10 To 450 Pounds Yes 0884 Power Wheelchair, Group 4 Yeny Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 10 To And Including 300 Pounds Yes <	K0862	Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight	No
OB664 Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 401 PTo And Including 300 Pounds No OB668 Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes OB670 Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes OB70 Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes OB71 Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 TO 600 Pounds Yes OB87 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 TO 600 Pounds Yes OB878 Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Yes Yes OB879 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes OB880 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes OB881 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes OB885 Powe	K0863	Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient	No
C0868 Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes C0869 Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes C0870 Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Yes C0871 Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes C0871 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes C0878 Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes C0879 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes C0880 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes C0885 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes C0886 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes C0886 <td>K0864</td> <td>Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient</td> <td>No</td>	K0864	Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient	No
K0869 Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes K0870 Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0871 Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes K0877 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0878 Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes K0879 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0880 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0884 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0885 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0886 Power Wheelchair, Group 5 Hediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0890	K0868	Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And	Yes
K0870 Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0871 Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds Yes K0877 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0878 Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes K0879 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0880 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0884 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0885 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0886 Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0890 Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 10 To And Including 125 Pounds	K0869	Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including	Yes
K0871 Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0878 Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes K0879 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0880 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0884 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0885 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0886 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0890 Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0891 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes	к0870	Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450	Yes
K0877 Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0878 Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes K0879 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0880 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0880 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0884 Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes K0885 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 10 To And Including 300 Pounds Yes K0886 Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0890 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0891 Power Wheelchair, Not Otherwise Classified Yes <tr< td=""><td>К0871</td><td></td><td>Yes</td></tr<>	К0871		Yes
K0878 Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Yes K0879 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Yes K0879 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Yes K0880 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Yes K0880 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes K0884 Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Yes K0885 Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Yes K0886 Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Yes K0886 Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes K0886 Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Yes K0890 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes K0891 Capacity Up To And Including 125 Pounds	K0877	Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight	Yes
K0879 Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0880 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds Yes K0884 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0885 Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes K0886 Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0886 Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0890 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0891 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0899 Power Wheelchair, Not Otherwise Classified Yes K0899 Power Mheelchair, Not Otherwise Classified Yes K0890 Customized Durable Medical Equipment, Other Than Wheelchair (Special Coverage	K0878	Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity	Yes
KOB80 Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Yes KOB80 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes KOB84 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes KOB85 Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Yes KOB85 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes KOB86 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes KOB86 Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes KOB80 Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Yes KOB91 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes KOB98 Power Wheelchair, Not Otherwise Classified Yes KOB99 Power Mobility Device, Not Coded By Dme Pdac Or Does Not Meet Criteria Yes KO900 Customized Durable Medical Equipment, Other Than Wheelchair (Special Coverage Instructions Apply) Yes <td>K0879</td> <td>Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight</td> <td>Yes</td>	K0879	Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight	Yes
K0884 Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds Yes K0885 Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds Yes K0886 Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0890 Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0891 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0898 Power Wheelchair, Not Otherwise Classified Yes 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	K0880	Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient	Yes
C0885 Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Yes Up To And Including 300 Pounds Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Yes Capacity 301 To 450 Pounds Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Yes Capacity Up To And Including 125 Pounds Yes Capacity Up To And Including 125 Pounds Yes Compactity Up To And Including 125 Pounds Yes	K0884	Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight	Yes
K0886 Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds Yes K0890 Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0891 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0898 Power Wheelchair, Not Otherwise Classified Yes 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	K0885	Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity	Yes
K0890 Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0891 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0898 Power Wheelchair, Not Otherwise Classified Yes 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	K0886	Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight	Yes
K0891 Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds Yes K0898 Power Wheelchair, Not Otherwise Classified Yes 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	K0890	Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight	Yes
K0898 Power Wheelchair, Not Otherwise Classified Yes 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	K0891	Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight	Yes
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	K0898		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	K0899		
Statute. Statute Reference: 1861(N))	к0900		
	К1004		Yes
	K1005	Disposable Collection And Storage Bag For Breast Milk, Any Size, Any Type, Each	No

Procedure Code	Description	Prior Auth Required
K1007	Bilateral Hip, Knee, Ankle, Foot Device, Powered, Includes Pelvic Component, Single Or Double	Yes
	Upright(S), Knee Joints Any Type, With Or Without Ankle Joints Any Type, Includes All Components	
	And Accessories, Motors, Microprocessors, Sensors	
К1027	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Without Fixed Mechanical Hinge,	Yes
	Custom Fabricated, Includes Fitting And Adjustment	
К1030	External Recharging System For Battery (Internal) For Use With Implanted Cardiac Contractility	Yes
	Modulation Generator, Replacement Only	
К1031	Non-Pneumatic Compression Controller Without Calibrated Gradient Pressure	Yes
К1032	Non-Pneumatic Sequential Compression Garment, Full Leg	Yes
К1033	Non-Pneumatic Sequential Compression Garment, Half Leg	Yes
К1034	Provision Of Covid-19 Test, Nonprescription Self-Administered And Self-Collected Use, Fda Approved, Authorized Or Cleared, One Test Count	No
К1035	Molecular Diagnostic Test Reader, Nonprescription Self-Administered And Self-Collected Use, Fda Approved, Authorized Or Cleared	Yes
К1036	Supplies And Accessories (E.G., Transducer) For Low Frequency Ultrasonic Diathermy Treatment	Yes
	Device, Per Month (Non-Covered By Medicare Statute. Statute Reference: 1861(N))	
KACD0	HIPPS Code KACD0	No
KACD1	HIPPS Code KACD1	No
KAGB1	HIPPS Code KAGB1	No
KAGC1	HIPPS Code KAGC1	No
KAGD1	HIPPS Code KAGD1	No
KAGE1	HIPPS Code KAGE1	No
KAJC1	HIPPS Code KAJC1	No
KAKD1	HIPPS Code KAKD1	No
KAPB1	HIPPS Code KAPB1	No
KAPC1	HIPPS Code KAPC1	No
KAPD1	HIPPS Code KAPD1	No
KAPE1	HIPPS Code KAPE1	No
KAQD1	HIPPS Code KAQD1	No
KAXC1	HIPPS Code KAXC1	No
KAXD1	HIPPS Code KAXD1	No
KAXE1	HIPPS Code KAXE1	No
KAXF1	HIPPS Code KAXF1	No
KAYD1	HIPPS Code KAYD1	No
KAYE1	HIPPS Code KAYE1	No
КВССО	HIPPS Code KBCCO	No
KBJE1	HIPPS Code KBJE1	No
KBKD1	HIPPS Code KBKD1	No
KBKF1	HIPPS Code KBKF1	No
KBXD1	HIPPS Code KBXD1	No
KBXE1	HIPPS Code KBXE1	No
KBXF1	HIPPS Code KBXF1	No
KCGD1	HIPPS Code KCGD1	No
KDCC1	HIPPS Code KDCC1	No
KDCD1	HIPPS Code KDCD1	No
KDCE1	HIPPS Code KDCC1	No
KDGC1	HIPPS Code KDGC1	No
KDGD1	HIPPS Code KDGD1	No
KDGE1	HIPPS Code KDGE1	No
KDJC1 KDJE1	HIPPS Code KDJC1	No No
KDKB1	HIPPS Code KDJE1	No
KDKC1	HIPPS Code KDKB1 HIPPS Code KDKC1	No
KDKD1	HIPPS Code KDKD1	No
KDKE1	HIPPS Code KDKD1 HIPPS Code KDKE1	No
KDKF1	HIPPS Code KDKF1	No
KDND1	HIPPS Code KDND1	No
KDPB1	HIPPS Code KDPB1	No
KDPC1	HIPPS Code KDPC1	No
KDPC1 KDPD1	HIPPS Code KDPD1	No
KDSD1	HIPPS Code KDSD1	No
KDSE1	HIPPS Code KDSD1 HIPPS Code KDSE1	No
NUJLI		

Procedure Code	Description	Prior Auth Required
KDXC1	HIPPS Code KDXC1	No
KDXD1	HIPPS Code KDXD1	No
KDXE1	HIPPS Code KDXE1	No
KDYE1	HIPPS Code KDYE1	No
KEGC1	HIPPS Code KEGC1	No
KEGD1	HIPPS Code KEGD1	No
KEKE1	HIPPS Code KEKE1	No
KESD1	HIPPS Code KESD1	No
KEXE1	HIPPS Code KEXE1	No
KEXF1	HIPPS Code KEXF1	No
KFPE1	HIPPS Code KFPE1	No
KFXD1	HIPPS Code KFXD1	No
KGGD1	HIPPS Code KGGD1	No
KGXD1	HIPPS Code KGXD1	No
КНРВ1	HIPPS Code KHPB1	No
KHXE1	HIPPS Code KHXE1	No
L0112	Cranial Cervical Orthosis, Congenital Torticollis Type, With Or Without Soft Interface Material,	Yes
	Adjustable Range Of Motion Joint, Custom Fabricated	
L0113	Cranial Cervical Orthosis, Torticollis Type, With Or Without Joint, With Or Without Soft Interface	No
	Material, Prefabricated, Includes Fitting And Adjustment	
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	No
	Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(s), Includes Shoulder Straps And Closures, Prefabricated, Off-The-Shelf	
L0452	Tlso, Flexible, Provides Trunk Support, Upper Thoracic Region, Produces Intracavitary Pressure To	Yes
	Reduce Load On The Intervertebral Disks With Rigid Stays Or Panel(s), Includes Shoulder Straps And	
	Closures, Custom Fabricated	
L0454	Tiso Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To Above T-9 Vertebra,	No
	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	Tiso, Flexible, Provides Trunk Support, Extends From Sacrococcygeal Junction To Above T-9 Vertebra,	No
	Restricts Gross Trunk Motion In The Sagittal Plane, Produces Intracavitary Pressure To Reduce Load	
L0456	On The Intervertebral Disks With Rigid Stays Or Panel(S)	No
10436	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,	INO
	Restricts Gross Trunk Motion In The Sagittal Plane, Produc	
L0457	Tlso, Flexible, Provides Trunk Support, Thoracic Region, Rigid Posterior Panel And Soft Anterior Apron,	No
	Extends From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine,	
	Restricts Gross Trunk Motion In The Sagittal Plane, Produc	
L0458	Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends	No
	From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior	
	Extends From The Symphysis Publis To The Xiphoid, Soft Liner	
L0460	Tlso, Triplanar Control, Modular Segmented Spinal System, Two Rigid Plastic Shells, Posterior Extends	No
	From The Sacrococcygeal Junction And Terminates Just Inferior To The Scapular Spine, Anterior	
	Extends From The Symphysis Pubis To The Sternal Notch, Soft	

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

Procedure Code	Description	Prior Auth Required
L0626		No
	L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes	
	Straps, Closures, May Include Padding, Stays, Shoulder	
L0627	Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-	No
	1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs,	
	Includes Straps, Closures, May Include Padding, Shou	
L0628	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends From	No
10020	Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The	
	Intervertebral Discs, Includes Straps, Closures, May Include Stays, Shou	
L0629	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior Extends From	Yes
10025	Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The	
	Intervertebral Discs, Includes Straps, Closures, May Include Stays, Shou	
L0630	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From	No
10030		NO
	Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The	
10021	Intervertebral Discs, Includes Straps, Closures, May Include Pad	No
L0631	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends	No
	From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On	
L0632	The Intervertebral Discs, Includes Straps, Closures, May	Vac
10032	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends	Yes
	From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On	
10000	The Intervertebral Discs, Includes Straps, Closures, May	AL .
L0633	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior	No
	Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral	
	Frame/Panels, Produces Intracavitary Pressure To Reduce Load	
L0634	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior	Yes
	Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral	
	Frame/Panel(S), Produces Intracavitary Pressure To Reduce Loa	
L0635	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panel(S),	No
	Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction	
	To T-9 Vertebra, Lateral Strength Provided By Rigid Late	
L0636	Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panels,	No
	Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction	
	To T-9 Vertebra, Lateral Strength Provided By Rigid Latera	
L0637	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels,	No
	Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid	
	Lateral Frame/Panels, Produces Intracavitary Pressure To R	
L0638	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels,	No
	Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid	
	Lateral Frame/Panels, Produces Intracavitary Pressure To R	
L0639	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From	No
	Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid,	
	Produces Intracavitary Pressure To Reduce Load On The Intervertebr	
L0640	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From	No
	Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid,	
	Produces Intracavitary Pressure To Reduce Load On The Intervertebr	
L0641	Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From L-1 To Below	No
	L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes	
	Straps, Closures, May Include Padding, Stays, Shoulder	
L0642	Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From L-	No
	1 To Below L-5 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs,	
	Includes Straps, Closures, May Include Padding, Shou	
L0643	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior Extends From	No
	Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The	
	Intervertebral Discs, Includes Straps, Closures, May Include Pad	
L0648	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends	No
	From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On	
	The Intervertebral Discs, Includes Straps, Closures, May	
L0649	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior Frame/Panel(S), Posterior	No
	Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral	
	Frame/Panels, Produces Intracavitary Pressure To Reduce Load	
L0650	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S),	No
	Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid	
	Lateral Frame/Panel(S), Produces Intracavitary Pressure	

Procedure Code	Description	Prior Auth Required
L0651	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From	No
	Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Publis To Xyphoid,	
	Produces Intracavitary Pressure To Reduce Load On The Intervertebr	
L0700	Cervical-Thoracic-Lumbar-Sacral-Orthoses (Ctlso), Anterior-Posterior-Lateral Control, Molded To	No
	Patient Model, (Minerva Type)	
L0710	Ctlso, Anterior-Posterior-Lateral-Control, Molded To Patient Model, With Interface Material, (Minerva	No
	Type)	
L0810	Halo Procedure, Cervical Halo Incorporated Into Jacket Vest	No
L0820	Halo Procedure, Cervical Halo Incorporated Into Plaster Body Jacket	No
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	No
	Material	
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,	No
	Including Model	
L1001	Cervical Thoracic Lumbar Sacral Orthosis, Immobilizer, Infant Size, Prefabricated, Includes Fitting And	Yes
	Adjustment	
L1005	Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment	No
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
L1499	Spinal Orthosis, Not Otherwise Specified	Yes
L1600	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, Frejka Type With Cover, Prefabricated Item	No
	That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient	
L1610	By An Inidividual With Expertise Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Frejka Cover Only), Prefabricated Item That	No
1010		NO
	Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	

Procedure Code	Description	Prior Auth Required
L1620	Hip Orthosis, Abduction Control Of Hip Joints, Flexible, (Pavlik Harness), Prefabricated Item That Has	No
	Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An	
	Individual With Expertise	
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	No
	Fabricated	
L1650	Hip Orthosis, Abduction Control Of Hip Joints, Static, Adjustable, (Ilfled Type), Prefabricated, Includes	No
	Fitting And Adjustment	
L1652	Hip Orthosis, Bilateral Thigh Cuffs With Adjustable Abductor Spreader Bar, Adult Size, Prefabricated,	No
	Includes Fitting And Adjustment, Any Type	
L1660	Hip Orthosis, Abduction Control Of Hip Joints, Static, Plastic, Prefabricated, Includes Fitting And	No
	Adjustment	
L1680	F , , ,	No
	Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated	
L1681	Hip Orthosis, Bilateral Hip Joints And Thigh Cuffs, Adjustable Flexion, Extension, Abduction Control Of	No
	Hip Joint, Postoperative Hip Abduction Type, Prefabricated Item That Has Been Trimmed, Bent,	
	Molded, Assembled, Or Otherwise Customized To Fit A Specif	
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,	No
	Includes Fitting And Adjustment	
L1690		No
	Control, Prefabricated, Includes Fitting And Adjustment	
L1700		No
L1710		No
L1720	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom Fabricated	No
L1730		No
L1755	Legg Perthes Orthosis, (Patten Bottom Type), Custom Fabricated	No
L1810		No
	Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise	
		••
L1812		No
L1820		No
11020	Includes Fitting And Adjustment	N
L1830	Knee Orthosis, Immobilizer, Canvas Longitudinal, Prefabricated, Off-The-Shelf	No
L1831	Knee Orthosis, Locking Knee Joint(s), Positional Orthosis, Prefabricated, Includes Fitting And	No
L1832	Adjustment Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support,	No
L1032	Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To	No
	Fit A Specific Patient By An Individual With Expertise	
L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support,	No
1000	Prefabricated, Off-The Shelf	
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
21050	Kieć ortifosis, filja, without sonit(s), includes soft interface matchai, i relabilitatea, on the siteir	
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	
L1844	Knee Orthosis, Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric	No
	Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment,	
	Custom Fabricated	
L1845	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint	No
	(Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus	
	Adjustment, Prefabricated Item That Has Been Trimmed. Bent. Molded. A	
L1846	Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, A Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint	No
L1846	Knee Orthosis, Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint	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	No
L1846 L1847	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
	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	

Procedure Code	Description	Prior Auth Required
L1848	Knee Orthosis, Double Upright With Adjustable Joint, With Inflatable Air Support Chamber(s),	No
	Prefabricated, Off-The-Shelf	
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	No
	(Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus	
	Adjustment, Prefabricated, Off-The-Shelf	
L1852	Knee Orthosis (Ko), Double Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint	No
	(Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus	
	Adjustment, Prefabricated, Off-The-Shelf	
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	No
1910	Fitting And Adjustment	
L1920	Ankle Foot Orthosis, Single Upright With Static Or Adjustable Stop (Phelps Or Perlstein Type), Custom	No
L1930	Fabricated Ankle Foot Orthosis, Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment	No
21330		
L1932	Afo, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated, Includes Fitting And Adjustment	No
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, Includes Fitting And Adjustment	No
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, 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	No
	Bands/Cuffs (Single Bar 'Ak' Orthosis), Custom Fabricated	
L2005	Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock	Yes
	And Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated	
L2006	Knee Ankle Foot Device, Any Material, Single Or Double Upright, Swing And Stance Phase	Yes
	Microprocessor Control With Adjustability, Includes All Components (E.G., Sensors, Batteries,	
	Charger), Any Type Activation, With Or Without Ankle Joint(S), Custom Fabr	
L2010	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs (Single	No
	Bar 'Ak' Orthosis), Without Knee Joint, Custom Fabricated	
L2020	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs	No
	(Double Bar 'Ak' Orthosis), Custom Fabricated	
L2030	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh And Calf Bands/Cuffs,	No
L2034	(Double Bar 'Ak' Orthosis), Without Knee Joint, Custom Fabricated Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, Medial	No
	Lateral Rotation Control, With Or Without Free Motion Ankle, Custom Fabricated	-
L2035	Knee Ankle Foot Orthosis, Full Plastic, Static (Pediatric Size), Without Free Motion Ankle,	No
	Prefabricated, Includes Fitting And Adjustment	
L2036	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With Or Without Free Motion Knee, With Or	No
	Without Free Motion Ankle, Custom Fabricated	
L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free Motion Knee, With Or	No
	Without Free Motion Ankle, Custom Fabricated	

Procedure Code	Description	Prior Auth Required
L2038	Knee Ankle Foot Orthosis, Full Plastic, With Or Without Free Motion Knee, Multi-Axis Ankle, Custom	No
	Fabricated	
L2040	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Rotation Straps, Pelvic Band/Belt, Custom	No
	Fabricated	
L2050	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt,	No
	Custom Fabricated	
L2060	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic	No
	Band/ Belt, Custom Fabricated	
L2070	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Rotation Straps, Pelvic Band/Belt, Custom	No
	Fabricated	
L2080	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Hip Joint, Pelvic Band/Belt,	No
	Custom Fabricated	
L2090	Hip Knee Ankle Foot Orthosis, Torsion Control, Unilateral Torsion Cable, Ball Bearing Hip Joint, Pelvic	No
12100	Band/ Belt, Custom Fabricated	No
L2106	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting	No
L2108	Material, Custom Fabricated	No
L2108	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom Fabricated	No
	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Soft, Prefabricated, Includes Fitting And Adjustment	NO
L2114	And Aujustitient Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefabricated, Includes	No
	Fitting And Adjustment	
L2116	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting	No
	And Adjustment	
L2126	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Thermoplastic Type	No
	Casting Material, Custom Fabricated	
L2128	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom Fabricated	No
L2132	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting And	No
	Adjustment	
L2134	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting	No
	And Adjustment	
L2136	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting And	No
	Adjustment	
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
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	Yes
12240	Custom Fabricated Orthosis Only	Ne
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 L2265	Addition To Lower Extremity, Reinforced Solid Stirrup (Scott-Craig Type)	No No
L2205	Addition To Lower Extremity, Long Tongue Stirrup	No
2270	Addition To Lower Extremity, Varus/Valgus Correction ('T') Strap, Padded/Lined Or Malleolus Pad	
L2275	Addition To Lower Extremity, Varus/Valgus Correction, Plastic Modification, Padded/Lined	No
L2280	Addition To Lower Extremity, Value, V	No
L2280	Addition To Lower Extremity, Molded Inner Boot 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

Procedure Code	Description	Prior Auth Required
L2350	Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded To Patient Model, (Used For 'Ptb'	No
	'Afo' Orthoses)	
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,	No
	Each Joint	
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	No
	To Patient Model	
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
L2624	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction	No
10007	Control, Each	
L2627	Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model, Reciprocating Hip Joint	No
12620	And Cables	Ne
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	No
	Custom Fabricated Orthosis Only	
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

Procedure CodeDescriptionL2830Addition To Lower Extremity Orthosis, Soft Interface For Molded PlaL2840Addition To Lower Extremity Orthosis, Tibial Length Sock, Fracture CL2850Addition To Lower Extremity Orthosis, Femoral Length Sock, Fracture CL2851Addition To Lower Extremity Orthosis, Femoral Length Sock, FractureL2861Addition To Lower Extremity Joint, Knee Or Ankle, Concentric AdjustCustom Fabricated Orthotics Only, Each (Not Payable By Medicare)L2999Lower Extremity Orthoses, Not Otherwise SpecifiedL3000Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berk Instructions Apply. See Mcm: 2323)L3001Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (Spenco, Each (Spenco, Each (Spenco, Each)), See Mcm: 2323)L3002Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Ec Instructions Apply. See Mcm: 2323)L3003Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Eac Apply. See Mcm: 2323)L3010Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323)L3020Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323)L3020Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323)L3020Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Overage Instructions Apply. See Mcm: 2323)	Dr Equal, Each re Or Equal, Each table Torsion Style Mechanism For keley Shell, Each (Special Coverage pecial Coverage Instructions qual, Each (Special Coverage ch (Special Coverage Instructions	Prior Auth Required No No No Yes No Yes Yes Yes
L2850 Addition To Lower Extremity Orthosis, Femoral Length Sock, Fractur L2861 Addition To Lower Extremity Joint, Knee Or Ankle, Concentric Adjust Custom Fabricated Orthotics Only, Each (Not Payable By Medicare) L2999 Lower Extremity Orthoses, Not Otherwise Specified L3000 Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berk Instructions Apply. See Mcm: 2323) L3001 L3002 Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (Spenco, E	e Or Equal, Each table Torsion Style Mechanism For keley Shell, Each (Special Coverage pecial Coverage Instructions qual, Each (Special Coverage ch (Special Coverage Instructions	No Yes No Yes Yes
L2850 Addition To Lower Extremity Orthosis, Femoral Length Sock, Fractur L2861 Addition To Lower Extremity Joint, Knee Or Ankle, Concentric Adjust Custom Fabricated Orthotics Only, Each (Not Payable By Medicare) L2999 Lower Extremity Orthoses, Not Otherwise Specified L3000 Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berk Instructions Apply. See Mcm: 2323) Isolation L3002 Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (Si Apply. See Mcm: 2323) Isolations Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Ec Instructions Apply. See Mcm: 2323) Isolations Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Eac Apply. See Mcm: 2323) Isolations Apply. See Mcm: 2323) L3010 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323) Isolations Apply. See Mcm: 2323) L3010 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323) Isolations Apply. See Mcm: 2323)	e Or Equal, Each table Torsion Style Mechanism For keley Shell, Each (Special Coverage pecial Coverage Instructions qual, Each (Special Coverage ch (Special Coverage Instructions	Yes No Yes Yes
L2861 Addition To Lower Extremity Joint, Knee Or Ankle, Concentric Adjust L2999 Lower Extremity Orthoses, Not Otherwise Specified L3000 Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berk Instructions Apply. See Mcm: 2323) L3001 Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (Spenco, Each (Spenc, Each (Spenco, Each (table Torsion Style Mechanism For seley Shell, Each (Special Coverage pecial Coverage Instructions qual, Each (Special Coverage ch (Special Coverage Instructions	Yes No Yes Yes
L2999 Lower Extremity Orthoses, Not Otherwise Specified L3000 Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berk Instructions Apply. See Mcm: 2323) L3001 Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (S Apply. See Mcm: 2323) L3002 Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Ec Instructions Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Eac Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Eac Apply. See Mcm: 2323) L3010 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ M Coverage Instructions Apply. See Mcm: 2323)	pecial Coverage Instructions qual, Each (Special Coverage ch (Special Coverage Instructions	No Yes Yes
L3000 Foot, Insert, Removable, Molded To Patient Model, 'Ucb' Type, Berk Instructions Apply. See Mcm: 2323) L3001 Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (S Apply. See Mcm: 2323) L3002 Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Ec Instructions Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Eac Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Eac Apply. See Mcm: 2323) L3010 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ M Coverage Instructions Apply. See Mcm: 2323)	pecial Coverage Instructions qual, Each (Special Coverage ch (Special Coverage Instructions	No Yes Yes
Instructions Apply. See Mcm: 2323) L3001 Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (Sp. Apply. See Mcm: 2323) L3002 Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Econstructions Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (Sp. Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Spenco, Each (Sp. Apply. See Mcm: 2323) L3010 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arconstructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ M Coverage Instructions Apply. See Mcm: 2323)	pecial Coverage Instructions qual, Each (Special Coverage ch (Special Coverage Instructions	Yes Yes
Apply. See Mcm: 2323) L3002 Foot, Insert, Removable, Molded To Patient Model, Plastazote Or Edinstructions Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Eacing Apply. See Mcm: 2323) L3010 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arconstructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arconstructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ Mcoverage Instructions Apply. See Mcm: 2323)	qual, Each (Special Coverage	Yes
Instructions Apply. See Mcm: 2323) L3003 Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Eac Apply. See Mcm: 2323) L3010 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal/M Coverage Instructions Apply. See Mcm: 2323)	ch (Special Coverage Instructions	
L3003 Foot, Insert, Removable, Molded To Patient Model, Silicone Gel, Eac Apply. See Mcm: 2323) L3010 Foot, Insert, Removable, Molded To Patient Model, Longitudinal Arc Instructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal/M Coverage Instructions Apply. See Mcm: 2323)		Yes
Instructions Apply. See Mcm: 2323) L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ M Coverage Instructions Apply. See Mcm: 2323)	ch Support, Each (Special Coverage	
L3020 Foot, Insert, Removable, Molded To Patient Model, Longitudinal/ M Coverage Instructions Apply. See Mcm: 2323)		Yes
	etatarsal Support, Each (Special	Yes
L3030 Foot, Insert, Removable, Formed To Patient Foot, Each (Special Cove	erage Instructions Apply. See	Yes
Mcm: 2323)		
L3031 Foot, Insert/Plate, Removable, Addition To Lower Extremity Orthosi Material, All Hybrid Lamination/Prepreg Composite, Each	s, High Strength, Lightweight	Yes
L3040 Foot, Arch Support, Removable, Premolded, Longitudinal, Each (Spe See Mcm: 2323)	cial Coverage Instructions Apply.	Yes
L3050 Foot, Arch Support, Removable, Premolded, Metatarsal, Each (Speci See Mcm: 2323)	ial Coverage Instructions Apply.	Yes
L3060 Foot, Arch Support, Removable, Premolded, Longitudinal/ Metatars Instructions Apply. See Mcm: 2323)	al, Each (Special Coverage	Yes
L3070 Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal Instructions Apply. See Mcm: 2323)	l, Each (Special Coverage	Yes
L3080 Foot, Arch Support, Non-Removable Attached To Shoe, Metatarsal, Instructions Apply. See Mcm: 2323)	Each (Special Coverage	Yes
L3090 Foot, Arch Support, Non-Removable Attached To Shoe, Longitudinal Coverage Instructions Apply. See Mcm: 2323)	l/Metatarsal, Each (Special	Yes
L3100 Hallus-Valgus Night Dynamic Splint, Prefabricated, Off-The-Shelf (Sp See Mcm: 2323)	ecial Coverage Instructions Apply.	No
L3140 Foot, Abduction Rotation Bar, Including Shoes (Special Coverage Inst	tructions Apply. See Mcm: 2323)	No
L3150 FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES (SPECIAL COV MCM: 2323)	ERAGE INSTRUCTIONS APPLY. SEE	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-Th Instructions Apply. See Mcm: 2323)	e-Shelf, Each (Special Coverage	Yes
L3201 Orthopedic Shoe, Oxford With Supinator Or Pronator, Infant (Specia Mcm: 2323)	al Coverage Instructions Apply. See	No
L3202 Orthopedic Shoe, Oxford With Supinator Or Pronator, Child (Special Mcm: 2323)	Coverage Instructions Apply. See	No
L3203 Orthopedic Shoe, Oxford With Supinator Or Pronator, Junior (Specia Mcm: 2323)	al Coverage Instructions Apply. See	No
L3204 Orthopedic Shoe, Hightop With Supinator Or Pronator, Infant (Speci	ial Coverage Instructions Apply.	No
See Mcm: 2323) L3206 Orthopedic Shoe, Hightop With Supinator Or Pronator, Child (Special Marcon 2222)	al Coverage Instructions Apply. See	No
Mcm: 2323) L3207 Orthopedic Shoe, Hightop With Supinator Or Pronator, Junior (Speci	ial Coverage Instructions Apply.	No
See Mcm: 2323) L3208 Surgical Boot, Each, Infant (Special Coverage Instructions Apply. See	Mcm: 2079)	No
L3209 Surgical Boot, Each, Child (Special Coverage Instructions Apply: See		No
L3211 Surgical Boot, Each, Junior (Special Coverage Instructions Apply. See		No
L3212 Benesch Boot, Pair, Infant (Special Coverage Instructions Apply. See		No
L3213 Benesch Boot, Pair, Child (Special Coverage Instructions Apply: See N		No
L3214 Benesch Boot, Pair, Junior (Special Coverage Instructions Apply. See		No

Procedure Code	Description	Prior Auth Required
L3215	Orthopedic Footwear, Ladies Shoe, Oxford, Each (Non-Covered By Medicare Statute. Statute	No
	Reference: 1862A8)	
L3216	Orthopedic Footwear, Ladies Shoe, Depth Inlay, Each (Non-Covered By Medicare Statute. Statute	No
	Reference: 1862A8)	
L3217	Orthopedic Footwear, Ladies Shoe, Hightop, Depth Inlay, Each (Non-Covered By Medicare Statute.	No
	Statute Reference: 1862A8)	
L3219	Orthopedic Footwear, Mens Shoe, Oxford, Each (Non-Covered By Medicare Statute. Statute	No
	Reference: 1862A8)	
L3221	Orthopedic Footwear, Mens Shoe, Depth Inlay, Each (Non-Covered By Medicare Statute. Statute	No
	Reference: 1862A8)	
L3222	Orthopedic Footwear, Mens Shoe, Hightop, Depth Inlay, Each (Non-Covered By Medicare Statute.	No
	Statute Reference: 1862A8)	
L3224	Orthopedic Footwear, Woman'S Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis) (Special	Yes
	Coverage Instructions Apply. See Mcm: 2323D)	
L3225	Orthopedic Footwear, Man'S Shoe, Oxford, Used As An Integral Part Of A Brace (Orthosis) (Special	Yes
	Coverage Instructions Apply. See Mcm: 2323D)	
L3230	Orthopedic Footwear, Custom Shoe, Depth Inlay, Each (Special Coverage Instructions Apply. See Mcm:	No
	2323)	
L3250	Orthopedic Footwear, Custom Molded Shoe, Removable Inner Mold, Prosthetic Shoe, Each (Special	No
	Coverage Instructions Apply. See Mcm: 2323)	
L3251	Foot, Shoe Molded To Patient Model, Silicone Shoe, Each (Special Coverage Instructions Apply. See	No
	Mcm: 2323)	
L3252	Foot, Shoe Molded To Patient Model, Plastazote (Or Similar), Custom Fabricated, Each (Special	No
	Coverage Instructions Apply. See Mcm: 2323)	
L3253	Foot, Molded Shoe Plastazote (Or Similar) Custom Fitted, Each (Special Coverage Instructions Apply.	No
	See Mcm: 2323)	
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:	No
10000	2323)	
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:	NO
12240		
L3310	Lift, Elevation, Heel And Sole, Neoprene, Per Inch (Special Coverage Instructions Apply. See Mcm:	No
1 2 2 2 0	2323) Lift, Elevation, Heel And Sole, Cork, Per Inch (Special Coverage Instructions Apply. See Mcm: 2323)	No
L3320	Litt, Elevation, Heel And Sole, Cork, Per Inch (Special Coverage Instructions Apply. See Mcm: 2323)	NO
12220	Lift Elevation Matel Extension (Elete) (Energial Coverage Instructions Apply For Mary 2022)	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	No
15552		NO
L3334	Mcm: 2323) 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, Sach (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, Retween 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
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
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Procedure Code	Description	Prior Auth Required
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		No
L3590		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		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

Procedure Code	Description	Prior Auth Required
L3763	Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment	No
L3764		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
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	No
	Include Soft Interface, Straps, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Indiv	
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

Procedure Code	Description	Prior Auth Required
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	•	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
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

Procedure Code Description Print 14205 Repair Of Orthotic Device, Labor Component, Per 15 Minutes (Special Coverage Instructions Apply. No 14210 Repair Of Orthotic Device, Repair Or Replace Minor Parts (Special Coverage Instructions Apply. See Yes 14350 Ankle Control Orthosis, Surrup Style, Rigid, Includes Any Type Interface (E.G., Pneumatic, Gell), Prefabricated, OrfThe-Shelf No 14360 Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface No 14361 Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface No Material, Prefabricated, Off-The-Shelf No Material, Prefabricated, Off-The-Shelf No 14370 Pneumatic Full Leg Splint, Prefabricated, Off-The-Shelf No Material, Prefabricated, Off-The-Shelf No 14386 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No Prefabricated, Off-The-Shelf No 14387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Adjustable For Fit, For No 14392 Replace Soft Interface Material, Foot Drop Splint Yes No 14394 Replace Soft Interface Material, Foot Drop Splint Yes	es 0 0 0 0 0 0 0 0 0 0 0 0 0 0
See Kmr: 2100.4) Repair Of Orthotic Device, Repair Or Replace Minor Parts (Special Coverage Instructions Apply, See Norm: 2133, 2100, 4, 21300) Yes L4350 Andle Control Orthois, 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 No Material, Prefabricated, Off-The-Shelf No Material, Prefabricated, Off-The-Shelf No L4361 Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface No Material, Prefabricated, Off-The-Shelf No Material, Prefabricated, Off-The-Shelf No L4386 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No Prefabricated, Off-The-Shelf No L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No Prefabricated, Off-The-Shelf No L4387 Walking Boot, Son-Pneumatic, With Or Without Joints, With Or Without Interface Material, Soft Interface Material, Foot Drop Splint Yes L4392 Replacement, Soft Interface Material, Foot Drop Splint No L4393 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mcm: 2133, 2100 4, 21300) L4350 Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (E.G., Pneumatic, Gel), Prefabricated, Off-The-Shelf 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 Material, Prefabricated, Off-The-Shelf 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 L4387 Replacement, Soft Interface Material, Foot Drop Splint Yes L4394 Replace Soft Interface Material, Foot Drop Splint Yes L4395 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Positioning, May Be Used For Minimal Ambualton, Prefabricated, Iff-The-Shelf No L4397	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mcm: 2133, 2100 4, 21300) Ankle Control Orthosis, Stirrup Style, Rigid, Includes Any Type Interface (E.G., Pneumatic, Gel), Prefabricated, Off-The-Shelf L4350 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 Material, Prefabricated, Off-The-Shelf 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, No No L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No No L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No No L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Algo Ansenbed, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise L4394 Replacement, Soft Interface Material, Foot Drop Splint Yees L4395 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For Postistoining, Way Be Used For Minimal Ambuabation, Prefa	0 0 0 0 0 0 es es
Prefabricated, Off-The-Shelf L4360 Waiking 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 Material, Prefabricated Item Ad/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 Waiking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No No L4387 Waiking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No Prefabricated, Off-The-Shelf L4387 Waiking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Septicitated, Off-The-Shelf No L4386 Waiking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf No L4392 Replacement, Soft Interface Material, Foot Drop Splint Yes L4395 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 L4397 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No	0 0 0 0 0 0 es es
Prefabricated, Off-The-Sheff 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 Material, Prefabricated, Off-The-Shelf No Material, Prefabricated, Off-The-Shelf No L4370 Pneumatic Full Leg Splint, Prefabricated, Off-The-Shelf No Material, Prefabricated, Off-The-Shelf No L4386 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No Prefabricated, Off-The-Shelf No L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No Prefabricated, Off-The-Shelf No L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No Prefabricated, Off-The-Shelf No L4392 Replacement, Soft Interface Material, Foot Drop Splint Yes Yes L4394 Replace Soft Interface Material, Foot Drop Splint Yes Yes L4395 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf No	0 0 0 0 es es
Material, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise 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, No No L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Uthout 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 L4394 Replacement, Soft Interface Material, Foot Drop Splint Yes L4396 Statti 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 L4398 Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Soft Interface, Ustom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated No </td <td>0 0 0 0 es es</td>	0 0 0 0 es es
Customized To Fit A Specific Patient By An Individual With Expertise No L4361 Walking Boot, Preumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface 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, No No L4386 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No No Prefabricated, Off-The-Shelf No Prefabricated, Off-The-Shelf No L4392 Replaces Soft Interface Material, Static Afo Yes Yes L4394 Replaces Soft Interface Material, Static Afo Yes Yes L4394 Replaces Soft Interface Material, Sott Soft Interface Material, Adjustable For Fit, For No Prefabricated, Off-The-Shelf Yes No Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No L4395 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No L4396 Static Or Dynamic Ankle Foot Orthosis, Valking Boot Type, Varux/Valgus Correction, Rocker Bottom, Anterior Tilal No L4397 Static Or	0 0 0 es es
L4361 Walking Boot, Pneumatic And/Or Vacuum, With Or Without Joints, With Or Without Interface 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 No Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Prefabricated, Off-The-Shelf L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No Prefabricated, Off-The-Shelf L4392 Replacement, Soft Interface Material, Static Afo Yes L4396 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf No L4397 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf No L4398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No L4311 Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial No Shell, Soft Interface, Custom Arch Support, Plastic Or Other	0 0 0 es es
Material, Prefabricated, Off-The-Shelf No L4370 Pneumatic, Full Lig 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 ReplaceSoft Interface Material, Static Afo 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 L4398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No L4391 Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial No L4392 Lotor Drap Splint, Recumbent Positioning Device, Prefab	0 0 0 es es
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 tem 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 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, Moided, 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 L4398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No L4398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No L4398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No L4631 Ankle Fo	o o es es
L4386 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated them 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, 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 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, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No	o o es es
Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise 14387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf No 14392 Replacement, Soft Interface Material, Static Afo Yes 14394 Replace Soft Interface Material, Foot Drop Splint Yes 14396 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 14397 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 14398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No 14631 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 15000 Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No 15020 Partial Foot, Molded Socket, Sach Foot No 15105 Ankle, Sym	o es es
Fit A Specific Patient By An Individual With Expertise Individual With Expertise L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, Prefabricated, Off-The-Shelf No L4392 Replacement, Sofi 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 No 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 No Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf No L4398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No L4311 Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial No Static Soft Interface, Custom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated No L5000 Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No L5020 Partial Foo	es es
L4387 Walking Boot, Non-Pneumatic, With Or Without Joints, With Or Without Interface Material, No Prefabricated, Off-The-Shelf Yes L4392 Replace 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 No Positioning, May Be Used For Minimal Ambulation, Prefabricated Iterm That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific L4397 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf No L4398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No L4311 Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial No Shell, Soft Interface, Custom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated No L5000 Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No L5020 Partial Foot, Molded Socket, Sach Foot No L5030 Ankle, Symes, Molded Socket, Sach	es es
Prefabricated, Off-The-Shelf Prefabricated, Off-The-Shelf (4392) Replacement, Soft Interface Material, Static Afo Yes (4394) Replace Soft Interface Material, Foot Drop Splint Yes (4396) Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No Positioning, May Be Used For Minimal Ambulation, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific No 14397 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No 14398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No 14398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No 14391 Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial No Shell, Soft Interface, Custom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated No 15000 Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No 15020 Partial Foot, Molded Socket, Sach Foot No 15050 Ankle, Symes, Molded Socket, Sach Foot No <td>es es</td>	es es
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 No 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 No Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-Shelf No L4398 Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-Shelf No L4391 Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial No Shell, Soft Interface, Custom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated No L5000 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	es
L4394 Replace Soft Interface Material, Foot Drop Splint Yes L4396 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No 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 No L4398 Foot Drop Splint, Recumbent Positioning Device, 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 No Shell, Soft Interface, Lustom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated No L5000 Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See No L5010 Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No L5020 Partial Foot, Molded Socket, Sach Foot No L5050 Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot No L5050	es
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 L431 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 L5010 Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No L5020 Partial Foot, Molded Socket, Sach Foot No L5050 Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot No L5060 Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot No L5100 Below Knee, Nolded Socket, Shin, Sach Foot No L5100 Below Knee, Nolded Socket, Shin,	
Positioning, May Be Used For Minimal Ambulation, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific L4397 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For No 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 No Shell, Soft Interface, Custom Arch Support, Plastic Or Other Material, Includes Straps And Closures, Custom Fabricated No L5000 Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No L5010 Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No L5020 Partial Foot, Molded Socket, Sach Foot No L5050 Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot No L5060 Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot No L5050 Ankle, Symes, Metal Frame, Molded Leather Socket, External Knee Joints, Shin, Sach Foot No L5105 Below Knee, Plastic Socket, Shin	
Molded, Assembled, Or Otherwise Customized To Fit A Specific 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 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 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 L5100 Below Knee, Nolded Socket, Sach Foot No L5100 Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foot No L5050 Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot No L5105 Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foot No	0
L4397 Static Or Dynamic Ankle Foot Orthosis, Including Soft Interface Material, Adjustable For Fit, For 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 No 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 L5010 Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323) No L5020 Partial Foot, Molded Socket, Sach Foot No L5050 Ankle, Symes, Molded Socket, Sach Foot No L5000 Below Knee, Nolded Socket, Sach Foot No L5050 Ankle, Symes, Molded Socket, Sach Foot No L5100 Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foot No L5100 Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foot No L5060 Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/Foot No L5100 Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach Foot No	
Positioning, May Be Used For Minimal Ambulation, Prefabricated, Off-The-ShelfL4398Foot Drop Splint, Recumbent Positioning Device, Prefabricated, Off-The-ShelfL4631Ankle 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 FabricatedL5000Partial Foot, Shoe Insert With Longitudinal Arch, Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323)NoL5010Partial Foot, Molded Socket, Ankle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323)NoL5020Partial Foot, Molded Socket, Tibial Tubercle Height, With Toe Filler (Special Coverage Instructions Apply. See Mcm: 2323)NoL5050Ankle, Symes, Molded Socket, Sach FootNoL5060Ankle, Symes, Metal Frame, Molded Leather Socket, Articulated Ankle/FootNoL5100Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach FootNoL5105Below Knee, Plastic Socket, Joints And Thigh Lacer, Sach FootNoL5100Knee Disarticulation (Or Through Knee), Molded Socket, External Knee Configuration, External Knee Joints, Shin, Sach FootNoL5100Above Knee, Short Prosthesis, No Knee Joint ('Stubbies'), With Foot Blocks, No Ankle Joints, EachNoL5210Above Knee, Short Prosthesis, No Knee Joint ('Stubbies'), With Foot Blocks, No Ankle Joints, EachNo	
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L4631 Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial No 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 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, Plastic Socket, Joints And Thigh Lacer, Sach Foot No L5100 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 No L5120 Above Knee, Molded Socket, Single Axis Constant Friction Knee, Shin, Sach Foot No L5120 Above Knee, Short Prosthesis, No Knee Joint ('Stubbies'), With Foot Blocks, No Ankle Joints, Each No	
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Aligned, Each L5230 Above Knee, For Proximal Femoral Focal Deficiency, Constant Friction Knee, Shin, Sach Foot No	0
L5250 Above Knee, For Proximal Femoral Focal Deficiency, Constant Friction Knee, Shin, Sach Foct No L5250 Hip Disarticulation, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, No	
Sach Foot	0
L5270 Hip Disarticulation, Tilt Table Type; Molded Socket, Locking Hip Joint, Single Axis Constant Friction No	
Knee, Shin, Sach Foot	0
L5280 Hemipelvectomy, Canadian Type; Molded Socket, Hip Joint, Single Axis Constant Friction Knee, Shin, No	
Sach Foot	0
L5301 Below Knee, Molded Socket, Shin, Sach Foot, Endoskeletal System No	0
L5312 Knee Disarticulation (Or Through Knee), Molded Socket, Single Axis Knee, Pylon, Sach Foot, No	
Endoskeletal System	11
L5321 Above Knee, Molded Socket, Open End, Sach Foot, Endoskeletal System, Single Axis Knee No	U
L5331 Hip Disarticulation, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, No	
Sach Foot	0
L5341 Hemipelvectomy, Canadian Type, Molded Socket, Endoskeletal System, Hip Joint, Single Axis Knee, No	0
Sach Foot	0

Procedure Code	Description	Prior Auth Required
L5400		No
15400	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting, Alignment, Suspension, And One Cast Change, Below Knee	INO
L5410	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Including Fitting,	No
	Alignment And Suspension, Below Knee, Each Additional Cast Change And Realignment	
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	No
L5570	Cover, Sach Foot, Plaster Socket, Molded To Model Preparatory, Above Knee - Knee Disarticulation, Ischial Level Socket, Non-Alignable System, Pylon, No Cover Sock Foot Theorem Institution Cover Socket, Non-Alignable System, Pylon, No	No
L5580	Cover, Sach Foot, Thermoplastic Or Equal, Direct Formed Preparatory, Above Knee - Knee Disarticulation Ischial Level Socket, Non-Alignable System, Pylon, No	No
L5585	Cover, Sach Foot, Thermoplastic Or Equal, Molded To Model Preparatory, Above Knee - Knee Disarticulation, Ischial Level Socket, Non-Alignable System, Pylon, No	No
L5590	Cover, Sach Foot, Prefabricated Adjustable Open End Socket Preparatory, Above Knee - Knee Disarticulation Ischial Level Socket, Non-Alignable System, Pylon No	No
L5595	Cover, Sach Foot, Laminated Socket, Molded To Model Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Thermoplastic Or	No
L5600	Equal, Molded To Patient Model Preparatory, Hip Disarticulation-Hemipelvectomy, Pylon, No Cover, Sach Foot, Laminated Socket,	No
23000	Molded To Patient Model	
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

Lissa Addition To Lower Extremity, Surpars Type, Pasterior Opening Canadian Socket No Lissa Addition To Lower Extremity, Surpars Type, Pasterior Opening Canadian Socket No Lissa Addition To Lower Extremity, Surpars Type, Pasterior Opening Canadian Socket No Lissa Addition To Lower Extremity, Balow Knee, Total Contact No Lissa Addition To Lower Extremity, Balow Knee, Leather Socket No Lissa Addition To Lower Extremity, Rue Dispriculation, Incubite Inter Socket No Lissa Addition To Lower Extremity, Rue Dispriculation, Incubite Inner Socket, External Frame No Lissa Addition To Lower Extremity, Rue Dispriculation, Rue Dis Inner Socket, External Frame No Lissa Addition To Lower Extremity, Rue Dispriculation, Rue Dis Inner Socket, External Frame No Lissa Addition To Lower Extremity, Rue Dispriculation, Rue Dis Inner Socket, External Frame No Lissa Addition To Lower Extremity, Rue Dispriculation, Rue Dispriculation Socket No Lissa Addition To Lower Extremity, Rue Dispriculation, Rue Dispriculation Socket No Lissa Addition To Lower Extremity, Rue Dispriculation, Rue Dispriculation Socket No Lissa	Procedure Code	Description	Prior Auth Required
L632 Addition To Lower Externity, Symps Type, Thu's Birn Design Socket No L5334 Addition To Lower Externity, Symps Type, Areatrian Opening Consultant Socket No L5365 Addition To Lower Externity, Below Knee, Cataltan Socket No L5384 Addition To Lower Externity, Below Knee, Leather Socket No L5383 Addition To Lower Externity, Below Knee, Leather Socket No L5484 Addition To Lower Externity, Below Knee, Leather Socket No L5484 Addition To Lower Externity, Below Knee, Leather Socket, Leather Socket No L5484 Addition To Lower Externity, Below Knee, Leather Socket, Leather Socket, Leather Socket No L5484 Addition To Lower Externity, Below Knee, Arreal, Catalton Socket No L5484 Addition To Lower Externity, Below Knee, Arreal, Catalton Socket No L5484 Addition To Lower Externity, Below Knee, Arreal, Catalton Socket No L5484 Addition To Lower Externity, Status Knee, Socket No L5484 Addition To Lower Externity, Status Knee, Socket No L5484 Addition To Lower Externity, Status Knee, Socket No L5484 Addition To Lower Externi			
L684 Addition To Lower Extremity, Symes Type, Posterior Opening (Canadan) socket No L5836 Addition To Lower Extremity, Below Knee, Motal Contract No L5837 Addition To Lower Extremity, Below Knee, Lotal Contract No L5838 Addition To Lower Extremity, Below Knee, Lotalt Socket No L5649 Addition To Lower Extremity, Below Knee, Lotalthr Socket No L5643 Addition To Lower Extremity, Bobar Socket No L5644 Addition To Lower Extremity, Bobar Socket No L5645 Addition To Lower Extremity, Bobar Socket, External Frame No L5646 Addition To Lower Extremity, Bobar Socket, External Frame No L5647 Addition To Lower Extremity, Bobar Knee, Air, Fluid, Gel OF Equal, Custion Socket No L5648 Addition To Lower Extremity, School Socket No No L5649 Addition To Lower Extremity, School Socket No No L5649 Addition To Lower Extremity, School Socket No No L5649 Addition To Lower Extremity, School Socket No No L5649 Addition To Lower Extremity, Socket Insert, School Socket, Ex			-
LG36 Addition To Lower Extremity, Speck Rec. Otal Contact No LG37 Addition To Lower Extremity, Below Knee, Istal Fondat No LG38 Addition To Lower Extremity, Below Knee, Istal Fondat No LG40 Addition To Lower Extremity, Network Rev. Wood Societ No LG41 Addition To Lower Extremity, Network Rev. Wood Societ No LG42 Addition To Lower Extremity, Notwork Rev. Note Socket No LG43 Addition To Lower Extremity, Notwork Rev. Note Socket No LG44 Addition To Lower Extremity, Notwork Rev. Note Socket No LG44 Addition To Lower Extremity, Notwork Rev. Rev. Ruld, Gel Or Equal, Cabino Socket No LG44 Addition To Lower Extremity, Notwork Rev. Ruld, Gel Or Equal, Cabino Socket No LG44 Addition To Lower Extremity, Total Contact, Above Knee, Dr Knee Disarticulation Socket No LG451 Addition To Lower Extremity, Socket Issee, Reve Dr Knee Disarticulation Socket No LG551 Addition To Lower Extremity, Socket Issee, Reve Dr Knee Disarticulation Socket No LG552 Addition To Lower Extremity, Socket Issee, Skee, Extremating and Socket No LG554 Addition To Lower Extremity, Socket Issee, Skee, Extremating and Socket No LG554 Addition To Lower Extremity, Socket Insert, Speandable Wall Socket No <			
LG37 Addition To Lower Extremity, Below Knee, Total Contact No LG38 Addition To Lower Extremity, Below Knee, Wood Socket No LG40 Addition To Lower Extremity, More Disarticulation, Leather Socket No LG42 Addition To Lower Extremity, More Disarticulation, Leather Socket No LG42 Addition To Lower Extremity, More Knee, Wood Socket No LG43 Addition To Lower Extremity, Below Knee, Wood Socket, External Frame No LG44 Addition To Lower Extremity, Below Knee, Neudo Extremating, Falow Knee, Wood Socket, External Frame No LG44 Addition To Lower Extremity, Stelow Knee, Neudo Extremating, Kalow Knee, Neudo Extremating, Kalow Knee, Neudo Extremating, Kalow Knee No LG454 Addition To Lower Extremity, Stelow Knee, Nar Fluid, Gel Or Equal, Cuchion Socket No LG454 Addition To Lower Extremity, Stalow Knee, Nar Budd, Gel Or Equal, Cuchion Socket No LG552 Addition To Lower Extremity, Stalow Knee, Nar Budd, Gel Or Equal, Cuchion Socket No LG553 Addition To Lower Extremity, Stalow Knee Knee Disarticulation Socket No LG554 Addition To Lower Extremity, Socket Insert, Stalow Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No			
15638 Addition To Lower Extremity, Below Knee, Wood Socket No 15640 Addition To Lower Extremity, Below Knee, Wood Socket No 15640 Addition To Lower Extremity, Bio Rev, Below Knee, Wood Socket No 15643 Addition To Lower Extremity, Bio Rev, Below Knee, Lather Socket, External Frame No 15644 Addition To Lower Extremity, Bio Rev, Wood Socket No 15645 Addition To Lower Extremity, Bio Knee, Wood Socket No 15646 Addition To Lower Extremity, Bio Knee, Wood Socket No 15646 Addition To Lower Extremity, Bolow Knee, Air, Fluid, Gel OF Equal, Cuthon Socket No 15646 Addition To Lower Extremity, Total Contact, Above Knee Or Knee Districulation Socket No 15647 Addition To Lower Extremity, Stackin Stacket, External Frame No 15648 Addition To Lower Extremity, Total Contact, Above Knee Or Knee Districulation Socket No 15651 Addition To Lower Extremity, Stackin Suspension, Above Knee Or Knee Districulation Socket No 15654 Addition To Lower Extremity, Stackin Suspension, Above Knee Or Knee Districulation Socket No 15655 Addition To Lower Extremity, Stackin Insert, Stackin Knee Or Knee Districulation Socket No 15656 Addition To Lower Extremity, Socket Insert, Symaol, Rembio, Pelite, Aliplast, Plastazote Or Equal) No 15655			
15639 Addition To Lower Extremity, Below Knee, Wood Socket No 15640 Addition To Lower Extremity, Above Knee, Leather Socket No 15642 Addition To Lower Extremity, Above Knee, Leather Socket No 15643 Addition To Lower Extremity, Below Knee, Inselbe Inner Socket, External Frame No 15644 Addition To Lower Extremity, Below Knee, Arebie Inner Socket, External Frame No 15645 Addition To Lower Extremity, Below Knee, Arebie Inner Socket, External Frame No 15646 Addition To Lower Extremity, Below Knee, Arebie Inner Socket, External Frame No 15647 Addition To Lower Extremity, Schot Contact, Above Knee, External Frame No 15648 Addition To Lower Extremity, Schot Contact, Above Knee Or Knee Districtuation Socket No 15659 Addition To Lower Extremity, Schot Contact, Above Knee Or Knee Districtuation Socket No 15651 Addition To Lower Extremity, Schot Supension, Above Knee Or Knee Districtuation Socket No 15652 Addition To Lower Extremity, Socket Insert, Symes, Knee Districtuation Socket No 15653 Addition To Lower Extremity, Socket Insert, Suben Knee, Kneebio, Pelite, Aliplast, Plastazote Or Equal) No 15654 Addition To Lower Extremity, Socket Insert, Above Knee (Kembio, Pelite, Aliplast, Plastazote Or Equal) No 15655 Addition To Lower Extremity, Socket Inser			
L5640 Addition To Lower Extremity, Knee Disarticulation, Leather Socket No L5642 Addition To Lower Extremity, Above Knee, Latther Socket, External Frame No L5643 Addition To Lower Extremity, Above Knee, Proble Inner Socket, External Frame No L5644 Addition To Lower Extremity, Below Knee, Alex Fluid, Gel Or Equal, Cushion Socket No L5645 Addition To Lower Extremity, Below Knee, Alex Fluid, Gel Or Equal, Cushion Socket No L5646 Addition To Lower Extremity, Below Knee, Alex Fluid, Gel Or Equal, Cushion Socket No L5647 Addition To Lower Extremity, Above Knee, Alex Fluid, Gel Or Equal, Cushion Socket No L5649 Addition To Lower Extremity, Socket Insert, Fluid, Gel Or Equal, Cushion Socket No L5650 Addition To Lower Extremity, Socket Insert, Socket Socket No L5651 Addition To Lower Extremity, Socket Insert, Knee Disarticulation Socket No L5653 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Socket Insert, Aliplast, Plastazote Or Equal) No L5654 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Socket Insert, Multi-Durometer, Socket Insert, Multi-Durometer, Socket Insert, Multi-Durom			
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15643 Addition To Lower Extremity, Nip Disarticulation, Flexible Inner Socket, External Frame No 15654 Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame No 15646 Addition To Lower Extremity, Below Knee, Arg Fluid, Gel Or Equal, Cushion Socket No 15647 Addition To Lower Extremity, Below Knee, Arg Fluid, Gel Or Equal, Cushion Socket No 15648 Addition To Lower Extremity, Solve Knee, Arg Fluid, Gel Or Equal, Cushion Socket No 15649 Addition To Lower Extremity, Solve Knee, Arg Fluid, Gel Or Equal, Cushion Socket No 15651 Addition To Lower Extremity, Solve Knee, Fluid, Bener Socket, Extrane No 15652 Addition To Lower Extremity, Socket Insert, Solves, Socket Insert, Aliplast, Plastazote Or Equal) No 15654 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Solves Knee No No 15655 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Solves Knee No No 15656 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Relow Knee No No 15658 Addition To Lower Extremity, Sock			
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16646 Addition To Lower Extremity, Below Knee, Aur, Fluid, Gel Or, Equal, Cushion Socket No 15647 Addition To Lower Extremity, Abow Knee, Aur, Fluid, Gel Or, Equal, Cushion Socket No 15648 Addition To Lower Extremity, Abow Knee, Aur, Fluid, Gel Or, Equal, Cushion Socket No 15649 Addition To Lower Extremity, Abow Knee, Air, Fluid, Gel Or, Equal, Cushion Socket No 15650 Addition To Lower Extremity, Abow Knee, Previole Inner Socket, External Frame No 15651 Addition To Lower Extremity, Socket Insert, Sove Knee Or Knee Disarticulation Socket No 15653 Addition To Lower Extremity, Socket Insert, Sove Knee Or Knee Disarticulation Socket No 15654 Addition To Lower Extremity, Socket Insert, Sove Knee Or Knee Disarticulation Socket No 15655 Addition To Lower Extremity, Socket Insert, Meelou Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No 15656 Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes No 15651 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Symes No 15656 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Symes No 15656 Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes No<			
L5647 Addition To Lower Extremity, Below Knee, Air, Fulis, Gel Of Egual, Cushion Socket No L5648 Addition To Lower Extremity, Ischial Containment/Narrow M-L Socket No L5650 Addition To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation Socket No L5651 Addition To Lower Extremity, Socket Knee, Erkskile Inner Socket, Escheran Frame No L5652 Addition To Lower Extremity, Socket Insert, Spenson, Above Knee Or Knee Disarticulation Socket No L5653 Addition To Lower Extremity, Socket Insert, Spenson, Above Knee Or Knee Disarticulation Socket No L5654 Addition To Lower Extremity, Socket Insert, Ree Disarticulation, Kemelo, Pelite, Aliplast, Plastazote Or Egual) No L5655 Addition To Lower Extremity, Socket Insert, Knee Disarticulation (Kembio, Pelite, Aliplast, Plastazote Or Egual) No L5656 Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes No L5658 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Spelow Knee No L5668 Addition To Lower Extremity, Below Knee, Molded Disal Cushion No L5668 Addition To Lower Extremity, Below Knee, Molded Disal Cushion No L5670 Addition To Lower Extremity, Below Knee, Molded Disal Cushi			
IEG68 Addition To Lower Extremity, Above Knee, Air, Fluid, Gel Or Equal, Cushion Socket No IS650 Additions To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation Socket No IS651 Addition To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation Socket No IS652 Addition To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket No IS653 Addition To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No IS655 Addition To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No IS656 Addition To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No IS656 Addition To Lower Extremity, Socket Insert, Mole Durometer Symes No IS656 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee No IS666 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Selow Knee No IS666 Addition To Lower Extremity, Below Knee, Culf Suspension No IS667 Addition To Lower Extremity, Below Knee, Culf Suspension No IS668 Addition To Lower Extremity, Below Knee, Culf Suspension No </td <td></td> <td></td> <td></td>			
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L5650 Addition To Lower Extremity, Total Contact, Above Knee Or Knee Disarticulation Socket No L5651 Addition To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket No L5652 Addition To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket No L5653 Addition To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote Or Equal) 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 L5658 Addition To Lower Extremity, Socket Insert, Move Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No L5658 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee No L5661 Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee No L5665 Addition To Lower Extremity, Below Knee, Culf Suspension No L5666 Addition To Lower Extremity, Below Knee, Culf Suspension (Pts' Or Similar) No L5671 Addition To Lower Extremity, Below Knee, Keneo Suspension Locking Mechanism (Shuttle, Lanyard Or Equal), Excludes Socket Insert, Silicone Gel, Elastomeric Or Equal, For Use With Lockin			
L9531 Addition To Lower Extremity, Above Knee, Flexible Inner Socket, External Frame No L9552 Addition To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket No L9553 Addition To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No L9555 Addition To Lower Extremity, Socket Insert, See Or Knee Disarticulation (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No L9555 Addition To Lower Extremity, Socket Insert, Knee Disarticulation (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No L9555 Addition To Lower Extremity, Socket Insert, Above Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No L9565 Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes No L9566 Addition To Lower Extremity, Below Knee, Molded Supracondylar Suspension No L9566 Addition To Lower Extremity, Below Knee, Molded Supracondylar Suspension (Pts' Or Similar) No L9571 Addition To Lower Extremity, Below Knee, Above Knee Suspension Locking Mechanism (Shuttle, Lanyard Or Equal), Excludes Socket Insert No L9572 Addition To Lower Extremity, Below Knee, Knee Joint Susting Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, For Use With Locking Mechanism No L9577 Addition To Lower Extremity, Below Knee, Above Knee, Custo			
15652 Addition To Lower Extremity, Suction Suspension, Above Knee Or Knee Disarticulation Socket No 15653 Addition To Lower Extremity, Socket Insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No 15654 Addition To Lower Extremity, Socket Insert, Below Knee (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No 15655 Addition To Lower Extremity, Socket Insert, Knee Disarticulation (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No 15656 Addition To Lower Extremity, Socket Insert, Knee Disarticulation (Kemblo, Pelite, Aliplast, Plastazote Or Equal) No 15658 Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes No 15661 Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes No 15656 Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes No 15666 Addition To Lower Extremity, Below Knee, Cuff Suspension No 15670 Addition To Lower Extremity, Below Knee, Molded Distal Cushion No 15671 Addition To Lower Extremity, Below Knee, Molded Supracondylar Suspension (Pts' Or Similar) No 15672 Addition To Lower Extremity, Below Knee, Knee Molad Supracondylar Suspension No 15673 Addition To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair No 15674 Addition To Lower Extremity, Below Knee, Knee Joints, Single Axis, Pair No <t< td=""><td></td><td></td><td></td></t<>			
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Valve, Any Material, Each		Valve, Any Material, Each	
L5686 Addition To Lower Extremity, Below Knee, Back Check (Extension Control) No	L5686		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			

Procedure Code	Description	Prior Auth Required
L5695	Addition To Lower Extremity, Above Knee, Pelvic Control, Sleeve Suspension, Neoprene Or Equal,	No
15000	Each	NL -
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 L5699	Addition To Lower Extremity, Above Knee Or Knee Disarticulation, Silesian Bandage	No No
L5700	All Lower Extremity Prostheses, Shoulder Harness	No
L5701	Replacement, Socket, Below Knee, Molded To Patient Model Replacement, Socket, Above Knee/Knee Disarticulation, Including Attachment Plate, Molded To	No
	Patient Model	-
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	-
L5781	Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture	No
L5782	Evacuation System Addition To Lower Limb Prosthesis, Vacuum Pump, Residual Limb Volume Management And Moisture	Yes
	Evacuation System, Heavy Duty	
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	No
L5828	High Activity Frame 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	-
L5845	Addition Endoskalatal Knee Shin System Stance Elevian Easture Adjustable	No
LJ04J	Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable	INU

Procedure Code	Description	Prior Auth Required
L5848	Addition To Endoskeletal Knee-Shin System, Fluid Stance Extension, Dampening Feature, With Or	No
	Without Adjustability	
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	No
	Feature, Swing And Stance Phase, Includes Electronic Sensor(s), Any Type	
L5857	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Microprocessor Control	No
	Feature, Swing Phase Only, Includes Electronic Sensor(s), Any Type	
L5858	Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System, Microprocessor Control	No
	Feature, Stance Phase Only, Includes Electronic Sensor(s), Any Type	
L5859	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered And Programmable	Yes
	Flexion/Extension Assist Control, Includes Any Type Motor(s)	
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	Yes
	Disarticulation, Positional Rotation Unit, Any Type	
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	No
	Equal)	
L5961	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hydraulic Control, Rotation	Yes
	Control, With Or Without Flexion And/Or Extension Control	
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 Endeckolatel Ankla Fact Or Ankla System Dewar Assist Includes Any Type Mater(s)	Yes
12303	Addition, Endoskeletal Ankle-Foot Or Ankle System, Power Assist, Includes Any Type Motor(s)	res
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	No
	Flexion Control, Includes Power Source	-
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 li 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 Prostneses, Flex-Pool 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
L5999	Lower Extremity Prosthesis, Not Otherwise Specified	Yes
L6000	Partial Hand, Thumb Remaining	No
L6010	Partial Hand, Little And/Or Ring Finger Remaining	No
L6020	Partial Hand, No Finger Remaining	No

Procedure Code	Description	Prior Auth Required
L6026	Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis, External Power, Self-Suspended,	Yes
	Inner Socket With Removable Forearm Section, Electrodes And Cables, Two Batteries, Charger,	
	Myoelectric Control Of Terminal Device, Excludes Terminal Device	
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	
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,	No
20000	Forearm	
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	No
	Alignment And Suspension Of Components, And One Cast Change, Wrist Disarticulation Or Below	
	Elbow	
L6382	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including Fitting	No
20002	Alignment And Suspension Of Components, And One Cast Change, Elbow Disarticulation Or Above	
	Elbow	
L6384	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing Including Fitting	No
20001	Alignment And Suspension Of Components, And One Cast Change, Shoulder Disarticulation Or	
	Interscapular Thoracic	
L6386	Immediate Post Surgical Or Early Fitting, Each Additional Cast Change And Realignment	No
L6388	Immediate Post Surgical OF Early Fitting, Application Of Rigid Dressing Only	No
L6400	Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic Tissue Shaping	No
20400	below Libow, Molded Socket, Endoskeletal System, including Soft Prosthetic Hissue 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	No
	Shaping	
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	No
	Elbow Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable Control, Usmc Or Equal Pylon, No	
	Cover, Molded To Patient Model	
L6582	Preparatory, Wrist Disarticulation Or Below Elbow, Single Wall Socket, Friction Wrist, Flexible Elbow	No
	Hinges, Figure Of Eight Harness, Humeral Cuff, Bowden Cable Control, Usmc Or Equal Pylon, No Cover,	
	Direct Formed	
L6584	Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Plastic Socket, Friction Wrist, Locking	No
	Elbow, Figure Of Eight Harness, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Molded To	
	Patient Model	
L6586	Preparatory, Elbow Disarticulation Or Above Elbow, Single Wall Socket, Friction Wrist, Locking Elbow,	No
	Figure Of Eight Harness, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover, Direct Formed	
L6588	Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Plastic Socket, Shoulder	No
	Joint, Locking Elbow, Friction Wrist, Chest Strap, Fair Lead Cable Control, Usmc Or Equal Pylon, No	
	Cover, Molded To Patient Model	
		No
L6590	Preparatory, Shoulder Disarticulation Or Interscapular Thoracic, Single Wall Socket, Shoulder Joint,	NO
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,	INO
L6590		NO
L6590 L6600	Locking Elbow, Friction Wrist, Chest Strap, Fair Lead Cable Control, Usmc Or Equal Pylon, No Cover,	No

Procedure Code Description 16610 Upper Extremity Additions, Flexible Metal Hinge, Pair 16611 Addition To Upper Extremity Prosthesis, External Powered, Additional Switch, Any Type 16615 Upper Extremity Addition, Disconnect Locking Wrist Unit, Each 16620 Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction 16621 Upper Extremity Addition, Flexion/Extension Wrist Unit With Or Without Friction 16623 Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release 16624 Upper Extremity Addition, Rotation Wrist Unit With Cable Lock 16625 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal 16626 Upper Extremity Addition, Stainless Steel, Any Wrist 16630 Upper Extremity Addition, Nudge Control Elbow 16631 Upper Extremity Addition, Nudge Control Elbow 16632 Upper Extremity Addition, Shoulder Abduction Joint, Pair 16633 Upper Extremity Addition, Shoulder Abduction Joint, Pair 16641 Upper Extremity Addition, Shoulder Abduction Joint, Pair 16642 Upper Extremity Addition, Shoulder Abduction Joint, Pair 16644 Upper Extremity Addition, Shoulder Control Elbow	No No For Use With No Yes No Yes No D Bock Or No No
L6611 Addition To Upper Extremity Prosthesis, External Powered, Additional Switch, Amy Type L6615 Upper Extremity Addition, Disconnect Locking Wrist Unit L6616 Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction L6620 Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction L6621 Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction L6623 Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release L6624 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6625 Upper Extremity Addition, Quick Disconnect Look Mapter, Otto Bock Or Equal L6626 Upper Extremity Addition, Litex Suspension Sleeve, Each L6630 Upper Extremity Addition, Litex Suspension Sleeve, Each L6631 Upper Extremity Addition, Eacrosci Addition Vick L6632 Upper Extremity Addition, Eacrosci Amplifier, Pulley Type L6633 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6644 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6633 Upper Extremity Addition, Shoulder Abduction Joint, Fair L6644 Upper Extremity Addition, Shoulder Lock Mechanism, Each L6645 Upper Extremity Addition, Shoulder Lock Mecha	NoNoNoFor Use WithNoYesNoYesNoD Bock OrNo
L6616 Upper Extremity Addition, Additional Disconnect Insert For Locking Wrist Unit, Each L6620 Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction L6621 Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction Extremal Powered Terminal Device L6623 L6624 Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release L6625 Upper Extremity Addition, Rotation Wrist Unit With Cable Lock L6628 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6629 Upper Extremity Addition, Stainless Steel, Any Wrist L6630 Upper Extremity Addition, If Assist For Elbow L6632 Upper Extremity Addition, Nudge Control Elbow Lock L6633 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6640 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6641 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A L6642 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A L6643 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A L6644 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adj	NoFor Use WithNoFor Use WithNoNoYesNoNoD Bock OrNo
L6620 Upper Extremity Addition, Flexion/Extension Wrist Unit, With Or Without Friction L6621 Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction External Powered Terminal Device L6623 L6623 Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release L6624 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6625 Upper Extremity Addition, Quick Disconnect Look Adapter, Otto Bock Or Equal L6626 Upper Extremity Addition, Quick Disconnect Look Adapter, Otto Bock Or Equal L6630 Upper Extremity Addition, Lift Assist For Elbow L6631 Upper Extremity Addition, Nudge Control Elbow Lock L6632 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6633 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6640 Upper Extremity Addition, Shoulder Ioint, Multipositional Locking, Flexion, Adjustable A L6641 Upper Extremity Addition, Shoulder Ioint, Multipositional Locking, Flexion, Adjustable A L6642 Upper Extremity Addition, Shoulder Ioint, Multipositional Locking, Flexion, Adjustable A L6644 Upper Extremity Addition, Shoulder Ioint, Multipositional Locking, Flexion, Adjustable A L6645 Upper Extremity Addition, Shoulder Ioint, Multipositional Locking, Flexion, Adjustable A<	NoFor Use WithNoNoYesNoNoD Bock OrNo
L6621 Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without Friction External Powered Terminal Device L6623 Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release L6624 Upper Extremity Addition, Rotation Wrist Unit With Cable Lock L6625 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6626 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6627 Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Ott L6630 Upper Extremity Addition, Litex Suspension Sleeve, Each L6635 Upper Extremity Addition, Nudge Control Elbow Lock L6638 Upper Extremity Addition, Nudge Control Elbow Lock L6633 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6640 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6641 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6645 Upper Extremity Addition, Shoulder Icok Mechanism, Body Powered Actuator L6646 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6644 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6645 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator	For Use WithNoNoYesNoNoD Bock OrNo
External Powered Terminal Device L6623 Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release L6624 Upper Extremity Addition, Flexion/Extension And Rotation Wrist Unit L6625 Upper Extremity Addition, Rotation Wrist Unit With Cable Lock L6628 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6629 Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Ott Equal L6630 Upper Extremity Addition, Latex Suspension Sleeve, Each L6632 Upper Extremity Addition, Lift Assist For Elbow L6633 L6633 Upper Extremity Addition, Shoulge Control Elbow Lock L6638 L6640 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6640 L6641 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6645 L6642 Upper Extremity Addition, Shoulder Idexion Joint, Each L6646 L6644 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6647 L6645 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6655 L6655 Upper Extremity Addition, Astonalder Control Cable L6655 L6656	No Yes No No No Do Bock Or No
L6623 Upper Extremity Addition, Spring Assisted Rotational Wrist Unit With Latch Release L6624 Upper Extremity Addition, Flexion/Extension And Rotation Wrist Unit L6625 Upper Extremity Addition, Rotation Wrist Unit With Cable Lock L6628 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6629 Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Ott Equal L6630 Upper Extremity Addition, Latex Suspension Sleeve, Each L6635 Upper Extremity Addition, Nudge Control Elbow Lock L6637 L6638 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6640 L6640 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6641 L6641 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6642 L6642 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6644 L6644 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A Friction Control, For Use With Body Powered Or External Powered Actuator L6646 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6645 L6647 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6646 L6647 Upp	Yes No No D Bock Or No No No No No No No No No No No No No
L6624 Upper Extremity Addition, Flexion/Extension And Rotation Wrist Unit L6625 Upper Extremity Addition, Rotation Wrist Unit With Cable Lock L6628 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6620 Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Ott Equal Equal L6630 Upper Extremity Addition, Stainless Steel, Any Wrist L6632 Upper Extremity Addition, Latex Suspension Sleeve, Each L6633 Upper Extremity Addition, Nudge Control Elbow L6634 Upper Extremity Addition, Nudge Control Elbow Lock L6640 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6641 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6642 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A L6644 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A L6645 Upper Extremity Addition, Shoulder Lock Mechanism, Edvanced Actuator L6646 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6647 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6648 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator	Yes No No D Bock Or No No No No No No No No No No No No No
L6625 Upper Extremity Addition, Rotation Wrist Unit With Cable Lock L6628 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6629 Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Ott Equal Equal L6630 Upper Extremity Addition, Latex Suspension Sleeve, Each L6633 Upper Extremity Addition, Latex Suspension Sleeve, Each L6634 Upper Extremity Addition, Nudge Control Elbow Lock L6638 Upper Extremity Addition, To Prosthesis, Electric Locking Feature, Only For Use With Ma Powered Elbow L6641 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6642 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6644 Upper Extremity Addition, Shoulder Ioint, Multipositional Locking, Flexion, Adjustable A L6645 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6646 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6650 Upper Extremity Addition, Shoulder Universal Joint, Each L6651 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6652 Upper Extremity Addition, Shoulder Lock Mechanism, Eade L6644 Upper Extremity Addition, Harvy Duty	No No D Bock Or No No No No No No No nually No No No
L6628 Upper Extremity Addition, Quick Disconnect Hook Adapter, Otto Bock Or Equal L6629 Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Ott Equal L6630 Upper Extremity Addition, Stainless Steel, Any Wrist L6632 Upper Extremity Addition, Latex Suspension Sleeve, Each L6635 Upper Extremity Addition, Latex Suspension Sleeve, Each L6636 Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Ma Powered Elbow Powered Elbow L6640 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6641 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6642 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6644 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6645 Upper Extremity Addition, Shoulder Iot, Multipositional Locking, Flexion, Adjustable A Friction Control, For Use With Body Powered Or External Powered Actuator L6648 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6655 Upper Extremity Addition, Hanness, Chest Or Shoulder, Saddle Type L6650 Upper Extremity Addition, Hanness, Chest Or Shoulder, Saddle Type L6650 Upper Extremity Addition, Hanness, Chest Or Shoulder, Saddle Type	No D Bock Or No No No No No No No nually No No No
L6629 Upper Extremity Addition, Quick Disconnect Lamination Collar With Coupling Piece, Ott L6630 Upper Extremity Addition, Stainless Steel, Any Wrist L6632 Upper Extremity Addition, Lift Assist For Elbow L6633 Upper Extremity Addition, Nudge Control Elbow Lock L6634 Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Mathematic Powered Elbow L6640 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6641 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6642 Upper Extremity Addition, Shoulder Abduction Joint, Each L6645 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6646 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A Friction Control, For Use With Body Powered Or External Powered System L6645 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6648 Upper Extremity Addition, Shoulder Control Cable L6650 Upper Extremity Addition, Tefon, Or Equal, Cable Lining L6651 Upper Extremity Addition, Harness, Cles. Figure Of Eight Type), Single Cable Design L6652 Upper Extremity Addition, Harness, Ele.G., Figure Of Eight Type), Single Cable Design L6655 Upper Extremity Addition, Harness, Ele	D Bock Or No No No No No nually No No No No No
Equal L6630 Upper Extremity Addition, Stainless Steel, Any Wrist L6632 Upper Extremity Addition, Latex Suspension Sleeve, Each L6635 Upper Extremity Addition, Lift Assist For Elbow L6637 Upper Extremity Addition, Nudge Control Elbow Lock L6638 Upper Extremity Additions, Shoulder Abduction Joint, Pair L6640 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6641 Upper Extremity Addition, Excursion Amplifier, Lever Type L6645 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6646 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6646 Upper Extremity Addition, Shoulder Index and the powered System L6647 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6650 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6651 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6652 Upper Extremity Addition, Standard Control Cable, Extra L6655 Upper Extremity Addition, Heavy Duty Control Cable L6655 Upper Extremity Addition, Harness, Cle.G., Figure Of Eight Type), Single Cable Design L6675 Upper Extremity Addition, Harness, Cle.G., Figure Of Eight Type), Dual Cable Desi	No No No No nually No No No No No
L6630 Upper Extremity Addition, Stainless Steel, Any Wrist L6632 Upper Extremity Addition, Latex Suspension Sleeve, Each L6635 Upper Extremity Addition, Lift Assist For Elbow L6637 Upper Extremity Addition, Nudge Control Elbow Lock L6638 Upper Extremity Addition, To Prosthesis, Electric Locking Feature, Only For Use With Ma Powered Elbow Powered Elbow L6640 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6641 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6642 Upper Extremity Addition, Shoulder Int, Houtipositional Locking, Flexion, Adjustable A L6645 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A L6646 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6647 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6650 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6655 Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type L6650 Upper Extremity Addition, Harness, Chest Or Shoulder Type L6651 Upper Extremity Addition, Harness, Chest Or Shoulder Type, Single Cable Design L6652 Upper Extremity Addition, Harness, Chest Or Shoulder Type, Single Cable Design <td>No No N</td>	No N
L6632 Upper Extremity Addition, Latex Suspension Sleeve, Each L6635 Upper Extremity Addition, Lift Assist For Elbow L6637 Upper Extremity Addition, Nudge Control Elbow Lock L6638 Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Ma Powered Elbow L L6640 Upper Extremity Addition, Shoulder Abduction Joint, Pair L6641 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6642 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6646 Upper Extremity Addition, Shoulder Isoin, Multipositional Locking, Flexion, Adjustable A Friction Control, For Use With Body Powered Or External Powered Actuator L6647 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6648 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6650 Upper Extremity Addition, Heavy Duty Control Cable, Extra L6660 Upper Extremity Addition, Heavy Duty Control Cable L6672 Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type L6670 Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type L6671 Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type L6672 Upper Extremity Additi	No N
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L6638 Upper Extremity Addition To Prosthesis, Electric Locking Feature, Only For Use With Mic Powered Elbow Upper Extremity Additions, Shoulder Abduction Joint, Pair L6640 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6641 Upper Extremity Addition, Excursion Amplifier, Lever Type L6645 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6646 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A Friction Control, For Use With Body Powered Or External Powered System L6647 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6648 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6650 Upper Extremity Addition, Shoulder Universal Joint, Each L6660 Upper Extremity Addition, Heavy Duty Control Cable L6655 Upper Extremity Addition, Heavy Duty Control Cable L6660 Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type L6670 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Joal Cable Design L6675 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Dual Cable Design L6676 Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina L6680 Upper Extremity A	nually No No No No
Powered ElbowL6640Upper Extremity Additions, Shoulder Abduction Joint, PairL6641Upper Extremity Addition, Excursion Amplifier, Pulley TypeL6642Upper Extremity Addition, Excursion Amplifier, Lever TypeL6645Upper Extremity Addition, Shoulder Flexion-Abduction Joint, EachL6646Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable AFriction Control, For Use With Body Powered Or External Powered SystemL6648Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered ActuatorL6648Upper Extremity Addition, Shoulder Lock Mechanism, External Powered ActuatorL6650Upper Extremity Addition, Shoulder Universal Joint, EachL6655Upper Extremity Addition, Standard Control Cable, ExtraL6660Upper Extremity Addition, Heavy Duty Control CableL6670Upper Extremity Addition, Hook To Hand, Cable AdapterL6672Upper Extremity Addition, Harness, Chest Or Shoulder TypeL6675Upper Extremity Addition, Harness, Chest Or Shoulder Type), Single Cable DesignL6676Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina ElbowL6680Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Above ElbowL6682Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thora	No No No
L6640 Upper Extremity Additions, Shoulder Abduction Joint, Pair L6641 Upper Extremity Addition, Excursion Amplifier, Pulley Type L6642 Upper Extremity Addition, Excursion Amplifier, Lever Type L6645 Upper Extremity Addition, Shoulder Flexion-Abduction Joint, Each L6646 Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable A L6647 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6648 Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered Actuator L6650 Upper Extremity Addition, Shoulder Lock Mechanism, External Powered Actuator L6655 Upper Extremity Addition, Shoulder Universal Joint, Each L6660 Upper Extremity Addition, Shoulder Universal Joint, Each L6655 Upper Extremity Addition, Heavy Duty Control Cable, Extra L6660 Upper Extremity Addition, Heavy Duty Control Cable L6670 Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type L6675 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Single Cable Design L6676 Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina L6680 Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Above Elbow L6682 Upper Extremity Addition, T	No No
L6641Upper Extremity Addition, Excursion Amplifier, Pulley TypeL6642Upper Extremity Addition, Excursion Amplifier, Lever TypeL6645Upper Extremity Addition, Shoulder Flexion-Abduction Joint, EachL6646Upper Extremity Addition, Shoulder Joint, Multipositional Locking, Flexion, Adjustable AFriction Control, For Use With Body Powered Or External Powered SystemL6647Upper Extremity Addition, Shoulder Lock Mechanism, Body Powered ActuatorL6648Upper Extremity Addition, Shoulder Lock Mechanism, External Powered ActuatorL6650Upper Extremity Addition, Shoulder Universal Joint, EachL6655Upper Extremity Addition, Heavy Duty Control CableL6660Upper Extremity Addition, Heavy Duty Control CableL6670Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle TypeL6675Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Single Cable DesignL6676Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina ElbowL6680Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina ElbowL6682Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Above ElbowL6684Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thora	No No
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L6660 Upper Extremity Addition, Heavy Duty Control Cable L6665 Upper Extremity Addition, Teflon, Or Equal, Cable Lining L6670 Upper Extremity Addition, Hook To Hand, Cable Adapter L6672 Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type L6675 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Single Cable Design L6676 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Dual Cable Design L6677 Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina Elbow L6680 L6682 Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow L6684 Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoradot	No
L6665 Upper Extremity Addition, Teflon, Or Equal, Cable Lining L6670 Upper Extremity Addition, Hook To Hand, Cable Adapter L6672 Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type L6675 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Single Cable Design L6676 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Dual Cable Design L6677 Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina Elbow L6680 L6682 Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow L6684 Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoradot	No
L6670 Upper Extremity Addition, Hook To Hand, Cable Adapter L6672 Upper Extremity Addition, Harness, Chest Or Shoulder, Saddle Type L6675 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Single Cable Design L6676 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Dual Cable Design L6677 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Dual Cable Design L6677 Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina Elbow L6680 L6682 Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow L6684 Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoradotic Disarticulation Disarticulation Disarticulation Disarticulation Disarticulation Disartic	No
L6675 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Single Cable Design L6676 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Dual Cable Design L6677 Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina Elbow Elbow L6680 Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow L6682 Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow L6684 Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoradot	No
L6676 Upper Extremity Addition, Harness, (E.G., Figure Of Eight Type), Dual Cable Design L6677 Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina Elbow Elbow L6680 Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow L6682 Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow L6684 Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoraction	No
L6677 Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of Termina Elbow L6680 Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow L6682 Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow L6684 Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoraction	No
Elbow L6680 Upper Extremity Addition, Test Socket, Wrist Disarticulation Or Below Elbow L6682 Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow L6684 Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thoraction	No
L6682 Upper Extremity Addition, Test Socket, Elbow Disarticulation Or Above Elbow L6684 Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thorac	Device And No
L6684 Upper Extremity Addition, Test Socket, Shoulder Disarticulation Or Interscapular Thora	No
	No
L6686 Upper Extremity Addition, Suction Socket	ic No
opport and entry Auditory Suctor Societ	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, Each	No
L6693 Upper Extremity Addition, Locking Elbow, Forearm Counterbalance	No
L6694 Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, For Use With L Mechanism	0
L6695 Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated Mold Or Prefabricated, Socket Insert, Silicone Gel, Elastomeric Or Equal, Not For Use W	From Existing Yes
Mechanism L6696 Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated For Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or Equal, For U Without Locking Mechanism, Initial Only (For Other Than Init	-
L6697 Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Custom Fabricated For Other Than Congenital Or Atypical Traumatic Amputee, Silicone Gel, Elastomeric Or With Or Without Locking Mechanism, Initial Only (For Othe	Socket Insert Yes
L6698 Addition To Upper Extremity Prosthesis, Below Elbow/Above Elbow, Lock Mechanism, I Socket Insert	ith Locking Socket Insert Jse With Or Socket Insert Yes
L6703 Terminal Device, Passive Hand/Mitt, Any Material, Any Size	ith Locking Socket Insert Jse With Or Socket Insert Equal, For Use

Procedure Code	Description	Prior Auth Required
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
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		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

Procedure Code	Description	Prior Auth Required
L6950	Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking	No
	Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two Batteries And One Charger, Switch Control	
	Of Terminal Device	
L6955	Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking	No
	Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two Batteries And One Charger,	
	Myoelectronic Control Of Terminal Device	
L6960	Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder	No
	Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two	
	Batteries And One Charger, Switch Control Of Terminal Device	
L6965	Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder	No
	Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two	
	Batteries And One Charger, Myoelectronic Control Of Terminal	
L6970	Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder	No
	Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Switch, Cables, Two	
	Batteries And One Charger, Switch Control Of Terminal Device	
L6975	Interscapular-Thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder	No
	Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock Or Equal Electrodes, Cables, Two	
	Batteries And One Charger, Myoelectronic Control Of Terminal D	
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	No
2, 100	(Titanium, Carbon Fiber Or Equal)	
L7401	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Ultralight Material (Titanium,	No
	(Carbon Fiber Or Equal)	
L7402	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic, Ultralight	No
	Material (Titanium, Carbon Fiber Or Equal)	
L7403	Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation, Acrylic Material	No
2, 100		
L7404	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Acrylic Material	No
L7405	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular Thoracic, Acrylic	No
	Material	
L7499	Upper Extremity Prosthesis, Not Otherwise Specified	Yes
L7510	Repair Of Prosthetic Device, Repair Or Replace Minor Parts (Special Coverage Instructions Apply. See	Yes
	Mcm: 2100.4, 2130D, 2133)	
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))	
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	Yes
	Medicare Statute. Statute Reference: 1834A)	
L8000	Breast Prosthesis, Mastectomy Bra, Without Integrated Breast Prosthesis Form, Any Size, Any Type	No
	(Special Coverage Instructions Apply. See Mcm: 2130 A)	
L8001	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Unilateral, Any Size, Any	No
	Type (Special Coverage Instructions Apply. See Mcm: 2130A)	
<u> </u>		<u> </u>

Procedure Code	Description	Prior Auth Required
L8002	Breast Prosthesis, Mastectomy Bra, With Integrated Breast Prosthesis Form, Bilateral, Any Size, Any	No
	Type (Special Coverage Instructions Apply. See Mcm: 2130A)	
L8010	Breast Prosthesis, Mastectomy Sleeve (Special Coverage Instructions Apply. See Mcm: 2130 A)	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.	No
	See Mcm: 2130 A)	
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
L8049		Yes
	Repair Or Modification Of Maxillofacial Prosthesis, Labor Component, 15 Minute Increments, Provided By A Non-Physician	
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	Drocthatic Chrinkar, Unner Limb, Each (Chasial Coverage Instructions Apply, Cas Many 2122)	No
L8465 L8470	Prosthetic Shrinker, Upper Limb, Each (Special Coverage Instructions Apply. See Mcm: 2133) Prosthetic Sock, Single Phy. Fitting, Polow Knop, Each (Special Coverage Instructions Apply, See Mcm:	
	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
L0303		

Procedure Code	Description	Prior Auth Required
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 MI 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 MI, Includes Shipping And Necessary Supplies	Yes
L8605	Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, Anal Canal, 1 MI, Includes Shipping And Necessary Supplies	No
L8606	Injectable Bulking Agent, Synthetic Implant, Urinary Tract, 1 MI 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 li 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
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	Yes
	System) (Special Coverage Instructions Apply. See	
L8641	Metatarsal Joint Implant (Special Coverage Instructions Apply. See Mcm: 2130)	Yes

Procedure Code	Description	Prior Auth Required
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
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
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	Yes
LAQA1	HIPPS Code LAQA1	No
LAQE1	HIPPS Code LAQE1	No
LAYE1	HIPPS Code LAYE1	No
LDSD1	HIPPS Code LDSD1	No
LDYD1	HIPPS Code LDYD1	No
M0001	Advancing Cancer Care Mips Value Pathways	Yes
M0002	Optimal Care For Kidney Health Mips Value Pathways	Yes
M0003	Optimal Care For Patients With Episodic Neurological Conditions Mips Value Pathways	Yes

Procedure Code	Description	Prior Auth Required
M0004	Supportive Care For Neurodegenerative Conditions Mips Value Pathways	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	Yes
	Home; Reported Only Once Per Individual Home Per Date Of Service When Such Vaccine	
	Administration(S) Are Performed At The Patient'S Home	
M0220	Injection, Tixagevimab And Cilgavimab, For The Pre-Exposure Prophylaxis Only, For Certain Adults And	Yes
	Pediatric Individuals (12 Years Of Age And Older Weighing At Least 40Kg) With No Known Sars-Cov-2	
	Exposure, Who Either Have Moderate To Severely Compromis	
M0221	Injection, Tixagevimab And Cilgavimab, For The Pre-Exposure Prophylaxis Only, For Certain Adults And	Yes
	Pediatric Individuals (12 Years Of Age And Older Weighing At Least 40Kg) With No Known Sars-Cov-2	
	Exposure, Who Either Have Moderate To Severely Compromis	
M0222	Intravenous Injection, Bebtelovimab, Includes Injection And Post Administration Monitoring	Yes
M0223	Intravenous Injection, Bebtelovimab, Includes Injection And Post Administration Monitoring In The	Yes
	Home Or Residence; This Includes A Beneficiary'S Home That Has Been Made Provider-Based To The	
	Hospital During The Covid-19 Public Health Emergency	
M0240	Intravenous Infusion Or Subcutaneous Injection, Casirivimab And Imdevimab Includes Infusion Or	Yes
	Injection, And Post Administration Monitoring, Subsequent Repeat Doses	
M0241	Intravenous Infusion Or Subcutaneous Injection, Casirivimab And Imdevimab Includes Infusion Or	Yes
	Injection, And Post Administration Monitoring In The Home Or Residence; This Includes A	
	Beneficiary'S Home That Has Been Made Provider-Based To The Hospital Dur	
M0243	Intravenous Infusion Or Subcutaneous Injection, Casirivimab And Imdevimab Includes Infusion Or	Yes
	Injection, And Post Administration Monitoring	
M0244	Intravenous Infusion Or Subcutaneous Injection, Casirivimab And Imdevimab Includes Infusion Or	Yes
	Injection, And Post Administration Monitoring In The Home Or Residence; This Includes A	
	Beneficiary'S Home That Has Been Made Provider-Based To The Hospital Dur	
M0245	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration	Yes
	Monitoring	
M0246	Intravenous Infusion, Bamlanivimab And Etesevimab, Includes Infusion And Post Administration	Yes
	Monitoring In The Home Or Residence; This Includes A Beneficiary'S Home That Has Been Made	
	Provider Based To The Hospital During The Covid 19 Public Health Emerge	
NA0247		Ma a
M0247	Intravenous Infusion, Sotrovimab, Includes Infusion And Post Administration Monitoring	Yes
M0248	Intravenous Infusion, Sotrovimab, Includes Infusion And Post Administration Monitoring In The Home	Yes
	Or Residence; This Includes A Beneficiary'S Home That Has Been Made Provider-Based To The	
M0249	Hospital During The Covid-19 Public Health Emergency Intravenous Infusion, Tocilizumab, For Hospitalized Adults And Pediatric Patients (2 Years Of Age And	Yes
1010249	· · · · ·	res
	Older) With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-Invasive Or Invasive Mechanical Ventilation, Or Extr	
M0250	Intravenous Infusion, Tocilizumab, For Hospitalized Adults And Pediatric Patients (2 Years Of Age And	Yes
10230	Older) With Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxyger,	
	Non-Invasive Or Invasive Mechanical Ventilation, Or Extr	
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-	Yes
	Time Biologic And/Or Immune Response Modifier Therapy	
M1004	Documentation Of Medical Reason For Not Screening For Tb Or Interpreting Results (I.E., Patient	Yes
	Positive For Tb And Documentation Of Past Treatment; Patient Who Has Recently Completed A	
N4100E	Course Of Anti-Tb Therapy) Th Screeping Nat Deformed Or Decults Nat Interpreted, Descen Nat Civen	Voc
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 M1009	<50% Of Total Number Of A Patient's Outpatient Ra Encounters Assessed	Yes
M1009 M1010	Discharge/discontinuation of the episode of care documented in the medical record	Yes Yes
M1010 M1011	Discharge/discontinuation of the episode of care documented in the medical record Discharge/discontinuation of the episode of care documented in the medical record	Yes
M1011 M1012	Discharge/discontinuation of the episode of care documented in the medical record	Yes
	Issentified ascontinuation of the episode of care documented in the medical record	

Procedure Code	Description	Prior Auth Required
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	Yes
	Carcinoma), Patients Who Are Heavy Tobacco Smokers, Lung Cancer Screening Patients	
M1019	Adolescent Patients 12 To 17 Years Of Age With Major Depression Or Dysthymia Who Reached	Yes
	Remission At Twelve Months As Demonstrated By A Twelve Month (+/-60 Days) Phq-9 Or Phq-9m	
	Score Of Less Than 5	
M1020	Adolescent Patients 12 To 17 Years Of Age With Major Depression Or Dysthymia Who Did Not Reach	Yes
	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	
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	Yes
	Obtained	
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	Yes
	For Oud Without A Gap Of More Than Seven Days	
M1035	Adults Who Are Deliberately Phased Out Of Medication Assisted Treatment (Mat) Prior To 180 Days	Yes
	Of Continuous Treatment	
M1036	Adults Who Have Not Had At Least 180 Days Of Continuous Pharmacotherapy With A Medication	Yes
	Prescribed For Oud Without A Gap Of More Than Seven Days	
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	Yes
	Neuromuscular, Idiopathic Or Congenital Lumbar Scoliosis	
M1043	Functional status was not measured by the oswestry disability index (odi version 2.1a) at one year (9	Yes
	to 15 months) postoperatively	
M1045	Functional Status Measured By The Oxford Knee Score (Oks) At One Year (9 To 15 Months)	Yes
	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	
M1046	Functional Status Measured By The Oxford Knee Score (Oks) At One Year (9 To 15 Months)	Yes
	Postoperatively Was Less Than 37 Or The Knee Injury And Osteoarthritis Outcome Score Joint	
	Replacement (Koos, Jr.) Was Less Than 71 Postoperatively	
M1049	Functional status was not measured by the oswestry disability index (odi version 2.1a) at three	Yes
	months (6 - 20 weeks) postoperatively	
M1051	Patient Had Cancer, Acute Fracture Or Infection Related To The Lumbar Spine Or Patient Had	Yes
	Neuromuscular, Idiopathic Or Congenital Lumbar Scoliosis	
M1052	Leg Pain Was Not Measured By The Visual Analog Scale (Vas) Or Numeric Pain Scale At One Year (9 To	Yes
	15 Months) Postoperatively	
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	Yes
	Of Intracranial Bleeding, Bleeding Disorder And Specific Provider Documented Reasons: Allergy To	
	Aspirin Or Anti-Platelets, Use Of Non-Steroidal Anti-Inflam	
N410F7		Vac
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
N410E0	Detions West in Lippnics On Dessiving Dellipting Cours At Any Time During The Denfermance During	Vec
M1059	Patient Was In Hospice Or Receiving Palliative Care At Any Time During The Performance Period	Yes
M1060	Datiant Diad Brian To The End Of The Derformance Pariod	Voc
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

Procedure Code	Description	Prior Auth Required
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
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

Procedure Code	Description	Prior Auth Required
M1132	Ongoing Care Not Clinically Indicated Because The Patient Needed A Home Program Only, Referral To	Yes
	Another Provider Or Facility, Or Consultation Only, As Documented In The Medical Record	
M1133	Ongoing Care Not Medically Possible Because The Patient Was Discharged Early Due To Specific	Yes
	Medical Events, Documented In The Medical Record, Such As The Patient Became Hospitalized Or	
	Scheduled For Surgery	
M1134	Ongoing Care Not Possible Because The Patient Self-Discharged Early (E.G., Financial Or Insurance	Yes
	Reasons, Transportation Problems, Or Reason Unknown)	
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	Yes
	Osteoarthritis Outcome Score Joint Replacement (Koos, Jr.) At One Year (9 To 15 Months)	
N41142	Postoperatively	N a a
M1142 M1143	Emergent Cases	Yes Yes
111145	Initiated Episode Of Rehabilitation Therapy, Medical, Or Chiropractic Care For Neck Impairment	res
M1146	Ongoing Care Not Clinically Indicated Because The Patient Needed A Home Program Only, Referral To	Yes
	Another Provider Or Facility, Or Consultation Only, As Documented In The Medical Record	
M1147	Ongoing Care Not Medically Possible Because The Patient Was Discharged Early Due To Specific	Yes
	Medical Events, Documented In The Medical Record, Such As The Patient Became Hospitalized Or	
	Scheduled For Surgery	
M1148	Ongoing Care Not Possible Because The Patient Self-Discharged Early (E.G., Financial Or Insurance	Yes
	Reasons, Transportation Problems, Or Reason Unknown)	
M1149	Patient Unable To Complete The Neck Fs Prom At Initial Evaluation And/Or Discharge Due To	Yes
	Blindness, Illiteracy, Severe Mental Incapacity Or Language Incompatibility, And An Adequate Proxy Is	
	Not Available	
M1150	Left Ventricular Ejection Fraction (Lvef) Less Than Or Equal To 40% Or Documentation Of Moderately	Yes
	Or Severely Depressed Left Ventricular Systolic Function	
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
M1154	Hospice Services Provided To Patient Any Time During The Measurement Period	Yes
M1155	Patient Had Anaphylaxis Due To The Pneumococcal Vaccine Any Time During Or Before The Measurement Period	Yes
M1159	Hospice Services Provided To Patient Any Time During The Measurement Period	Yes
M1159 M1160	Patient Had Anaphylaxis Due To The Meningcoccal Vaccine Any Time On Or Before The Patient'S	Yes
WIIIO	13Th Birthday	103
M1161	Patient Had Anaphylaxis Due To The Tetanus, Diphtheria Or Pertussis Vaccine Any Time On Or Before	Yes
	The Patient'S 13Th Birthday	
M1162	Patient Had Encephalitis Due To The Tetanus, Diphtheria Or Pertussis Vaccine Any Time On Or Before	Yes
	The Patient'S 13Th Birthday	
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	Yes
	Period	
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	Yes
M1169	Period And June 30 Of The Measurement Period	Voc
UVILIUJ	Documentation Of Medical Reason(S) For Not Administering Influenza Vaccine (E.G., Prior Anaphylaxis Due To The Influenza Vaccine)	103
M1170	Patient Did Not Receive An Influenza Vaccine On Or Between July 1 Of The Year Prior To The	Yes
	Measurement Period And June 30 Of The Measurement Period	
M1171	Patient Received At Least One Td Vaccine Or One Tdap Vaccine Between Nine Years Prior To The	Yes
	Encounter And The End Of The Measurement Period	
M1172	Documentation Of Medical Reason(S) For Not Administering Td Or Tdap Vaccine (E.G., Prior	Yes
	Anaphylaxis Due To The Td Or Tdap Vaccine Or History Of Encephalopathy Within Seven Days After A	
	Previous Dose Of A Td-Containing Vaccine)	
M1173	Patient Did Not Receive At Least One Td Vaccine Or One Tdap Vaccine Between Nine Years Prior To	Yes
	The Encounter And The End Of The Measurement Period	

Procedure Code	Description	Prior Auth Required
M1174	Patient Received At Least Two Doses Of The Herpes Zoster Recombinant Vaccine (At Least 28 Days Apart) Anytime On Or After The Patient'S 50Th Birthday Before Or During The Measurement Period	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 At Least Two Doses Of The Herpes Zoster Recombinant Vaccine (At Least 28 Days Apart) Anytime On Or After The Patient'S 50Th Birthday Before Or During The Measurement Period	Yes
M1177	Patient Received Any Pneumococcal Conjugate Or Polysaccharide Vaccine On Or After Their 60Th 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 60Th 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
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

Procedure Code	Description	Prior Auth Required
M1205	Itch Severity Assessment Score Is Reduced By 3 Or More Points From The Initial (Index) Assessment	Yes
	Score To The Follow-Up Visit Score	
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 Hemoglobin A1C Level > 9.0%	Yes
M1212	Hemoglobin A1C Level Is Missing, Or Was Not Performed During The Measurement Period (12 Months)	Yes
M1213	No History Of Spirometry Results With Confirmed Airflow Obstruction (Fev1/Fvc < 70%) And Present Spirometry Is >= 70%	Yes
M1214		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
M1219	Anaphylaxis Due To The Vaccine On Or Before The Date Of The Encounter	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	lop 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	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

Procedure Code	Description	Prior Auth Required
M1238	Documentation That Administration Of Second Recombinant Zoster Vaccine Could Not Occur During	Yes
	The Performance Period Due To The Recommended 2-6 Month Interval Between Doses (I.E, First	
	Dose Received After October 31)	
M1239	Patient Did Not Respond To The Question Of Patient Felt Heard And Understood By This Provider And	Yes
	Team	
M1240	Patient Did Not Respond To The Question Of Patient Felt This Provider And Team Put My Best	Yes
	Interests First When Making Recommendations About My Care	
M1241	Patient Did Not Respond To The Question Of Patient Felt This Provider And Team Saw Me As A	Yes
M1242	Person, Not Just Someone With A Medical Problem	Vac
111242	Patient Did Not Respond To The Question Of Patient Felt This Provider And Team Understood What Is Important To Me In My Life	Tes
M1243	Patient Provided A Response Other Than "Completely True" For The Question Of Patient Felt Heard	Yes
111213	And Understood By This Provider And Team	
M1244	Patient Provided A Response Other Than "Completely True" For The Question Of Patient Felt This	Yes
	Provider And Team Put My Best Interests First When Making Recommendations About My Care	
M1245	Patient Provided A Response Other Than "Completely True" For The Question Of Patient Felt This	Yes
	Provider And Team Saw Me As A Person, Not Just Someone With A Medical Problem	
M1246	Patient Provided A Response Other Than "Completely True" For The Question Of Patient Felt This	Yes
	Provider And Team Understood What Is Important To Me In My Life	
M1247	Patient Responded "Completely True" For The Question Of Patient Felt This Provider And Team Put	Yes
	My Best Interests First When Making Recommendations About My Care	
M1248	Patient Responded "Completely True" For The Question Of Patient Felt This Provider And Team Saw	Yes
N41240	Me As A Person, Not Just Someone With A Medical Problem	
M1249	Patient Responded "Completely True" For The Question Of Patient Felt This Provider And Team	Yes
M1250	Understood What Is Important To Me In My Life Patient Responded As "Completely True" For The Question Of Patient Felt Heard And Understood By	Yes
11250	This Provider And Team	105
M1251	Patients For Whom A Proxy Completed The Entire Hu Survey On Their Behalf For Any Reason (No	Yes
	Patient Involvement)	
M1252	Patients Who Did Not Complete At Least One Of The Four Patient Experience Hu Survey Items And	Yes
	Return The Hu Survey Within 60 Days Of The Ambulatory Palliative Care Visit	
M1253	Patients Who Respond On The Patient Experience Hu Survey That They Did Not Receive Care By The	Yes
	Listed Ambulatory Palliative Care Provider In The Last 60 Days (Disavowal)	
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	Yes
	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)	
M1256	Prior History Of Known Cvd	Yes
M1257	Cvd Risk Assessment Not Performed Or Incomplete (E.G., Cvd Risk Assessment Was Not Documented),	Yes
N412E0	Reason Not Otherwise Specified	No.
M1258 M1259	Cvd Risk Assessment Performed, Have A Documented Calculated Risk Score	Yes Yes
111259	Patients Listed On The Kidney-Pancreas Transplant Waitlist Or Who Received A Living Donor Transplant Within The First Year Following Initiation Of Dialysis	ies
M1260	Patients Who Were Not Listed On The Kidney-Pancreas Transplant Waitlist Or Patients Who Did Not	Yes
111200	Receive A Living Donor Transplant Within The First Year Following Initiation Of Dialysis	
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
M1264	Patients Age 75 Or Older On Their Initiation Of Dialysis Date	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 On Any Kidney Or Kidney-Pancreas Transplant Waitlist Or Is Not In Active Status On Any	Yes
	Kidney Or Kidney-Pancreas Transplant Waitlist As Of The Last Day Of Each Month During The	
	Measurement Period	
M1268	Patients On Active Status On Any Kidney Or Kidney-Pancreas Transplant Waitlist As Of The Last Day Of	Yes
M12C0	Each Month During The Measurement Period	No.
M1269	Receiving Esrd Mcp Dialysis Services By The Provider On The Last Day Of The Reporting Month	Yes
l		

Procedure Code	Description	Prior Auth Required
M1270	Patients Not On Any Kidney Or Kidney-Pancreas Transplant Waitlist As Of The Last Day Of Each Month	Yes
	During The Measurement Period	
M1271	Patients With Dementia At Any Time Prior To Or During The Month	Yes
M1272	Patients 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
M1277	Elevated Or Hypertensive Blood Pressure Reading Documented, And The Indicated Follow-Up Is	Yes
111270	Documented	103
M1279	Elevated Or Hypertensive Blood Pressure Reading Documented, Indicated Follow-Up Not	Yes
M1280	Documented, Reason Not Given Women Who Had A Bilateral Mastectomy Or Who Have A History Of A Bilateral Mastectomy Or For	Yes
	Whom There Is Evidence Of A Right And A Left Unilateral Mastectomy	
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
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	Yes
	Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling And/Or Pharmacotherapy)	
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 Either One Acute Inpatient Encounter With A Diagnosis Of Advanced Illness	Yes
M1202	Or Two Outpatient, Observation, Ed Or Nonacute Inpatient	
M1293 M1294	Bmi Is Documented Above Normal Parameters And A Follow-Up Plan Is Documented	Yes Yes
M1294 M1295	Normal Blood Pressure Reading Documented, Follow-Up Not Required	Yes
	Patients With A Diagnosis Or Past History Of Total Colectomy Or Colorectal Cancer	
M1296 M1297	Bmi Is Documented Within Normal Parameters And No Follow-Up Plan Is Required Bmi Not Documented Due To Medical Reason Or Patient Refusal Of Height Or Weight Measurement	Yes Yes
M1298	Documentation Of Patient Pregnancy Anytime During The Measurement Period Prior To And Including The Current Encounter	Yes
M1299	Including The Current Encounter Influenza Immunization Administered Or Previously Received	Yes
M1299 M1300	Influenza Immunization Was Not Administered For Reasons Documented By Clinician (E.G., Patient	Yes
WI1300	Allergy Or Other Medical Reasons, Patient Declined Or Other Patient Reasons, Vaccine Not Available Or Other System Reasons)	Tes
M1301	Patient Identified As A Tobacco User Received Tobacco Cessation Intervention During The	Yes
	Measurement Period Or In The Six Months Prior To The Measurement Period (Counseling And/Or	
M1302	Pharmacotherapy) Screening, Diagnostic, Film Digital Or Digital Breast Tomosynthesis (3D) Mammography Results	Yes
W11302	Documented And Reviewed	
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	Yes
	19Th Birthday And Before The End Of The Measurement Period	

Procedure Code	Description	Prior Auth Required
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
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	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

Procedure Code	Description	Prior Auth Required
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	Yes
M1344	Patients Who Did Not Have A Baseline Pam Score And/Or A Second Score Within 6 To 12 Month Of Baseline Pam Score	Yes
M1345	Patients Who Had A Baseline Pam Score And A Second Score Within 6 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 6 To 12 Month Period	Yes
M1347	Patients Who Achieved A Net Increase In Pam Score Of At Least 3 Points In A 6 To 12 Month Period (Passing)	Yes
M1348	Patients Who Achieved A Net Increase In Pam Score Of At Least 6-Points In A 6 To 12 Month Period (Excellent)	Yes
M1349	Patients Who Did Not Have A Net Increase In Pam Score Of At Least 3 Points Within 6 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
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
MAEE1	HIPPS Code MAEE1	No

Procedure Code	Description	Prior Auth Required
MAUE1	HIPPS Code MAUE1	No
MDEB1	HIPPS Code MDEB1	No
MDEE1	HIPPS Code MDEE1	No
MDID1	HIPPS Code MDID1	No
MDIE1	HIPPS Code MDIE1	No
MDUD1	HIPPS Code MDUD1	No
MGAA1	HIPPS Code MGAA1	No
MGME1	HIPPS Code MGME1	No
MGMF1	HIPPS Code MGMF1	No
MHEC1	HIPPS Code MHEC1	No
MHME1	HIPPS Code MHME1	No
MJAA0	HIPPS Code MJAA0	No
MJAA1	HIPPS Code MJAA1	No
MJAB1	HIPPS Code MJAB1	No
MJEC1	HIPPS Code MJEC1	No
MJED1	HIPPS Code MJED1	No
MJIC1	HIPPS Code MJIC1	No
MJID1	HIPPS Code MJID1	No
MJIE1	HIPPS Code MJIE1	No
MJMD1	HIPPS Code MJMD1	No
MKEE1	HIPPS Code MKEE1	No
MKID1	HIPPS Code MKID1	No
MKIE1	HIPPS Code MKIE1	No
MKMD1	HIPPS Code MKMD1	No
MKMF1	HIPPS Code MKMF1	No
MKUD1	HIPPS Code MKUD1	No
MKUF1	HIPPS Code MKUF1	No
MLEC1	HIPPS Code MLEC1	No
MLEE1	HIPPS Code MLEE1	No
MLME1	HIPPS Code MLME1	No No
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NDKC1	HIPPS Code NDIE1	No
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NGMF1	HIPPS Code NGMD1	No
NGPE1	HIPPS Code NGM1	No
NGPF1	HIPPS Code NGPE1	No
NGXD1	HIPPS Code NGXD1	No
NHKD1	HIPPS Code NHKD1	No
NHME1	HIPPS Code NHME1	No
NHUE1	HIPPS Code NHUE1	No
NIUD1	HIPPS Code NIUD1	No
NIXF1		No
NJPE1	HIPPS Code NJPE1	No
NJUE1		No
NJXE1	HIPPS Code NJXE1	No
NKJD1	HIPPS Code NKJD1	No
NKUD1	HIPPS Code NKUD1	No
NKXE1	HIPPS Code NKXE1	No
NKXF1	HIPPS Code NKXF1	No
NLUE1	HIPPS Code NLUE1	No
OAKD1	HIPPS Code OAKD1	No
OAPF1	HIPPS Code OAPF1	No
ODGB1	HIPPS Code ODGB1	No
ODGD1	HIPPS Code ODGD1	No
ODKB1	HIPPS Code ODKB1	No
ODKD1	HIPPS Code ODKD1	No
ODXD1	HIPPS Code ODXD1	No
ODXE1	HIPPS Code ODXE1	No
OEKD1		No
OEPF1	HIPPS Code OEPF1	No

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OGPE1 NPE Scale OOPE1 No OGSD1 HIPS Code OOSS1 No OGST1 HIPS Code OOSS1 No OHST1 HIPS	OGPC1	HIPPS Code OGPC1	No
OCSD1 HIP5 Code OSSD1 No OGSR1 HIP5 Code OSSD1 No OGXD1 HIP5 Code OCXD1 No OGXD1 HIP5 Code OCXD1 No OGXD1 HIP5 Code OCXD1 No OHKD1 HIP5 Code OVXD1 No OFFD1 HIP5 Code OVXD1 No OVXD1 HIP5 Code OVXD1 No OXXD1 HIP5 Code OVXD1 No OVXD1 HIP5	OGPD1	HIPPS Code OGPD1	No
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OCXD1 HIPS Code OCXD1 No OCXD1 HIPS Code OCXD1 No OHID1 HIPS Code OHXD1 No OHID1 HIPS Code OHXD1 No OHID1 HIPS Code OHXD1 No OHYD1 HIPS Code OHXD1 No OHYD1 HIPS Code OHXD1 No OHXD1 HIPS	OGSD1	HIPPS Code OGSD1	No
DGKE1 HIPPS Code OKK1 No OHR01 HIPPS Code OHK11 No OHR71 HIPPS Code OHK71 No OHR1 HIPPS Code OHK71 No OHR1 HIPPS Code OHK1 No OHR1 HIPPS Code OHK1 No OHK1 HIPPS Code OHK1 No OHK21 HIPPS Code OHK21 No OHK21 HIPPS Code OHK21 No OHK22 Coppa Red. Blood Special Coverage Instructions Apply. See Cim: 50-34) Yes P3028 Coppa Red. Blood Special Coverage Instructions A	OGSE1	HIPPS Code OGSE1	No
OHEOL HIPS Code OHEOL No 05451 HIPS Code OHEOL No 01471 HIPS Code OHEOL No 01471 HIPS Code OHEOL No 01471 HIPS Code OHEOL No 014701 HIPS Code OHEOL No 014701 HIPS Code OHEOL No 014701 HIPS Code OLEOL No 014701 HIPS Code OLEOL No 01471 HIPS Code OLEOL No 014721 HIPS Code OLEOL No 014722	OGXD1	HIPPS Code OGXD1	No
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OFFD1 HPPS Code OFD1 No OIPD1 HIPPS Code OVD1 No OIXD1 HIPPS Code OXD1 No ORKE1 HIPPS Code OXD1 No OLED HIPPS Code OXD1 No OLED HIPPS Code OXD1 No P2039 Conpo Red, Biod Geperal Coverage Instructions Apply. See Cim: 50-30 Yes P2031 Hair Analysis (Excluding Arenal (Non-Covered Py Medicare. See Cim: 50-31) Yes P3000 Screening Papanical Coverage Instructions Apply. See Cim: 50-31) Yes P3011 Stode Sperain Coverage Instructions	OHYF1	HIPPS Code OHYF1	No
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DXD1 HIPPS Code DXD1 No DXE1 HIPPS Code DXE1 No DXE1 HIPPS Code DXE1 No DXE1 HIPPS Code DXE1 No DXE1 HIPPS Code OXE1 No DXE2 Cephain Floculation, Blood (Special Coverage Instructions Apply. See Cim: 50-34) Yes P2028 Cephain Floculation, Shood (Special Coverage Instructions Apply. See Cim: 50-24) Yes P2031 Hair Analysis (Excluding Arsenci) (Mon-Covered By Medicare. See Cim: 50-24) Yes P2033 Thymo Turbidity, Blood (Special Coverage Instructions Apply. See Cim: 50-24) Yes P2034 Cerening Papanicolaus Sizervision (Special Coverage Instructions Apply. See Cim: 50-24) Yes P2035 Cerening Papanicolaus Sizervision (Special Coverage Instructions Apply. See Cim: 50-20) Yes P3000 Screening Papanicolaus Shaper. Cervical Or Vaginal, Up To Three Smears, Requiring Interpretation By Physician (Special Coverage Instructions Apply. See Mcm: 2455A) <td>OJFD1</td> <td>HIPPS Code OJFD1</td> <td>No</td>	OJFD1	HIPPS Code OJFD1	No
OKE1 HIPS Code OKE1 No OKKE1 HIPS Code OKE1 No OKKE1 HIPS Code OKE1 No OKKE1 HIPS Code OKE1 No OKRE1 HIPS Code OKE1 No OKRE1 HIPS Code OKE1 No OKS01 HIPS Code OKE1 No OKS01 HIPS Code OKE1 No OKS01 HIPS Code OKE1 No OLE0 HIPS Code OKE1 No OLE0 HIPS Code OKE1 No P2029 Congo Red, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2031 Hair Analysis (Excluding Arsenic) (Non Covered By Medicare: See Cim: 50-34) Yes P2033 Thymol Turindity, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2034 Mucoprotein, Biood (Serearic) and Vaginal, Up To Three Smears, By Technical Under Yes P2035 Screening Papanicolaus Brair, Cervical Or Vaginal, Up To Three Smears, By Technical Under Yes P3000 Screening Papanicolaus Brair, Cervical Or Vaginal, Up To Three Smears, By Technical Under Yes P3011 Gl	OJPE1	HIPPS Code OJPE1	No
OKGE1 HIPPS Code OKGE1 No OKKE1 HIPPS Code OKKE1 No OKRP1 HIPPS Code OKKE1 No OKRD HIPPS Code OKKE1 No OLED HIPPS Code OLED No P2028 Cephaln Floculation, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2031 Hair Analysis (Excluding, Arsenic) (Non-Covered By Medicare, See Cim: 50-34) Yes P2038 Mucoprotein, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2039 Congo Red, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2038 Mucoprotein, Blood Seronuciol (Medical Resealty Procedure) (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2030 Screening Papanicolaus Smer, Cervical Or Vaginal, Up To Three Smears, By Technician Under Physician Special Coverage Instructions Apply, See Cim: 50-20) Yes P3001 Culture, Bacterial, Urine; Quantitative, Sensitivity Study (Not Payable By Medicare) Yes P9011 Blood, Split Unit (Special Coverage Instructions Apply, See Mcm: 2455A) No		HIPPS Code OJXD1	-
OKKE1 HIPPS Code OKKE1 No OKPE1 HIPPS Code OKKE1 No OKPE1 HIPPS Code OKKE1 No OKSD1 HIPPS Code OKKE1 No OLED0 HIPPS Code OKKE1 No P2028 Cephaln Flocutation, Blood (Special Coverage Instructions Apply. See Cim: 50-34) Yes P2031 Hair Analysis (Excluding Arsenic) (Non-Covered By Medicare. See Cim: 50-34) Yes P2033 Thymol Turbidity, Blood (Special Coverage Instructions Apply. See Cim: 50-24) Yes P2038 Mucoprotein, Blood Serein Cervical O' Vaginal, Up To Three Smears, Repulring Interpretations Physician Special Coverage Instructions Apply. See Cim: 50-20) Yes P3000 Screening Papanicolaou Smear, Cervical O' Vaginal, Up To Three Smears, Repulring Interpretation By Physician Cypecial Coverage Instructions Apply. See Cim: 20-20) Yes P3010 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 <td></td> <td>HIPPS Code OJXE1</td> <td>No</td>		HIPPS Code OJXE1	No
OKPE1 HIPPS Code OKPE1 No OKPF1 HIPPS Code OKPE1 No OKS01 HIPPS Code OKS01 No OKS01 HIPPS Code OKS01 No OKKE1 HIPPS Code OKS01 No OLED HIPPS Code OLGO No P2028 Cephalm Floculation, 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 Thymoil Turbidity, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2033 Thymoil Turbidity, Blood Special Coverage Instructions Apply. See Cim: 50-24) Yes P2033 Divoprotein, Blood (Seroncald) (Medical Necessity Procedure) (Special Coverage Instructions Apply. See Cim: 50-20) Yes P3000 Screening Papanicolaou Smear, Cervical Or Vaginal, Up To Three Smears, By Technician Under Physician (Special Coverage Instructions Apply. See Cim: 50-20) 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: 2455B) No P9012 Creporecipitate, Each Unit (Special C		HIPPS Code OKGF1	No
OKPF1 HIPPS Code OKPF1 No OKSD1 HIPPS Code OKSD1 No OKKEL HIPPS Code OKXE1 No OLED HIPPS Code OKXE1 No OLED HIPPS Code OKXE1 No P2028 Cephalin Floculation, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2031 Hair Analysis (Excluding Arrons) (Non-Coverage Instructions Apply, See Cim: 50-34) Yes P2033 Thymol Turbidity, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2034 Mucoprotein, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2035 Mucoprotein, Blood (Special Coverage Instructions Apply, See Cim: 50-20) Yes P3000 Screening Paganicolaou Smear, Cervical Or Vaginal, Up To Three Smears, Requiring Interpretation By Physican Superial Coverage Instructions Apply, See Cim: 50-20) Yes P3001 Cutture, Bacterial, Urine; Quantitative, Sensitivity Study (Not Payable By Medicare) Yes P9010 Cutture, Bacterial, Urine; Quantitative, Sensitivity Study (Not Payable By Medicare) Yes P9011 Blood, Split Unit (Special Coverage Instructions Apply, See Mcm: 2455 B) No P9012 Cryop		HIPPS Code OKKE1	
OKSD1 HIPPS Code OKSD1 No DKXE1 HIPPS Code OKXE1 No OLE0 HIPPS Code OLE0 No P2028 Cephalin Floculation, 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 Muccorotein, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2038 Muccorotein, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2038 Muccorotein, Blood (Special Coverage Instructions Apply, See Cim: 50-20) Yes P3000 Screening Papanicolaou Smear, Cervical Or Vaginal, Up To Three Smears, Requiring Interpretation By Physician (Special Coverage Instructions Apply, See Cim: 50-20) Yes P3001 Cluture, Bacterial, Urine; Quantitative, Sensitivity Study (Not Payable By Medicare) Yes P3010 Blood (Whole), For Transfusion, Per Unit (Special Coverage Instructions Apply, See Mcm: 2455A) No P3011 Blood, Split Unit (Special Coverage Instructions Apply, See Mcm: 2455A) No P3012 Crypprecipitate, Each Unit (Special Coverage I		HIPPS Code OKPE1	
DKKE1 HIPPS Code OKKE1 No OLLE0 HIPPS Code OLLE0 No P2028 Cephalin Floculation, Blood (Special Coverage Instructions Apply, See Cim: 50-34) Yes P2031 Hair Analysis (Excluding Arsenic) (Non-Covered By Medicare. See Cim: 50-34) Yes P2033 Thymol Turbidity, Blood (Special Coverage Instructions Apply. See Cim: 50-34) Yes P2038 Mucoprotein, Blood (Special Coverage Instructions Apply. See Cim: 50-34) Yes P2039 Congo Red, Blood (Special Coverage Instructions Apply. See Cim: 50-34) Yes P2038 Mucoprotein, Blood (Special Coverage Instructions Apply. See Cim: 50-20) Yes P3000 Screening Papanicolaou Smear, Cervical Or Vaginal, Up To Three Smears, Requiring Interpretation By Physician Supervision (Special Coverage Instructions Apply. See Cim: 50-20) Yes P3001 Culture, Bacterial, Urine; Quantitative, Sensitivity Study (Nut Payable By Medicare) Yes P9010 Blood (Whole), For Transfusion, Per Unit (Special Coverage Instructions Apply. See Mcm: 2455 B) No P9011 Blood, Split Unit (Special Coverage Instructions Apply. See Mcm: 2455 B) No P9012 Cryoprecipitate, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B) No <tr< td=""><td></td><td>HIPPS Code OKPF1</td><td>No</td></tr<>		HIPPS Code OKPF1	No
OLLED HIPPS Code OLLEO No P2028 Cepphain 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: 50-34) 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 Yes P3001 Screening Papanicolaou Smear, Cervical Or Vaginal, Up To Three Smears, Bequiring Interpretation By Yes P9010 Blood (Whole), For Transfusion, Per Unit (Special Coverage Instructions Apply. See Mcm: 2455 N) No P9011 Blood, Split Unit (Special Coverage Instructions Apply. See Mcm: 2455 N) No P9012 Cryoprecipitate, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 N) No P9013 Prest Frozen Plasma (Single Donor), Frozen Within 8 Hours Of Collection, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 N) No P9019 Platelets, Each Unit (Spec	OKSD1	HIPPS Code OKSD1	No
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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 Yes P3001 Screening Papanicolaou Smear, Cervical Or Vaginal, Up To Three Smears, Requiring Interpretation By Yes Physician Supervision (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: 2455 B) No P9011 Blood, Split Unit (Special Coverage Instructions Apply. See Mcm: 2455 B) No P9012 Cryoprecipitate, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B) No P9013 Platelets, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B) No P9014 Platelet Lick Plaisma, Each Unit (Special Covera		HIPPS Code OLJEO	
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P9021Red Blood Cells, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455A)NoP9022Red Blood Cells, Washed, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455A)NoP9023Plasma, Pooled Multiple Donor, Solvent/Detergent Treated, Frozen, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)NoP9025Plasma, Cryoprecipitate Reduced, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9026Cryoprecipitated Fibrinogen Complex, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9031Platelets, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9032Platelets, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9033Platelets, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9034Platelets, Pheresis, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9035Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)No	P9019	Platelets, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)	No
P9022Red Blood Cells, Washed, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455A)NoP9023Plasma, Pooled Multiple Donor, Solvent/Detergent Treated, Frozen, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)NoP9025Plasma, Cryoprecipitate Reduced, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9026Cryoprecipitated Fibrinogen Complex, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9031Platelets, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9032Platelets, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9033Platelets, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9034Platelets, Pheresis, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9035Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)No	P9020	Platelet Rich Plasma, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)	Yes
P9023Plasma, Pooled Multiple Donor, Solvent/Detergent Treated, Frozen, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455 B)NoP9025Plasma, Cryoprecipitate Reduced, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9026Cryoprecipitated Fibrinogen Complex, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9031Platelets, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9032Platelets, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9033Platelets, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9034Platelets, Pheresis, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9035Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9035Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)No	P9021	Red Blood Cells, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455A)	No
Instructions Apply. See Mcm: 2455 B)NoP9025Plasma, Cryoprecipitate Reduced, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9026Cryoprecipitated Fibrinogen Complex, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9031Platelets, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9032Platelets, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9033Platelets, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9034Platelets, Pheresis, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9035Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)No	P9022	Red Blood Cells, Washed, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455A)	No
P9025Plasma, Cryoprecipitate Reduced, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9026Cryoprecipitated Fibrinogen Complex, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9031Platelets, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9032Platelets, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9033Platelets, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9034Platelets, Pheresis, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9035Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)No	P9023		No
P9026Cryoprecipitated Fibrinogen Complex, Pathogen Reduced, Each Unit (See Mcm: 2455B)NoP9031Platelets, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9032Platelets, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9033Platelets, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9034Platelets, Pheresis, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9035Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)NoP9035Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)No	P9025		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			
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 2455) Platelets, Pheresis, Leukocytes Reduced, 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 2455) Platelets, Pheresis, 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
2455) 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			
P9035 Platelets, Pheresis, Leukocytes Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm: No 2455)		2455)	
2455)			
P9036 Platelets, Pheresis, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455) No	P9035		No
	P9036	Platelets, Pheresis, Irradiated, Each Unit (Special Coverage Instructions Apply. See Mcm: 2455)	No

Procedure Code	Description	Prior Auth Required
P9037	Platelets, Pheresis, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply.	No
	See Mcm: 2455)	
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	No
	Mcm: 2455)	
P9041	Infusion, Albumin (Human), 5%, 50 MI	No
P9043	Infusion, Plasma Protein Fraction (Human), 5%, 50 MI (Special Coverage Instructions Apply. See Mcm:	No
	2455B)	
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	No
	Instructions Apply. Statute Reference: 1833T)	
P9052	Platelets, Hla-Matched Leukocytes Reduced, Apheresis/Pheresis, Each Unit (Special Coverage	No
	Instructions Apply. Statute Reference: 1833T)	
P9053	Platelets, Pheresis, Leukocytes Reduced, Cmv-Negative, Irradiated, Each Unit (Special Coverage	No
	Instructions Apply. Statute Reference: 1833T)	
P9054	Whole Blood Or Red Blood Cells, Leukocytes Reduced, Frozen, Deglycerol, Washed, Each Unit (Special	No
	Coverage Instructions Apply. Statute Reference: 1833T)	
P9055	Platelets, Leukocytes Reduced, Cmv-Negative, Apheresis/Pheresis, Each Unit (Special Coverage	No
20050	Instructions Apply. Statute Reference: 1833T)	
P9056	Whole Blood, Leukocytes Reduced, Irradiated, Each Unit (Special Coverage Instructions Apply. Statute	No
20057	Reference: 1833T)	N .
P9057	Red Blood Cells, Frozen/Deglycerolized/Washed, Leukocytes Reduced, Irradiated, Each Unit (Special	No
P9058	Coverage Instructions Apply. Statute Reference: 1833T) Red Blood Colls, Loukeautes Reduced, Crev Negative, Irradiated, Each Unit (Special Coverage)	No
F 9038	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	No
F 3033	Apply. Statute Reference: 1833T)	NO
P9060	Fresh Frozen Plasma, Donor Retested, Each Unit (Special Coverage Instructions Apply. Statute	No
1 5000	Reference: 1833T)	
P9070	Plasma, Pooled Multiple Donor, Pathogen Reduced, Frozen, Each Unit (Special Coverage Instructions	Yes
	Apply. Statute Reference: 1833t)	
P9071	Plasma (Single Donor), Pathogen Reduced, Frozen, Each Unit (Special Coverage Instructions Apply. See	Yes
	Mcm: 2455b. Statute Reference: 1833t)	
P9073	Platelets, Pheresis, Pathogen-Reduced, Each Unit (Special Coverage Instructions Apply. See Mcm:	No
	2455b. Statute Reference: 1833t)	
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	Yes
	Drawn From Home Bound Or Nursing Home Bound Patient; Prorated Miles Actually Travelled (Special	
	Coverage Instructions Apply. See Mcm: 51141k)	
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY	Yes
	SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT;	
	PRORATED TRIP CHARGE (SPECIAL COVERAGE INSTRUCTIONS APPLY. SEE MCM: 51141K)	
P9612	Catheterization For Collection Of Specimen, Single Patient, All Places Of Service (Special Coverage	Yes
	Instructions Apply. See Mcm: 5114.1D)	
P9615	Catheterization For Collection Of Specimen(S) (Multiple Patients) (Special Coverage Instructions Apply.	Yes
	See Mcm: 51141D)	
Q0035	Cardiokymography (Special Coverage Instructions Apply. See Cim: 50-50)	Yes
Q0081	Infusion Therapy, Using Other Than Chemotherapeutic Drugs, Per Visit (Special Coverage Instructions	Yes
	Apply. See Cim: 60-14)	
Q0083	Chemotherapy Administration By Other Than Infusion Technique Only (E.G., Subcutaneous,	Yes
00004	Intramuscular, Push), Per Visit	N
Q0084	Chemotherapy Administration By Infusion Technique Only, Per Visit (Special Coverage Instructions	Yes
	Apply. See Cim: 60-14)	

Procedure Code	Description	Prior Auth Required
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
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	Yes
	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	
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	Yes
	Exceed A 48 Hour Dosage Regimen (Special Coverage Instructions A	
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
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
Q0174	Thiethylperazine Maleate, 10 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A 48 Hour Dosage Regimen (Special Coverage Instructions A	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
Q0220	Injection, Tixagevimab And Cilgavimab, For The Pre-Exposure Prophylaxis Only, For Certain Adults And Pediatric Individuals (12 Years Of Age And Older Weighing At Least 40Kg) With No Known Sars-Cov-2 Exposure, Who Either Have Moderate To Severely Compromis	Yes
Q0221	Injection, Tixagevimab And Cilgavimab, For The Pre-Exposure Prophylaxis Only, For Certain Adults And Pediatric Individuals (12 Years Of Age And Older Weighing At Least 40kg) With No Known Sars-Cov-2 Exposure, Who Either Have Moderate To Severely Compromis	Yes
Q0222	Injection, Bebtelovimab, 175 Mg	Yes

Procedure Code	Description	Prior Auth Required
Q0240	Injection, Casirivimab And Imdevimab, 600 Mg	Yes
Q0243	Injection, Casirivimab And Imdevimab, 2400 Mg	Yes
Q0244	Injection, Casirivimab And Imdevimab, 1200 Mg	Yes
Q0245	Injection, Bamlanivimab And Etesevimab, 2100 Mg	Yes
Q0247	Injection, Sotrovimab, 500 Mg	Yes
Q0249	Injection, Tocilizumab, For Hospitalized Adults And Pediatric Patients (2 Years Of Age And Older) With	Yes
	Covid-19 Who Are Receiving Systemic Corticosteroids And Require Supplemental Oxygen, Non-	
	Invasive Or Invasive Mechanical Ventilation, Or Extracorporeal	
Q0477	Power Module Patient Cable For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,	No
	Replacement Only (Special Coverage Instructions Apply)	
Q0478	Power Adapter For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Vehicle Type	Yes
00110	(Special Coverage Instructions Apply)	
Q0479	Power Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement	Yes
00475	Only (Special Coverage Instructions Apply)	
Q0480	Driver For Use With Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage	Yes
00480	Instructions Apply)	105
Q0481	Microprocessor Control Unit For Use With Electric Ventricular Assist Device, Replacement Only	Yes
Q0401	(Special Coverage Instructions Apply)	105
Q0482	Microprocessor Control Unit For Use With Electric/Pneumatic Combination Ventricular Assist Device,	Yes
00482		105
00403	Replacement Only (Special Coverage Instructions Apply)	Ma a
Q0483	Monitor/Display Module For Use With Electric Ventricular Assist Device, Replacement Only (Special	Yes
00404	Coverage Instructions Apply)	
Q0484	Monitor/Display Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,	Yes
	Replacement Only (Special Coverage Instructions Apply)	
Q0485	Monitor Control Cable For Use With Electric Ventricular Assist Device, Replacement Only (Special	Yes
	Coverage Instructions Apply)	
Q0486	Monitor Control Cable For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only	Yes
	(Special Coverage Instructions Apply)	
Q0487	Leads (Pneumatic/Electrical) For Use With Any Type Electric/Pneumatic Ventricular Assist Device,	Yes
	Replacement Only (Special Coverage Instructions Apply)	
Q0488	Power Pack Base For Use With Electric Ventricular Assist Device, Replacement Only (Special Coverage	Yes
	Instructions Apply)	
Q0489	Power Pack Base For Use With Electric/Pneumatic Ventricular Assist Device, Replacement Only	Yes
	(Special Coverage Instructions Apply)	
Q0490	Emergency Power Source For Use With Electric Ventricular Assist Device, Replacement Only (Special	Yes
	Coverage Instructions Apply)	
Q0491	Emergency Power Source For Use With Electric/Pneumatic Ventricular Assist Device, Replacement	Yes
	Only (Special Coverage Instructions Apply)	
Q0492	Emergency Power Supply Cable For Use With Electric Ventricular Assist Device, Replacement Only	Yes
	(Special Coverage Instructions Apply)	
Q0493	Emergency Power Supply Cable For Use With Electric/Pneumatic Ventricular Assist Device,	Yes
	Replacement Only (Special Coverage Instructions Apply)	
Q0494	Emergency Hand Pump For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,	Yes
	Replacement Only (Special Coverage Instructions Apply)	
Q0495	Battery/Power Pack Charger For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,	Yes
	Replacement Only (Special Coverage Instructions Apply)	
Q0496	Battery, Other Than Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,	No
	Replacement Only (Special Coverage Instructions Apply)	
Q0497	Battery Clips For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	Yes
	(Special Coverage Instructions Apply)	
Q0498	Holster For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	Yes
	(Special Coverage Instructions Apply)	
Q0499	Belt/Vest/Bag For Use To Carry External Peripheral Components Of Any Type Ventricular Assist	Yes
	Device, Replacement Only (Special Coverage Instructions Apply)	
Q0500	Filters For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	Yes
	(Special Coverage Instructions Apply)	
Q0501	Shower Cover For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement	Yes
	Only (Special Coverage Instructions Apply)	
Q0502	Mobility Cart For Pneumatic Ventricular Assist Device, Replacement Only (Special Coverage	Yes
	Instructions Apply)	
Q0503	Battery For Pneumatic Ventricular Assist Device, Replacement Only, Each (Special Coverage	Yes
	Instructions Apply)	
	Instructions Apply)	

Procedure Code	Description	Prior Auth Required
Q0504	Power Adapter For Pneumatic Ventricular Assist Device, Replacement Only, Vehicle Type (Special	Yes
	Coverage Instructions Apply)	
Q0506	Battery, Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular Assist Device,	Yes
	Replacement Only (Special Coverage Instructions Apply)	
Q0507	Miscellaneous Supply Or Accessory For Use With An External Ventricular Assist Device (Special	Yes
00500	Coverage Instructions Apply)	N
Q0508	Miscellaneous Supply Or Accessory For Use With An Implanted Ventricular Assist Device (Special	Yes
Q0509	Coverage Instructions Apply) Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which	Yes
	Payment Was Not Made Under Medicare Part A (Special Coverage Instructions Apply)	
Q0510	Pharmacy Supply Fee For Initial Immunosuppressive Drug(S), First Month Following Transplant	Yes
Q0511	(Special Coverage Instructions Apply) Pharmacy Supply Fee For Oral Anti-Cancer, Oral Anti-Emetic Or Immunosuppressive Drug(S); For The	Yes
00011	First Prescription In A 30-Day Period (Special Coverage Instructions Apply)	163
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
Q0516	Pharmacy Supplying Fee For Hiv Pre-Exposure Prophylaxis Fda Approved Prescription Drug, Per 30-	Yes
	Days (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861(Ddd))	
Q0517	Pharmacy Supplying Fee For Hiv Pre-Exposure Prophylaxis Fda Approved Prescription Drug, Per 60- Days (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861(Ddd))	Yes
Q0518	Pharmacy Supplying Fee For Hiv Pre-Exposure Prophylaxis Fda Approved Prescription Drug, Per 90- Days (Special Coverage Instructions Apply. See Mcm: 2049. 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 MI (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
Q2017	Injection, Teniposide, 50 Mg (Special Coverage Instructions Apply. See Mcm: 2049. Statute Reference: 1861S2B)	Yes
Q2026	Injection, Radiesse, 0.1 MI (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	Yes
	leukapheresis and dose preparation procedures, per therapeutic dose	

Procedure Code	Description	Prior Auth Required
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose	Yes
	preparation procedures, per therapeutic dose	
Q2043	Sipuleucel-T, Minimum Of 50 Million Autologous Cd54+ Cells Activated With Pap-Gm-Csf, Including	Yes
	Leukapheresis And All Other Preparatory Procedures, Per Infusion (Special Coverage Instructions	
	Apply)	
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 Mg	Yes
Q2050	Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10 Mg (Special Coverage	No
	Instructions Apply. See Mcm: 2049.4)	
Q2052	Services, Supplies, And Accessories Used In The Home For The Administration Of Intravenous Immune	Yes
	Globulin (Ivig) (Special Coverage Instructions Apply)	
Q2053	Brexucabtagene Autoleucel, Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells,	Yes
	Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	
Q2054	Lisocabtagene Maraleucel, Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T Cells,	Yes
	Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	
Q2055	Idecabtagene Vicleucel, Up To 460 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-	Yes
	Positive T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	
Q2056	Ciltacabtagene Autoleucel, Up To 100 Million Autologous B-Cell Maturation Antigen (Bcma) Directed	Yes
	Car-Positive T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Therapeutic Dose	
02001		No.
Q3001	Radioelements For Brachytherapy, Any Type, Each (Special Coverage Instructions Apply. See Mcm:	Yes
	15022)	
Q3014	Telehealth Originating Site Facility Fee	No
Q3027	Injection, Interferon Beta-1a, 1 Mcg For Intramuscular Use (Special Coverage Instructions Apply. See	Yes
00000	Mcm: 2049)	
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
0.4045		
Q4015	Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Pediatric (0-10 Years), Plaster	Yes
0.404.6		M
Q4016	Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Pediatric (0-10 Years), Fiberglass	Yes
04017	Cast Supplies Lang Ave Calint Adult (11 Vare 1) Plaster	Vee
Q4017 Q4018	Cast Supplies, Long Arm Splint, Adult (11 Years +), Plaster	Yes
	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 Q4022	Cast Supplies, Short Arm Splint, Adult (11 Years +), Plaster	Yes
Q4022 Q4023	Cast Supplies, Short Arm Splint, Adult (11 Years +), Fiberglass	Yes Yes
Q4023 Q4024	Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster	Yes
Q4024 Q4025	Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass	
Q4025 Q4026	Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years +), Plaster	Yes Yes
Q4026 Q4027	Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years +), Fiberglass	
Q4027 Q4028	Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster	Yes
Q4028 Q4029	Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass	Yes Yes
Q4029 Q4030	Cast Supplies, Long Log Cast, Adult (11 Years +), Plaster	Yes
Q4030 Q4031	Cast Supplies, Long Leg Cast, Adult (11 Years +), Fiberglass	Yes
Q4031 Q4032	Cast Supplies, Long Leg Cast, Pediatric (0-10 Years), Plaster	Yes
	Cast Supplies, Long Leg Cast, Pediatric (0-10 Years), Fiberglass	
Q4033	Cast Supplies, Long Leg Cylinder Cast, Adult (11 Years +), Plaster	Yes

Procedure Code	Description	Prior Auth Required
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	Yes
	Supplies)	
Q4074	lloprost, 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:	No
	4273.1)	
Q4082	Drug Or Biological, Not Otherwise Classified, Part B Drug Competitive Acquisition Program (Cap)	Yes
Q4100	Skin Substitute, Not Otherwise Specified	Yes
Q4101	Apligraf, Per Square Centimeter	Yes
Q4102	Oasis Wound Matrix, Per Square Centimeter	Yes
Q4103	Oasis Burn Matrix, Per Square Centimeter	Yes
Q4104	Integra Bilayer Matrix Wound Dressing (Bmwd), Per Square Centimeter	Yes
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL	Yes
	REGENERATION MATRIX, PER SQUARE CENTIMETER	
Q4106	Dermagraft, Per Square Centimeter	Yes
Q4107	Graftjacket, Per Square Centimeter	Yes
Q4108	Integra Matrix, Per Square Centimeter	Yes
Q4110	Primatrix, Per Square Centimeter	Yes
Q4111	Gammagraft, Per Square Centimeter	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	Yes
Q4116	Alloderm, Per Square Centimeter	Yes
Q4117	Hyalomatrix, Per Square Centimeter	Yes
Q4118	Matristem Micromatrix, 1 Mg	Yes
Q4121	Theraskin, Per Square Centimeter	Yes
Q4122	Dermacell, Dermacell Awm Or Dermacell Awm Porous, Per Square Centimeter	Yes
Q4123	Alloskin Rt, Per Square Centimeter	Yes
Q4124	Oasis Ultra Tri-Layer Wound Matrix, Per Square Centimeter	Yes
Q4125	Arthroflex, Per Square Centimeter	Yes
Q4126	Memoderm, Dermaspan, Tranzgraft Or Integuply, Per Square Centimeter	Yes
Q4127	Talymed, Per Square Centimeter	Yes
Q4128	Flex Hd, Or Allopatch Hd, Per Square Centimeter	Yes
Q4130	Strattice Tm, Per Square Centimeter	Yes
Q4132	Grafix Core And Grafixpl Core, Per Square Centimeter	Yes
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter	Yes
Q4134	Hmatrix, Per Square Centimeter	Yes
Q4135	Mediskin, Per Square Centimeter	Yes
Q4136	Ez-Derm, Per Square Centimeter	Yes
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	Yes
Q4138	Biodfence Dryflex, Per Square Centimeter	Yes
Q4139	Amniomatrix Or Biodmatrix, Injectable, 1 Cc	Yes
Q4140	Biodfence, Per Square Centimeter	Yes
Q4141	Alloskin Ac, Per Square Centimeter	Yes

Procedure Code	Description	Prior Auth Required
Q4142	Xcm Biologic Tissue Matrix, Per Square Centimeter	Yes
Q4143	Repriza, Per Square Centimeter	Yes
Q4145	Epifix, Injectable, 1 Mg	Yes
Q4146	Tensix, Per Square Centimeter	Yes
Q4147	Architect, Architect Px, Or Architect Fx, Extracellular Matrix, Per Square Centimeter	Yes
Q4148	Neox Cord 1K, Neox Cord Rt, Or Clarix Cord 1K, Per Square Centimeter	Yes
Q4149	Excellagen, 0.1 Cc	Yes
Q4150	Allowrap Ds Or Dry, Per Square Centimeter	Yes
Q4151	Amnioband Or Guardian, Per Square Centimeter	Yes
Q4152	Dermapure, Per Square Centimeter	Yes
Q4153	Dermavest And Plurivest, Per Square Centimeter	Yes
Q4154	Biovance, Per Square Centimeter	Yes
Q4155	Neoxflo Or Clarixflo, 1 Mg	Yes
Q4156	Neox 100 Or Clarix 100, Per Square Centimeter	Yes
Q4157	Revitalon, Per Square Centimeter	Yes
Q4158	Kerecis Omega3, Per Square Centimeter	Yes
Q4159	Affinity, Per Square Centimeter	Yes
Q4160	Nushield, Per Square Centimeter	Yes
Q4161	Bio-Connekt Wound Matrix, Per Square Centimeter	Yes
Q4162	Woundex Flow, Bioskin Flow, 0.5 Cc	Yes
Q4163	Woundex, Bioskin, Per Square Centimeter	Yes
Q4164	Helicoll, Per Square Centimeter	Yes
Q4165	Keramatrix Or Kerasorb, Per Square Centimeter	Yes
Q4166	Cytal, Per Square Centimeter	Yes
Q4167	Truskin, Per Square Centimeter	Yes
Q4168	Amnioband, 1 Mg	Yes
Q4169	Artacent Wound, Per Square Centimeter	Yes
Q4170	Cygnus, Per Square Centimeter	Yes
Q4171	Interfyl, 1 Mg	Yes
Q4173	Palingen Or Palingen Xplus, Per Square Centimeter	Yes
Q4174	Palingen Or Promatrx, 0.36 Mg Per 0.25 Cc	Yes
Q4175	Miroderm, Per Square Centimeter	Yes
Q4176	Neopatch Or Therion, Per Square Centimeter	Yes
Q4177	Floweramnioflo, 0.1 Cc	Yes
Q4178	Floweramniopatch, Per Square Centimeter	Yes
Q4179	Flowerderm, Per Square Centimeter	Yes
Q4180	Revita, Per Square Centimeter	Yes
Q4181	Amnio Wound, Per Square Centimeter	Yes
Q4182	Transcyte, Per Square Centimeter	Yes
Q4183	Surgigraft, Per Square Centimeter	Yes
Q4184	Cellesta Or Cellesta Duo, Per Square Centimeter	Yes
Q4185	Cellesta Flowable Amnion (25 Mg Per Cc); Per 0.5 Cc	Yes
Q4186 Q4187	Epifix, Per Square Centimeter Epicord, Per Square Centimeter	Yes Yes
Q4187		
Q4188	Amnioarmor, Per Square Centimeter Artacent Ac, 1 Mg	Yes Yes
Q4190	Artacent Ac, Per Square Centimeter	Yes
Q4190	Restorigin, Per Square Centimeter	Yes
Q4191	Restorigin, 1 Cc	Yes
Q4192	Coll-E-Derm, Per Square Centimeter	Yes
Q4194	Novachor, Per Square Centimeter	Yes
Q4195	Puraply, Per Square Centimeter	Yes
Q4196	Puraply Am, Per Square Centimeter	Yes
Q4197	Puraply Xt, Per Square Centimeter	Yes
Q4198	Genesis Amniotic Membrane, Per Square Centimeter	Yes
Q4199	Cygnus Matrix, Per Square Centimeter	Yes
Q4200	Skin Te, Per Square Centimeter	No
Q4201	Matrion, Per Square Centimeter	No
Q4202	Keroxx (2.5g/Cc), 1cc	No
Q4203	Derma-Gide, Per Square Centimeter	No
Q4204	Xwrap, Per Square Centimeter	No
Q4205	Membrane Graft Or Membrane Wrap, Per Square Centimeter	Yes
Q4206	Fluid Flow Or Fluid Gf, 1 Cc	Yes

0408Nonfix, Per Square CentimeterYes04200Surgit, Per Square CentimeterYes04211Anoion Bort Abadimentana, Per Square CentimeterYes04213Anoion Bort Abadimentana, Per Square CentimeterYes04213Attent Gort, Per Ce.Yes04214Cellesia Card, Per Square CentimeterYes04215Abadimit Of AbadimeterYes04216Cellesia Card, Per Square CentimeterYes04217YesYes04218Abadimit Of AbadimeterYes04219Surgiered Toble, Per Square CentimeterYes04219Surgiered Toble, Per Square CentimeterYes042210Surgiered Toble, Per Square CentimeterYes04222Amoioxang, Per Square CentimeterYes04223Amoioxang, Per Square CentimeterYes04224Human Half Factor SDA CentimeterYes04225Human Half Factor SDA CentimeterYes04226Human Half Factor SDA CentimeterYes04227Amoioxang, Per Square CentimeterYes04228Human Half Factor SDA CentimeterYes04229Cogenes Almoids Mathimation, Per Solare CentimeterYes04229Cogenes Almoids Mathimation, Per Solare CentimeterYes04220Cogenes Almoids Mathimation, Per Solare CentimeterYes04221Cogenes Almoids Mathimation, Per Solare CentimeterYes04222Cogenes Almoids Mathimation, Per Solare CentimeterYes04223Cogenes Flowable Almoids, Per Solare<	Procedure Code	Description	Prior Auth Required
B409 Surgiol, per Supar Contineter Yes B4211 Amoine Bio PA Audioring Pris Supar Contineter Yes B4212 Allogin, Per Co. Yes B4213 Ascent, 0.5 Mg Yes B4214 Calcias Cord, Per Supar Contineter Yes B4215 Ascent, 0.5 Mg Yes B4216 Calcias Cord, Per Supar Contineter Yes B4217 Wonnikh, Biovand, Waundfk Pis, Biovand Pis, Woundfk Xplas Or Biovand Xplas, Per Supar Contineter Yes B4218 Surgiord, Per Supar Contineter Yes B4218 Surgiord, Per Supar Contineter Yes B4229 Programmer Die Supar Contineter Yes B4220 Programmer Die Supar Contineter Yes B4221 Programmer Die Supar Contineter Yes B4222 Programmer Die Supar Contineter Yes B4223 Amoiner Die Supar Contineter Yes B4224 Human Health Toch Di Damoiner Pertainer Yes B4225 Amoiner Die Supar Contineter Yes B4226 Myoun Sup, Die Supar Contineter Yes <			
04210 Avoiet forth of Avoiet Durgerth, Per Square Centimeter Yes 04211 Allingen, Per Co. Yes 04212 Allogen, Per Co. Yes 04213 Avoiet, SM Yes 04214 Celleta Cord, Per Square Centimeter Yes 04215 Avoiet Anheand Or Avoidto Program Continueter Yes 04216 Attacent Cord, Per Square Centimeter Yes 04217 WoundR, Per Square Centimeter Yes 04218 Surgicon Poul, Per Square Centimeter Yes 04219 Baloucit Hor Sourcemp, Per Square Centimeter Yes 04210 Anniouran, Per Square Centimeter Yes 04212 Anniouran, Per Square Centimeter Yes 04221 Anniouran, Per Square Centimeter Yes 04223 Anniouran, Per Square Centimeter Yes 0423 Anniouran, Per Square Centimeter Yes 0424 Human Health Factor 10 Annioic Factorh Hold Phyper Square Centimeter Yes 0425 Anniouran, Per Square Centimeter Yes 0426 Anniouran, Per Square Centimeter	-		
G411 Amote Bio & Austein, Per G. Yes G412 Alleger, Per G. Yes G413 Ascert, 0.5 Mg Yes G414 Cellesia Cord, Per Square Centimeter Yes G415 Antoid Arnbient Or Xaobit Cryo, 0.1 Mg. Yes G417 Woundfix, Biosecond, Woundfix Plas, Biowound Plas, Woundfix Xajas Or Biowound Xajas, Per Square Centimeter Yes G417 Woundfix, Biosecond, Woundfix Plas, Biowound Plas, Woundfix Xajas Or Biowound Xajas, Per Square Centimeter Yes G418 Surgeord, Per Square Centimeter Yes G419 Belaced Bio O Sarger For Square Centimeter Yes G420 Amoteoracy, Per Square Centimeter Yes G421 Harmone Health Factor Bio Annotacit Back Bio Hind DeP, Per Square Centimeter Yes G422 Amoteoracy, Per Square Centimeter Yes G423 Harmone Health Factor Bio Annotacit Back Bio Hind DeP, Per Square Centimeter Yes G424 Harmone Health Factor Bio Annotacit Back Bio Hind DeP, Per Square Centimeter Yes G423 Amoteoracy Per Square Centimeter Yes G4245 Capreser, Per Co Yes <	Q4210		
04233 Accent, D.S. Mg Yes 04214 Celeta Cord, Per Square Centimeter Yes 04215 Akadot Ambient Or Akadot L(ny, O.J. Mg Yes 04215 Akadot Ambient Or Akadot L(ny, D.J. Mg Yes 04216 Attacent Cord, Per Square Centimeter Yes 04218 Surgioral, Per Square Centimeter Yes 04219 Surgioral, Per Square Centimeter Yes 04221 Amnioavag, Per Square Centimeter Yes 04222 Annioavag, Per Square Centimeter Yes 04223 Annioavag, Per Square Centimeter Yes 04224 Human Health Statur JOAnnioia Petch Hith10-Pi, Per Square Centimeter Yes 04225 Anniobier Or Nudy, Per Square Centimeter Yes 04226 Mayons Min, Inducts Ratch Hith10-Pi, Per Square Centimeter Yes 04227 Amniocore, Per Square Centimeter Yes 04230 Cargiere, Ninvidie Amnion, Per S Square Centimeter Yes 04242 Cargiere, Ninvidie Amnion, Per S Square Centimeter Yes 04233 Surgiere Or Nudy, Per S Square Centimeter Yes <tr< td=""><td>Q4211</td><td></td><td>Yes</td></tr<>	Q4211		Yes
04214 Celesta Cord, Per Square Centimeter Yes 04215 Avoid Manier Gr Avoid (Cry, 0.1 My) Yes 04216 Artasent Cord, Per Square Centimeter Yes 04217 Woundfin, Howound, Noundfin, Buy, Bowound Plus, Woundfin Xplus Or Howound Xplus, Per Square Centimeter Yes 04218 Surgicord, Per Square Centimeter Yes 04219 Surgicord, Per Square Centimeter Yes 04220 Bellechild of Surderen, Per Square Centimeter Yes 04221 Anniowrapa, Per Square Centimeter Yes 04222 Progenametry, Per Square Centimeter Yes 04223 Anniohn of Dermshind TP, Per Square Centimeter Yes 04224 Human Itedhin Fatora 10 Anniolica Patch Hirlf10*P), Per Square Centimeter Yes 04225 Amoiohn of Dermshind Per Square Centimeter Yes 04226 Myonon Skin, Includes Harvesting And Perparation Procedures, Per Square Centimeter Yes 04227 Amoioron, Per Square Centimeter Yes 04230 Corplex P, Per C Yes 04231 Corplex P, Per Ca Yes 04232 Corplex P, P	Q4212	Allogen, Per Cc	Yes
Q4215 Avaded Ambient Cr Avadet Crym, 21 Mg. Yes Q4216 Artacen Cord, Per Square Centimeter Yes Q4217 Woundfin, Biowound, Woundfin, Plus, Biowound Plus, Woundfix Splus Or Biowound Xplus, Per Square Yes Q4218 Surgicord, Per Square Centimeter Yes Q4218 Surgicord, Per Square Centimeter Yes Q4220 Helacel HG Or Surederm, Per Square Centimeter Yes Q4221 Amnioarpa, Per Square Centimeter Yes Q4222 Homan Health Factor Of Amniois Pach (Hild) DP), Per Square Centimeter Yes Q4223 Annioishond Of Thereits Square Centimeter Yes Q4224 Human Inselth Factor Of Amniois Pach (Hild) DP), Per Square Centimeter Yes Q4225 Cagnex Amnioits (Merhandma, Per Square Centimeter Yes Q4220 Cagnex Amnioits (Merhandma, Per Square Centimeter Yes Q4231 Corplex, Per Square Centimeter Yes Q4232 Campene Amnioits (Merhandma, Per Square Centimeter Yes Q4233 Surfactor Nudy, Per Square Centimeter Yes Q4234 Carplex CP, Square Centimeter Yes	Q4213	Ascent, 0.5 Mg	Yes
Q4216Artacent Cord, Per Square CentimeterYesQ6217Wourdf, Rivoud, Wourdf, Rivo, Bowound Plus, Woundf, Xplus Or Biowound Xplus, Per SquareYesQ6218Surgicard, Par, Quare CentimeterYesQ6219Billecill Hof Or Surdering, Per Square CentimeterYesQ6220Billecill Hof Or Surdering, Per Square CentimeterYesQ6221Progenametru, Per Square CentimeterYesQ6222Progenametru, Per Square CentimeterYesQ6223Anniowrap, Per Square CentimeterYesQ6224Anniowrap, Per Square CentimeterYesQ6225Anniohold Or DermainingYesQ6226Anniohold Or DermainingYesQ6227Annionov, Per Square CentimeterYesQ6228Cagenex, Anniotic Membrane, Per Square CentimeterYesQ6290Cagenex, Anniotic Membrane, Per Square CentimeterYesQ6292Cagenex, Anniotic Membrane, Per Square CentimeterYesQ6293Cargenex, Per Square CentimeterYesQ6294Cargenex, Per Square CentimeterYesQ6295Cargenex, Per Square CentimeterYesQ6296Cargenex, Per Square CentimeterYesQ6297Cargenex, Per Square CentimeterYesQ6298 <td>Q4214</td> <td>Cellesta Cord, Per Square Centimeter</td> <td>Yes</td>	Q4214	Cellesta Cord, Per Square Centimeter	Yes
Odd Woundfus Discound, Woundfu Plus, Biowound Plus, Per Square Per Square Certimeter Yes 04218 Surgiourd, Per Square Certimeter Yes 04229 Surgigart, Dual, Per Square Certimeter Yes 04220 Bellacell Hd Or Surderm, Per Square Certimeter Yes 04221 Aminoinvap2, Per Square Certimeter Yes 04222 Progenamatrix, Per Square Certimeter Yes 04223 Human Health Factor, Damoidic Path Ith/DP, Per Square Certimeter Yes 04224 Human Health Factor, Damoidic Path Ith/DP, Per Square Certimeter Yes 04225 Aminoicore, Per Square Certimeter Yes 04226 Agenese Aministic Membrane, Per Square Certimeter Yes 04227 Aminocore, Per Square Certimeter Yes 04228 Copies, Per Square Certimeter Yes 04233 Gargier, Per Square Certimeter Yes 04234 Kellerate, Per Square Certimeter Yes 04235 Carpies, Per Square Certimeter Yes 04236 Carpies, Per Square Certimeter Yes 04238 Corpies, Per Square Certimeter <td< td=""><td>Q4215</td><td>Axolotl Ambient Or Axolotl Cryo, 0.1 Mg</td><td>Yes</td></td<>	Q4215	Axolotl Ambient Or Axolotl Cryo, 0.1 Mg	Yes
Centimeter Personal state 04218 Surgiord, Per Square Centimeter Yes 04220 Belleall, Per Square Centimeter Yes 04221 Ammiowrap, Per Square Centimeter Yes 04222 Progenametric, Per Square Centimeter Yes 04224 Human Health Eactor 10 Anniolis Path HH119 PJ, Per Square Centimeter Yes 04225 Anniootro, Per Square Centimeter Yes 04226 Mayown Sun, Incides Intresting And Preparation Procedures, Per Square Centimeter Yes 04227 Annioocore, Per Square Centimeter Yes 04228 Cogenex Anniout Memorane, Fer Square Centimeter Yes 04230 Cogenex Anniout Memorane, Fer Square Centimeter Yes 04231 Corplex, Per Square Centimeter Yes 04232 Corplex, Per Square Centimeter Yes 04233 Surfactor P. Square Centimeter Yes 04234 Xeellerate, Per Square Centimeter Yes 04235 Corplex, Per Square Centimeter Yes 04236 Careapter, Per O. SC Yes 04237 Careapter, Per	Q4216	Artacent Cord, Per Square Centimeter	Yes
04219Surgirght-Dual, Per Square CentimeterYes04220Aminiowr.02, Per Square CentimeterYes04221Progenantity, Per Square CentimeterYes04224Human Health Factor, 10 Aminiche Path (Hrh11/P. Per Square Centimeter)Yes04225Aminiour.02, Per Square CentimeterYes04226Myown Skin, Includes Harwesting And Proparation Procedures, Per Square CentimeterYes04226Myown Skin, Includes Harwesting And Proparation Procedures, Per Square CentimeterYes04227Aminicore, Per Square CentimeterYes04228Cogneter, Aler CentimeterYes04229Cogneter, Aler CentimeterYes04230Cogneter, Per Square CentimeterYes04231Corplex, Per Square CentimeterYes04232Corplex, Per Square CentimeterYes04233Carleorter, Per Square CentimeterYes04234Carleorter, Per Square CentimeterYes04235Carleorter, Per Square CentimeterYes04236Carleorter, Per Square CentimeterYes04237Carleorter, Per Square CentimeterYes04238Derm-Maxo, Per Square CentimeterYes04243Derm-Maxo, Per Square CentimeterYes04244Porceyte, For Topicol Use Only, Per 0.5 CcYes04245Aminicotx, Per CaYes04246Careter, Per SQuare CentimeterYes04247Aminicotx, Per CaYes04248Pareter, Per SQuare CentimeterYes04249Aminic	Q4217		Yes
04220 Belacell Hof Surgerm, Per Square Centimeter Yes 04221 Progenamity, Per Square Contimeter Yes 04222 Progenamity, Per Square Contimeter Yes 04224 Homan Health Factor 10 Annotic Patch (Hh1D P) Per Square Centimeter Yes 04225 Annobido CD Dermabind TI, Per Square Centimeter Yes 04226 Annobido CD Dermabind TI, Per Square Centimeter Yes 04226 Annobido CD Dermabind TI, Per Square Centimeter Yes 04226 Annobido CD Dermabind Per Square Centimeter Yes 04230 Cogenex Flowalde Annoino, Per O Sc Yes 04231 Corpiex P, Per Ce Yes 04232 Corpiex P, Per Ce Yes 04233 Surfactor Or Nudyn, Per O Sc Yes 04234 Collerch, Per Square Centimeter Yes 04235 Annoinoreaniter Centimeter Yes 04236 Carpicy Per Square Centimeter Yes 04237 Cro-Ord, Per Square Centimeter Yes 04238 Dermino-Maxex IIE, Per Square Centimeter Yes 04239 Annoino-M	Q4218	Surgicord, Per Square Centimeter	Yes
04221 Anniowrap2, Per Square Centimeter Yes 04224 Human Health Factor 10 Annotic Patch (Hrh10 P), Per Square Centimeter Yes 04225 Annotocre, Per Square Centimeter Yes 04226 Myson Skin, Includes Havessing And Preparation Procedures, Per Square Centimeter Yes 04227 Annicotor, Per Square Centimeter Yes 04229 Cogenex Annoite Membrane, Per Square Centimeter Yes 04231 Copfex P, Per CC Yes 04232 Copfex P, Per Square Centimeter Yes 04233 Surfactor Or Nukry, Per Square Centimeter Yes 04234 Xeilerate, Per Square Centimeter Yes 04235 Annioreapt Or Atily, Per Square Centimeter Yes 04236 Carepotch, Per Square Centimeter Yes 04237 Crycoft, Per Square Centimeter Yes 04238 Derm-Maxe, Per Square Centimeter Yes 04239 Annio-Maxe Or Annos, Maxu Lite, Per Square Centimeter Yes 04238 Derm-Maxe, Per Square Centimeter Yes 04239 Anniole-Maxe Or Annos Maxu Lite, Per Square Centimeter <t< td=""><td>Q4219</td><td>Surgigraft-Dual, Per Square Centimeter</td><td>Yes</td></t<>	Q4219	Surgigraft-Dual, Per Square Centimeter	Yes
04222 Progenamity, Per Square Contimeter Yes 04224 Humm health Factor 10 Annoich Zehrich (hth102), Per Square Centimeter Yes 04225 Anniobadi Or Dermabind T, Per Square Centimeter Yes 04226 Myoom Skin, Includes Harvesting And Preparation Procedures, Per Square Centimeter Yes 04227 Annicoce, Per Square Centimeter Yes 04230 Cogenex Anniotic Memorane, Per Square Centimeter Yes 04231 Corplex P, Per Ce Yes 04232 Corplex P, Per Ce Yes 04233 Suffactor Or Nudyn, Per 0.5 Cc Yes 04234 Xeclerch, Per Square Centimeter Yes 04235 Anniorepart Or Altply, Per Square Centimeter Yes 04236 Careparch, Per Square Centimeter Yes 04237 Cry-Ocdr, Per Square Centimeter Yes 04238 Derm-Maxo, Per Square Centimeter Yes 04239 Annio-Maxo tor Annio-Maxo the, Per Square Centimeter Yes 04241 Polycyte, For Topical Use Only, Per 0.5 Cc Yes 04242 Annoicyte Plins, Fer 0.5 Cc Yes	Q4220	Bellacell Hd Or Surederm, Per Square Centimeter	Yes
Q4224 Human Health Factor 10 Annulot Patch (Hrh10P), Per Square Centimeter Yes Q4225 Annioolnd 07 Dermaholn 1, Fer Square Centimeter Yes Q4226 Myown Skin, Includes Harvesting And Preparation Procedures, Per Square Centimeter Yes Q4228 Cogenex Anniotic Membrane, Per Square Centimeter Yes Q4230 Cogenex Anniotic Membrane, Per Square Centimeter Yes Q4231 Corplex, Per Square Centimeter Yes Q4232 Corplex, Per Square Centimeter Yes Q4233 Surfactor OF Nudyn, Per OS CC Yes Q4234 Xcellerate, Per Square Centimeter Yes Q4235 Anniorepair Or Nithpy, Per Square Centimeter Yes Q4236 Carepatch, Per Square Centimeter Yes Q4237 Cryc Ord, Per Square Centimeter Yes Q4238 Derm-Maxo, Per Square Centimeter Yes Q4239 Annio-Maxo Lite, Per Square Centimeter Yes Q4240 Corecyte, For Topical Use Only, Per OS Cc Yes Q4241 Polycyte, For Topical Use Only, Per OS Cc Yes Q4242 Annioitext, Per C C	Q4221	Amniowrap2, Per Square Centimeter	Yes
04225 Anniobin Or Dermahind T, Per Square Centimeter Yes 04226 Myown Skin, Includes Harvestign And Preparation Procedures, Per Square Centimeter Yes 04227 Anniocore, Per Square Centimeter Yes 04228 Cogenes Rowable Annion, Per Square Centimeter Yes 04230 Cogenes Rowable Annion, Per OS Cc Yes 04231 Corplex, Per Square Centimeter Yes 04233 Surfactor ON Nudyn, Per OS Cc Yes 04234 Xcellerate, Per Square Centimeter Yes 04235 Annioregair Or Altyp, Per Square Centimeter Yes 04236 Carepach, Per Square Centimeter Yes 04237 Cryo-Cord, Per Square Centimeter Yes 04238 Derm-Maxa, Yer Square Centimeter Yes 04239 Annio-Maxa Or Annio-Masa Like, Per Square Centimeter Yes 04243 Derm-Maxa, Yer Square Centimeter Yes 04243 Derm-Maxa, Yer Square Centimeter Yes 04244 Poroceta, Per 200 Mg Yes 04245 Anniochasa Ver Annio-Masa Uka, Per S Gc Yes 04246 Correct, Or Protext, Per O S Cc Yes 04247 Anniotext, Per C Yes 04248 Dermacyte Anniotic Masa Marang, Per Square Centimeter Yes	Q4222		Yes
Q4226 Myom Skin, Includes Harosting And Preparation Procedures, Per Square Centimeter Yes Q4227 Amnicore, Per Square Centimeter Yes Q4230 Cogenex Amnicitis Membrane, Per Sguare Centimeter Yes Q4231 Corplex, Per Square Centimeter Yes Q4232 Corplex, Per Square Centimeter Yes Q4233 Surfactor OF Nudyn, Per 0.5 Cc Yes Q4234 Xeellerate, Per Square Centimeter Yes Q4235 Amnioregaior CAllphy, Per 0.5 Cc Yes Q4236 Carepatch, Per Square Centimeter Yes Q4236 Carepatch, Per Square Centimeter Yes Q4236 Carepatch, Per Square Centimeter Yes Q4238 Derm-Max, PEr Square Centimeter Yes Q4239 Amnio-Max Or Annio-Max Uite, Per Square Centimeter Yes Q4240 Corecycle, For Topical Use ONIV, Per 0.5 Cc Yes Q4241 Polycycle, Per 0.5 Cc Yes Q4242 Amniobcycle Puly, Per 0.5 Cc Yes Q4244 Procenta, Per 200 Mg Yes Q4245 Amniotycle Puly, Per		Human Health Factor 10 Amniotic Patch (Hhf10-P), Per Square Centimeter	Yes
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Q4263Surgraft TI, Per Square CentimeterYesQ4264Cocoon Membrane, Per Square CentimeterYesQ4265Neostim TI, Per Square CentimeterYesQ4266Neostim Membrane, Per Square CentimeterYesQ4267Neostim DI, Per Square CentimeterYesQ4268Surgraft Ft, Per Square CentimeterYesQ4269Surgraft Xt, Per Square CentimeterYesQ4270Complete SI, Per Square CentimeterYesQ4271Complete Ft, Per Square CentimeterYes	Q4261	Tag, Per Square Centimeter	Yes
Q4264Cocoon Membrane, Per Square CentimeterYesQ4265Neostim TI, Per Square CentimeterYesQ4266Neostim Membrane, Per Square CentimeterYesQ4267Neostim DI, Per Square CentimeterYesQ4268Surgraft Ft, Per Square CentimeterYesQ4269Surgraft Xt, Per Square CentimeterYesQ4270Complete SI, Per Square CentimeterYesQ4271Complete Ft, Per Square CentimeterYes	Q4262	Dual Layer Impax Membrane, Per Square Centimeter	Yes
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Q4267Neostim Dl, Per Square CentimeterYesQ4268Surgraft Ft, Per Square CentimeterYesQ4269Surgraft Xt, Per Square CentimeterYesQ4270Complete Sl, Per Square CentimeterYesQ4271Complete Ft, Per Square CentimeterYes	Q4265		Yes
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Q4269Surgraft Xt, Per Square CentimeterYesQ4270Complete SI, Per Square CentimeterYesQ4271Complete Ft, Per Square CentimeterYes	Q4267	Neostim Dl, Per Square Centimeter	Yes
Q4270 Complete SI, Per Square Centimeter Yes Q4271 Complete Ft, Per Square Centimeter Yes	Q4268	Surgraft Ft, Per Square Centimeter	Yes
Q4271 Complete Ft, Per Square Centimeter Yes	Q4269	Surgraft Xt, Per Square Centimeter	Yes
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04273 Eano A., Per Square Centimeter No 04275 Orion, Per Square Centimeter No 04276 Orion, Per Square Centimeter No 04276 Orion, Per Square Centimeter No 04278 Epieffect, Per Square Centimeter No 0428 Epieffect, Per Square Centimeter No 0428 Barres 51 Oranes a. Die Square Centimeter No 04281 Barres 51 Oranes a. Die Square Centimeter No 04283 Bornes 51 Oranes a. Die Square Centimeter No 04381 Bornes 10 F-Lyar Or Bioson 81, Per Square Centimeter No 04383 Bornes 10 F-Lyar Or Bioson 81, Per Square Centimeter No 04383 Bornes 10 F-Lyar Or Bioson 81, Per Square Centimeter No 04383 Bornes 10 F-Lyar Or Bioson 61, Per Square Centimeter No 04383 Bornes 10 F-Lyar Or Bioson 61, Per Square Centimeter No 04383 Bornes 10 F-Lyar Or Bioson 61, Per Square Centimeter No 04383 Bornes 10 F-Lyar Or Bioson 61, Per Square Centimeter Yo 04394 Amoio Canore, Per Square Centimeter Yo </td <td></td> <td></td> <td></td>			
04275 Earn Aca, Per Spare Centimeter No 04276 Orion, Per Spare Centimeter No 04277 Woundplue Membrane 0* 5 Graft, Per Spare Centimeter No 04278 Epieffer, Per Spare Centimeter No 04280 Kentlamon Mattis, Per Spare Centimeter No 04281 Barren 3 Or Farrer DL Per Spare Centimeter No 04282 Capate Duit Per Spare Centimeter No 04283 Biowner Ti Kayer O: Biowner 3L, Per Spare Centimeter No 04284 Dermabins SL Per Spare Centimeter No 04285 Nudry DI O: Mudro, Ner, Per Spare Centimeter Yes 04286 Dermabins OL Per Spare Centimeter Yes 04286 Dermabins OL Per Spare Centimeter Yes 04287 Dermabins OL Per Spare Centimeter Yes 04288 Dermabins OL Per Spare Centimeter Yes 04280 Membra OL, Per Spare Centimeter Yes 04280 Dermabins OL Per Spare Centimeter Yes 04281 Dermabins OL Per Spare Centimeter Yes 04282 Lamelluk XL, Per Spare C			No
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Q4277 Woundputs Membrane Dr. E-Graft, Per Square Centimeter No Q4278 Vendaje Ac, Per Square Centimeter No Q4280 Xell Ammin Mattin, Per Square Centimeter No Q4281 Barrera DL, Per Square Centimeter No Q4281 Barrera DL, Per Square Centimeter No Q4281 Barrera DL, Per Square Centimeter No Q4282 Openability State Centimeter No Q4283 Biovance Tri-Layer Or Biovance 31, Per Square Centimeter No Q4284 Dermability State Centimeter No Q4285 Nudyn D Or Nudyn DM (Per Square Centimeter Yes Q4286 Dermability O. Per Square Centimeter Yes Q4281 Dermability O. Per Square Centimeter Yes Q4281 Lanellax X, Per Square Centimeter Yes Q4282 Lanellax X, Per Square Centimeter Yes Q4283 Anesso DI, Per Square Centimeter Yes Q4284 Anesso DI, Per Square Centimeter Yes Q4285 Anesso DI, Per Square Centimeter Yes Q4286 Anesso DI, Per Squa	Q4276		
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04229 Vendaje Ac, Per Square Centimeter No 04281 Barrera JD, Per Square Centimeter No 04281 Barrera JD, Per Square Centimeter No 04282 Organo Dul, Per Square Centimeter No 04283 Biovance Tri-Layer OF Biovance 31, Per Square Centimeter No 04284 Dermahnd SJ, Per Square Centimeter No 04285 Nudyn DI OF Nudyn SM, Per Square Centimeter Yes 04286 Dermahnd DJ, Per Square Centimeter Yes 04285 Dermahnd DJ, Per Square Centimeter Yes 04286 Dermahnd DJ, Per Square Centimeter Yes 04287 Dermahnd DJ, Per Square Centimeter Yes 04288 Dermahnd DJ, Per Square Centimeter Yes 04290 Membrane Wrap-Hyro Per Square Centimeter Yes 04291 Lamelis XL, Per Square Centimeter Yes 04292 Lamelis XL, Per Square Centimeter Yes 04293 Amoto Dat-Core, Per Square Centimeter Yes 04294 Amoto Tri Core Amotic, Per Square Centimeter Yes 04295 Amotore			
04280 Xell Annue Marti, Per Square Continueter No 04281 Borrer Solve Stress Die Per Square Continueter No 04282 Cygnus Duil, Per Square Continueter No 04283 Biovance 31, Per Square Centimeter No 04284 Dermahind Si, Per Square Centimeter No 04285 Nudyn Sior Nady, Per Square Centimeter Yes 04286 Nudyn Sior Nady, Per Square Centimeter Yes 04287 Dermahind Si, Per Square Centimeter Yes 04288 Dermahind Si, Per Square Centimeter Yes 04289 Revolutel A annote Starter, Per Square Centimeter Yes 04289 Membrane Wrapschyton, Per Square Centimeter Yes 04291 Lamelias, Per Square Centimeter Yes 04292 Lamelias, Per Square Centimeter Yes 04293 Annio Guad Core, Per Square Centimeter Yes 04294 Annio Guad Core, Per Square Centimeter Yes 04295 Annio Care Annorio. Per Square Centimeter Yes 04296 Rebourd Matrin, Per Square Centimeter Yes 04297 </td <td></td> <td></td> <td></td>			
Q4281 Barrers 3D. Pars Square Continueter No. Q4282 Cignus Dui, Pars Square Continueter No. Q4283 Browner, Tri-Layer OF Biovance 31, Par Square Centimeter No. Q4284 Dermahald SJ, Par Square Centimeter No. Q4285 Nudyn DI Or Nudyn DJ, Wash, Per Square Centimeter Yes Q4286 Dermahald D, Par Square Centimeter Yes Q4286 Dermahald D, Par Square Centimeter Yes Q4286 Dermahald D, Par Square Centimeter Yes Q4280 Memahald D, Par Square Centimeter Yes Q4281 Lamellas X, Per Square Centimeter Yes Q4292 Lamellas X, Per Square Centimeter Yes Q4293 Lamellas X, Per Square Centimeter Yes Q4294 Lamellas X, Per Square Centimeter Yes Q4295 Annio Tri-Cora Annoicit, Per Square Centimeter Yes Q4296 Annio Tri-Cora Annoicit, Per Square Centimeter Yes Q4297 Emerge Matrix, Per Square Centimeter Yes Q4298 Annicore Pro-P, Per Square Centimeter Yes Q429			
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Apply)Apply)QS002Hospice Or Home Health Care Provided In Assisted Living Facility (Special Coverage Instructions Apply)YesQS003Hospice Care Provided In Nursing Long Term Care Facility (Ltc) Or Non-Skilled Nursing Facility (Nf) (Special Coverage Instructions Apply)YesQS004Hospice Care Provided In Inpatient Hospital (Special Coverage Instructions Apply)YesQS005Hospice Care Provided In Inpatient Hospital (Special Coverage Instructions Apply)YesQS006Hospice Care Provided In Inpatient Hospita Facility (Special Coverage Instructions Apply)YesQS007Hospice Care Provided In Inpatient Hospita Facility (Special Coverage Instructions Apply)YesQS008Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQS009Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQS009Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)YesQS010Hospice Or Home Health Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQS101Injection, Infliximab-Dyyb, Biosimilar, (Iafretra), 10 Mg (Special Coverage Instructions Apply)NoQS103Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQS104Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage Instructions apply. See MCM: 2049)NoQS105Injection, poetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special co			
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 Institut Hospital (Special Coverage Instructions Apply) Yes Q5005 Hospice Care Provided In Inpatient Hospital (Special Coverage Instructions Apply) Yes Q5006 Hospice Care Provided In Inpatient Hospital (Special Coverage Instructions Apply) Yes Q5007 Hospice Care Provided In Inpatient Hospital (Special Coverage Instructions Apply) Yes Q5008 Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply) Yes Q5009 Hospice Care Provided In A Hospice Facility (Special Coverage Instructions Apply) Yes Q5010 Hospice Care Provided In A Hospice Facility (Special Coverage Instructions Apply) Yes Q5101 Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply) No Q5103 Injection, Infliximab-Abda, Biosimilar, (retacrit) (for eard on dialysis), 100 units (Special coverage Instructions Apply) Yes Q5104 Injection, Infliximab-Abda, Biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage Instructions Apply) No Q5105 Injection, poetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 100	43001		
(Special Coverage Instructions Apply)(Secial Coverage Instructions Apply)YesQ5004Hospice Care Provided In Natilled Nursing Facility (Snf) (Special Coverage Instructions Apply)YesQ5005Hospice Care Provided In Inpatient Hospice Facility (Special Coverage Instructions Apply)YesQ5006Hospice Care Provided In Inpatient Hospice Facility (Special Coverage Instructions Apply)YesQ5007Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQ5008Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQ5009Hospice Or Home Health Care Provided In Pace Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)YesQ5010Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5101Injection, Infliximab-Dyyb, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)NoQ5103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQ5104Injection, Infliximab-Dyyb, Biosimilar, (retacrit) (for serd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)YesQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5107Injection, Repefigrastim-Imdb (Fulphila), Biosimilar, 0.5 Mg McYesQ5108Injection, Infliximab-Qbtx, Biosimil	Q5002		Yes
(Special Coverage Instructions Apply)(Secial Coverage Instructions Apply)YesQ5004Hospice Care Provided In Natilled Nursing Facility (Snf) (Special Coverage Instructions Apply)YesQ5005Hospice Care Provided In Inpatient Hospice Facility (Special Coverage Instructions Apply)YesQ5006Hospice Care Provided In Inpatient Hospice Facility (Special Coverage Instructions Apply)YesQ5007Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQ5008Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQ5009Hospice Or Home Health Care Provided In Pace Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)YesQ5010Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5101Injection, Infliximab-Dyyb, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)NoQ5103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQ5104Injection, Infliximab-Dyyb, Biosimilar, (retacrit) (for serd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)YesQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5107Injection, Repefigrastim-Imdb (Fulphila), Biosimilar, 0.5 Mg McYesQ5108Injection, Infliximab-Qbtx, Biosimil	-		
Q5004Hospice Care Provided In Skilled Nursing Facility (Snf) (Special Coverage Instructions Apply)YesQ5005Hospice Care Provided In Inpatient Hospital (Special Coverage Instructions Apply)YesQ5006Hospice Care Provided In Inpatient Hospital (Special Coverage Instructions Apply)YesQ5007Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQ5008Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQ5009Hospice Care Provided In Application Pacific (Special Coverage Instructions Apply)YesQ5010Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)YesQ5010Hospice Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5010Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5101Injection, Filgrastim-Sndz, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)NoQ5103Injection, Infliximab-Dyb, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQ5104Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage Instructions Apply)YesQ5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage Instructions Apply)YesQ5106Injection, poetin alfa-epbx, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5107Injection, Revacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Cove	Q5003	Hospice Care Provided In Nursing Long Term Care Facility (Ltc) Or Non-Skilled Nursing Facility (Nf)	Yes
QS005Hospice Care Provided In Inpatient Hospital (Special Coverage Instructions Apply)YesQS006Hospice Care Provided In Inpatient Hospice Facility (Special Coverage Instructions Apply)YesQS007Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQS008Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQS009Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)YesQS010Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQS101Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQS101Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)NoQS103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQS104Injection, Infliximab-Abda, Biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage Instructions Apply)YesQS105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage Instructions apply. See MCM: 2049)NoQS107Injection, pepetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage Instructions apply. See MCM: 2049)NoQS107Injection, pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 MgYesQS109Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 MgYesQS109Injection, filgrastim-apd, biosimilar, (Inivestym), 1			
Q5006Hospice Care Provided In Inpatient Hospice Facility (Special Coverage Instructions Apply)YesQ5007Hospice Care Provided In Long Term Care Facility (Special Coverage Instructions Apply)YesQ5008Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQ5009Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)YesQ5010Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5101Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5101Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)YesQ5103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQ5104Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQ5105Injection, poetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5107Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, (0.5 MgYesQ5108Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 MgYesQ5109Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Co			
QS007Hospice Care Provided In Long Term Care Facility (Special Coverage Instructions Apply)YesQS008Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQS009Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)YesQS010Hospice Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQS010Hospice Gare Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQS101Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)YesQS103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQS104Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQS105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQS106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQS107Injection, Bevaizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQS107Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 MgYesQS109Injection, Infliximab-Dytx, Biosimilar, (Nors), 10 Mg (Special Coverage Instructions Apply)YesQS109Injection, Infliximab-Dytx, Biosimilar, (Nors), 10 Mg (Special Coverage Instructions Apply)YesQS108Injection, Infliximab-Qbtx, Biosimilar, (
Q5008Hospice Care Provided In Inpatient Psychiatric Facility (Special Coverage Instructions Apply)YesQ5009Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)YesQ5010Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5101Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)YesQ5103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQ5104Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQ5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5108Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5109Injection, Revacizumab-Awwb, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5109Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5100Injection, Revacizumab-Awwb, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5109Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)Yes </td <td></td> <td></td> <td></td>			
Q5009Hospice Or Home Health Care Provided In Place Not Otherwise Specified (Nos) (Special Coverage Instructions Apply)YesQ5010Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5101Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)NoQ5103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQ5104Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQ5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQ5107Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 Mg US109YesQ5109Injection, Infliximab-Qbtx, Biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See MCMYesQ5109Injection, Pegfilgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See MCMYes			
Instructions Apply)YesQ5010Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5101Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)NoQ5103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQ5104Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQ5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5108Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 MgYesQ5109Injection, infliximab-Obtx, Biosimilar, (nivestym), 1 microgram (special coverage instructions apply. SeeNoQ5101Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. SeeNo			
Q5010Hospice Home Care Provided In A Hospice Facility (Special Coverage Instructions Apply)YesQ5101Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)NoQ5103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQ5104Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQ5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQ5108Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5109Injection, negfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 Mg unjection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5109Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5109Injection, Revacizumab-Awwb, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5109Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions apply. See mcm: 2049)No	Q5009		Yes
Q5101Injection, Filgrastim-Sndz, Biosimilar, (Zarxio), 1 Microgram (Special Coverage Instructions Apply)NoQ5103Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)YesQ5104Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQ5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5108Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 Mg Unjection, Infliximab-Qbtx, Biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See MCM: 2049)YesQ5110Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See MCM: 2049)No	Q5010		Yes
Q5104Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)YesQ5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5108Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 MgYesQ5109Injection, Infliximab-Qbtx, Biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See MCM: 2049)YesQ5110Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See MCM: 2049)No			
Q5105Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units (Special coverage instructions apply. See MCM: 4273.1)NoQ5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5108Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 Mg Upiction, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5109Injection, Infliximab-Qbtx, Biosimilar, (Iviestym), 1 microgram (special coverage instructions apply. See Mcm: 2049)No	Q5103	Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg (Special Coverage Instructions Apply)	Yes
Instructions apply. See MCM: 4273.1)Instructions apply. See MCM: 4273.1)Q5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5108Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 Mg Unjection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5109Injection, Infliximab-Qbtx, Biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See mcm: 2049)No	Q5104	Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg (Special Coverage Instructions Apply)	Yes
Q5106Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage instructions apply. See MCM: 2049)NoQ5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5108Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 MgYesQ5109Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5110Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See mcm: 2049)No	Q5105		No
Q5107Injection, Bevacizumab-Awwb, Biosimilar, (Mvasi), 10 Mg (Special Coverage Instructions Apply)YesQ5108Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 MgYesQ5109Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply)YesQ5110Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See mcm: 2049)No	Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units (Special coverage	No
Q5109 Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply) Yes Q5110 Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See mcm: 2049) No	Q5107		Yes
Q5109 Injection, Infliximab-Qbtx, Biosimilar, (Ixifi), 10 Mg (Special Coverage Instructions Apply) Yes Q5110 Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See mcm: 2049) No	Q5108	Injection, Pegfilgrastim-Jmdb (Fulphila), Biosimilar, 0.5 Mg	Yes
Q5110 Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See Mo mcm: 2049)	*		
		Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram (special coverage instructions apply. See	
	Q5111	Injection, Pegfilgrastim-Cbqv (Udenyca), Biosimilar, 0.5 Mg	Yes

Procedure Code	Description	Prior Auth Required
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	Yes
	Mcm: 2049)	
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	Yes
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
Q5131	Injection, Adalimumab-Aacf (Idacio), Biosimilar, 20 Mg	Yes
Q5132	Injection, Adalimumab-Afzb (Abrilada), Biosimilar, 10 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	No
	Coverage Instructions Apply. See Mcm: 15022)	
Q9953	Injection, Iron-Based Magnetic Resonance Contrast Agent, Per MI (Special Coverage Instructions	No
	Apply. See Mcm: 15022)	
Q9954	Oral Magnetic Resonance Contrast Agent, Per 100 MI (Special Coverage Instructions Apply. See Mcm:	No
	15022)	
Q9955	Injection, Perflexane Lipid Microspheres, Per MI	Yes
Q9956	Injection, Octafluoropropane Microspheres, Per MI	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	No
00050	Instructions Apply. See Mcm: 15022)	AL .
Q9959	High Osmolar Contrast Material, 150-199 Mg/MI Iodine Concentration, Per MI (Special Coverage	No
00000	Instructions Apply. See Mcm: 15022)	N -
Q9960	High Osmolar Contrast Material, 200-249 Mg/MI Iodine Concentration, Per MI (Special Coverage	No
000001	Instructions Apply. See Mcm: 15022)	No
Q9961	High Osmolar Contrast Material, 250-299 Mg/MI Iodine Concentration, Per MI (Special Coverage	No
00063	Instructions Apply. See Mcm: 15022)	N -
Q9962	High Osmolar Contrast Material, 300-349 Mg/MI Iodine Concentration, Per MI (Special Coverage	No
00063	Instructions Apply. See Mcm: 15022)	No
Q9963	High Osmolar Contrast Material, 350-399 Mg/MI Iodine Concentration, Per MI (Special Coverage	NO
000004	Instructions Apply. See Mcm: 15022)	Ne
Q9964	High Osmolar Contrast Material, 400 Or Greater Mg/MI Iodine Concentration, Per MI (Special	No
Q9965	Coverage Instructions Apply. See Mcm: 15022)	No
Q9965	Low Osmolar Contrast Material, 100-199 Mg/MI Iodine Concentration, Per MI (Special Coverage	NO
Q9966	Instructions Apply. See Mcm: 15022)	No
09966	Low Osmolar Contrast Material, 200-299 Mg/MI Iodine Concentration, Per MI (Special Coverage	INO
09967	Instructions Apply. See Mcm: 15022)	No
Q9967	Low Osmolar Contrast Material, 300-399 Mg/MI Iodine Concentration, Per MI (Special Coverage	NU
00068	Instructions Apply. See Mcm: 15022)	No
Q9968	Injection, Non-Radioactive, Non-Contrast, Visualization Adjunct (E.G., Methylene Blue, Isosulfan Blue),	No
Q9969	1 Mg Tc-99m From Non-Highly Enriched Uranium Source, Full Cost Recovery Add-On, Per Study Dose	No
(1909		
Q9982	(Special Coverage Instructions Apply) FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES (SPECIAL COVERAGE	No
QJ302	INSTRUCTIONS APPLY)	
		<u> </u>

Procedure Code	Description	Prior Auth Required
Q9983	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES (SPECIAL COVERAGE	No
	INSTRUCTIONS APPLY)	
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
R0070	Transportation Of Portable X-Ray Equipment And Personnel To Home Or Nursing Home, Per Trip To	Yes
	Facility Or Location, One Patient Seen (Special Coverage Instructions Apply. See Mcm: 2070.4, 5244.B)	
R0075	Transportation Of Portable X-Ray Equipment And Personnel To Home Or Nursing Home, Per Trip To	Yes
	Facility Or Location, More Than One Patient Seen (Special Coverage Instructions Apply. See Mcm:	
	2070.4, 5244.B)	
R0076	Transportation Of Portable Ekg To Facility Or Location, Per Patient (Special Coverage Instructions	Yes
	Apply. See Cim: 50-15 And Mcm: 2070.1, 2070.4)	
S0012	Butorphanol Tartrate, Nasal Spray, 25 Mg (Not Payable By Medicare)	Yes
S0013	Esketamine, Nasal Spray, 1 Mg (Not Payable By Medicare)	Yes
S0014	Tacrine Hydrochloride, 10 Mg (Not Payable By Medicare)	Yes
S0017	Injection, Aminocaproic Acid, 5 Grams (Not Payable By Medicare)	No
S0021	Injection, Cefoperazone Sodium, 1 Gram (Not Payable By Medicare)	Yes
S0023	Injection, Cimetidine Hydrochloride, 300 Mg (Not Payable By Medicare)	Yes
S0028	Injection, Famotidine, 20 Mg (Not Payable By Medicare)	Yes
S0032	Injection, Nafcillin Sodium, 2 Grams (Not Payable By Medicare)	No
S0034	Injection, Ofloxacin, 400 Mg (Not Payable By Medicare)	Yes
S0039	Injection, Sulfamethoxazole And Trimethoprim, 10 MI (Not Payable By Medicare)	Yes
S0040	Injection, Ticarcillin Disodium And Clavulanate Potassium, 3.1 Grams (Not Payable By Medicare)	Yes
S0074	Injection, Cefotetan Disodium, 500 Mg (Not Payable By Medicare)	Yes
S0078	Injection, Fosphenytoin Sodium, 750 Mg (Not Payable By Medicare)	Yes
S0080	Injection, Pentamidine Isethionate, 300 Mg (Not Payable By Medicare)	No
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
50093	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
50108	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 lu (Not Payable By Medicare)	Yes
S0122	Injection, Follitropin Alfa, 75 lu (Not Payable By Medicare)	Yes
S0128	Injection, Follitropin Beta, 75 lu (Not Payable By Medicare)	Yes
S0123	Injection, Ganirelix Acetate, 250 Mcg (Not Payable By Medicare)	Yes
S0132	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	Saguinavir, 200 Mg (Not Payable By Medicare)	Yes
S0142	Colistimethate Sodium, Inhalation Solution Administered Through Dme, Concentrated Form, Per Mg	Yes
	(Not Payable By Medicare)	
S0145	Injection, Pegylated Interferon Alfa-2A, 180 Mcg Per MI (Not Payable By Medicare)	No
S0148	Injection, Pegylated Interferon Alfa-2b, 10 Mcg (Not Payable By Medicare)	No
S0155	Sterile Dilutant For Epoprostenol, 50 MI (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
S0164	Injection, Pantoprazole Sodium, 40 Mg (Not Payable By Medicare)	No
S0169	Calcitrol, 0.25 Microgram (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
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)	Yes
	(Not Payable By Medicare)	
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	Yes
	Q0164) (Not Payable By Medicare)	
S0187	Tamoxifen Citrate, Oral, 10 Mg (Not Payable By Medicare)	Yes
S0189	Testosterone Pellet, 75 Mg (Not Payable By Medicare)	No
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	No
	Supplies (E.G., Patient Counseling, Office Visits, Confirmation Of Pregnancy By Hcg, Ultrasound To	
	Confirm Duration Of Pregnancy, Ultrasound To Confirm Comple	
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	Yes
	Medicare)	
S0208	Paramedic Intercept, Hospital-Based Als Service (Non-Voluntary), Non-Transport (Not Payable By	Yes
	Medicare)	
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	Yes
	Representatives Of Community Agencies To Coordinate Activities Of Patient Care (Patient Is Present);	
60221	Approximately 30 Minutes (Not Payable By Medicare)	Yes
S0221	Medical Conference By A Physician With Interdisciplinary Team Of Health Professionals Or	res
	Representatives Of Community Agencies To Coordinate Activities Of Patient Care (Patient Is Present);	
S0250	Approximately 60 Minutes (Not Payable By Medicare) Comprehensive Geriatric Assessment And Treatment Planning Performed By Assessment Team (Not	Yes
30230	Payable By Medicare)	103
S0255	Hospice Referral Visit (Advising Patient And Family Of Care Options) Performed By Nurse, Social	Yes
50255	Worker, Or Other Designated Staff (Not Payable By Medicare)	103
S0257	Counseling And Discussion Regarding Advance Directives Or End Of Life Care Planning And Decisions,	Yes
50257	With Patient And/Or Surrogate (List Separately In Addition To Code For Appropriate Evaluation And	
	Management Service) (Not Payable By Medicare)	
S0260	History And Physical (Outpatient Or Office) Related To Surgical Procedure (List Separately In Addition	Yes
	To Code For Appropriate Evaluation And Management Service) (Not Payable By Medicare)	
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	Yes
	By Medicare)	
S0271	Physician Management Of Patient Home Care, Hospice Monthly Case Rate (Per 30 Days) (Not Payable	Yes
	By Medicare)	
S0272	Physician Management Of Patient Home Care, Episodic Care Monthly Case Rate (Per 30 Days) (Not	Yes
	Payable By Medicare)	
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	Yes
	Medicare)	
S0280	Medical Home Program, Comprehensive Care Coordination And Planning, Initial Plan (Not Payable By	Yes
	Medicare)	
S0281	Medical Home Program, Comprehensive Care Coordination And Planning, Maintenance Of Plan (Not	Yes
	Payable By Medicare)	
S0285	COLONOSCOPY CONSULTATION PERFORMED PRIOR TO A SCREENING COLONOSCOPY PROCEDURE	Yes
	(NOT PAYABLE BY MEDICARE)	

Procedure Code	Description	Prior Auth Required
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)	•
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
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

Procedure Code	Description	Prior Auth Required
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
\$1030	Continuous Noninvasive Glucose Monitoring Device, Purchase (For Physician Interpretation Of Data, Use Cpt Code) (Not Payable By Medicare)	Yes
\$1031	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
\$1034	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
\$1091	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
\$2068	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
\$2070	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

Procedure Code	Description	Prior Auth Required
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 (LdI) 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,	Yes
	Harvesting, Transplantation, And Related Complications; Including: Pheresis And Cell	
	Preparation/Storage; Marrow Ablative Therapy; Drugs, Supplies, Hospitalizatio	
S2152	Solid Organ(S), Complete Or Segmental, Single Organ Or Combination Of Organs; Deceased Or Living	Yes
	Donor(S), Procurement, Transplantation, And Related Complications; Including: Drugs; Supplies;	
	Hospitalization With Outpatient Follow-Up; Medical/Surgical, Di	
S2202	Echosclerotherapy (Not Payable By Medicare)	Yes
S2205	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-	Yes
	Sternotomy Surgery, Performed Under Direct Vision; Using Arterial Graft(S), Single Coronary Arterial	
62206	Graft (Not Payable By Medicare)	N
S2206	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-	Yes
	Sternotomy Surgery, Performed Under Direct Vision; Using Arterial Graft(S), Two Coronary Arterial	
52207	Grafts (Not Payable By Medicare)	
S2207	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-	Yes
	Sternotomy Surgery, Performed Under Direct Vision; Using Venous Graft Only, Single Coronary	
S2208	Venous Graft (Not Payable By Medicare) Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-	Yes
32208		res
	Sternotomy Surgery, Performed Under Direct Vision; Using Single Arterial And Venous Graft(S), Single Venous Graft (Not Payable By Medicare)	
S2209	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-	Yes
52205	Sternotomy Surgery, Performed Under Direct Vision; Using Two Arterial Grafts And Single Venous	163
	Graft (Not Payable By Medicare)	
S2225	Myringotomy, Laser-Assisted (Not Payable By Medicare)	Yes
S2230	Implantation Of Magnetic Component Of Semi-Implantable Hearing Device On Ossicles In Middle Ear	Yes
	(Not Payable By Medicare)	
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
\$2325	Hip Core Decompression (Not Payable By Medicare)	Yes
\$2340	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,	Yes
	Nasal And/Or Sinus Cavity(S), Unilateral Or Bilateral (Not Payable By Medicare)	
S2348	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Using	Yes
63350	Radiofrequency Energy, Single Or Multiple Levels, Lumbar (Not Payable By Medicare)	N
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	Yes
02001	Osteophytectomy; Lumbar, Each Additional Interspace (List Separately In Addition To Code For	
	Primary Procedure) (Not Payable By Medicare)	
S2400	Repair, Congenital Diaphragmatic Hernia In The Fetus Using Temporary Tracheal Occlusion, Procedure	Yes
	Performed In Utero (Not Payable By Medicare)	
S2401	Repair, Urinary Tract Obstruction In The Fetus, Procedure Performed In Utero (Not Payable By	Yes
	Medicare)	
S2402	Repair, Congenital Cystic Adenomatoid Malformation In The Fetus, Procedure Performed In Utero	Yes
	(Not Payable By Medicare)	
S2403	Repair, Extralobar Pulmonary Sequestration In The Fetus, Procedure Performed In Utero (Not Payable	Yes
	By Medicare)	
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	Yes
	Medicare)	

Procedure Code	Description	Prior Auth Required
S2409	Repair, Congenital Malformation Of Fetus, Procedure Performed In Utero, Not Otherwise Classified	Yes
	(Not Payable By Medicare)	
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
\$3000	Diabetic Indicator; Retinal Eye Exam, Dilated, Bilateral (Not Payable By Medicare)	Yes
S3005	Performance Measurement, Evaluation Of Patient Self Assessment, Depression (Not Payable By	Yes
55005	Medicare)	
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	Yes
	(Not Payable By Medicare)	
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY	No
	TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN,	
	ELECTROPHORESIS; HYDROXYPROGESTERONE, 17-D; PHENYLALANINE (PKU); AND THYROXINE,	
	TOTAL)	
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	Yes
	Endocrine Neoplasia Type 2 (Not Payable By Medicare)	
S3841	Genetic Testing For Retinoblastoma (Not Payable By Medicare)	Yes
\$3842	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	Yes
	(Not Payable By Medicare)	
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
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER	Yes
	TREATMENT (NOT PAYABLE BY MEDICARE)	
S3861	Genetic Testing, Sodium Channel, Voltage-Gated, Type V, Alpha Subunit (Scn5A) And Variants For	Yes
	Suspected Brugada Syndrome (Not Payable By Medicare)	
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	Yes
S3870	Individual With A Known Hcm Mutation In The Family (Not Payable By Medicare)	Yes
55870	Comparative Genomic Hybridization (Cgh) Microarray Testing For Developmental Delay, Autism Spectrum Disorder And/Or Intellectual Disability (Not Payable By Medicare)	res
\$3900	Surface Electromyography (Emg) (Not Payable By Medicare)	Yes
\$3902	Ballistocardiogram (Not Payable By Medicare)	Yes
\$3904	Masters Two Step (Not Payable By Medicare)	Yes
S4005	Interim Labor Facility Global (Labor Occurring But Not Resulting In Delivery) (Not Payable By	Yes
	Medicare)	
S4011	In Vitro Fertilization; Including But Not Limited To Identification And Incubation Of Mature Oocytes,	Yes
	Fertilization With Sperm, Incubation Of Embryo(S), And Subsequent Visualization For Determination	
S4013	Of Development (Not Payable By Medicare)	Yes
S4013	Complete Cycle, Gamete Intrafallopian Transfer (Gift), Case Rate (Not Payable By Medicare) Complete Cycle, Zygote Intrafallopian Transfer (Zift), Case Rate (Not Payable By Medicare)	Yes
S4014 S4015	Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Case Rate (Not Payable By Medicare)	Yes
5.015		
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

Procedure Code	Description	Prior Auth Required
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
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
\$5000	Prescription Drug, Generic (Not Payable By Medicare)	Yes
\$5001	Prescription Drug, Brand Name (Not Payable By Medicare)	Yes
\$5010	5% Dextrose And 0.45% Normal Saline, 1000 MI (Not Payable By Medicare)	Yes
S5012	5% Dextrose With Potassium Chloride, 1000 MI (Not Payable By Medicare)	Yes
S5013	5% Dextrose/0.45% Normal Saline With Potassium Chloride And Magnesium Sulfate, 1000 MI (Not Payable By Medicare)	Yes
S5014	5% Dextrose/0.45% Normal Saline With Potassium Chloride And Magnesium Sulfate, 1500 MI (Not Payable By Medicare)	Yes
\$5035	Home Infusion Therapy, Routine Service Of Infusion Device (E.G., Pump Maintenance) (Not Payable By	Yes
\$5036	Medicare) 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
\$5105	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
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
\$5116	Home Care Training, Non-Family; Per Session (Not Payable By Medicare)	Yes
\$5120	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 S5145	Foster Care, Adult; Per Month (Not Payable By Medicare)	Yes Yes
S5145 S5146	Foster Care, Therapeutic, Child; Per Diem (Not Payable By Medicare) Foster Care, Therapeutic, Child; Per Month (Not Payable By Medicare)	Yes
22140	ו האניו כמוב, דובו משבעוני, כווווע, דפו זיוטוונוו (ווטג דמצמטופ שי ואפטוכמופ)	103

Procedure Code S5150	Description	Prior Auth Required
	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
\$5160	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	
00101	By Medicare)	
\$5162	Emergency Response System; Purchase Only (Not Payable By Medicare)	Yes
S5165	Home Modifications; Per Service (Not Payable By Medicare)	Yes
\$5170	Home Delivered Meals, Including Preparation; Per Meal (Not Payable By Medicare)	Yes
S5175	Laundry Service, External, Professional; Per Order (Not Payable By Medicare)	Yes
\$5180	Home Health Respiratory Therapy, Initial Evaluation (Not Payable By Medicare)	Yes
S5180	Home Health Respiratory Therapy, Nos, Per Diem (Not Payable By Medicare)	Yes
\$5185 \$5185	Medication Reminder Service, Non-Face-To-Face; Per Month (Not Payable By Medicate)	Yes
\$5185 \$5190		
	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	Yes
	Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary	
	Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Di	
\$5498	Home Infusion Therapy, Catheter Care / Maintenance, Simple (Single Lumen), Includes Administrative	Yes
	Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And	
	Equipment, (Drugs And Nursing Visits Coded Separately), Per Diem	
S5501	Home Infusion Therapy, Catheter Care / Maintenance, Complex (More Than One Lumen), Includes	Yes
	Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary	
	Supplies And Equipment (Drugs And Nursing Visits Coded Separately), P	
\$5502	Home Infusion Therapy, Catheter Care / Maintenance, Implanted Access Device, Includes	Yes
	Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary	
	Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), Per Die	
S5517	Home Infusion Therapy, All Supplies Necessary For Restoration Of Catheter Patency Or Declotting	Yes
	(Not Payable By Medicare)	
S5518	Home Infusion Therapy, All Supplies Necessary For Catheter Repair (Not Payable By Medicare)	Yes
\$5520	Home Infusion Therapy, All Supplies (Including Catheter) Necessary For A Peripherally Inserted Central	Yes
	Venous Catheter (Picc) Line Insertion (Not Payable By Medicare)	
\$5521	Home Infusion Therapy, All Supplies (Including Catheter) Necessary For A Midline Catheter Insertion	Yes
	(Not Payable By Medicare)	
\$5522	Home Infusion Therapy, Insertion Of Peripherally Inserted Central Venous Catheter (Picc), Nursing	Yes
00011	Services Only (No Supplies Or Catheter Included) (Not Payable By Medicare)	
\$5523	Home Infusion Therapy, Insertion Of Midline Venous Catheter, Nursing Services Only (No Supplies Or	Yes
55525	Catheter Included) (Not Payable By Medicare)	
\$5550	Insulin, Rapid Onset, 5 Units (Not Payable By Medicare)	Yes
\$5555 \$5551		
	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 MI Size (Not Payable By Medicare)	Yes
S5565	Insulin Cartridge For Use In Insulin Delivery Device Other Than Pump; 150 Units (Not Payable By	Yes
	Medicare)	
S5566	Insulin Cartridge For Use In Insulin Delivery Device Other Than Pump; 300 Units (Not Payable By	Yes
	Medicare)	
S5570	Insulin Delivery Device, Disposable Pen (Including Insulin); 1.5 MI Size (Not Payable By Medicare)	Yes
S5571	Insulin Delivery Device, Disposable Pen (Including Insulin); 3 MI Size (Not Payable By Medicare)	Yes
\$8030	Scleral Application Of Tantalum Ring(S) For Localization Of Lesions For Proton Beam Therapy (Not	Yes
	Payable By Medicare)	
\$8035	Magnetic Source Imaging (Not Payable By Medicare)	Yes
\$8037	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
	Ultrasound Guidance For Multifetal Pregnancy Reduction(S), Technical Component (Only To Be Used	Yes
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S8055		
	When The Physician Doing The Reduction Procedure Does Not Perform The Ultrasound, Guidance Is	
	When The Physician Doing The Reduction Procedure Does Not Perform The Ultrasound, Guidance Is Included In The Cpt Code For Multifetal Pregnancy Reduction - 598 Scintimammography (Radioimmunoscintigraphy Of The Breast), Unilateral, Including Supply Of	Yes

Procedure Code	Description	Prior Auth Required
S8085	Fluorine-18 Fluorodeoxyglucose (F-18 Fdg) Imaging Using Dual-Head Coincidence Detection System	Yes
	(Non-Dedicated Pet Scan) (Not Payable By Medicare)	
\$8092	Electron Beam Computed Tomography (Also Known As Ultrafast Ct, Cine Ct) (Not Payable By	Yes
	Medicare)	
\$8096	Portable Peak Flow Meter (Not Payable By Medicare)	No
\$8097	Asthma Kit (Including But Not Limited To Portable Peak Expiratory Flow Meter, Instructional Video,	No
	Brochure, And/Or Spacer) (Not Payable By Medicare)	
S8100	Holding Chamber Or Spacer For Use With An Inhaler Or Nebulizer; Without Mask (Not Payable By	Yes
	Medicare)	
S8101	Holding Chamber Or Spacer For Use With An Inhaler Or Nebulizer; With Mask (Not Payable By	Yes
60110	Medicare)	V
S8110	Peak Expiratory Flow Rate (Physician Services) (Not Payable By Medicare)	Yes
S8120 S8121	Oxygen Contents, Gaseous, 1 Unit Equals 1 Cubic Foot (Not Payable By Medicare)	Yes Yes
S8130	Oxygen Contents, Liquid, 1 Unit Equals 1 Pound (Not Payable By Medicare) Interferential Current Stimulator, 2 Channel (Not Payable By Medicare)	Yes
S8130	Interferential Current Stimulator, 2 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
\$8210	Mucus Trap (Not Payable By Medicare)	Yes
\$8265	Haberman Feeder For Cleft Lip/Palate (Not Payable By Medicare)	No
\$8270	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
\$8415	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
\$8423	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 S8429	Gradient Pressure Aid (Gauntlet), Ready Made (Not Payable By Medicare)	Yes
S8429 S8430	Gradient Pressure Exterior Wrap (Not Payable By Medicare) Padding For Compression Bandage, Roll (Not Payable By Medicare)	Yes 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
\$8452	Splint, Prefabricated, Elbow (Not Payable By Medicare)	Yes
S8460	Camisole, Post-Mastectomy (Not Payable By Medicare)	Yes
\$8490	Insulin Syringes (100 Syringes, Any Size) (Not Payable By Medicare)	Yes
\$8930	Electrical Stimulation Of Auricular Acupuncture Points; Each 15 Minutes Of Personal One-On-One	Yes
	Contact With The Patient (Not Payable By Medicare)	
\$8940	Equestrian/Hippotherapy, Per Session (Not Payable By Medicare)	Yes
S8948	Application Of A Modality (Requiring Constant Provider Attendance) To One Or More Areas; Low-	Yes
	Level Laser; Each 15 Minutes (Not Payable By Medicare)	
\$8950	Complex Lymphedema Therapy, Each 15 Minutes (Not Payable By Medicare)	Yes
S8990	Physical Or Manipulative Therapy Performed For Maintenance Rather Than Restoration (Not Payable	Yes
	By Medicare)	
S8999	Resuscitation Bag (For Use By Patient On Artificial Respiration During Power Failure Or Other	Yes
	Catastrophic Event) (Not Payable By Medicare)	
S9001	Home Uterine Monitor With Or Without Associated Nursing Services (Not Payable By Medicare)	Yes
c0007		N
S9007	Ultrafiltration Monitor (Not Payable By Medicare)	Yes
S9024	Paranasal Sinus Ultrasound (Not Payable By Medicare)	Yes
S9025 S9034	Omnicardiogram/Cardiointegram (Not Payable By Medicare)	Yes Yes
55054	Extracorporeal Shockwave Lithotripsy For Gall Stones (If Performed With Ercp, Use 43265) (Not	105
\$9055	Payable By Medicare) Procuren Or Other Growth Factor Preparation To Promote Wound Healing (Not Payable By Medicare)	Yes
55055		
\$9056	Coma Stimulation Per Diem (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
S9061	Home Administration Of Aerosolized Drug Therapy (E.G., Pentamidine); Administrative Services,	Yes
	Professional Pharmacy Services, Care Coordination, All Necessary Supplies And Equipment (Drugs And	
	Nursing Visits Coded Separately), Per Diem (Not Payable By Med	
\$9083	Global Fee Urgent Care Centers (Not Payable By Medicare)	Yes
\$9088	Services Provided In An Urgent Care Center (List In Addition To Code For Service) (Not Payable By	Yes
	Medicare)	
\$9090	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,	Yes
	Blood Draw, Supplies, And Other Services, Per Diem (Not Payable By Medicare)	
S9110	Telemonitoring Of Patient In Their Home, Including All Necessary Equipment; Computer System,	Yes
	Connections, And Software; Maintenance; Patient Education And Support; Per Month (Not Payable By	
	Medicare)	
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	Yes
	Medicare)	
S9123	Nursing Care, In The Home; By Registered Nurse, Per Hour (Use For General Nursing Care Only, Not To	Yes
	Be Used When Cpt Codes 99500-99602 Can Be Used) (Not Payable By Medicare)	
S9124	Nursing Care, In The Home; By Licensed Practical Nurse, Per Hour (Not Payable By Medicare)	Yes
\$9125	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
S9120	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
59140	Diabetic Management Program, Pollow-Op Visit To Non-Mid Provider (Not Payable by Medicare)	res
S9141	Disbatic Management Program, Follow, Un Vicit To Md Provider (Net Payable Ry Medicare)	Yes
S9141 S9145	Diabetic Management Program, Follow-Up Visit To Md Provider (Not Payable By Medicare)	
59145	Insulin Pump Initiation, Instruction In Initial Use Of Pump (Pump Not Included) (Not Payable By	Yes
\$9150	Medicare)	Yes
S9150	Evaluation By Ocularist (Not Payable By Medicare)	Yes
S9208	Speech Therapy, Re-Evaluation (Not Payable By Medicare) Home Management Of Preterm Labor, Including Administrative Services, Professional Pharmacy	Yes
39208	Services, Care Coordination, And All Necessary Supplies Or Equipment (Drugs And Nursing Visits	165
	Coded Separately), Per Diem (Do Not Use This Code With Any Home Infus	
\$9209	Home Management Of Preterm Premature Rupture Of Membranes (Pprom), Including Administrative	Voc
39209	Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies Or	165
	Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (Do Not	
	Equipment (Drugs And Norsing Visits Coded Separately), Per Diem (Do Not	
\$9211	Home Management Of Gestational Hypertension, Includes Administrative Services, Professional	Yes
55211	Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment (Drugs And Nursing	105
	Visits Coded Separately); Per Diem (Do Not Use This Code With Any	
	visits coded separately), Per Dieni (Do Not Ose This code with Any	
\$9212	Home Management Of Postpartum Hypertension, Includes Administrative Services, Professional	Yes
39212	Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing	105
	Visits Coded Separately), Per Diem (Do Not Use This Code With Any	
\$9213	Home Management Of Preeclampsia, Includes Administrative Services, Professional Pharmacy	Yes
39213	Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Services	105
	Coded Separately); Per Diem (Do Not Use This Code With Any Home Infu	
	Coded Separately), Per Dien (Do Not Ose This Code with Any Home into	
S9214	Home Management Of Gestational Diabetes, Includes Administrative Services, Professional Pharmacy	Yes
55217	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	
\$9325	Home Infusion Therapy, Pain Management Infusion; Administrative Services, Professional Pharmacy	Yes
55525	Services, Care Coordination, And All Necessary Supplies And Equipment, (Drugs And Nursing Visits	103
	Coded Separately), Per Diem (Do Not Use This Code With S9326,	
\$9326	Home Infusion Therapy, Continuous (Twenty-Four Hours Or More) Pain Management Infusion;	Yes
55520	Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary	
	Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Di	
L	Jourphies and Equipment (Drugs and Aursing Visits Couch Scharatery), FCI Dr	L

Procedure Code	Description	Prior Auth Required
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
\$9329	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
\$9330	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
\$9331	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
\$9335	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
\$9336	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
\$9338	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
\$9339	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
\$9340	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
\$9341	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
\$9342	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
\$9345	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
\$9347	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
\$9348	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
\$9349	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
\$9351	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

Procedure Code	Description	Prior Auth Required
\$9353	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
\$9355	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
\$9361	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
\$9365	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
\$9366	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
\$9367	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
\$9370	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
\$9372	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
\$9373	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
\$9375	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
\$9376	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
\$9377	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
\$9379	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

Procedure Code	Description	Prior Auth Required
\$9381	Delivery Or Service To High Risk Areas Requiring Escort Or Extra Protection, Per Visit (Not Payable By	Yes
	Medicare)	
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
\$9437	Childbirth Refresher Classes, Non-Physician Provider, Per Session (Not Payable By Medicare)	Yes
\$9438	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
S9441	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
S9443	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	Yes
	Payable By Medicare)	
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
\$9470	Nutritional Counseling, Dietitian Visit (Not Payable By Medicare)	Yes
\$9472	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
\$9482	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
\$9490	Home Infusion Therapy, Corticosteroid Infusion; Administrative Services, Professional Pharmacy	Yes
	Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits	
S9494	Coded Separately), Per Diem (Not Payable By Medicare)	Yes
15 24 74	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs	100
20.407	And Nursing Visits Coded Separately), Per Diem (Do Not Use Thi	
S9497	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 3 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary	Yes
	Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per	

Procedure Code	Description	Prior Auth Required
\$9500	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 24 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary	No
	Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per	
\$9501	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 12 Hours;	No
	Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary	
	Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per	
S9502	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 8 Hours,	No
	Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary	
	Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per	
S9503	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 6 Hours; Administrative	Yes
	Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And	
	Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (No	
S9504	Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 4 Hours; Administrative	Yes
	Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And	
	Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (No	
60520	Deutine Marin wetware Four Collections Of Constitution (C). Circle Marrie Deuted Number Marrie - On Chilled	
S9529	Routine Venipuncture For Collection Of Specimen(S), Single Home Bound, Nursing Home, Or Skilled Nursing Facility Patient (Not Payable By Medicare)	Yes
\$9537	Home Therapy; Hematopoietic Hormone Injection Therapy (E.G., Erythropoietin, G-Csf, Gm-Csf);	Yes
	Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary	
	Supplies And Equipment (Drugs And Nursing Visits Coded Separately),	
\$9538	Home Transfusion Of Blood Product(S); Administrative Services, Professional Pharmacy Services, Care	Yes
	Coordination And All Necessary Supplies And Equipment (Blood Products, Drugs, And Nursing Visits	
	Coded Separately), Per Diem (Not Payable By Medicare)	
S9542	Home Injectable Therapy, Not Otherwise Classified, Including Administrative Services, Professional	Yes
	Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing	
	Visits Coded Separately), Per Diem (Not Payable By Medicar	
S9558	Home Injectable Therapy; Growth Hormone, Including Administrative Services, Professional Pharmacy	Yes
	Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits	
	Coded Separately), Per Diem (Not Payable By Medicare)	
S9559	Home Injectable Therapy, Interferon, Including Administrative Services, Professional Pharmacy	Yes
	Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits	
	Coded Separately), Per Diem (Not Payable By Medicare)	
S9560	Home Injectable Therapy; Hormonal Therapy (E.G.; Leuprolide, Goserelin), Including Administrative	Yes
	Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And	
	Equipment (Drugs And Nursing Visits Coded Separately), Per Diem (
\$9562	Home Injectable Therapy, Palivizumab Or Other Monoclonal Antibody For Rsv, Including	Yes
55502	Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary	103
	Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem	
S9563	Home Injectable Therapy, Immunotherapy, Including Administrative Services, Professional Pharmacy	Yes
	Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits	
	Coded Separately), Per Diem (Not Payable By Medicare)	
S9590	Home Therapy, Irrigation Therapy (E.G., Sterile Irrigation Of An Organ Or Anatomical Cavity); Including	Yes
	Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary	
	Supplies And Equipment (Drugs And Nursing Visits Coded Se	
S9810	Home Therapy; Professional Pharmacy Services For Provision Of Infusion, Specialty Drug	Yes
	Administration, And/Or Disease State Management, Not Otherwise Classified, Per Hour (Do Not Use	0
	This Code With Any Per Diem Code) (Not Payable By Medicare)	
\$9900	Services By A Journal-Listed Christian Science Practitioner For The Purpose Of Healing, Per Diem (Not	Yes
	Payable By Medicare)	
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	Yes
\$9961	Payable By Medicare)	Vec
59901	Ambulance Service, Conventional Air Service, Nonemergency Transport, One Way (Rotary Wing) (Not Payable By Medicare)	Yes
\$9970	Health Club Membership, Annual (Not Payable By Medicare)	Yes
\$9975	Transplant Related Lodging, Meals And Transportation, Per Diem (Not Payable By Medicare)	Yes
\$9976	Lodging, Per Diem, Not Otherwise Classified (Not Payable By Medicare)	Yes
\$9977	Meals, Per Diem, Not Otherwise Specified (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
\$9981	Medical Records Copying Fee, Administrative (Not Payable By Medicare)	Yes
\$9982	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)	
\$9988	Services Provided As Part Of A Phase I Clinical Trial (Not Payable By Medicare)	Yes
\$9989	Services Provided Outside Of The United States Of America (List In Addition To Code(s) For Service(s))	Yes
	(Not Payable By Medicare)	
\$9990	Services Provided As Part Of A Phase li Clinical Trial (Not Payable By Medicare)	Yes
S9991	Services Provided As Part Of A Phase lii Clinical Trial (Not Payable By Medicare)	Yes
S9992	Transportation Costs To And From Trial Location And Local Transportation Costs (E.G., Fares For	Yes
	Taxicab Or Bus) For Clinical Trial Participant And One Caregiver/Companion (Not Payable By Medicare)	
\$9994	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
\$9999	Sales Tax (Not Payable By Medicare)	Yes
T1000	Private Duty / Independent Nursing Service(S) - Licensed, Up To 15 Minutes (Not Payable By	Yes
	Medicare)	
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
Т1010	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

11072 Family Training And Counseling For Child Development, Per 15 Minutes (Net Payable By Medicare) No 11028 Assessment Di Home, Physical And Samily Environment, To Determine Suitability To Meet Patient'S No 11029 Comprehensive Trivironmental Leal Investigation, Not Incluing Laboratory Analysis, Per Develing Yes 11030 Nursing Care, In The Home, By Registered Nurse, Per Dem (Not Payable By Medicare) Yes 11031 Services Devformed Pa, A Double Birth Worker, Per 25 Minutes (Not Payable By Medicare) No 11032 Services Devformed Pa, A Double Birth Worker, Per 25 Minutes (Not Payable By Medicare) No 11033 Services Devformed Pa, A Double Birth Worker, Per 15 Minutes (Not Payable By Medicare) No 11041 Medicard Community Behavioral Health Clinic Services, Per Dem (Not Payable By Medicare) Yes 11303 Administration Of Oral, Intranuscular And/Or Subctaneous Medication By Health Care Yes 11303 Administration Ofael, Intranuscular And/Or Subctaneous Medication By Health Care Yes 11304 Electronic Medication Compliance Management Device, Includes All Components And Accessorie, Yes Yes 11305 Electronic Medication Compliance Management Device, Includes All Components And Accessorie, Yes Yes 11304 Administration Of Verajbale By Medicare) Yes 11305 Electronic Medication Compliance Management Device, Includes All Com	Procedure Code	Description	Prior Auth Required
Medical Needs, 10x1 Payable By Medicare) Instrumental Laad Investigation, Not Including Laboratory Analysis, Per Duelling Yes 1030 Nursing Care, in The Home, By Registrend Marse, Per Diem (Not Payable By Medicare) Yes 1031 Nursing Care, in The Home, By Registrend Marse, Per Diem (Not Payable By Medicare) No 1032 Services Performed Py A Doula Birth Worker, Per JS Minutes (Not Payable By Medicare) No 1033 Services Performed Py A Doula Birth Worker, Per JS Minutes (Not Payable By Medicare) No 1034 Medicaid Cartified Community Behavioral Health Clinic Services, Per Diem (Not Payable By Medicare) Yes 1034 Medicaid Cartified Community Behavioral Health Clinic Services, Per Month (Not Payable By Medicare) Yes 11353 Administration Of Oral, Intramuscular And/Or Subotaneous Medication By Health Care Yes 11355 Electronic Medication Complance Management Device, Includer All Components and Accessories, Ves Yes 11356 Electronic Medication Complance Management Device, Includer All Components and Accessories, Ves Yes 11357 Administration Of Desphete By Medicare) Yes 11368 Electronic Medication Complance Management Device, Includer All Components and Accessories, Ves 11369 MisCELLA	T1027	Family Training And Counseling For Child Development, Per 15 Minutes (Not Payable By Medicare)	No
(Not Payable By Medicare) Yes 11030 Nursing Care, In The Home, By Registered Nurse, Per Diem (Not Payable By Medicare) Yes 11031 Nursing Care, In The Home, By Leonsed Practical Nurse, Per Diem (Not Payable By Medicare) No 11032 Services Performed By A Douls Birth Worker, Per Diem (Not Payable By Medicare) No 11040 Medicaid Cartified Community Behavioral Health Clinic Services, Per Diem (Not Payable By Medicare) Yes 11041 Medicaid Cartified Community Behavioral Health Clinic Services, Per Diem (Not Payable By Medicare) Yes 11042 Administration Of Oral, Intramuscular And/Or Subcutaneous Medications By Health Care Yes 11503 Administration Of Medication, Other Than Oral And/Or Subcutaneous Medicatoles, Not Payable By Medicare) Yes 11505 Electronic Medication, Other Than Oral And/Or Subcutaneous Medicare) Yes 11505 Electronic Medication Compliance Management Device, Includes All Components And Accessories, Not Other Works Dove Device Classifier (Not Payable By Medicare) Yes 11505 Electronic Medication Ocorphiance Management Device, Includes All Components And Accessories, Not Other Medicare) Yes 11507 Medicare) Yes Yes 11507 Medicare) Y	T1028		No
Tube Nursing Care, in The Home, By Licensed Practical Nurse, Per Diem (Not Payable By Medicare) Yes T032 Services Performed By A Doula Birth Worker, Per 15 Minutes (Not Payable By Medicare) No T034 Services Performed By A Doula Birth Worker, Per 15 Minutes (Not Payable By Medicare) No T040 Medicaid Cartified Community Behavioral Health Clinic Services, Per Diem (Not Payable By Medicare) Yes T1041 Medicaid Cartified Community Behavioral Health Clinic Services, Per Month (Not Payable By Medicare) Yes T1502 Administration Of Oral, Intramsoular And(Or Subcutaneous Medication By Health Care Agency/Professional, Per Valk (Not Payable By Medicare) Yes T1503 Administration Of Medication, Compliance Management Device, Includes XII Components And Accessories, Not OrtHRWISE (Not Payable By Medicare) Yes T1505 Electronic Medication Compliance Management Device (Not Payable By Medicare) Yes T1505 Electronic Medication Compliance Management Device (Not Payable By Medicare) Yes T1502 Mon Emergency Transportations, Patient Management Device (Not Payable By Medicare) Yes T1503 Non Emergency Transportations, Patient Management Device (Not Payable By Medicare) Yes T1504 Non Emergency Transportations, Patitem (Not Payable By Medicare) </td <td>T1029</td> <td></td> <td>Yes</td>	T1029		Yes
Line Control Line Contto Line Control Line Control </td <td>T1030</td> <td>Nursing Care, In The Home, By Registered Nurse, Per Diem (Not Payable By Medicare)</td> <td>Yes</td>	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem (Not Payable By Medicare)	Yes
1033 Services Performed By A Doula Birth Worker, Per Diem (Not Payable By Medicare) No 1040 Medicaid Certified Community Behavioral Health Clinc Services, Per Diem (Not Payable By Medicare) Yes 1041 Medicaid Certified Community Behavioral Health Clinc Services, Per Month (Not Payable By Medicare) Yes 11502 Administration Of Not, Intramuscular Ant(Or Subcutanceus Medication By Health Care Yes 11503 Administration Of Not, Intramuscular Ant(Or Subcutanceus Medication By Health Care Yes 11504 Administration Of Not, Intramuscular Management, Device, Includes All Components And Accessories, Nes Yes 11595 Electronic Medication, Compliance Management, Device, Includes All Components And Accessories, Nes Yes 11596 MitCli Laktous Trift Bark LUIT, ITTMS AND SUPPLIES, RITAIL PURCHASES, NOT OTHERWISE Yes 12001 Non Emergency Transportation, Patient Attendant/Escort (Not Payable By Medicare) Yes 12002 Non Emergency Transportation, Patient Attendant/Escort (Not Payable By Medicare) Yes 12003 Non Emergency Transportation, Stretcher Van (Not Payable By Medicare) Yes 12004 Non Emergency Transportation, Stretcher Van (Not Payable By Medicare) Yes 12005 Non Emergency Transportation, Stretcher Van (Not Payable By Medicare) Yes 12006 Non Emergency Transportation, Stretcher Van (Not Payable By Medicare)	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem (Not Payable By Medicare)	Yes
T3040 Medicaid Certified Community Behavioral Health Clinic Services, Per Diem (Not Payable By Medicare) Yes T3041 Medicaid Certified Community Behavioral Health Clinic Services, Per Month (Not Payable By Medicare) Yes T3042 Administration Of Medication, Other Than Oral And/Or Subcutaneous Medication By Health Care Yes T3033 Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care Yes T3055 Electronic Medication Compliance Management Device, Includes All Components And Accessories, Net Otherwise Classified Not Payable By Medicare) Yes T3999 MISCELAKEOUS THERPEUTIC (TEMS AND SUPPLES, RETAIL PURCHASES, NOT OTHERWISE Yes T3001 Non-Emergency Transportation, Petr Diem (Not Payable By Medicare) Yes T3003 Non-Emergency Transportation, Petr Diem (Not Payable By Medicare) Yes T3004 Non-Emergency Transportation, Petr Diem (Not Payable By Medicare) Yes Tassportation Screening, And Resident Review (Pastr) Level I Identification Screening, Petr Screen (Not Payable By Medicare) Yes T3004 Preadmission Screening, And Resident Review (Pastr) Level I Identification Yes T3010 Preadmission Screening, And Resident Review (Payable By Medicare) Yes Tarasportation, Escleaning, And	T1032	Services Performed By A Doula Birth Worker, Per 15 Minutes (Not Payable By Medicare)	No
Indexisting Medicard Yes 1502 Administration Of Pal, Intramuscular And/Or Subcutaneous Medication By Health Care Agency/Professional, Per Visit (Not Payable By Medicare) Yes 1503 Administration Of Pal, Intramuscular And/Or Subcutaneous Medication By Health Care Agency/Professional, Per Visit (Not Payable By Medicare) Yes 1503 Administration Of Medication. Compliance Management Device, Includes All Components And Accessories, Not Otherwise Classified (Note Payable By Medicare) Yes 1599 MISCELLAREOUS THERAPEUTC (TEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CLASSIFIED, DENTIFY PAOLUCI N I "REMARKS" (NOT PAYABLE BY MEDICARE) Yes 12001 Non-Emergency Transportation, Patient Attendant/Escort (Not Payable By Medicare) Yes 12002 Non-Emergency Transportation, Patient Attendant/Escort (Not Payable By Medicare) Yes 12003 Non-Emergency Transportation, Stretcher Van (Not Payable By Medicare) Yes 12004 Non-Emergency Transportation Stretcher Van (Not Payable By Medicare) Yes 12005 Non-Emergency Transportation Stretcher Van (Not Payable By Medicare) Yes 12004 Non-Emergency Transportation Stretcher Van (Not Payable By Medicare) Yes 12005 Non-Emergency Transportation Stretcher Van (Not Payable By Medicare) Yes <td>T1033</td> <td>Services Performed By A Doula Birth Worker, Per Diem (Not Payable By Medicare)</td> <td>No</td>	T1033	Services Performed By A Doula Birth Worker, Per Diem (Not Payable By Medicare)	No
Medicare) Instruction Of Oral, Intramuscular And/Or Subcutaneous Medication By Health Care Yes 11503 Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care Yes 11503 Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care Yes 11505 Electronic Medication Compliance Management Device, Includes All Components And Accessories, Net Otherwise Classified (Not Payable By Medicare) Yes 11509 MisCLLANCOUS THERREUTCI TEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE Yes 11509 MisCLLANCOUS THERREUTCI TEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE Yes 12001 Non-Emergency Transportation, PEDIem (Not Payable By Medicare) Yes 12002 Non-Emergency Transportation, Carelin (Not Payable By Medicare) Yes 12003 Non-Emergency Transportation, Stricther Van (Not Payable By Medicare) Yes 12004 Non-Emergency Transportation, Stricther Van (Not Payable By Medicare) Yes 12010 Preadmission Screening And Resident Review (Parr) Level II clantification Screening, Per Sociational, Waiver, Per Diem (Not Payable By Medicare) Yes 12011 Preadmission Screening And Resident Review (Narr) Level II Evaluation (Not Payable By Medicare) Yes 12012	T1040	Medicaid Certified Community Behavioral Health Clinic Services, Per Diem (Not Payable By Medicare)	Yes
Agency/Professional, Per Visit (Not Payable By Medicare) ves 1503 Administration Of Medication, Other Than Oral And/Or Injetable, By A Health Care Agency/Professional, Per Visit (Not Payable By Medicare) Ves 1505 Electronic Medication Compliance Management Device, Includes All Components And Accessories, Not Otherwise Classified (Not Payable By Medicare) Ves 17990 MISCELLANEOUS THERAPE UIC TEMS AND SUPPLIS, RETAIL PURCHASES, NOT OTHERWISE Ves 17001 Non-Emergency Transportation, PE Otem (Not Payable By Medicare) Ves 17032 Non-Emergency Transportation, PE Otem (Not Payable By Medicare) Ves 17030 Non-Emergency Transportation, Encounter/Trip (Not Payable By Medicare) Ves 17030 Non-Emergency Transportation, Strether Van (Not Payable By Medicare) Ves 17030 Non-Emergency Transportation, Strether Van (Not Payable By Medicare) Ves 17030 Preadmission Screening And Reident Review (Payr) Level I Identification Screening, Not Screening, And Reident Review (Payr) Level I Identification Not Not Payable By Medicare) Ves 17011 Preadmission Screening, And Revident Review (Payr) Level I Identification Screening. Not Screening, And Revident Review (Payr) Level I Identification Screening. Not Screening, And Revident Review (Payr) Level I Identification Screening. Not Screening And Revident Review (Payr) Level I Identificat	T1041		Yes
Tis03 Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care Yes Tis03 Electronic Medication Compliance Management Device, Includes All Components And Accessories, Not Otherwise Classified (Not Payable By Medicare) Yes T1999 MISCELLANEOUS THE RAPEUTIC TEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE Yes CLASSIFIED; DENTIFY PRODUCT IN "REMARKS" (NOT PAYABLE BY MEDICARE) Yes T2001 Non-Emergency Transportation; Per Diem (Not Payable By Medicare) Yes T2003 Non-Emergency Transportation; Per Diem (Not Payable By Medicare) Yes T2004 Non-Emergency Transportation; Per Diem (Not Payable By Medicare) Yes T2005 Non-Emergency Transportation; Per Diem (Not Payable By Medicare) Yes T2006 Practimasportation; Techner Cal Carrier, Multi-Pass (Not Payable By Medicare) Yes T2007 Transportation; Stretcher Van (Not Payable By Medicare) Yes T2010 Preadmission Stretening And Resident Review (Pastr) Level II Idvaluation, Not Payable By Medicare) Yes T2011 Preadmission Stretening And Resident Review (Pastr) Level II Evaluation, Not Payable By Medicare) Yes T2012 Habilitation, Fevocational, Waiver; Per Diem (Not Payable By Medicare) Yes T2014 Habilitation, Revienting, Maiver; Per Diem (Not Payable By Medicare) Yes T2015 Habilitation, Revienting, Maive	T1502		Yes
Tis05 Electronic Medication Compliance Management Device, Includes AI Components And Accessories, Not Otherwise Classified (Not Payable By Medicare) Yes T1999 MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CLASSIFIED, DENTIFY PRODUCT IN "REMARKS" (NOT PayAble By Medicare) Yes T2001 Non-Emergency Transportation, Periotem Attendant/Scisort (Not Payable By Medicare) Yes T2002 Non-Emergency Transportation, Feribern (Not Payable By Medicare) Yes T2003 Non-Emergency Transportation, Structher Van (Not Payable By Medicare) Yes T2004 Non-Emergency Transportation, Structher Van (Not Payable By Medicare) Yes T2005 Non-Emergency Transportation, Structher Van (Not Payable By Medicare) Yes T2007 Transportation Wating Time, Air Ambulance And Non-Emergency Vehicle, One-Half (1/2) Hour Yes T2010 Preadmission Streening And Resident Review (Pastr) Level II Identification Screening, Per Screen (Not Payable By Medicare) Yes T2011 Preadmission Streening And Resident Review (Pastr) Level II Evaluation, Per Evaluation (Not Payable By Medicare) Yes T2012 Habilitation, Fouccational, Waiver, Per Diem (Not Payable By Medicare) Yes T2013 Habilitation, Revicational, Waiver, Per Diem (Not Payable By Medicare)	T1503	Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care	Yes
T1999 MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE Yes CASSIFIED; IDENTIFY PRODUCT IN "REMARKS" (NOT PAYABLE BY MEDICARE) Yes T2001 Non-Emergency Transportation; Patient Attendant/Escott (Not Payable By Medicare) Yes T2003 Non-Emergency Transportation; Patient Attendant/Escott (Not Payable By Medicare) Yes T2004 Non-Emergency Transportation; Strether Van (Not Payable By Medicare) Yes T2005 Non-Emergency Transportation; Strether Van (Not Payable By Medicare) Yes T2007 Transportation Waiting Time, Air Ambulance And Non-Emergency Vehicle, One-Half (1/2) Hour Yes T2010 Preadmission Screening And Resident Review (Pastr) Level I Identification Screening, Per Screen (Not Payable By Medicare) Yes T2011 Preadmission Screening And Resident Review (Pastr) Level II Evaluation (Not Payable By Medicare) Yes T2012 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes T2013 Habilitation, Feducational; Waiver, Per Diem (Not Payable By Medicare) Yes T2014 Habilitation, Feducational; Waiver, Per Diem (Not Payable By Medicare) Yes T2015 Habilitation, Residential, Waiver, Per Diem (Not Payable By Medicare) Yes T2014 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes T2015 Habilitation, Supp	T1505		Yes
CLASSIFLD; IDENTIFY PRODUCT N° "REMARKS" (NOT PAYABLE BY MEDICARE) Yes 12001 Non-Emergency Transportation; Per Diem (Not Payable By Medicare) Yes 12003 Non-Emergency Transportation; Per Diem (Not Payable By Medicare) Yes 12004 Non-Emergency Transportation; Stretcher Van (Not Payable By Medicare) Yes 12005 Non-Emergency Transportation; Stretcher Van (Not Payable By Medicare) Yes 12007 Transportation; Stretcher Van (Not Payable By Medicare) Yes 12007 Transportation; Matting Time, Air Ambulance And Non-Emergency Vehicle, One-Half (1/2) Hour Yes 12007 Pradmission Screening And Resident Review (Pasr) Level II dentification Screening And Resident Review (Pasr) Level II evaluation, Per Evaluation (Not Payable By Medicare) Yes 12012 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes 12013 Habilitation, Educational; Waiver; Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Revocational, Waiver; Per Diem (Not Payable By Medicare) Yes 12015 Habilitation, Revocational, Waiver; Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Revocational, Waiver; Per Diem (Not Payable By Medicare) Yes 12015 Habilitation, Revocational, Waiver; Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Supported Employment, Waiver, Per JS Mun			
17202 Non-Emergency Transportation; Per Diem (Not Payable By Medicare) Yes 17203 Non-Emergency Transport Commercial Carrier, Multi-Pass (Not Payable By Medicare) Yes 17204 Non-Emergency Transport Tamport; Commercial Carrier, Multi-Pass (Not Payable By Medicare) Yes 17205 Non-Emergency Transportation; Stretcher Van (Not Payable By Medicare) Yes 17207 Transportation Waiting Time, Air Ambulance And Non-Emergency Vehicle, One-Half (1/2) Hour Increments (Not Payable By Medicare) Yes 172010 Preadmission Screening And Resident Review (Pastr) Level II Evaluation, Per Screen (Not Payable By Medicare) Yes 172012 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes 172013 Habilitation, Educational; Waiver, Per Hour (Not Payable By Medicare) Yes 172014 Habilitation, Fevocational, Waiver; Per Hour (Not Payable By Medicare) Yes 172015 Habilitation, Prevocational, Waiver; Per Hour (Not Payable By Medicare) Yes 172016 Habilitation, Scienential, Waiver; Per Diem (Not Payable By Medicare) Yes 172017 Habilitation, Scienential, Waiver; Per Diem (Not Payable By Medicare) Yes 172018 Habilitation, Supported Employment, Waiver, Per Diem (Not Payable By Medicare) Yes 172019 Habilitation, Supported Employment, Waiver, Per Diem (Not Payable By Medicare) Yes 1	T1999		Yes
1203 Non-Emergency Transportation; Encounter/Trip (Not Payable By Medicare) Yes 12004 Non-Emergency Transportation; Encounter/Trip (Not Payable By Medicare) Yes 12005 Non-Emergency Transportation; Stretcher Yan (Not Payable By Medicare) Yes 12007 Transportation Waiting Time, Air Ambulance And Non-Emergency Vehicle, One-Half (1/2) Hour Yes 12010 Preadmission Screening And Resident Review (Pastr) Level I Identification Screening, Res Screen (Not Payable By Medicare) Yes 12011 Preadmission Screening And Resident Review (Pastr) Level II Evaluation, Per Evaluation (Not Payable By Medicare) Yes 12012 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes 12013 Habilitation, Prevocational, Waiver; Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Prevocational, Waiver; Per Diem (Not Payable By Medicare) Yes 12015 Habilitation, Revocational, Waiver; Per Diem (Not Payable By Medicare) Yes 12016 Habilitation, Revocational, Waiver; Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Rusidential, Waiver; Per Diem (Not Payable By Medicare) Yes 12015 Habilitation, Rusidential, Waiver; Per Diem (Not Payable By Medicare) Yes 12014	T2001	Non-Emergency Transportation; Patient Attendant/Escort (Not Payable By Medicare)	Yes
Non-Emergency Transport; Commercial Carrier, Multi-Pass (Not Payable By Medicare) Yes 12005 Non-Emergency Transportation; Stretcher Van (Not Payable By Medicare) Yes 12007 Transportation; Stretcher Van (Not Payable By Medicare) Yes 12010 Preadmission Screening And Resident Review (Pasrr) Level I Identification Screening, Per Screen (Not Payable By Medicare) Yes 12011 Preadmission Screening And Resident Review (Pasrr) Level I Evaluation, Per Evaluation (Not Payable By Medicare) Yes 12012 Habilitation, Educational; Waiver; Per Diem (Not Payable By Medicare) Yes 12013 Habilitation, Fducational; Waiver; Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Prevocational; Waiver; Per Diem (Not Payable By Medicare) Yes 12015 Habilitation, Prevocational, Waiver; Per Diem (Not Payable By Medicare) Yes 12016 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes 12015 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes<	T2002	Non-Emergency Transportation; Per Diem (Not Payable By Medicare)	Yes
Non-Emergency Transportation; Stretcher Van (Not Payable By Medicare) Yes 12007 Transportation Waiting Time, Air Ambulance And Non-Emergency Vehicle, One-Half (1/2) Hour Yes 12010 Preadmission Screening And Resident Review (Pasrr) Level I Identification Screening, Per Screen (Not Payable By Medicare) Yes 12011 Preadmission Screening And Resident Review (Pasrr) Level I Evaluation, Per Evaluation (Not Payable By Medicare) Yes 12012 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes 12013 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Revocational, Waiver, Per Diem (Not Payable By Medicare) Yes 12015 Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare) Yes 12016 Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare) Yes 12017 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes 12019 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes 12020 Day Habilitation, Waiver; Per Diem (Not Payable By Medicare) Yes 12021 Day Habilitation, Waiver; Per Diem (Not Payable By Medicare) Yes	T2003	Non-Emergency Transportation; Encounter/Trip (Not Payable By Medicare)	Yes
Transportation Walting Time, Air Ambulance And Non-Emergency Vehicle, One-Half (1/2) Hour Yes Increments (Not Payable By Medicare) Yes Preadmission Screening And Resident Review (Pasrr) Level I Identification Screening, Ner Screen (Not Payable By Medicare) Yes 12011 Preadmission Screening And Resident Review (Pasrr) Level I Evaluation, Per Evaluation (Not Payable By Medicare) Yes 12012 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes 12013 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Revocational, Waiver, Per Diem (Not Payable By Medicare) Yes 12015 Habilitation, Residential, Waiver, Per Diem (Not Payable By Medicare) Yes 12016 Habilitation, Residential, Waiver; 15 Minutes (Not Payable By Medicare) Yes 12017 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes 12018 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes 12020 Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare) Yes 12021 Case Management, Per Month (Not Payable By Medicare) Yes 12022 Case Management, Per Month (Not Payable By Medicare) Yes <	T2004	Non-Emergency Transport; Commercial Carrier, Multi-Pass (Not Payable By Medicare)	Yes
Increments (Not Payable By Medicare) Yes 12010 Preadmission Screening And Resident Review (Pasrr) Level I Identification Screening, Per Screen (Not Payable By Medicare) Yes 12011 Preadmission Screening And Resident Review (Pasrr) Level II Evaluation, Per Evaluation (Not Payable By Medicare) Yes 12012 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes 12013 Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare) Yes 12014 Habilitation, Prevocational, Waiver, Per Diem (Not Payable By Medicare) Yes 12015 Habilitation, Revocational, Waiver, Per Diem (Not Payable By Medicare) Yes 12016 Habilitation, Residential, Waiver, Per Diem (Not Payable By Medicare) Yes 12017 Habilitation, Supportet Employment, Waiver; Per 15 Minutes (Not Payable By Medicare) Yes 12019 Habilitation, Supportet Employment, Waiver; Per 15 Minutes (Not Payable By Medicare) Yes 12021 Day Habilitation, Waiver, Per 15 Minutes (Not Payable By Medicare) Yes 12022 Case Management, Per Month (Not Payable By Medicare) Yes 12024 Service Assessment/Plan Of Care Development, Waiver, Not Payable By Medicare) Yes 12025 Waiver Services; Not Otherwise Specified (Nos) (Not Payable	T2005	Non-Emergency Transportation; Stretcher Van (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 Diem (Not Payable By Medicare) Yes T2014 Habilitation, Revocational, Waiver, Per Diem (Not Payable By Medicare) Yes T2015 Habilitation, Prevocational, Waiver, Per Diem (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 T2010 Day Habilitation, Waiver; Per 15 Minutes (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 T2024 Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare) Yes T2025 Waiver Services; Not Otherwise Specifie	T2007		Yes
T2011Preadmission Screening And Resident Review (Pasrr) Level II Evaluation, Per Evaluation (Not Payable By Medicare)YesT2012Habilitation, Educational; Waiver, Per Diem (Not Payable By Medicare)YesT2013Habilitation, Educational; Waiver; Per Diem (Not Payable By Medicare)YesT2014Habilitation, Prevocational, Waiver; Per Diem (Not Payable By Medicare)YesT2015Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare)YesT2016Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare)YesT2017Habilitation, Supported Employment, Waiver; Per IS Minutes (Not Payable By Medicare)YesT2019Habilitation, Supported Employment, Waiver; Per IS Minutes (Not Payable By Medicare)YesT2020Day Habilitation, Waiver; Per TS Minutes (Not Payable By Medicare)YesT2021Day Habilitation, Waiver; Per TS Minutes (Not Payable By Medicare)YesT2022Case Management, Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Per 15 Minutes (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per 15	T2010	Preadmission Screening And Resident Review (Pasrr) Level I Identification Screening, Per Screen (Not	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 Diem (Not Payable By Medicare) Yes T2016 Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare) Yes T2017 Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare) Yes T2018 Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare) Yes T2019 Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare) Yes T2020 Day Habilitation, Waiver; Per 15 Minutes (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	T2011	Preadmission Screening And Resident Review (Pasrr) Level li Evaluation, Per Evaluation (Not Payable	Yes
T2013Habilitation, Educational, Waiver; Per Hour (Not Payable By Medicare)YesT2014Habilitation, Prevocational, Waiver; Per Diem (Not Payable By Medicare)YesT2015Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare)YesT2016Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare)YesT2017Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare)YesT2018Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare)YesT2019Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare)YesT2020Day Habilitation, Waiver; Per Diem (Not Payable By Medicare)YesT2021Day Habilitation, Waiver; Per Diem (Not Payable By Medicare)YesT2022Case Management; Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Service; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per J S Minutes (Not Payable By Medicare)YesT2028Specialized Childcare, Waiver; Per J S Minutes (Not Payable By Medicare)YesT2029Specialized Childcare, Waiver; Per J S Minutes (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Diem (Not Payable By Medicare)YesT2031	T2012		Yes
T2015Habilitation, Prevocational, Waiver; Per Hour (Not Payable By Medicare)YesT2016Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare)YesT2017Habilitation, Residential, Waiver; 15 Minutes (Not Payable By Medicare)YesT2018Habilitation, Supported Employment, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2019Habilitation, Supported Employment, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2020Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2021Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2022Case Management, Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2028Specialized Guidare, Waiver; Per Diem (Not Payable By Medicare)YesT2030Assisted Living; Waiver; Per Diem (Not Payable By Medicare)YesT2031Assisted Living; Waiver; Per Month (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Joem (Not Payable By Medicare)Yes	T2013		
T2016Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare)YesT2017Habilitation, Residential, Waiver; 15 Minutes (Not Payable By Medicare)YesT2018Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare)YesT2019Habilitation, Supported Employment, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2020Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2021Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2022Case Management, Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2028Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2029Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Diem (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare) <td>T2014</td> <td>Habilitation, Prevocational, Waiver; Per Diem (Not Payable By Medicare)</td> <td>Yes</td>	T2014	Habilitation, Prevocational, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2016Habilitation, Residential, Waiver; Per Diem (Not Payable By Medicare)YesT2017Habilitation, Residential, Waiver; 15 Minutes (Not Payable By Medicare)YesT2018Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare)YesT2019Habilitation, Supported Employment, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2020Day Habilitation, Waiver; Per Diem (Not Payable By Medicare)YesT2021Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2022Case Management, Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Dism (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per Dism (Not Payable By Medicare)YesT2028Specialized Childcare, Waiver; Per Dism (Not Payable By Medicare)YesT2029Specialized Childcare, Waiver; Per Dism (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living, Waiver; Per Diem (Not Payable By Medicare)YesT2032Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034 <td< td=""><td>T2015</td><td>Habilitation, Prevocational, Waiver; Per Hour (Not Payable By Medicare)</td><td>Yes</td></td<>	T2015	Habilitation, Prevocational, Waiver; Per Hour (Not Payable By Medicare)	Yes
T2017Habilitation, Residential, Waiver; 15 Minutes (Not Payable By Medicare)YesT2018Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare)YesT2019Habilitation, Supported Employment, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2020Day Habilitation, Waiver; Per Diem (Not Payable By Medicare)YesT2021Day Habilitation, Waiver; Per Diem (Not Payable By Medicare)YesT2022Case Management, Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2028Specialized Childcare, Waiver; Per JS Minutes (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living; Waiver; Per Diem (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2030Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032<	T2016		Yes
T2019Habilitation, Supported Employment, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2020Day Habilitation, Waiver; Per Diem (Not Payable By Medicare)YesT2021Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2022Case Management, Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2028Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2029Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable YesYes	T2017		Yes
T2020Day Habilitation, Waiver; Per Diem (Not Payable By Medicare)YesT2021Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2022Case Management, Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2028Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Diem (Not Payable By Medicare)YesT2031Assisted Living, Waiver; Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2030Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)<	T2018	Habilitation, Supported Employment, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2021Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2022Case Management, Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2028Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2029Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable Yes By Medicare)Yes	T2019	Habilitation, Supported Employment, Waiver; Per 15 Minutes (Not Payable By Medicare)	Yes
T2022Case Management, Per Month (Not Payable By Medicare)YesT2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2028Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable By Medicare)Yes	T2020	Day Habilitation, Waiver; Per Diem (Not Payable By Medicare)	Yes
T2023Targeted Case Management; Per Month (Not Payable By Medicare)YesT2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2028Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable By Medicare)Yes	T2021	Day Habilitation, Waiver; Per 15 Minutes (Not Payable By Medicare)	Yes
T2024Service Assessment/Plan Of Care Development, Waiver (Not Payable By Medicare)YesT2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2028Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable Yes	T2022	Case Management, Per Month (Not Payable By Medicare)	Yes
T2025Waiver Services; Not Otherwise Specified (Nos) (Not Payable By Medicare)YesT2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2028Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable YesYes	Т2023		Yes
T2026Specialized Childcare, Waiver; Per Diem (Not Payable By Medicare)YesT2027Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2028Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable YesYes	T2024		
T2027Specialized Childcare, Waiver; Per 15 Minutes (Not Payable By Medicare)YesT2028Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable Yes By Medicare)Yes	T2025		
T2028Specialized Supply, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable YesYes	T2026		
T2029Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)YesT2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable Yes By Medicare)Yes			
T2030Assisted Living, Waiver; Per Month (Not Payable By Medicare)YesT2031Assisted Living; Waiver, Per Diem (Not Payable By Medicare)YesT2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable Yes 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 Yes Yes	T2029	Specialized Medical Equipment, Not Otherwise Specified, Waiver (Not Payable By Medicare)	Yes
T2032Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)YesT2033Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)YesT2034Crisis Intervention, Waiver; Per Diem (Not Payable By Medicare)YesT2035Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable Yes By Medicare)Yes	T2030	Assisted Living, 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 Yes By Medicare) Yes	T2031	Assisted Living; 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 Yes Yes By Medicare) Yes Yes	T2032	Residential Care, Not Otherwise Specified (Nos), Waiver; Per Month (Not Payable By Medicare)	Yes
T2035 Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable Yes By Medicare)	T2033	Residential Care, Not Otherwise Specified (Nos), Waiver; Per Diem (Not Payable By Medicare)	Yes
T2035 Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable Yes By Medicare)	T2034	Crisis Intervention, Waiver; Per Diem (Not Pavable By Medicare)	Yes
	T2035	Utility Services To Support Medical Equipment And Assistive Technology/Devices, Waiver (Not Payable	
	T2036	Therapeutic Camping, Overnight, Waiver; Each Session (Not Payable By Medicare)	Yes

Procedure Code	Description	Prior Auth Required
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	Yes
	Medicare)	
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.	No
-	See Cim: 60-9)	
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
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-	No
	Covered By Medicare. See Cim: 60-9)	

Procedure Code	Description	Prior Auth Required
T4544		No
1-1-1-1-1	(Non-Covered By Medicare. See Cim: 60-9)	110
T4545	Incontinence Product, Disposable, Penile Wrap, Each (Non-Covered By Medicare. See Cim: 60.9)	Yes
14545	Incontinence Froduct, Disposable, Fernie Wrap, Each (Non-Covered by Medicare, see Cim. 00.9)	165
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	
00002		NU
V2020	(Includes All Targets), Non-Cdc Frames, Purchases (Special Coverage Instructions Apply. See Mcm: 2130)	No
V2025		No
	Deluxe Frame (Non-Covered By Medicare. See Mcm: 3045.4)	-
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
	Subarandindar, Single Vision, Diane Te Dive Or Minus 4 00d Subara, 4 25 Te C 00d Gulindar, Dar Long	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,	No
v2107	Per Lens	
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	No
V2112	Cylinder, Per Lens Spherocylinder, Single Vision, Plus Or Minus 7.25 To Plus Or Minus 12.00d Sphere, 2.25d To 4.00d	No
VZIIZ	Cylinder, Per Lens	
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 4.12 To Plus Or Minus 20.00d, Per Lens	No
V2202	Spherocylinder, Bifocal, Plano To Plus Or Minus 4.00D Spherocylinder, Per Lens	No
v220J	ispherocylinaer, bilocal, riano to rius or minus 4.000 sphere, 12 To 2.000 cylinaer, rei Lens	
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
W2206	Cabaraandindar, Difacal, Diana Ta Dius Or Minus 4 00d Cabara, Ours C 00d Calindar, David and	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
		No
V2211	Spherocylinder, Bifocal, Plus Or Minus 7.25 To Plus Or Minus 12.00D Sphere, .25 To 2.25D Cylinder,	
V2211 V2212	Spherocylinder, Birocal, Plus Or Minus 7.25 To Plus Or Minus 12.000 Sphere, .25 To 2.25D Cylinder, Per Lens Spherocylinder, Bifocal, Plus Or Minus 7.25 To Plus Or Minus 12.00d Sphere, 2.25 To 4.00d Cylinder,	No

Procedure Code	Description	Prior Auth Required
V2213	Spherocylinder, Bifocal, Plus Or Minus 7.25 To Plus Or Minus 12.00d Sphere, 4.25 To 6.00d Cylinder,	No
	Per Lens	
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,	No
	Per Lens	
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	No
	Lens	
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
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

Procedure Code	Description	Prior Auth Required
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	No
V2500	Coverage Instructions Apply. See Cim: 65-3)	Na
V2599 V2600	Contact Lens, Other Type	No No
V2610	Hand Held Low Vision AIDs And Other Nonspectacle Mounted AIDS Single Lens Spectacle Mounted Low Vision AIDS	No
V2615	Telescopic And Other Compound Lens System, Including Distance Vision Telescopic, Near Vision	No
	Telescopes And Compound Microscopic Lens System	
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	No
1/2750	Material, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	N .
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 V2761	Scratch Resistant Coating, Per Lens	No No
V2/01	Mirror Coating, Any Type, Solid, Gradient Or Equal, Any Lens Material, Per Lens (Special Coverage	INO
V2762	Instructions Apply. See Mcm: 2130.B) Polarization, Any Lens Material, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	No
V2702	Polarization, Any tens Material, Per tens (special coverage instructions Apply, see Mich. 2150.6)	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	No
	Coverage Instructions Apply. See Mcm: 2130.B)	
V2783	Lens, Index Greater Than Or Equal To 1.66 Plastic Or Greater Than Or Equal To 1.80 Glass, Excludes	No
	Polycarbonate, Per Lens (Special Coverage Instructions Apply. See Mcm: 2130.B)	
V2784	Lens, Polycarbonate Or Equal, Any Index, Per Lens (Special Coverage Instructions Apply. See Mcm:	No
	2130.B)	
V2785	Processing, Preserving And Transporting Corneal Tissue	No
V2786	Specialty Occupational Multifocal Lens, Per Lens (Special Coverage Instructions Apply. See Mcm:	Yes
	2130.B)	
V2787	Astigmatism Correcting Function Of Intraocular Lens (Non-Covered By Medicare Statute. Statute	No
	Reference: 1862(A)(7))	
V2788	Presbyopia Correcting Function Of Intraocular Lens (Non-Covered By Medicare Statute. Statute	Yes
	Reference: 1862(A)(7))	
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
1/5044		
V5011	Fitting/Orientation/Checking Of Hearing Aid (Non-Covered By Medicare Statute. Statute Reference:	Yes
NE014	1862A7)	N -
V5014	Repair/Modification Of A Hearing Aid (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	No
VE020	Conformity Evolution (Non-Covered Dy Medicare Statute Statute Deferences 400247)	Voc
V5020	Conformity Evaluation (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes

Procedure Code	Description	Prior Auth Required
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
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		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

Procedure Code	Description	Prior Auth Required
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
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)	
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

Procedure Code	Description	Prior Auth Required
V5285	Assistive Listening Device, Personal Fm/Dm, Direct Audio Input Receiver (Non-Covered By Medicare	Yes
VJ20J	Statute. Statute Reference: 1862A7)	165
VE200	,	No.
V5286	Assistive Listening Device, Personal Blue Tooth Fm/Dm Receiver (Non-Covered By Medicare Statute.	Yes
	Statute Reference: 1862A7)	Vac
V5287	Assistive Listening Device, Personal Fm/Dm Receiver, Not Otherwise Specified (Non-Covered By	Yes
VE 200	Medicare Statute. Statute Reference: 1862A7)	Voc
V5288	Assistive Listening Device, Personal Fm/Dm Transmitter Assistive Listening Device (Non-Covered By	Yes
VE280	Medicare Statute. Statute Reference: 1862A7)	Yes
V5289		res
VE 200	(Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
V5290	Assistive Listening Device, Transmitter Microphone, Any Type (Non-Covered By Medicare Statute.	res
VE 200	Statute Reference: 1862A7)	Ma a
V5298	Hearing Aid, Not Otherwise Classified (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Yes
VE 200	Uservice Compiler Adiatellan actual (Constill Courses a la structione Araphy Cons Marry 2020)	No.
V5299	Hearing Service, Miscellaneous (Special Coverage Instructions Apply. See Mcm: 2320)	Yes
V5336	Repair/Modification Of Augmentative Communicative System Or Device (Excludes Adaptive Hearing	Yes
V/5262	Aid) (Non-Covered By Medicare Statute. Statute Reference: 1862A7)	Mari
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
X4112		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		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
X4535 X4540		No
X4540 X4542	Audiology Other Audiological Services - Tympanometry	No
X4542 X4544	Audiology Other Audiological Services - Electroacoustic Analysis	-
		No
Z1032	Initial Antepartum Office Visit	No
Z1034	Antepartum Follow-Up Office Visit	No
Z1038	Postpartum Follow-Up Office Visit	No

Procedure Code	Description	Prior Auth Required
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		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 Z5414	Allied Prof Nec -Travel Mileage-On	Yes
Z5416	Travel Expenses	Yes Yes
Z5422	Technician Services Program Concultation (Clinic (Mod)	Yes
Z5422	Program Consultation/Clinic (Med), Travel Mileage (Medical (Mile)	Yes
Z5499	Travel Mileage/ Medical (Mile) Unlisted Service & Procedures	Yes
Z5802	EPSDT Services - Dietitian	No
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		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		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

Procedure Code	Description	Prior Auth Required
Z5944	EPSDT Services - Aural Rehabilitation Related To Use Of An Alternative Hearing Device With	Yes
	Developme	
Z5946	EPSDT Supplemetal Service - Hearing Aid	No
Z5950		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	Yes
	P	
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 Z6046	Open For Dialysis	Yes
A	Open For Dialysis	Yes
Z6048	Open For Dialysis	Yes
Z6050 Z6200	Open For Dialysis	Yes
Z6200	Initial Nutrition Assessment And Development Of Care Plan; First 30 Minutes Initial Nutrition Assessment & Development Of Care Plan; Each Subsquent 15 Minutes (Max. Of 1.5	No
20202	Hrs)	NO
Z6204	Follow-Up Antepartum Nutrition Assessmnt,Trtmnt &/Or Intrvntion; Individual,Ea. 15 Mins (Max. 2	No
20204	Hrs)	NO
Z6206	Follow-Up Antepartum Nutrition Assessmnt,Trtmnt &/Or Intrvntn; Group, Per Pt, Ea.15 Min (Max 3	No
20200	Hrs)	
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	No
	Hrs)	
Z6304	Follow-Up Antepartum Psychosocial Assessmnt, Trtmnt, &/Or Intrvntn; Individual, Ea. 15 Mins (Max 3	No
	Hrs)	
Z6306	Follow-Up Antepartum Psychosocial Assessmnt, Trtmnt, &/Or Intrvntn; Group, Per Pt, Ea. 15 Mins (Max	No
	4 Hrs	
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
Z6406	Follow-Up Antepartum Health Ed. Assessmnt, Trtmnt, &/Or Intrvntn; Individual, Each 15 Mins (Max 2	No
	Hrs)	
Z6408	Follow-Up Antepartum Health Ed. Assessmnt,Trtmnt,&/Or Intrvntn; Group Per Pt, Ea.15 Mins (Max 2	No
	Hrs)	
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	No
76500	Hr)	Ne
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 Z7508	Use Of Operating Room Or Cystoscopic Room - First Hour	No No
Z7508 Z7510	Use Of Operating Room/Cystoscopic Room - First Subsequent Half Hour Use Of Operating Room/Cystoscopic Room - Second Subsequent Half Hour	No
Z7510 Z7512	Use Of Recovery Room	No
2,312		

Procedure Code	Description	Prior Auth Required
Z7514	Room And Board, General Nursing Care For Stays Of Less Than 24 Hours, Including Ordinary	No
	Medication	
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