

Please be advised that this list is not intended to be an all-inclusive list of covered services or authorization requirements under WellCare of Kentucky Health Plans, Inc.. It provides information regarding prior authorization requirements that were generally accurate as of the published date of the document. The most accurate method of looking up and submitting verifying authorization requirements is by utilizing the [WellCare Secure Provider Portal](#).

Kentucky Medicaid Prior Authorization List

Code	Description	Current Rule	Date Requiring Auth	Historical Date Data
640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE CERVICAL, THORACIC OR		7/1/2021	
1991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK OR INJECTION IS		2/24/2018	
1992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK OR INJECTION IS		2/24/2018	
1999	UNLISTED ANESTHESIA PROCEDURE(S)		2/24/2018	
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS,		2/28/2019	
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	No Auth Required		Authorization released 4/01/2023
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	No Auth Required		Authorization released 7/01/2023
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	No Auth Required		Authorization released 7/01/2023
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	No Auth Required		Authorization released 2/24/2018
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10 LESIONS (LIST	No Auth Required		Authorization released 2/24/2018
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM	No Auth Required		Authorization released 2/24/2018
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO	No Auth Required		Authorization released 2/24/2018
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO	No Auth Required		Authorization released 2/24/2018
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER	No Auth Required		Authorization released 2/24/2018
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION	No Auth Required		Authorization released 2/24/2018
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION	No Auth Required		Authorization released 2/24/2018
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION	No Auth Required		Authorization released 2/24/2018
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION	No Auth Required		Authorization released 2/24/2018
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS	No Auth Required		Authorization released 2/24/2018
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS	No Auth Required		Authorization released 2/24/2018
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS	No Auth Required		Authorization released 2/24/2018
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS	No Auth Required		Authorization released 2/24/2018
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	No Auth Required		Authorization released 2/24/2018
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	No Auth Required		Authorization released 2/24/2018
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	No Auth Required		Authorization released 2/24/2018
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	No Auth Required		Authorization released 2/24/2018
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	No Auth Required		Authorization released 2/24/2018
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS	No Auth Required		Authorization released 2/24/2018
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	No Auth Required		Authorization released 2/24/2018
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	No Auth Required		Authorization released 2/24/2018
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	No Auth Required		Authorization released 2/24/2018
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	No Auth Required		Authorization released 2/24/2018

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11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA;	No Auth Required		Authorization released 2/24/2018
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK,	No Auth Required		Authorization released 2/24/2018
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE,	No Auth Required		Authorization released 2/24/2018
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE,	No Auth Required		Authorization released 2/24/2018
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE,	No Auth Required		Authorization released 2/24/2018
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE,	No Auth Required		Authorization released 2/24/2018
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE,	No Auth Required		Authorization released 2/24/2018
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE,	No Auth Required		Authorization released 2/24/2018
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE	No Auth Required		Authorization released 2/24/2018
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR	No Auth Required		Authorization released 2/24/2018
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE	No Auth Required		Authorization released 2/24/2018
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	No Auth Required		Authorization released 2/24/2018
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH	No Auth Required		Authorization released 2/24/2018
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH	No Auth Required		Authorization released 2/24/2018
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS		2/24/2018	
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS		2/24/2018	
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS		2/24/2018	
11950	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1 CC OR LESS		2/24/2018	
11951	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC		2/24/2018	
11952	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC		2/24/2018	
11954	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER 10.0 CC		2/24/2018	
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION		2/24/2018	
11970	Replacement of tissue expander with permanent implant		2/24/2018	
11971	Removal of tissue expander without insertion of implant		2/24/2018	
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE		2/24/2018	
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS		2/24/2018	
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM		2/24/2018	
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS		2/24/2018	
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0		2/24/2018	
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE,		2/24/2018	
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE,		2/24/2018	
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR		2/24/2018	
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO		2/24/2018	
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM		2/24/2018	
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART		2/24/2018	
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE		2/24/2018	
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA	No Auth Required		Authorization released 2/24/2018
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF		2/24/2018	
15101	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF		2/24/2018	
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS	No Auth Required		Authorization released 2/24/2018
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	No Auth Required		Authorization released 2/24/2018

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15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS		2/24/2018	
15121	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,		2/24/2018	
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND	No Auth Required		Authorization released 2/24/2018
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR	No Auth Required		Authorization released 2/24/2018
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	No Auth Required		Authorization released 2/24/2018
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS		2/24/2018	
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ		2/24/2018	
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ		2/24/2018	
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH		2/24/2018	
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN,		2/24/2018	
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN,		2/24/2018	
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS;		2/24/2018	
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS;		2/24/2018	
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ		2/24/2018	
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ		2/24/2018	
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER		2/24/2018	
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER		2/24/2018	
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,		2/24/2018	
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,		2/24/2018	
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,		2/24/2018	
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,		2/24/2018	
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK		2/24/2018	
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS		2/24/2018	
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH,		2/24/2018	
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR		2/24/2018	
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK		2/24/2018	
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS		2/24/2018	
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE,		2/24/2018	
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS		2/24/2018	
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING TUBE), ANY LOCATION		2/24/2018	
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)		2/24/2018	
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PARAMEDIAN		2/24/2018	
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators,		2/24/2018	
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK		2/24/2018	
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY		2/24/2018	
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY		2/24/2018	
15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS		2/24/2018	
15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS		2/24/2018	
15777	IMPLANTATION OF BIOLOGIC IMPLANT(EG, ACELLULAR DERMAL MATRIX)FOR SOFT TISSUE REINFORCEMENT(EG,		2/24/2018	
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)		2/24/2018	
15781	DERMABRASION; SEGMENTAL, FACE		2/24/2018	

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15782	DERMABRASION; REGIONAL, OTHER THAN FACE		2/24/2018	
15783	DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)		2/24/2018	
15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY		2/24/2018	
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL		2/24/2018	
15789	CHEMICAL PEEL, FACIAL; DERMAL		2/24/2018	
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL		2/24/2018	
15793	CHEMICAL PEEL, NONFACIAL; DERMAL		2/24/2018	
15820	BLEPHAROPLASTY, LOWER EYELID;	**	2/24/2018	
15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD		2/24/2018	
15822	BLEPHAROPLASTY, UPPER EYELID;	**	2/24/2018	
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	**	2/24/2018	
15824	RHYTIDECTOMY; FOREHEAD		2/24/2018	
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)		2/24/2018	
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES		2/24/2018	
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK		2/24/2018	
15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP		2/24/2018	
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL		2/24/2018	
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); THIGH		2/24/2018	
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); LEG		2/24/2018	
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); HIP		2/24/2018	
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); BUTTOCK	No Auth Required		Authorization released 2/24/2018
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ARM		2/24/2018	
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); FOREARM OR HAND		2/24/2018	
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); SUBMENTAL FAT PAD	No Auth Required		Authorization released 2/24/2018
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); OTHER AREA		2/24/2018	
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	No Auth Required		Authorization released 2/24/2018
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	No Auth Required		Authorization released 2/24/2018
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG,		2/24/2018	
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK		2/24/2018	
15877	SUCTION ASSISTED LIPECTOMY; TRUNK		2/24/2018	
15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY		2/24/2018	
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY		2/24/2018	
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	No Auth Required		Authorization released 2/24/2018
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT	No Auth Required		Authorization released 2/24/2018
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS	No Auth Required		Authorization released 2/24/2018
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER		2/24/2018	
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)		2/24/2018	
17380	ELECTROLYSIS EPILATION, EACH 30 MINUTES		2/24/2018	
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE		2/24/2018	
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA		2/24/2018	
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR INTERSTITIAL	No Auth Required		Authorization released 2/24/2018

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19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWIN	No Auth Required		Authorization released 2/24/2018
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON	No Auth Required		Authorization released 2/24/2018
19300	MASTECTOMY FOR GYNecomastia		2/24/2018	
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);		2/24/2018	
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); WITH		2/24/2018	
19303	MASTECTOMY, SIMPLE, COMPLETE		2/24/2018	
19304	MASTECTOMY, SUBCUTANEOUS		2/24/2018	
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES		2/24/2018	
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES		2/24/2018	
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS		2/24/2018	
19316	MASTOPEXY		2/24/2018	
19318	Breast reduction		2/24/2018	
19325	Breast augmentation with implant		2/24/2018	
19328	Removal of intact breast implant		2/24/2018	
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)		2/24/2018	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)		2/24/2018	
19342	Insertion or replacement of breast implant on separate day from mastectomy		2/24/2018	
19350	NIPPLE/AREOLA RECONSTRUCTION		2/24/2018	
19355	CORRECTION OF INVERTED NIPPLES		2/24/2018	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)		2/24/2018	
19361	Breast reconstruction; with latissimus dorsi flap		2/24/2018	
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)		2/24/2018	
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap		2/24/2018	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring		2/24/2018	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap		2/24/2018	
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy		2/24/2018	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents		2/24/2018	
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in		2/24/2018	
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT		2/24/2018	
19499	UNLISTED PROCEDURE, BREAST		2/24/2018	
20552	PATIENT INTERVIEWED DIRECTLY BY EVALUATING CLINICIAN ON OR BEFORE DATE OF DIAGNOSIS OF MAJOR		2/24/2018	
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)		2/24/2018	
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Reviewed by EviCore		
20561	Needle insertion(s) without injection(s); 3 or more muscles	Reviewed by EviCore		
20670	REMOVAL OF IMPLANT; SUPERFICIAL (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)		2/24/2018	
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)		2/24/2018	
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM		2/24/2018	
20692	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION		2/24/2018	
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA(EG, NEW PIN(S)OR		2/24/2018	
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM		2/24/2018	
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)		2/24/2018	

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20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE		2/24/2018	
20910	CARTILAGE GRAFT; COSTOCHONDRAL		2/24/2018	
20912	CARTILAGE GRAFT; NASAL SEPTUM		2/24/2018	
20920	FASCIA LATA GRAFT; BY STRIPPER		2/24/2018	
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET		2/24/2018	
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)		2/24/2018	
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)		2/24/2018	
20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
20939	Spine Graft	Reviewed by NIA		NIA effective 2/1/2024
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA		2/24/2018	
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST		2/24/2018	
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL		2/24/2018	
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL		2/24/2018	
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL,		2/24/2018	
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST		2/24/2018	
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL		2/24/2018	
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE		2/24/2018	
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	No Auth Required		Authorization released 2/24/2018
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft		2/24/2018	
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft		2/24/2018	
20985	Computer Assisted Navigation	No Auth Required		Authorization released 2/4/2024
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL		2/24/2018	
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM		2/24/2018	
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER		2/24/2018	
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS		2/24/2018	
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR		2/24/2018	
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	No Auth Required		Authorization released 2/24/2018
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)		2/24/2018	
21031	EXCISION OF TORUS MANDIBULARIS		2/24/2018	
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY		2/24/2018	
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY		2/24/2018	
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)		2/24/2018	
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE		2/24/2018	
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION,	No Auth Required		Authorization released 2/24/2018
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)		2/24/2018	
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE		2/24/2018	
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE	No Auth Required		Authorization released 2/24/2018

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21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)		2/24/2018	
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL		2/24/2018	
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES		2/24/2018	
21137	REDUCTION FOREHEAD; CONTOURING ONLY		2/24/2018	
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT		2/24/2018	
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL		2/24/2018	
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG		2/24/2018	
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE		2/24/2018	
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION,		2/24/2018	
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING		2/24/2018	
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING		2/24/2018	
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION,		2/24/2018	
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)		2/24/2018	
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING		2/24/2018	
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES		2/24/2018	
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES		2/24/2018	
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG,		2/24/2018	
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG,		2/24/2018	
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION,		2/24/2018	
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR		2/24/2018	
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS		2/24/2018	
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT		2/24/2018	
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA),		2/24/2018	
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND		2/24/2018	
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND		2/24/2018	
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND		2/24/2018	
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES		2/24/2018	
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITHOUT BONE		2/24/2018	
21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITH BONE GRAFT		2/24/2018	
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION		2/24/2018	
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION		2/24/2018	
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;		2/24/2018	
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT		2/24/2018	
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)		2/24/2018	
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)		2/24/2018	
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION		2/24/2018	
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)		2/24/2018	
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)		2/24/2018	
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)		2/24/2018	
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)		2/24/2018	
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)		2/24/2018	

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21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT		2/24/2018	
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT		2/24/2018	
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE		2/24/2018	
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL		2/24/2018	
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE		2/24/2018	
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES		2/24/2018	
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL		2/24/2018	
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE		2/24/2018	
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES		2/24/2018	
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES		2/24/2018	
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH		2/24/2018	
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND		2/24/2018	
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD		2/24/2018	
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL		2/24/2018	
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA-		2/24/2018	
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL		2/24/2018	
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION		2/24/2018	
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)		2/24/2018	
21282	LATERAL CANTHOPEXY		2/24/2018	
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY);		2/24/2018	
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY);		2/24/2018	
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE		2/24/2018	
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD		2/24/2018	
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	No Auth Required		Authorization released 2/24/2018
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS	No Auth Required		Authorization released 2/24/2018
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS	No Auth Required		Authorization released 2/24/2018
21899	UNLISTED PROCEDURE, NECK OR THORAX		2/24/2018	
22220	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT;	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION		2/24/2018	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral		2/24/2018	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral		2/24/2018	
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral		2/24/2018	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included		2/24/2018	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included		2/24/2018	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included		2/24/2018	
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING		2/24/2018	
22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING		2/24/2018	
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020

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22552	CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22586	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH OR WITHOUT	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22614	ARTHRODESIS,POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL;EACH ADDITIONAL VERTEBRAL	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S)	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S)	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22830	EXPLORATION OF SPINAL FUSION	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22836	ANT THORACIC VRT BODY TETHERING <7 VRT SEGMENTS		
22837	ANT THORACIC VRT BODY TETHERING 8+ VRT SEGMENTS		
22838	REVJ RPLCMT/RMVL THORACIC VRT BODY TETHERING		
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22849	REINSERTION OF SPINAL FIXATION DEVICE	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Reviewed by TurningPoint	TurningPoint effective 7/1/2020
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation	Reviewed by TurningPoint	TurningPoint effective 7/1/2020

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22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22860	TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	Reviewed by NIA		NIA effective 2/1/2024
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV REVISION INCLUDING REPLACEMENT OF TOTAL DISC	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICALREMOVAL OF TOTAL DISC ARTHROPLASTY(ARTIFICIAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, LUMBAR, SINGLE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image		2/24/2018	
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image		2/24/2018	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or		2/24/2018	
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or		2/24/2018	
22899	UNLISTED PROCEDURE, SPINE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)		2/24/2018	
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER		2/24/2018	
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER		2/24/2018	
22904	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; LESS THAN 5		2/24/2018	
22905	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; 5 CM OR		2/24/2018	
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM		2/24/2018	
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY		2/24/2018	
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR		2/24/2018	
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER		2/24/2018	
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER		2/24/2018	
23075	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS		2/24/2018	
23076	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR		2/24/2018	
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA		2/24/2018	
23078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA; 5 CM OR		2/24/2018	
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR	No Auth Required		Authorization released 2/24/2018
23120	CLAVICULECTOMY; PARTIAL		2/24/2018	
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS),	No Auth Required		Authorization released 2/24/2018
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE		2/24/2018	
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE		2/24/2018	
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON		2/24/2018	
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION		2/24/2018	
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	Reviewed by TurningPoint		TurningPoint effective 7/1/2020

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23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
23430	TENODESIS OF LONG TENDON OF BICEPS		2/24/2018	
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS		2/24/2018	
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION		2/24/2018	
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)		2/24/2018	
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK		2/24/2018	
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER		2/24/2018	
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK		2/24/2018	
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY		2/24/2018	
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;		2/24/2018	
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR		2/24/2018	
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT		2/24/2018	
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT		2/24/2018	
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	No Auth Required		Authorization released 2/24/2018
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	No Auth Required		Authorization released 2/24/2018
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT	No Auth Required		Authorization released 2/24/2018
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL	No Auth Required		Authorization released 2/24/2018
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL	No Auth Required		Authorization released 2/24/2018
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	No Auth Required		Authorization released 2/24/2018
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	No Auth Required		Authorization released 2/24/2018
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY,	No Auth Required		Authorization released 2/24/2018
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, INCLUDES	No Auth Required		Authorization released 2/24/2018
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS		2/24/2018	
23929	UNLISTED PROCEDURE, SHOULDER		2/24/2018	
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)	No Auth Required		Authorization released 2/24/2018
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL	No Auth Required		Authorization released 2/24/2018
24130	EXCISION, RADIAL HEAD	No Auth Required		Authorization released 2/24/2018
24160	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND	No Auth Required		Authorization released 2/4/2024
24164	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; RADIAL HEAD	No Auth Required		Authorization released 2/4/2024
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	No Auth Required		Authorization released 2/24/2018
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON		2/24/2018	
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	No Auth Required		Authorization released 2/24/2018
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)		2/24/2018	
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY		2/24/2018	
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT		2/24/2018	
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE		2/24/2018	

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24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)		2/24/2018	
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE		2/24/2018	
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF		2/24/2018	
24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW);		2/24/2018	
24358	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW);		2/24/2018	
24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW);		2/24/2018	
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (EG,		7/1/2020	
24365	ARTHROPLASTY, RADIAL HEAD;	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW		2/24/2018	
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	No Auth Required		Authorization released 2/24/2018
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)		2/24/2018	
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY		2/24/2018	
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT		2/24/2018	
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY		2/24/2018	
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX		2/24/2018	
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	No Auth Required		Authorization released 2/24/2018
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	No Auth Required		Authorization released 2/24/2018
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS,	No Auth Required		Authorization released 2/24/2018
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;		2/24/2018	
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL		2/24/2018	
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA		2/24/2018	
25210	CARPECTOMY; ONE BONE		2/24/2018	
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW		2/24/2018	
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)		2/24/2018	
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)		2/24/2018	
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON		2/24/2018	
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON		2/24/2018	
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH		2/24/2018	
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH		2/24/2018	
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON		2/24/2018	
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)		2/24/2018	
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY		2/24/2018	
25350	OSTEOTOMY, RADIUS; DISTAL THIRD		2/24/2018	
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD		2/24/2018	
25360	OSTEOTOMY; ULNA		2/24/2018	
25365	OSTEOTOMY; RADIUS AND ULNA		2/24/2018	

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25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA		2/24/2018	
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS		2/24/2018	
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING		2/24/2018	
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT		2/24/2018	
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)		2/24/2018	
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT		2/24/2018	
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING		2/24/2018	
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)		2/24/2018	
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)		2/24/2018	
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)		2/24/2018	
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	No Auth Required		Authorization released 2/24/2018
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA		2/24/2018	
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA		2/24/2018	
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (INCLUDES OBTAINING		2/24/2018	
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY		2/24/2018	
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (TOTAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS		2/24/2018	
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT		2/24/2018	
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT		2/24/2018	
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT		2/24/2018	
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT		2/24/2018	
25999	UNLISTED PROCEDURE, FOREARM OR WRIST		2/24/2018	
26045	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); OPEN, PARTIAL		2/24/2018	
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)		2/24/2018	
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT		2/24/2018	
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;		2/24/2018	
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;		2/24/2018	
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;		2/24/2018	
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN		2/24/2018	
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL		2/24/2018	
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL		2/24/2018	
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD		2/24/2018	
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH		2/24/2018	
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER,		2/24/2018	
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON		2/24/2018	
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON		2/24/2018	

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26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); PRIMARY OR SECONDARY		2/24/2018	
26352	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S		2/24/2018	
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S		2/24/2018	
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S		2/24/2018	
26358	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S		2/24/2018	
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH		2/24/2018	
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH		2/24/2018	
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY		2/24/2018	
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT FREE		2/24/2018	
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH FREE TENDON		2/24/2018	
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON		2/24/2018	
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT),		2/24/2018	
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	No Auth Required		Authorization released 2/24/2018
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	No Auth Required		Authorization released 2/24/2018
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	No Auth Required		Authorization released 2/24/2018
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT		2/24/2018	
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT		2/24/2018	
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT		2/24/2018	
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR		2/24/2018	
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH LOCAL TISSUE (EG,		2/24/2018	
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT		2/24/2018	
26546	REPAIR NON-UNION, METACARPAL OR PHALANX (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT		2/24/2018	
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT		2/24/2018	
26550	POLLICIZATION OF A DIGIT		2/24/2018	
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-AROUND WITH BONE		2/24/2018	
26553	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE		2/24/2018	
26554	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE		2/24/2018	
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS		2/24/2018	
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS		2/24/2018	
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS		2/24/2018	
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS		2/24/2018	
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)		2/24/2018	
26565	OSTEOTOMY; METACARPAL, EACH		2/24/2018	
26567	OSTEOTOMY; PHALANX OF FINGER, EACH		2/24/2018	
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX		2/24/2018	
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE		2/24/2018	
26989	UNLISTED PROCEDURE, HANDS OR FINGERS		2/24/2018	
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	No Auth Required		Authorization released 2/24/2018
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	No Auth Required		Authorization released 2/4/2024
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	No Auth Required		Authorization released 2/24/2018
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	No Auth Required		Authorization released 2/24/2018

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27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	Reviewed by NIA	2/24/2018	NIA effective 3/1/2022
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL		2/24/2018	
27098	TRANSFER, ADDUCTOR TO ISCHIUM		2/24/2018	
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION		2/24/2018	
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)		2/24/2018	
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR		2/24/2018	
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK		2/24/2018	
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27122	ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT(TOTAL HIP	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR	Reviewed by NIA		NIA effective 2/1/2024
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)		2/24/2018	
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;		2/24/2018	
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP		2/24/2018	
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY		2/24/2018	
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN		2/24/2018	
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)		2/24/2018	
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)		2/24/2018	
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION		2/24/2018	
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION		2/24/2018	
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU		2/24/2018	
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES		2/24/2018	
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE		2/24/2018	
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE		2/24/2018	
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION		2/24/2018	
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF FEMUR		2/24/2018	
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC	No Auth Required		Authorization released 2/24/2018
27258	CLOSED TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	No Auth Required		Authorization released 2/24/2018
27278	ARTHROD SI JT PRQ W/PLMT IARTIC IMPLT WO TFXJ DEV			
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN		2/24/2018	
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)		2/24/2018	
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY		2/24/2018	
27331	Knee Arthroscopy	No Auth Required		Authorization released 2/4/2024
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR		2/24/2018	
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA		2/24/2018	

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27340	EXCISION, PREPATELLAR BURSA		2/24/2018	
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)		2/24/2018	
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE		2/24/2018	
27350	PATELLECTOMY OR HEMIPATELLECTOMY		2/24/2018	
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA	No Auth Required	2/24/2018	Authorization released 7/1/2023
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY		2/24/2018	
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT		2/24/2018	
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY		2/24/2018	
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING		2/24/2018	
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON		2/24/2018	
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL		2/24/2018	
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT(S))	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)		2/24/2018	
27425	LATERAL RETINACULAR RELEASE, OPEN		2/24/2018	
27427	Knee Arthroscopy	Reviewed by NIA		NIA effective 2/1/2024
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR		2/24/2018	
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)		2/24/2018	
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE		2/24/2018	
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF		2/24/2018	
27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)		2/24/2018	
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR		2/24/2018	
27477	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA, PROXIMAL		2/24/2018	
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND		2/24/2018	
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU VARUS OR VALGUS)		2/24/2018	
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING, OR WIRING) WITH OR WITHOUT		2/24/2018	

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27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);		2/24/2018	
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR		2/24/2018	
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;		2/24/2018	
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF		2/24/2018	
27599	UNLISTED PROCEDURE, FEMUR OR KNEE		2/24/2018	
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	No Auth Required		Authorization released 2/24/2018
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	No Auth Required		Authorization released 2/24/2018
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF		2/24/2018	
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;		2/24/2018	
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY		2/24/2018	
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON		2/24/2018	
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON		2/24/2018	
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON		2/24/2018	
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	No Auth Required		Authorization released 2/24/2018
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE PROCEDURE)		2/24/2018	
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH SAME INCISION),		2/24/2018	
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)		2/24/2018	
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL		2/24/2018	
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG,		2/24/2018	
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL		2/24/2018	
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS		2/24/2018	
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)		2/24/2018	
27700	ARTHROPLASTY, ANKLE;	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27705	OSTEOTOMY; TIBIA		2/24/2018	
27707	OSTEOTOMY; FIBULA		2/24/2018	
27709	OSTEOTOMY; TIBIA AND FIBULA		2/24/2018	
27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE PROCEDURE)		2/24/2018	
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING		2/24/2018	
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)		2/24/2018	
27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT		2/24/2018	
27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)		2/24/2018	
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION		2/24/2018	
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA		2/24/2018	
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA		2/24/2018	
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA		2/24/2018	
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA		2/24/2018	
27870	ARTHRODESIS, ANKLE, OPEN	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL		2/24/2018	
27899	UNLISTED PROCEDURE, LEG OR ANKLE		2/24/2018	
28008	FASCIOTOMY, FOOT AND/OR TOE		2/24/2018	
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)		2/24/2018	

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28116	OSTECTOMY, EXCISION OF TARSAL COALITION		2/24/2018	
28118	OSTECTOMY, CALCANEUS;		2/24/2018	
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE		2/24/2018	
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG,		2/24/2018	
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE		2/24/2018	
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF PHALANX, EACH	No Auth Required		Authorization released 2/24/2018
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE PROCEDURE)	No Auth Required		Authorization released 2/24/2018
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S)		2/24/2018	
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)		2/24/2018	
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH METATARSAL HEAD		2/24/2018	
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST		2/24/2018	
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal		2/24/2018	
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO		2/24/2018	
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal		2/24/2018	
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL		2/24/2018	
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS-TYPE PROCEDURE		2/24/2018	
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY		2/24/2018	
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE OSTEOTOMY		2/24/2018	
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL		2/24/2018	
28302	OSTEOTOMY; TALUS		2/24/2018	
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;		2/24/2018	
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING		2/24/2018	
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST		2/24/2018	
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST		2/24/2018	
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL;		2/24/2018	
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL;		2/24/2018	
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE		2/24/2018	
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE		2/24/2018	
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING		2/24/2018	
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION		2/24/2018	
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION		2/24/2018	
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY		2/24/2018	
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB		2/24/2018	
28360	RECONSTRUCTION, CLEFT FOOT		2/24/2018	
28705	ARTHRODESIS; PANTALAR		2/24/2018	
28715	ARTHRODESIS; TRIPLE		2/24/2018	
28725	ARTHRODESIS; SUBTALAR		2/24/2018	
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;		2/24/2018	
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT		2/24/2018	
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT		2/24/2018	
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT		2/24/2018	

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28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK, GREAT TOE, INTERPHALANGEAL JOINT (EG, JONES)		2/24/2018	
28899	UNLISTED PROCEDURE, FOOT OR TOES		2/24/2018	
29799	UNLISTED PROCEDURE, CASTING OR STRAPPING		2/24/2018	
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	No Auth Required		Authorization released 2/24/2018
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	No Auth Required		Authorization released 2/24/2018
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Reviewed by NIA		NIA effective 2/1/2024
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy		2/24/2018	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion		2/24/2018	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body		2/24/2018	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial		2/24/2018	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete		2/24/2018	
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral		2/24/2018	
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone,		2/24/2018	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)		2/24/2018	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation		2/24/2018	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair		2/24/2018	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis		2/24/2018	
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)		2/24/2018	
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY		2/24/2018	
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL		2/24/2018	
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE		2/24/2018	
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED		2/24/2018	
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE		2/24/2018	
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)		2/24/2018	
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE		2/24/2018	
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL		2/24/2018	
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE		2/24/2018	
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARILAGE AND/OR JOINT		2/24/2018	
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY		2/24/2018	
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT		2/24/2018	
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, INCLUDES	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY),	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020

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29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING		2/24/2018	
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR DOME FRACTURE,		2/24/2018	
29893	ENDOSCOPIC PLANTAR FASCIOTOMY		2/24/2018	
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR		2/24/2018	
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL		2/24/2018	
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED		2/24/2018	
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE		2/24/2018	
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ARTHRODESIS	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY		2/24/2018	
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT		2/24/2018	
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR		2/24/2018	
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY		2/24/2018	
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY		2/24/2018	
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT		2/24/2018	
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS		2/24/2018	
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
29999	UNLISTED PROCEDURE, ARTHROSCOPY		2/24/2018	
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD		2/24/2018	
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD		2/24/2018	
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP		2/24/2018	

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30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NA		2/24/2018	
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR		2/24/2018	
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)		2/24/2018	
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)		2/24/2018	
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)		2/24/2018	
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING		2/24/2018	
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING		2/24/2018	
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)		2/24/2018	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)		1/1/2021	
30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG		4/1/2023	
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR		2/24/2018	
30540	REPAIR CHOANAL ATRESIA; INTRANASAL		2/24/2018	
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE		2/24/2018	
30560	LYSIS INTRANASAL SYNECHIA		2/24/2018	
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)		2/24/2018	
30600	REPAIR FISTULA; ORONASAL		2/24/2018	
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)		2/24/2018	
30630	REPAIR NASAL SEPTAL PERFORATIONS		2/24/2018	
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC		2/24/2018	
30999	UNLISTED PROCEDURE, NOSE		2/24/2018	
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL		2/24/2018	
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL		2/24/2018	
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL		2/24/2018	
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH		2/24/2018	
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	No Auth Required		Authorization released 2/24/2018
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)	No Auth Required		Authorization released 2/24/2018
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPINE OPERATION)	No Auth Required		Authorization released 2/24/2018
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)		2/24/2018	
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)		2/24/2018	
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES		2/24/2018	
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION		2/24/2018	
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION		2/24/2018	
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION		2/24/2018	
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION		2/24/2018	
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY, ETHMOID,		2/24/2018	
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	No Auth Required		Authorization released 2/24/2018
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	No Auth Required		Authorization released 2/24/2018
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL		2/24/2018	
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	No Auth Required		Authorization released 2/24/2018
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE		2/24/2018	
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY		2/24/2018	

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31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION		2/24/2018	
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery		2/24/2018	
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus		2/24/2018	
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)		2/24/2018	
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)		2/24/2018	
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;		2/24/2018	
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy		2/24/2018	
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy,		2/24/2018	
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM		2/24/2018	
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus,		2/24/2018	
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;		2/24/2018	
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE		2/24/2018	
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOID REGION		2/24/2018	
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION		2/24/2018	
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESSION		2/24/2018	
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL WALL		2/24/2018	
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION		2/24/2018	
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION),		7/1/2025	
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)		7/1/2025	
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)		2/24/2018	
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES		2/24/2018	
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION		2/24/2018	
31599	UNLISTED PROCEDURE, LARYNX		2/24/2018	
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; DIAGNOSTIC, WITH OR		2/24/2018	
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRUSHING OR		2/24/2018	
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRONCHIAL		2/24/2018	
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRONCHIAL OR		2/24/2018	
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL		2/24/2018	
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL		2/24/2018	
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	No Auth Required		Authorization released 2/24/2018
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF	No Auth Required		Authorization released 2/24/2018
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL	No Auth Required		Authorization released 2/24/2018
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL	No Auth Required		Authorization released 2/24/2018
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH REMOVAL OF	No Auth Required		Authorization released 2/24/2018
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF	No Auth Required		Authorization released 2/24/2018
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH EXCISION OF	No Auth Required		Authorization released 2/24/2018
31641	BRONCHOSCOPY (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD	No Auth Required		Authorization released 2/24/2018
31643	BRONCHOSCOPY (RIGID OR FLEXIBLE); WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT	No Auth Required		Authorization released 2/24/2018
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of	No Auth Required		Authorization released 2/24/2018
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of	No Auth Required		Authorization released 2/24/2018
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH	No Auth Required		Authorization released 2/24/2018

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31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRAN	No Auth Required		Authorization released 2/24/2018
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH	No Auth Required		Authorization released 2/24/2018
31660	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH	No Auth Required		Authorization released 2/24/2018
31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH	No Auth Required		Authorization released 2/24/2018
31750	TRACHEOPLASTY; CERVICAL		2/24/2018	
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE		2/24/2018	
31760	TRACHEOPLASTY; INTRATHORACIC		2/24/2018	
31766	CARINAL RECONSTRUCTION		2/24/2018	
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI		2/24/2018	
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed		1/1/2021	
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	No Auth Required		Authorization released 2/24/2018
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL	No Auth Required		Authorization released 2/24/2018
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)	No Auth Required		Authorization released 2/24/2018
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	No Auth Required		Authorization released 2/24/2018
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	No Auth Required		Authorization released 2/24/2018
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	No Auth Required		Authorization released 2/24/2018
32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	No Auth Required		Authorization released 2/24/2018
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY (SRS/SBRT), (PHOTON OR	No Auth Required		Authorization released 10/1/2023
32850	DONOR PNEUMONECTOMY(S) (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR		2/24/2018	
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS		2/24/2018	
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS		2/24/2018	
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS		2/24/2018	
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS		2/24/2018	
32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION,		2/24/2018	
32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION,		2/24/2018	
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA		2/24/2018	
33206	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL		2/24/2018	
33207	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR		2/24/2018	
33208	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND		2/24/2018	
33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHAMBER, ATRIAL OR	No Auth Required		Authorization released 2/24/2018
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	No Auth Required		Authorization released 2/24/2018
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER		2/24/2018	
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS		2/24/2018	
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously	No Auth Required		Authorization released 2/24/2018
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of	No Auth Required		Authorization released 2/24/2018
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE	No Auth Required		Authorization released 2/24/2018
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE	No Auth Required		Authorization released 2/24/2018
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE	No Auth Required		Authorization released 2/24/2018
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads		2/24/2018	
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads		2/24/2018	
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead		2/24/2018	

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33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber		2/24/2018	
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-		2/24/2018	
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-		2/24/2018	
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE)		2/24/2018	
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITHOUT		2/24/2018	
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITH		2/24/2018	
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	No Auth Required		Authorization released 2/24/2018
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	No Auth Required		Authorization released 2/24/2018
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS		2/24/2018	
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse		2/24/2018	
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse		2/24/2018	
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse		2/24/2018	
33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD		5/1/2022	
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD		5/1/2022	
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH		5/1/2022	
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging		2/6/2019	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular		2/6/2019	
33276	INSERTION PHRENIC NERVE STIMULATOR SYSTEM			
33277	INSJ PHRENIC NRV STIMULATOR TRANSVNS SENSING LD			
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming		1/1/2019	
33288	RMVL&RPLCMT PHRNC NRV STIM TRNSVNS STIMJ/SNSG LD			
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic		1/1/2019	
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE	No Auth Required		Authorization released 2/24/2018
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including		1/1/2021	
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish		1/1/2021	
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish		1/1/2021	
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy		2/24/2018	
33928	Removal and replacement of total replacement heart system (artificial heart)		2/24/2018	
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in		2/24/2018	
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)		2/24/2018	
33933	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO		2/24/2018	
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY		2/24/2018	
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)		2/24/2018	
33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANTATION,		2/24/2018	
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY		2/24/2018	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right		1/1/2021	
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session		1/1/2021	
33999	UNLISTED PROCEDURE, CARDIAC SURGERY		2/24/2018	
36140	Introduction of needle or intracatheter, upper or lower extremity artery	No Auth Required		Authorization released 2/24/2018
36208	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL),	No Auth Required		Authorization released 2/24/2018
36209	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	No Auth Required		Authorization released 2/24/2018

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36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMI	No Auth Required		Authorization released 2/24/2018
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC	No Auth Required		Authorization released 2/24/2018
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR	No Auth Required		Authorization released 2/24/2018
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND	No Auth Required		Authorization released 2/24/2018
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH,		2/24/2018	
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH,		2/24/2018	
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE		2/24/2018	
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH ANGIOGRAPHY		2/24/2018	
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL		2/24/2018	
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE		2/24/2018	
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL		2/24/2018	
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER		2/24/2018	
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER		2/24/2018	
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL,		2/24/2018	
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND		2/24/2018	
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER),MAIN RENAL ARTERY AND ANY ACCESSORY RENAL		2/24/2018	
36252	SELECTIVE CATHETER PLACEMENT(FIRST-ORDER),MAIN RENAL ARTERY AND ANY ACCESSORY RENAL		2/24/2018	
36299	UNLISTED PROCEDURE, VASCULAR INJECTION		2/24/2018	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of		2/24/2018	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of		2/24/2018	
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk		2/24/2018	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)		2/24/2018	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg		2/24/2018	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,		2/24/2018	
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,		2/24/2018	
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE		2/24/2018	
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE		2/24/2018	
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE		2/24/2018	
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE		2/24/2018	
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD		2/24/2018	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive		2/24/2018	
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive		2/24/2018	
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING		2/24/2018	
36522	PHOTOPHERESIS, EXTRACORPOREAL		2/24/2018	
36836	PERQ AV FISTULA CREATION UXTR SINGLE ACCESS		4/1/2023	
36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES		4/1/2023	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including	No Auth Required		Authorization released 2/24/2018
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including	No Auth Required		Authorization released 2/24/2018
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by	No Auth Required		Authorization released 2/24/2018
37220	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL;		2/24/2018	
37221	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL;		2/24/2018	

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37222	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL A		2/24/2018	
37223	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL		2/24/2018	
37224	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S),		2/24/2018	
37225	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S),		2/24/2018	
37226	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S),		2/24/2018	
37227	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S),		2/24/2018	
37228	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL,		2/24/2018	
37229	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL,		2/24/2018	
37230	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL,		2/24/2018	
37231	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL,		2/24/2018	
37232	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL,		2/24/2018	
37233	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL,		2/24/2018	
37234	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL,		2/24/2018	
37235	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL,		2/24/2018	
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CERVICAL		2/24/2018	
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CERVICAL		2/24/2018	
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING		2/24/2018	
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING		2/24/2018	
37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND		2/24/2018	
37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND		2/24/2018	
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND		2/24/2018	
37244	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND		2/24/2018	
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary,		2/24/2018	
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary,		2/24/2018	
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and		2/24/2018	
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and		2/24/2018	
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)		2/24/2018	
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE		2/24/2018	
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL		2/24/2018	
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN		2/24/2018	
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION		2/24/2018	
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL	No Auth Required		Authorization released 2/24/2018
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT, OPEN		2/24/2018	
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN		2/24/2018	
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS		2/24/2018	
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS		2/24/2018	
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE		2/24/2018	
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG		2/24/2018	
37799	UNLISTED PROCEDURE, VASCULAR SURGERY		2/24/2018	
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN		2/24/2018	
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION		2/24/2018	

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38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENIC		2/24/2018	
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION;		2/24/2018	
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE		2/24/2018	
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY FROZEN		2/24/2018	
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY FROZEN		2/24/2018	
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL DEPLETION WITHIN		2/24/2018	
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION		2/24/2018	
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL		2/24/2018	
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION		2/24/2018	
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME) DEPLETION		2/24/2018	
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA,		2/24/2018	
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION		2/24/2018	
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS		2/24/2018	
38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC		2/24/2018	
38241	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; AUTOLOGOUS		2/24/2018	
38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DONOR		2/24/2018	
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST		2/24/2018	
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM		2/24/2018	
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM		2/24/2018	
39220	EXCISION OF MEDIASTINAL TUMOR		2/24/2018	
39499	UNLISTED PROCEDURE, MEDIASTINUM		2/24/2018	
39599	UNLISTED PROCEDURE, DIAPHRAGM		2/24/2018	
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION		2/24/2018	
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL		2/24/2018	
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE	No Auth Required		Authorization released 2/24/2018
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES	No Auth Required		Authorization released 2/24/2018
40799	UNLISTED PROCEDURE, LIPS		2/24/2018	
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH		2/24/2018	
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)		2/24/2018	
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	No Auth Required		Authorization released 2/24/2018
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE		2/24/2018	
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)		2/24/2018	
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH		2/24/2018	
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES		2/24/2018	
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)		2/24/2018	
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY		2/24/2018	
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY		2/24/2018	
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR		2/24/2018	
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION		2/24/2018	
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE		2/24/2018	
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP		2/24/2018	

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42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP		2/24/2018	
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP		2/24/2018	
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP		2/24/2018	
42299	UNLISTED PROCEDURE, PALATE, UVULA		2/24/2018	
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS		2/24/2018	
42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12		2/24/2018	
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER		2/24/2018	
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; YOUNGER THAN AGE 12		2/24/2018	
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER		2/24/2018	
42830	ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12		2/24/2018	
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER		2/24/2018	
42835	ADENOIDECTOMY, SECONDARY; YOUNGER THAN AGE 12		2/24/2018	
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER		2/24/2018	
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE		2/24/2018	
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL		2/24/2018	
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH OTHER		2/24/2018	
42975	DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX		5/1/2022	
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS		2/24/2018	
43233	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON		2/24/2018	
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43237	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43238	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)		2/24/2018	
43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot		2/24/2018	
43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43252	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43253	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED		2/24/2018	
43254	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION		2/24/2018	
43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM		2/24/2018	

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43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING O		2/24/2018	
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE		2/24/2018	
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY		2/24/2018	
43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE MEASUREMENT OF		2/24/2018	
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE		2/24/2018	
43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE		2/24/2018	
43266	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT		2/24/2018	
43273	ENDOSCOPIC CANNULATION PAPILLA VIS BILE &/ PNCRTC DUX ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT		2/24/2018	
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PLACEMENT OF ENDOSCOPIC STENT		2/24/2018	
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH REMOVAL OF FOREIGN BODY(S) OR		2/24/2018	
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH REMOVAL AND EXCHANGE OF		2/24/2018	
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH TRANS-ENDOSCOPIC BALLOON		2/24/2018	
43279	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY		2/24/2018	
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)		2/24/2018	
43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN		2/24/2018	
43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN		2/24/2018	
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE		2/24/2018	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation		2/24/2018	
43285	Removal of esophageal sphincter augmentation device		2/24/2018	
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS		2/24/2018	
43290	EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO		4/1/2023	
43291	EGD FLX TRNSORL W/RMVL NTRGSTR BARIATRIC BALO		4/1/2023	
43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT	No Auth Required		Authorization released 2/24/2018
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES		2/24/2018	
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE		2/24/2018	
43497	TRANSORAL LOWER ESOPHAGEAL MYOTOMY		5/1/2022	
43499	UNLISTED PROCEDURE, ESOPHAGUS		2/24/2018	
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)		2/24/2018	
43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY		2/24/2018	
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION		2/24/2018	
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE		2/24/2018	
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY		2/24/2018	
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION		2/24/2018	
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH		2/24/2018	
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO		2/24/2018	
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTIVE		2/24/2018	
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL (HIGHLY SELECTIVE)		2/24/2018	
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y		2/24/2018	
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE		2/24/2018	
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES,		2/24/2018	
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM		2/24/2018	

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43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL		2/24/2018	
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE		2/24/2018	
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM		2/24/2018	
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH		2/24/2018	
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC		2/24/2018	
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE		2/24/2018	
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE		2/24/2018	
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE		2/24/2018	
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE		2/24/2018	
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE		2/24/2018	
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY		2/24/2018	
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED		2/24/2018	
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-		2/24/2018	
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY		2/24/2018	
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM		2/24/2018	
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL INTESTINE		2/24/2018	
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE		2/24/2018	
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR	No Auth Required		Authorization released 2/24/2018
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR	No Auth Required		Authorization released 2/24/2018
43870	CLOSURE OF GASTROSTOMY, SURGICAL		2/24/2018	
43880	CLOSURE OF GASTROCOLIC FISTULA	No Auth Required		Authorization released 2/24/2018
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	No Auth Required		Authorization released 2/24/2018
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN		2/24/2018	
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY		2/24/2018	
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY		2/24/2018	
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT		2/24/2018	
43999	UNLISTED PROCEDURE, STOMACH		2/24/2018	
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)		2/24/2018	
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST		2/24/2018	
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY		2/24/2018	
44132	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; FROM CADAVER DONOR		2/24/2018	
44133	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; PARTIAL, FROM LIVING DONOR		2/24/2018	
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR		2/24/2018	
44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR		2/24/2018	
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE		2/24/2018	
44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA		2/24/2018	
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	No Auth Required		Authorization released 2/24/2018
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	No Auth Required		Authorization released 2/24/2018
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOSTOMY		2/24/2018	
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY		2/24/2018	
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY		2/24/2018	

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44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	No Auth Required		Authorization released 2/24/2018
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)		2/24/2018	
44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO		2/24/2018	
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO		2/24/2018	
44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO		2/24/2018	
44799	Unlisted procedure, small intestine		2/24/2018	
44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY		2/24/2018	
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY		2/24/2018	
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX		2/24/2018	
45399	Unlisted procedure, colon		2/24/2018	
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM		2/24/2018	
45999	UNLISTED PROCEDURE, RECTUM		2/24/2018	
46999	UNLISTED PROCEDURE, ANUS		2/24/2018	
47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR		2/24/2018	
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY		2/24/2018	
47140	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LEFT LATERAL SEGMENT		2/24/2018	
47141	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL LEFT LOBECTOMY		2/24/2018	
47142	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY		2/24/2018	
47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO		2/24/2018	
47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO		2/24/2018	
47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO		2/24/2018	
47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO		2/24/2018	
47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO		2/24/2018	
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER		2/24/2018	
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY		2/24/2018	
47399	UNLISTED PROCEDURE, LIVER		2/24/2018	
47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY		2/24/2018	
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF		2/24/2018	
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY		2/24/2018	
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY		2/24/2018	
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT		2/24/2018	
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY		2/24/2018	
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT		2/24/2018	
47600	CHOLECYSTECTOMY;		2/24/2018	
47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY		2/24/2018	
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;		2/24/2018	
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY		2/24/2018	
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR		2/24/2018	
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT		2/24/2018	
47999	UNLISTED PROCEDURE, BILIARY TRACT		2/24/2018	
48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEGMENT FOR		2/24/2018	

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48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOG		2/24/2018	
48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION,		2/24/2018	
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT		2/24/2018	
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT		2/24/2018	
48999	UNLISTED PROCEDURE, PANCREAS		2/24/2018	
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)		2/24/2018	
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM		2/24/2018	
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (YOUNGER THAN 37 WEEKS GESTATION AT BIRTH),		2/24/2018	
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (YOUNGER THAN 37 WEEKS GESTATION AT BIRTH),		2/24/2018	
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT YOUNGER THAN AGE 6 MONTHS, OR PRETERM INFANT		2/24/2018	
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT YOUNGER THAN AGE 6 MONTHS, OR PRETERM INFANT		2/24/2018	
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO YOUNGER THAN 5 YEARS, WITH OR WITHOUT		2/24/2018	
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO YOUNGER THAN 5 YEARS, WITH OR WITHOUT		2/24/2018	
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE		2/24/2018	
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; INCARCERATED OR STRANGULATED		2/24/2018	
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE		2/24/2018	
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED		2/24/2018	
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE		2/24/2018	
49540	REPAIR LUMBAR HERNIA		2/24/2018	
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE		2/24/2018	
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED		2/24/2018	
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE		2/24/2018	
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED		2/24/2018	
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED		2/24/2018	
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE		2/24/2018	
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED		2/24/2018	
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)		2/24/2018	
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED		2/24/2018	
49580	REPAIR UMBILICAL HERNIA, YOUNGER THAN AGE 5 YEARS; REDUCIBLE		2/24/2018	
49582	REPAIR UMBILICAL HERNIA, YOUNGER THAN AGE 5 YEARS; INCARCERATED OR STRANGULATED		2/24/2018	
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE		2/24/2018	
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; INCARCERATED OR STRANGULATED		2/24/2018	
49590	REPAIR SPIGELIAN HERNIA		2/24/2018	
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA		2/24/2018	
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA		2/24/2018	
49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL,		2/24/2018	
49653	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATEDLAPAROSCOPY, SURGICAL, REPAIR, VENTRAL,		2/24/2018	
49654	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA		2/24/2018	
49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA		2/24/2018	
49656	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT		2/24/2018	
49657	LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATEDLAPAROSCOPY, SURGICAL, REPAIR, RECURRENT		2/24/2018	

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49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY		2/24/2018	
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM		2/24/2018	
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE		2/24/2018	
50045	NEPHROTOMY, WITH EXPLORATION		2/24/2018	
50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS		2/24/2018	
50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS		2/24/2018	
50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY		2/24/2018	
50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES		2/24/2018	
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,		2/24/2018	
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,		2/24/2018	
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION;		2/24/2018	
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION;		2/24/2018	
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION;		2/24/2018	
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION		2/24/2018	
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION		2/24/2018	
50240	NEPHRECTOMY, PARTIAL		2/24/2018	
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL OR		2/24/2018	
50320	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DONOR		2/24/2018	
50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION,	No Auth Required		Authorization released 2/24/2018
50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) PRIOR		2/24/2018	
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO		2/24/2018	
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO		2/24/2018	
50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO		2/24/2018	
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)		2/24/2018	
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY		2/24/2018	
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY		2/24/2018	
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT		2/24/2018	
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY		2/24/2018	
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC		2/24/2018	
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC		2/24/2018	
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY		2/24/2018	
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY		2/24/2018	
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND		2/24/2018	
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY		2/24/2018	
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR		2/24/2018	
50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY		2/24/2018	
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL		2/24/2018	
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE		2/24/2018	
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY		2/24/2018	
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY		2/24/2018	
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER		2/24/2018	

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51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	No Auth Required		Authorization released 2/24/2018
51840	ANTERIOR VESICourethropeXY, OR UREthropeXY (EG, MARSHALL-MARCHETTI-KRANTZ, BURCH); SIMPLE	No Auth Required		Authorization released 2/24/2018
51841	ANTERIOR VESICourethropeXY, OR UREthropeXY (EG, MARSHALL-MARCHETTI-KRANTZ, BURCH);	No Auth Required		Authorization released 2/24/2018
51990	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	No Auth Required		Authorization released 2/24/2018
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)		2/24/2018	
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER		2/24/2018	
52005	CYSTourethroscopy, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR		2/24/2018	
52007	CYSTourethroscopy, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR		2/24/2018	
52010	CYSTourethroscopy, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION,		2/24/2018	
52204	CYSTourethroscopy, WITH BIOPSY(S)		2/24/2018	
52224	CYSTourethroscopy, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT		2/24/2018	
52234	CYSTourethroscopy, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR		2/24/2018	
52235	CYSTourethroscopy, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR		2/24/2018	
52240	CYSTourethroscopy, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR		2/24/2018	
52250	CYSTourethroscopy WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR		2/24/2018	
52260	CYSTourethroscopy, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION		2/24/2018	
52270	CYSTourethroscopy, WITH INTERNAL URETHROTOMY; FEMALE		2/24/2018	
52276	CYSTourethroscopy WITH DIRECT VISION INTERNAL URETHROTOMY		2/24/2018	
52277	CYSTourethroscopy, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)		2/24/2018	
52282	CYSTourethroscopy, WITH INSERTION OF URETHRAL STENT		2/24/2018	
52283	CYSTourethroscopy, WITH STEROID INJECTION INTO STRICTURE		2/24/2018	
52287	CYSTourethroscopy, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER		2/24/2018	
52290	CYSTourethroscopy; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL		2/24/2018	
52300	CYSTourethroscopy; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR		2/24/2018	
52301	CYSTourethroscopy; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR		2/24/2018	
52305	CYSTourethroscopy; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR		2/24/2018	
52320	CYSTourethroscopy (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS		2/24/2018	
52327	CYSTourethroscopy (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTION OF IMPLANT		2/24/2018	
52330	CYSTourethroscopy (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL		2/24/2018	
52332	CYSTourethroscopy, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)		2/24/2018	
52334	CYSTourethroscopy WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A		2/24/2018	
52341	CYSTourethroscopy; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, LASER,		2/24/2018	
52342	CYSTourethroscopy; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION,		2/24/2018	
52343	CYSTourethroscopy; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER,		2/24/2018	
52344	CYSTourethroscopy WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON		2/24/2018	
52345	CYSTourethroscopy WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG,		2/24/2018	
52346	CYSTourethroscopy WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON		2/24/2018	
52351	CYSTourethroscopy, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC		2/24/2018	
52352	CYSTourethroscopy, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OF		2/24/2018	
52353	CYSTourethroscopy, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETERAL		2/24/2018	
52354	CYSTourethroscopy, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGURATION OF		2/24/2018	

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52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF URETERAL OR RENAL PELVIC TUMOR		2/24/2018	
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION		2/24/2018	
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL		2/24/2018	
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS		2/24/2018	
52450	TRANSURETHRAL INCISION OF PROSTATE		2/24/2018	
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)		2/24/2018	
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE		2/24/2018	
52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR		2/24/2018	
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE		2/24/2018	
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE		2/24/2018	
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE		2/24/2018	
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE		2/24/2018	
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS		2/24/2018	
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)	No Auth Required		Authorization released 2/24/2018
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)	No Auth Required		Authorization released 2/24/2018
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	No Auth Required		Authorization released 2/24/2018
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP,		2/24/2018	
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF	No Auth Required		Authorization released 2/24/2018
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP,	No Auth Required		Authorization released 2/24/2018
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP,	No Auth Required		Authorization released 2/24/2018
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY		2/24/2018	
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY		2/24/2018	
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy		1/1/2019	
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT		2/24/2018	
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL		2/24/2018	
53899	UNLISTED PROCEDURE, URINARY SYSTEM		2/24/2018	
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO		2/24/2018	
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND		2/24/2018	
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR		2/24/2018	
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION		2/24/2018	
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE		2/24/2018	
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGLULATION		2/24/2018	
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;		2/24/2018	
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE		2/24/2018	
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH EXSTROPHY OF BLADDER		2/24/2018	
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)		2/24/2018	
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)		2/24/2018	
54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP,		2/24/2018	
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS		2/24/2018	
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE		2/24/2018	
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS		2/24/2018	

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54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE SAME OPERAT		2/24/2018	
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE		2/24/2018	
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR		2/24/2018	
54522	ORCHIECTOMY, PARTIAL		2/24/2018	
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH		2/24/2018	
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)		2/24/2018	
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR		2/24/2018	
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)		2/24/2018	
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)		2/24/2018	
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY		2/24/2018	
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS		2/24/2018	
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS		2/24/2018	
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)		2/24/2018	
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD		2/24/2018	
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL	No Auth Required		Authorization released 2/24/2018
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING		2/24/2018	
55867	LAPS SURG PRST&ECT SMPL STOT ROBOTIC ASSISTANCE		4/1/2023	
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including		2/24/2018	
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including		1/1/2021	
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM		2/24/2018	
55970	INTERSEX SURGERY; MALE TO FEMALE		2/24/2018	
55980	INTERSEX SURGERY; FEMALE TO MALE		2/24/2018	
56620	VULVECTOMY SIMPLE; PARTIAL		2/24/2018	
56625	VULVECTOMY SIMPLE; COMPLETE		2/24/2018	
56630	VULVECTOMY, RADICAL, PARTIAL;		2/24/2018	
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY		2/24/2018	
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY		2/24/2018	
56633	VULVECTOMY, RADICAL, COMPLETE;		2/24/2018	
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY		2/24/2018	
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY		2/24/2018	
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPHADENECTOMY		2/24/2018	
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING		2/24/2018	
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	No Auth Required		Authorization released 2/24/2018
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PPLICATION)		2/24/2018	
57230	PLASTIC REPAIR OF URETHROCELE		2/24/2018	
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy,		2/24/2018	
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY		2/24/2018	
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed		2/24/2018	
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair		2/24/2018	
57280	COLPOPEXY, ABDOMINAL APPROACH	No Auth Required		Authorization released 2/24/2018
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	No Auth Required		Authorization released 2/24/2018

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57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	No Auth Required		Authorization released 2/24/2018
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)		2/24/2018	
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)		2/24/2018	
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	No Auth Required		Authorization released 2/24/2018
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT		2/24/2018	
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT		2/24/2018	
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; VAGINAL APPROACH		2/24/2018	
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH		2/24/2018	
57335	VAGINOPLASTY FOR INTERSEX STATE		2/24/2018	
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)		2/24/2018	
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH		2/24/2018	
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and		1/1/2021	
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL	No Auth Required		Authorization released 2/24/2018
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR	No Auth Required		Authorization released 2/24/2018
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR		2/24/2018	
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR		2/24/2018	
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF		2/24/2018	
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC		2/24/2018	
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC		2/24/2018	
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTERECTOMY OR		2/24/2018	
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;		2/24/2018	
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)		2/24/2018	
58263	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH		2/24/2018	
58267	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-		2/24/2018	
58270	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REPAIR OF ENTEROCELE		2/24/2018	
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;		2/24/2018	
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR OF ENTEROCELE		2/24/2018	
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)		2/24/2018	
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;		2/24/2018	
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)		2/24/2018	
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S),		2/24/2018	
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REPAIR OF ENTEROCELE		2/24/2018	
58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL		2/24/2018	
58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE		2/24/2018	
58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION		2/24/2018	
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION		2/24/2018	
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING		2/24/2018	
58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS		2/24/2018	
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE		2/24/2018	
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;		2/24/2018	
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF		2/24/2018	

(**)For vision providers, Professional services reviewed by Avesis; Institutional services processed by WellCare; authorization required for all other providers

58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;		2/24/2018	
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH		2/24/2018	
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF		2/24/2018	
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR		2/24/2018	
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY		2/24/2018	
58550	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;		2/24/2018	
58552	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF		2/24/2018	
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;		2/24/2018	
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL		2/24/2018	
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR	No Auth Required		Authorization released 2/24/2018
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	No Auth Required		Authorization released 2/24/2018
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)	No Auth Required		Authorization released 2/24/2018
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	No Auth Required		Authorization released 2/24/2018
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	No Auth Required		Authorization released 2/24/2018
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, ELECTROSURGICAL	No Auth Required		Authorization released 2/24/2018
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;		2/24/2018	
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF		2/24/2018	
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;		2/24/2018	
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL		2/24/2018	
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy		2/24/2018	
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS		2/24/2018	
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS		2/24/2018	
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)		2/24/2018	
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY		2/24/2018	
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR		2/24/2018	
58670	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	No Auth Required		Authorization released 2/24/2018
58671	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF	No Auth Required		Authorization released 2/24/2018
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY		2/24/2018	
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)		2/24/2018	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring,		2/24/2018	
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY		2/24/2018	
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)		2/24/2018	
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)		2/24/2018	
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	No Auth Required		Authorization released 2/24/2018
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	No Auth Required		Authorization released 2/24/2018
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;		2/24/2018	
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL OR PRIMARY		2/24/2018	
58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-		2/24/2018	
58951	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-		2/24/2018	
58952	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-		2/24/2018	
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND		2/24/2018	

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58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING; WITH		2/24/2018	
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR		2/24/2018	
58958	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE		2/24/2018	
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL, OR PRIMARY PERITONEAL MALIGNANCY		2/24/2018	
58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD		2/24/2018	
58974	EMBRYO TRANSFER, INTRAUTERINE		2/24/2018	
58976	GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD		2/24/2018	
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)		2/24/2018	
59020	FETAL CONTRACTION STRESS TEST	No Auth Required		Authorization released 2/24/2018
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)		2/24/2018	
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE		2/24/2018	
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY		2/24/2018	
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	No Auth Required		Authorization released 2/24/2018
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	No Auth Required		Authorization released 2/24/2018
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING		2/24/2018	
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY		2/24/2018	
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING		2/24/2018	
60240	THYROIDECTOMY, TOTAL OR COMPLETE		2/24/2018	
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION		2/24/2018	
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION		2/24/2018	
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS REMOVAL OF A		2/24/2018	
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR TRANSTHORACIC APPROACH		2/24/2018	
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH		2/24/2018	
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);		2/24/2018	
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		2/24/2018	
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL		2/24/2018	
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM		2/24/2018	
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM		2/24/2018	
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF	No Auth Required		Authorization released 2/24/2018
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	No Auth Required		Authorization released 2/24/2018
61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	No Auth Required		Authorization released 2/24/2018
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL,	No Auth Required		Authorization released 2/24/2018
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY,		2/24/2018	
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY,		2/24/2018	
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL		2/24/2018	
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL		2/24/2018	
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORBITAL RIDGE		2/24/2018	
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORBITAL RIDGE		2/24/2018	
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA WITH		2/24/2018	
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPACE,		2/24/2018	
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY MEATUS,		2/24/2018	

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61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND CAROTID ARTERY, CLIVUS, BASILAR ARTERY OR PE		2/24/2018	
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE,		2/24/2018	
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE,		2/24/2018	
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE		2/24/2018	
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INCLUDING		2/24/2018	
61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE	No Auth Required		Authorization released 2/24/2018
61630	BALLOON ANGIOPLASTY, INTRACRANIAL (EG, ATHEROSCLEROTIC STENOSIS), PERCUTANEOUS	No Auth Required		Authorization released 2/24/2018
61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG, ATHEROSCLEROTIC STENOSIS),	No Auth Required		Authorization released 2/24/2018
61640	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VESSEL	No Auth Required		Authorization released 2/24/2018
61641	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME	No Auth Required		Authorization released 2/24/2018
61642	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN	No Auth Required		Authorization released 2/24/2018
61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR	No Auth Required		Authorization released 2/24/2018
61650	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN	No Auth Required		Authorization released 2/24/2018
61651	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN	No Auth Required		Authorization released 2/24/2018
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING	No Auth Required		Authorization released 2/24/2018
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING	No Auth Required		Authorization released 2/24/2018
61736	LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION		5/1/2022	
61737	LITT LES ICR MLT TRAJECTORIES MLT/CPLX LESIONS		5/1/2022	
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL,		2/24/2018	
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL,		2/24/2018	
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES STEREOTACTIC RADIOSURGERY (PARTICLE BEAM,	No Auth Required		Authorization released 2/24/2018
61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE STEREOTACTIC RADIOSURGERY (PARTICLE BEAM,	No Auth Required		Authorization released 2/24/2018
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES STEREOTACTIC RADIOSURGERY (PARTICLE BEAM,	No Auth Required		Authorization released 2/24/2018
61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEXSTEREOTACTIC RADIOSURGERY (PARTICLE BEAM,	No Auth Required		Authorization released 2/24/2018
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF	No Auth Required		Authorization released 2/24/2018
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF	No Auth Required		Authorization released 2/24/2018
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF	No Auth Required		Authorization released 2/24/2018
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF	No Auth Required		Authorization released 2/24/2018
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	No Auth Required		Authorization released 2/24/2018
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR		2/24/2018	
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR		2/24/2018	
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER		2/24/2018	
61889	INSERTION SKULL-MNTD CRANIAL NSTIM PG/RECEIVER		4/1/2024	
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN		2/24/2018	
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONIC SALINE,		2/24/2018	
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONIC SALINE,		2/24/2018	
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR		2/24/2018	
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR		2/24/2018	
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR		2/24/2018	
62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL		2/24/2018	
62290	INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; LUMBAR		2/24/2018	

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62291	INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC		2/24/2018	
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISCOGRAPHY, INTERVERTEBRAL DISC, SINGLE		2/24/2018	
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other	Reviewed by NIA		NIA effective 3/1/2022
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other	Reviewed by NIA		NIA effective 3/1/2022
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other	Reviewed by NIA		NIA effective 3/1/2022
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other	Reviewed by NIA		NIA effective 3/1/2022
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or		2/24/2018	
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or		2/24/2018	
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or		2/24/2018	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or		2/24/2018	
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-	Reviewed by TurningPoint		TurningPoint effective 3/1/2022
62351	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-	Reviewed by TurningPoint		TurningPoint effective 3/1/2022
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	Reviewed by TurningPoint		TurningPoint effective 3/1/2022
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	Reviewed by TurningPoint		TurningPoint effective 3/1/2022
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	Reviewed by TurningPoint		TurningPoint effective 3/1/2022
62365	INFUSION	No Auth Required		Authorization released 2/4/2024
62367	INFUSION (INCLUDES EVALUATION OF RESE	No Auth Required		Authorization released 2/4/2024
62368	INFUSION (INCLUDES EVALUATION OF RESE	No Auth Required		Authorization released 2/4/2024
62369	INFUSION (INCLUDES EVALUATION OF RESERVOIR ST	No Auth Required		Authorization released 2/4/2024
62370	INFUSION (INCLUDES EVALUATION OF RESERVOIR ST	No Auth Required		Authorization released 2/4/2024
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Reviewed by NIA		NIA effective 2/1/2024
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Reviewed by NIA		NIA effective 2/1/2024

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63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG,	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) (EG, HERNIATED	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) (EG, HERNIATED	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63075	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63076	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63077	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63078	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL		2/24/2018	
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL		2/24/2018	
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE		2/24/2018	
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE		2/24/2018	
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR		2/24/2018	
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER		2/24/2018	
63710	DURAL GRAFT, SPINAL		2/24/2018	
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INCLUDING		2/24/2018	
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTANEOUS, NOT		2/24/2018	
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT		2/24/2018	
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT		2/24/2018	
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE		2/24/2018	
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE		2/24/2018	
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		7/1/2025	
64466	THORACIC FASCIAL PLANE BLOCK UNI INJECTION		4/1/2025	
64467	THORACIC FASCIAL PLANE BLOCK UNI CONT INFUSION		4/1/2025	
64468	THORACIC FASCIAL PLANE BLOCK BI INJECTION		4/1/2025	
64469	THORACIC FASCIAL PLANE BLOCK BI CONT INFUSION		4/1/2025	
64473	LOWER XTR FASCIAL PLANE BLOCK UNI INJECTION		4/1/2025	
64474	LOWER XTR FASCIAL PLANE BLOCK UNI CONT INFUSION		4/1/2025	

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64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	Reviewed by NIA		NIA effective 3/1/2022
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or	No authorization required		Authorization released 7/1/2021
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or	Reviewed by NIA		NIA effective 3/1/2022
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or	No authorization required		Authorization released 7/1/2021
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	Reviewed by NIA		NIA effective 3/1/2022
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	No authorization required		Authorization released 7/1/2021
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	No authorization required		Authorization released 7/1/2021
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	Reviewed by NIA		NIA effective 3/1/2022
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	No authorization required		Authorization released 7/1/2021
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	No authorization required		Authorization released 7/1/2021
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)		2/24/2018	
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)		2/24/2018	
64550	Application of surface (transcutaneous) neurostimulator (eg, TENS unit)	No Auth Required		Authorization released 2/24/2018
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE		2/24/2018	
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE (EXCLUDES SACRAL		2/24/2018	
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL		2/24/2018	
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY		2/24/2018	
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY,		2/24/2018	
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE		2/24/2018	
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE (EXCLUDES SACRAL		2/24/2018	
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR		2/24/2018	
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL		2/24/2018	
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG AND RESPIR SENSOR		5/1/2022	
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES		2/24/2018	
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR		2/24/2018	
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER		2/24/2018	
64596	INSJ/RPLCMT PERQ ELTRD RA PN W/INT NSTIM 1ST RA			
64597	INSJ/RPLCMT PERQ ELTRD RA PN INT NSTIM EA ADD RA			
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed		7/1/2021	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or		7/1/2021	
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC		5/1/2022	
64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC		5/1/2022	
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE	Reviewed by NIA		NIA effective 3/1/2022
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE	No authorization required		Authorization released 7/1/2021
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE	Reviewed by NIA		NIA effective 3/1/2022
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE	No authorization required		Authorization released 7/1/2021
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT		2/24/2018	
64704	NEUROPLASTY; NERVE OF HAND OR FOOT		2/24/2018	
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE		2/24/2018	
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS		2/24/2018	
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS		2/24/2018	

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64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	No Auth Required		Authorization released 2/24/2018
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW		2/24/2018	
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST		2/24/2018	
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL		2/24/2018	
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE		2/24/2018	
64822	SYMPATHECTOMY; ULNAR ARTERY		2/24/2018	
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE		2/24/2018	
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE		2/24/2018	
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR		2/24/2018	
64836	SUTURE OF ONE NERVE; ULNAR MOTOR		2/24/2018	
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM		2/24/2018	
64905	NERVE PEDICLE TRANSFER; FIRST STAGE		2/24/2018	
64907	NERVE PEDICLE TRANSFER; SECOND STAGE		2/24/2018	
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE		2/24/2018	
64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH NERVE		2/24/2018	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)		2/24/2018	
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary		2/24/2018	
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM		2/24/2018	
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	**	2/24/2018	
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	**	2/24/2018	
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	**	2/24/2018	
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	**	2/24/2018	
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	**	2/24/2018	
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; ONLY	**	2/24/2018	
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH	**	2/24/2018	
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH MUSCLE	**	2/24/2018	
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLING RECEPTACLE	**	2/24/2018	
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	**	2/24/2018	
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT	**	2/24/2018	
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT	**	2/24/2018	
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	**	2/24/2018	
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR	**	2/24/2018	
65175	REMOVAL OF OCULAR IMPLANT	**	2/24/2018	
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	**	2/24/2018	
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS),	**	2/24/2018	
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	**	2/24/2018	
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	**	2/24/2018	
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	**	2/24/2018	
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR	**	2/24/2018	
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	**	2/24/2018	
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT	**	2/24/2018	

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65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION	**	2/24/2018
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITH HOSPITALIZATION	**	2/24/2018
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY	**	2/24/2018
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE	**	2/24/2018
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL	**	2/24/2018
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	**	2/24/2018
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE	**	2/24/2018
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	**	2/24/2018
65410	BIOPSY OF CORNEA	**	2/24/2018
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	**	2/24/2018
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	**	2/24/2018
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	**	2/24/2018
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	**	2/24/2018
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	**	2/24/2018
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	**	2/24/2018
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	**	2/24/2018
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR		2/24/2018
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)		2/24/2018
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)		2/24/2018
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)		2/24/2018
65756	KERATOPLASTY ENDOTHELIAL KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL		2/24/2018
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION (LIST		2/24/2018
65760	KERATOMILEUSIS	**	2/24/2018
65765	KERATOPHAKIA	**	2/24/2018
65767	EPIKERATOPLASTY	**	2/24/2018
65770	KERATOPROSTHESIS	**	2/24/2018
65771	RADIAL KERATOTOMY	**	2/24/2018
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	**	2/24/2018
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	**	2/24/2018
65779	PLACEMENT OF A1IOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE LAYER,	**	2/24/2018
65780	OCULAR SURFACE RECONSTRUCTION; A1IOTIC MEMBRANE TRANSPLANTATION	**	2/24/2018
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR LIVING DONOR)	**	2/24/2018
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)	**	2/24/2018
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF	**	2/24/2018
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR	**	2/24/2018
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR	**	2/24/2018
65820	GONIOTOMY	**	2/24/2018
65850	TRABECULOTOMY AB EXTERNO	**	2/24/2018
65855	Trabeculoplasty by laser surgery	**	2/24/2018
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	**	2/24/2018
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION	**	2/24/2018

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65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE	**	2/24/2018
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION	**	2/24/2018
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION	**	2/24/2018
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	**	2/24/2018
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	**	2/24/2018
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	**	2/24/2018
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	**	2/24/2018
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	**	2/24/2018
66130	EXCISION OF LESION, SCLERA	**	2/24/2018
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	**	2/24/2018
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	**	2/24/2018
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY	**	2/24/2018
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS	**	2/24/2018
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS	**	2/24/2018
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT	**	2/24/2018
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STENT	**	2/24/2018
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	**	2/24/2018
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	**	2/24/2018
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR,	**	2/24/2018
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	**	2/24/2018
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	**	2/24/2018
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	**	2/24/2018
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR	**	2/24/2018
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	**	2/24/2018
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE	**	2/24/2018
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	**	2/24/2018
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	**	2/24/2018
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE	**	2/24/2018
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)	**	2/24/2018
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)	**	2/24/2018
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	**	2/24/2018
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION	**	2/24/2018
66700	CILIARY BODY DESTRUCTION; DIATHERMY	**	2/24/2018
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	**	2/24/2018
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	**	2/24/2018
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	**	2/24/2018
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	**	2/24/2018
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)	**	2/24/2018
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR	**	2/24/2018
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	**	2/24/2018
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR	**	2/24/2018

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66821	DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG,	**	2/24/2018
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)	**	2/24/2018
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR	**	2/24/2018
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	**	2/24/2018
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG,	**	2/24/2018
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	**	2/24/2018
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	**	2/24/2018
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	**	2/24/2018
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	**	2/24/2018
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE	**	2/24/2018
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE	**	2/24/2018
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE	**	2/24/2018
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT	**	2/24/2018
66986	EXCHANGE OF INTRAOCULAR LENS	**	2/24/2018
66989	XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+		5/1/2022
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	**	2/24/2018
66991	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+		5/1/2022
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	**	2/24/2018
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL	**	2/24/2018
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL	**	2/24/2018
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDDAL FLUID, PARS PLANA APPROACH (POSTERIOR	**	2/24/2018
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH (FLUID-GAS EXCHANGE), WITH OR	**	2/24/2018
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES	**	2/24/2018
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	**	2/24/2018
67030	DISCUSSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	**	2/24/2018
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER	**	2/24/2018
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	**	2/24/2018
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION	**	2/24/2018
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION	**	2/24/2018
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE	**	2/24/2018
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF	**	2/24/2018
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE (EG,	**	2/24/2018
67101	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, including drainage of subretinal	**	2/24/2018
67105	Repair of retinal detachment, 1 or more sessions; photocoagulation, including drainage of subretinal fluid, when	**	2/24/2018
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling	**	2/24/2018
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS	**	2/24/2018
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC RETINOPEXY)	**	2/24/2018
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE C-1 OR GREATER,	**	2/24/2018
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	**	2/24/2018
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	**	2/24/2018
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	**	2/24/2018

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67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; CRYOTH	**	2/24/2018
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE,	**	2/24/2018
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MORE SESSIONS;	**	2/24/2018
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MORE SESSIONS;	**	2/24/2018
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MORE SESSIONS;	**	2/24/2018
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDDAL NEOVASCULARIZATION);	**	2/24/2018
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDDAL NEOVASCULARIZATION); PHOTODYNAMIC	**	2/24/2018
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDDAL NEOVASCULARIZATION); PHOTODYNAMIC	**	2/24/2018
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	**	2/24/2018
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	**	2/24/2018
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM INFANT (LESS	**	2/24/2018
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	**	2/24/2018
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	**	2/24/2018
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	**	2/24/2018
67311	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	**	2/24/2018
67312	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES	**	2/24/2018
67314	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR	**	2/24/2018
67316	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE; TWO OR MORE VERTICAL MUSCLES	**	2/24/2018
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	**	2/24/2018
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)	**	2/24/2018
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE	**	2/24/2018
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY,	**	2/24/2018
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSIO	**	2/24/2018
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE	**	2/24/2018
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)	**	2/24/2018
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)	**	2/24/2018
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	**	2/24/2018
67346	BIOPSY OF EXTRAOCULAR MUSCLE	**	2/24/2018
67399	Unlisted procedure, extraocular muscle	**	2/24/2018
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH	**	2/24/2018
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY	**	2/24/2018
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF	**	2/24/2018
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF	**	2/24/2018
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF BONE	**	2/24/2018
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	**	2/24/2018
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION	**	2/24/2018
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF	**	2/24/2018
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH DRAINAGE	**	2/24/2018
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF BONE	**	2/24/2018
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR EXPLORATION, WITH	**	2/24/2018
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)	**	2/24/2018

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67505	RETROBULBAR INJECTION; ALCOHOL	**	2/24/2018	
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE	**	2/24/2018	
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	**	2/24/2018	
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	**	2/24/2018	
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	**	2/24/2018	
67599	UNLISTED PROCEDURE, ORBIT	**	2/24/2018	
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	**	2/24/2018	
67710	SEVERING OF TARSORRHAPHY	**	2/24/2018	
67715	CANTHOTOMY (SEPARATE PROCEDURE)	**	2/24/2018	
67800	EXCISION OF CHALAZION; SINGLE	**	2/24/2018	
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	**	2/24/2018	
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	**	2/24/2018	
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR	**	2/24/2018	
67810	BIOPSY OF EYELID	**	2/24/2018	
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	**	2/24/2018	
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY,	**	2/24/2018	
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	**	2/24/2018	
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT	**	2/24/2018	
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE	**	2/24/2018	
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	**	2/24/2018	
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	**	2/24/2018	
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	**	2/24/2018	
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH	**	2/24/2018	
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	**	2/24/2018	
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED	**	2/24/2018	
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES	**	2/24/2018	
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	**	2/24/2018	
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	**	2/24/2018	
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING	**	2/24/2018	
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-	**	2/24/2018	
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	**	2/24/2018	
67911	CORRECTION OF LID RETRACTION	**	2/24/2018	
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOLD WEIGHT)	**	2/24/2018	
67914	REPAIR OF ECTROPION; SUTURE	**	2/24/2018	
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	**	2/24/2018	
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	**	2/24/2018	
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	**	2/24/2018	
67921	REPAIR OF ENTROPION; SUTURE	**	2/24/2018	
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	**	2/24/2018	
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	**	2/24/2018	
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA REPAIRS OPERATION)	**	2/24/2018	

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67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; PARTIAL THICKNE	**	2/24/2018
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA	**	2/24/2018
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	**	2/24/2018
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	**	2/24/2018
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL	**	2/24/2018
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL	**	2/24/2018
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING	**	2/24/2018
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING	**	2/24/2018
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING	**	2/24/2018
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING	**	2/24/2018
67999	UNLISTED PROCEDURE, EYELIDS	**	2/24/2018
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	**	2/24/2018
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	**	2/24/2018
68100	BIOPSY OF CONJUNCTIVA	**	2/24/2018
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	**	2/24/2018
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	**	2/24/2018
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	**	2/24/2018
68135	DESTRUCTION OF LESION, CONJUNCTIVA	**	2/24/2018
68200	SUBCONJUNCTIVAL INJECTION	**	2/24/2018
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	**	2/24/2018
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	**	2/24/2018
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE	**	2/24/2018
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES	**	2/24/2018
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	**	2/24/2018
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES	**	2/24/2018
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR	**	2/24/2018
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	**	2/24/2018
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	**	2/24/2018
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	**	2/24/2018
68399	UNLISTED PROCEDURE, CONJUNCTIVA	**	2/24/2018
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	**	2/24/2018
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	**	2/24/2018
68440	SNIP INCISION OF LACRIMAL PUNCTUM	**	2/24/2018
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	**	2/24/2018
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	**	2/24/2018
68510	BIOPSY OF LACRIMAL GLAND	**	2/24/2018
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY)	**	2/24/2018
68525	BIOPSY OF LACRIMAL SAC	**	2/24/2018
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	**	2/24/2018
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	**	2/24/2018
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	**	2/24/2018

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68700	PLASTIC REPAIR OF CANALICULI	**	2/24/2018
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	**	2/24/2018
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	**	2/24/2018
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE	**	2/24/2018
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR	**	2/24/2018
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	**	2/24/2018
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	**	2/24/2018
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	**	2/24/2018
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	**	2/24/2018
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	**	2/24/2018
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA	**	2/24/2018
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT	**	2/24/2018
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON	**	2/24/2018
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	**	2/24/2018
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	**	2/24/2018
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	**	2/24/2018
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION		2/24/2018
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO INJURY,		2/24/2018
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE		2/24/2018
69399	UNLISTED PROCEDURE, EXTERNAL EAR		2/24/2018
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION		2/24/2018
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL		2/24/2018
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA		2/24/2018
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA		2/24/2018
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA		2/24/2018
69502	MASTOIDECTOMY; COMPLETE		2/24/2018
69505	MASTOIDECTOMY; MODIFIED RADICAL		2/24/2018
69511	MASTOIDECTOMY; RADICAL		2/24/2018
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY		2/24/2018
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY		2/24/2018
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY		2/24/2018
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY		2/24/2018
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY		2/24/2018
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR CLOSURE, WITH		2/24/2018
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)		2/24/2018
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR		2/24/2018
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR		2/24/2018
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR		2/24/2018
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE		2/24/2018
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE		2/24/2018
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE		2/24/2018

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69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR		2/24/2018	
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC		2/24/2018	
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC		2/24/2018	
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC		2/24/2018	
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC		2/24/2018	
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC		2/24/2018	
69650	STAPES MOBILIZATION		2/24/2018	
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT		2/24/2018	
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT		2/24/2018	
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY		2/24/2018	
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral		1/1/2021	
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral		1/1/2021	
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL		2/24/2018	
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO		2/24/2018	
69716	IMPLTJ OI IMPLT SKULL MAG TC ATTACHMENT ESP		5/1/2022	
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE,		2/24/2018	
69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100		4/1/2023	
69799	UNLISTED PROCEDURE, MIDDLE EAR		2/24/2018	
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY		2/24/2018	
69949	UNLISTED PROCEDURE, INNER EAR		2/24/2018	
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH		2/24/2018	
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	Reviewed by NIA		NIA effective 4/1/2021
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
70460	CT HEAD OR BRAIN WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70470	CT HEAD OR BRAIN WITHOUT AND WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT	Reviewed by NIA		NIA effective 4/1/2021
70481	CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA, EAR WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70482	CTORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR,W/WO CONTR.	Reviewed by NIA		NIA effective 4/1/2021
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
70487	CT FACE, JAW OR MANDIBLE, MAXILLOFACIAL , WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70488	CT FACE, JAW OR MANDIBLE, MAXILLOFACIAL,WITHOUT/WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
70491	CT NECK SOFT TISSUES,LARYNX,THYROID,ETC.WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70492	CT NECK SOFT TISSUES, LARYNX,THYROID,ETC.WITHOUT/WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70542	Mri orbit/face/neck w/dye	Reviewed by NIA		NIA effective 4/1/2021
70543	Mri orbt/fac/nck w/o&w dye	Reviewed by NIA		NIA effective 4/1/2021
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	Reviewed by NIA		NIA effective 4/1/2021
70545	Mr angiography head w/dye	Reviewed by NIA		NIA effective 4/1/2021

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70546	Mr angiograph head w/o&w dye	Reviewed by NIA		NIA effective 4/1/2021
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	Reviewed by NIA		NIA effective 4/1/2021
70548	Mr angiography neck w/dye	Reviewed by NIA		NIA effective 4/1/2021
70549	Mr angiograph neck w/o&w dye	Reviewed by NIA		NIA effective 4/1/2021
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70552	MRI HEAD, BRAIN, BRAINSTEM WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70553	MRI HEAD,BRAIN,BRAINSTEM WITHOUT /WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	Reviewed by NIA		NIA effective 4/1/2021
70555	Fmri brain by phys/psych	Reviewed by NIA		NIA effective 4/1/2021
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING	No Auth Required		Authorization released 2/24/2018
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING	No Auth Required		Authorization released 2/24/2018
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING	No Auth Required		Authorization released 2/24/2018
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
71260	CT CHEST, THORAX WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
71270	CT CHEST, THORAX WITHOUT AND WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Reviewed by NIA		NIA effective 4/1/2021
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S),	Reviewed by NIA		NIA effective 4/1/2021
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL	Reviewed by NIA		NIA effective 4/1/2021
71551	Mri chest w/dye	Reviewed by NIA		NIA effective 4/1/2021
71552	Mri chest w/o&w dye	Reviewed by NIA		NIA effective 4/1/2021
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
72126	CT CERVICAL SPINE, NECK SPINE WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72127	CT CERVICAL SPINE, NECK SPINE WITHOUT AND WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
72129	CT THORACIC SPINE, UPPER BACK WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72130	CT THORACIC SPINE, UPPER BACK WITHOUT AND WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
72132	CT LUMBAR SPINE, LOW BACK WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72133	CT LUMBAR SPINE, LOW BACK WITHOUT AND WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT	Reviewed by NIA		NIA effective 4/1/2021
72142	MRI CERVICAL SPINE OR NECK SPINE WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT	Reviewed by NIA		NIA effective 4/1/2021
72147	MRI THORACIC SPINE OR CHEST SPINE OR UPPER BACK WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT	Reviewed by NIA		NIA effective 4/1/2021
72149	MRI LUMBAR SPINE OR LOW BACK WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72156	MRI CERVICAL SPINE NECK SPINE WITHOUT/WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72157	MRI THORACIC SPINE OR CHEST SPINE WITHOUT/WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72158	MRI LUMBAR SPINE OR LOW BACK WITHOUT/ WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST	Reviewed by NIA		NIA effective 4/1/2021

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72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
72193	CT PELVIS WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72194	CT PELVIS WITHOUT/WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
72195	Mri pelvis w/o dye	Reviewed by NIA		NIA effective 4/1/2021
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	Reviewed by NIA		NIA effective 4/1/2021
72197	Mri pelvis w/o & w dye	Reviewed by NIA		NIA effective 4/1/2021
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	Reviewed by NIA		NIA effective 4/1/2021
72285	DISCOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		2/24/2018	
72295	DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION		2/24/2018	
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
73201	CT ARM OR UPPER EXTREMITY WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
73202	CT ARM OR UPPER EXTREMITY WITHOUT AND WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING	Reviewed by NIA		NIA effective 4/1/2021
73218	Mri upper extremity w/o dye	Reviewed by NIA		NIA effective 4/1/2021
73219	Mri upper extremity w/dye	Reviewed by NIA		NIA effective 4/1/2021
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
73222	Mri joint upr extrem w/ dye	Reviewed by NIA		NIA effective 4/1/2021
73223	Mri joint upr extr w/o&w dye	Reviewed by NIA		NIA effective 4/1/2021
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	Reviewed by NIA		NIA effective 4/1/2021
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
73701	CT LEG OR LOWER EXTREMITY WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
73702	CT LEG OR LOWER EXTREMITY WITHOUT/WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING	Reviewed by NIA		NIA effective 4/1/2021
73718	Mri lower extremity w/o dye	Reviewed by NIA		NIA effective 4/1/2021
73719	Mri lower extremity w/dye	Reviewed by NIA		NIA effective 4/1/2021
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
73722	Mri joint of lwr extr w/dye	Reviewed by NIA		NIA effective 4/1/2021
73723	Mri joint lwr extr w/o&w dye	Reviewed by NIA		NIA effective 4/1/2021
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	Reviewed by NIA		NIA effective 4/1/2021
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
74160	CT ABDOMEN WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
74170	CT ABDOMEN WITHOUT AND WITH CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING	Reviewed by NIA		NIA effective 4/1/2021
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	Reviewed by NIA		NIA effective 4/1/2021
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Reviewed by NIA		NIA effective 4/1/2021
74177	CT Abdomen & Pelvis with contrast	Reviewed by NIA		NIA effective 4/1/2021
74178	CT Abdomen & Pelvis without contrast material in one or both body regions, followed by contrast material(s)	Reviewed by NIA		NIA effective 4/1/2021
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	Reviewed by NIA		NIA effective 4/1/2021
74182	Mri abdomen w/dye	Reviewed by NIA		NIA effective 4/1/2021

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74183	Mri abdomen w/o&w dye	Reviewed by NIA		NIA effective 4/1/2021
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Reviewed by NIA		NIA effective 4/1/2021
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING;	Reviewed by NIA		NIA effective 4/1/2021
74262	CT COLONOGRAPHY W/DYE	Reviewed by NIA		NIA effective 4/1/2021
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Reviewed by NIA		NIA effective 4/1/2021
74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC	Reviewed by NIA		NIA effective 4/1/2021
74713	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC	No Auth Required		Authorization released 6/1/2021
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	Reviewed by NIA		NIA effective 4/1/2021
75559	Cardiac mri w/stress img	Reviewed by NIA		NIA effective 4/1/2021
75561	Cardiac mri for morph w/dye	Reviewed by NIA		NIA effective 4/1/2021
75563	Card mri w/stress img & dye	Reviewed by NIA		NIA effective 4/1/2021
75565	CARD MRI VEL FLW MAP ADD-ON	No Auth Required		Authorization released 6/1/2021
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Reviewed by NIA		NIA effective 4/1/2021
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE	Reviewed by NIA		NIA effective 4/1/2021
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE	Reviewed by NIA		NIA effective 4/1/2021
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN	Reviewed by NIA		NIA effective 4/1/2021
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILOFEMORAL LOWER	Reviewed by NIA		NIA effective 4/1/2021
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including		1/1/2021	
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	No Auth Required		Authorization released 6/1/2021
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	No Auth Required		Authorization released 6/1/2021
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	Reviewed by NIA		NIA effective 4/1/2021
76390	MAGNETIC RESONANCE SPECTROSCOPY	Reviewed by NIA		NIA effective 4/1/2021
76391	Magnetic resonance (eg, vibration) elastography		2/24/2018	
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		2/24/2018	
76497	Ct procedure	Reviewed by NIA		NIA effective 4/1/2021
76498	Mri procedure	Reviewed by NIA		NIA effective 4/1/2021
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE		2/24/2018	
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL	No Auth Required		Authorization released 6/1/2021
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL	No Auth Required		Authorization released 6/1/2021
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL	No Auth Required		Authorization released 6/1/2021
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL	No Auth Required		Authorization released 6/1/2021
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL	No Auth Required		Authorization released 6/1/2021
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL	No Auth Required		Authorization released 6/1/2021
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL	No Auth Required		Authorization released 6/1/2021
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL	No Auth Required		
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG, FETAL HEART	No Auth Required		Authorization released 6/1/2021
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG, RE-	No Auth Required		Authorization released 6/1/2021
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	No Auth Required		Authorization released 6/1/2021
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	No Auth Required		Authorization released 6/1/2021
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	No Auth Required		Authorization released 6/1/2021
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	No Auth Required		Authorization released 6/1/2021

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76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	No Auth Required		Authorization released 6/1/2021
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D),	No Auth Required		Authorization released 6/1/2021
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D),	No Auth Required		Authorization released 6/1/2021
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY;	No Auth Required		Authorization released 6/1/2021
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY;	No Auth Required		Authorization released 6/1/2021
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Reviewed by NCH		
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	No Auth Required		Authorization released 6/1/2021
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion		1/1/2019	
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional		1/1/2019	
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		2/24/2018	
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS		2/24/2018	
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	Reviewed by NCH		
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Reviewed by NCH		
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or		2/24/2018	
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation		2/24/2018	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Reviewed by NIA		
77047	MRI Breast without contrast; bilaeral	Reviewed by NIA		
77048	MRI BREAST w/wout contrast including CAD	Reviewed by NIA		
77049	bilateral	Reviewed by NIA		
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL	Reviewed by Evicore		
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL	Reviewed by Evicore		
77078	Ct bone density, axial	Reviewed by NIA		
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Reviewed by NIA		
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	Reviewed by NCH		
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Reviewed by NCH		
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Reviewed by NCH		
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	Reviewed by NCH		
77293	PROCEDURE)	Reviewed by NCH		
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIMENSIONAL	Reviewed by NCH		
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	Reviewed by NCH		
77300	CALCULATION, OFF AXIS FACTOR, TI	Reviewed by NCH		
77301	CRITICAL STRUCTURE PARTIAL TOLERANC	Reviewed by NCH		
77306	dosimetry calculation(s)	Reviewed by NCH		
77307	rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	Reviewed by NCH		
77316	brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Reviewed by NCH		
77317	brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Reviewed by NCH		
77318	brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Reviewed by NCH		
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	Reviewed by NCH		
77331	PHYSICIAN	Reviewed by NCH		
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	Reviewed by NCH		
77333	SPECIAL BOLUS)	Reviewed by NCH		

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77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY,	Reviewed by NCH		
77338	AND CONSTRUCTION PER IMRT PLAN	Reviewed by NCH		
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Reviewed by NCH		
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF	Reviewed by NCH		
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF	Reviewed by NCH		
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS,	Reviewed by NCH		
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed;	Reviewed by NCH		
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed;	Reviewed by NCH		
77387	when performed	Reviewed by NCH		
77399	SERVICES	Reviewed by NCH		
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Reviewed by NCH		
77402	Radiation treatment delivery, =>1 MeV; simple	Reviewed by NCH		
77407	Radiation treatment delivery, =>1 MeV; intermediate	Reviewed by NCH		
77412	Radiation treatment delivery, =>1 MeV; complex	Reviewed by NCH		
77417	Therapeutic radiology port image(s)	Reviewed by NCH		
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR	Reviewed by NCH		
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	No Auth Required		Authorization released 10/1/2023
77425	WEEKLY RADIOLOGY THERAPY MANAGEMENT; INTERMEDIATE	No Auth Required		Authorization released 10/1/2023
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Reviewed by NCH		
77431	FRACTIONS ONLY	Reviewed by NCH		
77432	TREATMENT CONSISTING OF ONE SESSION)	Reviewed by NCH		
77435	MORE LESIONS, INCLUDING IMAGE G	Reviewed by NCH		
77470	ENDOCAVITARY OR INTRAOPERATIVE CONE	Reviewed by NCH		
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	Reviewed by NCH		
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Reviewed by NCH		
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Reviewed by NCH		
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Reviewed by NCH		
77525	PROTON TREATMENT DELIVERY; COMPLEX	Reviewed by NCH		
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3 MONTHS FOLLOW-UP CARE)	Reviewed by NCH		
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	Reviewed by NCH		
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	Reviewed by NCH		
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	Reviewed by NCH		
77767	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCLUDES BASIC	Reviewed by NCH		
77768	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCLUDES BASIC	Reviewed by NCH		
77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY,	Reviewed by NCH		
77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY,	Reviewed by NCH		
77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY,	Reviewed by NCH		
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	Reviewed by NCH		
77789	Surface application of low dose rate radionuclide source	Reviewed by NCH		
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	Reviewed by NCH		
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	Reviewed by NCH		

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78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)		2/24/2018	
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED);		2/24/2018	
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)		2/24/2018	
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)		2/24/2018	
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)		2/24/2018	
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY		2/24/2018	
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY		2/24/2018	
78070	PARATHYROID IMAGING		2/24/2018	
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC		2/24/2018	
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC		2/24/2018	
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA		2/24/2018	
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		2/24/2018	
78102	BONE MARROW IMAGING; LIMITED AREA		2/24/2018	
78103	BONE MARROW IMAGING; MULTIPLE AREAS		2/24/2018	
78104	BONE MARROW IMAGING; WHOLE BODY		2/24/2018	
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW		2/24/2018	
78195	LYMPHATICS AND LYMPH NODES IMAGING		2/24/2018	
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR		2/24/2018	
78201	LIVER IMAGING; STATIC ONLY		2/24/2018	
78202	LIVER IMAGING; WITH VASCULAR FLOW		2/24/2018	
78205	LIVER IMAGING (SPECT);	Reviewed by Evicore		
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	Reviewed by Evicore		
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY		2/24/2018	
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW		2/24/2018	
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;		2/24/2018	
78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC		2/24/2018	
78230	SALIVARY GLAND IMAGING;		2/24/2018	
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES		2/24/2018	
78232	SALIVARY GLAND FUNCTION STUDY		2/24/2018	
78258	ESOPHAGEAL MOTILITY		2/24/2018	
78261	GASTRIC MUCOSA IMAGING		2/24/2018	
78262	GASTROESOPHAGEAL REFLUX STUDY		2/24/2018	
78264	Gastric emptying imaging study (eg, solid, liquid, or both);		2/24/2018	
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TRANSIT		2/24/2018	
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AND COLON TRANSIT,		2/24/2018	
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		2/24/2018	
78282	GASTROINTESTINAL PROTEIN LOSS		2/24/2018	
78290	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)		2/24/2018	
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		2/24/2018	
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		2/24/2018	
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		2/24/2018	

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78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		2/24/2018	
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		2/24/2018	
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		2/24/2018	
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	Reviewed by Evicore		
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		2/24/2018	
78414	NUCLEAR EXAM OF HEART FLOW	No Auth Required		Authorization released 6/1/2021
78428	NUCLEAR EXAM, HEART SHUNT	No Auth Required		Authorization released 6/1/2021
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall	Reviewed by NIA		
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s]	Reviewed by NIA		
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s]	Reviewed by NIA		
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study	Reviewed by NIA		
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study	Reviewed by NIA		
78434	Myocardial imaging , PET Rest and Pharmacologic stress	No Auth Required		Authorization released 6/1/2021
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)		2/24/2018	
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION,	Reviewed by NIA		NIA effective 4/1/2021
78452	THALLIUM* SPECT;MYOCARDIAL/HEART	Reviewed by NIA		NIA effective 4/1/2021
78453	MYOCARDIAL OR HEART THALLIUM PERFUSION; SINGLE STUDY	Reviewed by NIA		NIA effective 4/1/2021
78454	MYOCARDIAL OR HEART MUSCLE PERFUSION; MULTIPLE STUDIES	Reviewed by NIA		NIA effective 4/1/2021
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	Reviewed by Evicore		
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL		2/24/2018	
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL		2/24/2018	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall	Reviewed by NIA		NIA effective 4/1/2021
78466	MYOCARDIAL OR HEART MUSCLE IMAGING INFARCT	Reviewed by NIA		NIA effective 4/1/2021
78468	MYOCARDIAL OR HEART MUSCLE EJECTION FRACTION	Reviewed by NIA		NIA effective 4/1/2021
78469	TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTITATION.	Reviewed by NIA		NIA effective 4/1/2021
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS (EXERCISE	Reviewed by NIA		NIA effective 4/1/2021
78473	MUGA HEART SCAN	Reviewed by NIA		NIA effective 4/1/2021
78481	HEART FIRST PASS SINGLE	Reviewed by NIA		NIA effective 4/1/2021
78483	HEART FIRST PASS MULTIPLE	Reviewed by NIA		NIA effective 4/1/2021
78491	Heart image (pet) single	Reviewed by NIA		NIA effective 4/1/2021
78492	Heart image (pet) multiple	Reviewed by NIA		NIA effective 4/1/2021
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion	Reviewed by NIA		NIA effective 4/1/2021
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with	No Auth Required		Authorization released 6/1/2021
78499	CARDIOVASCULAR NUCLEAR EXAM	No Auth Required		Authorization released 6/1/2021
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)		2/24/2018	
78580	PULMONARY PERFUSION IMAGING, PARTICULATE		2/24/2018	
78582	PULMONARY VENTILATION(EG, AEROSOL OR GAS) AND PERFUSION IMAGING		2/24/2018	
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED		2/24/2018	
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GAS), INCLUDING		2/24/2018	
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		2/24/2018	
78600	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;		2/24/2018	

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78601	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW		2/24/2018	
78605	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;		2/24/2018	
78606	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW		2/24/2018	
78607	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	Reviewed by Evicore		
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Reviewed by NIA		NIA effective 4/1/2021
78609	BRAIN PET [POSITRON EMISSION TOMOGRAPHY] PERFUSION	Reviewed by NIA		NIA effective 4/1/2021
78610	BRAIN IMAGING, VASCULAR FLOW ONLY		2/24/2018	
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY		2/24/2018	
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY		2/24/2018	
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION		2/24/2018	
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC	Reviewed by Evicore		
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION		2/24/2018	
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY		2/24/2018	
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		2/24/2018	
78700	KIDNEY IMAGING MORPHOLOGY;		2/24/2018	
78701	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW		2/24/2018	
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT		2/24/2018	
78708	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY, WITH		2/24/2018	
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WITH AND		2/24/2018	
78710	KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)	Reviewed by Evicore		
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY		2/24/2018	
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		2/24/2018	
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)		2/24/2018	
78761	TESTICULAR IMAGING WITH VASCULAR FLOW		2/24/2018	
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		2/24/2018	
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S);		2/24/2018	
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S);		2/24/2018	
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S);		2/24/2018	
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S);		2/24/2018	
78804	Tumor imaging, whole body	No Auth Required		Authorization released 6/1/2021
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	Reviewed by Evicore		
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	Reviewed by Evicore		
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	Reviewed by Evicore		
78811	Tumor imaging (pet), limited	Reviewed by NIA		NIA effective 4/1/2021
78812	Tumor image (pet)/skul-thigh	Reviewed by NIA		NIA effective 4/1/2021
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	Reviewed by NIA		NIA effective 4/1/2021
78814	Tumor image pet/ct, limited	Reviewed by NIA		NIA effective 4/1/2021
78815	Tumorimage pet/ct skul-thigh	Reviewed by NIA		NIA effective 4/1/2021
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT)	Reviewed by NIA		NIA effective 4/1/2021
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		2/24/2018	
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE		2/24/2018	

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80143	Acetaminophen		1/1/2021	
80151	Amiodarone		1/1/2021	
80161	Carbamazepine; -10,11-epoxide		1/1/2021	
80167	Felbamate		1/1/2021	
80179	Salicylate		1/1/2021	
80181	Flecainide		1/1/2021	
80189	Itraconazole		1/1/2021	
80193	Leflunomide		1/1/2021	
80204	Methotrexate		1/1/2021	
80210	Rufinamide		1/1/2021	
80220	DRUG ASSAY HYDROXYCHLOROQUINE		5/1/2022	
81099	UNLISTED URINALYSIS PROCEDURE		2/24/2018	
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61		2/24/2018	
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIIb]) (eg,		2/24/2018	
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa		2/24/2018	
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61		2/24/2018	
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2		2/24/2018	
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61]		2/24/2018	
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa		2/24/2018	
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune		2/24/2018	
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)		2/24/2018	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)		2/24/2018	
81161	DMD (DYSTROPHIN) (EG, DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION	Reviewed by Evicore		
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and	Reviewed by Evicore		
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and	Reviewed by Evicore		
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and	Reviewed by Evicore		
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence	Reviewed by Evicore		
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full	Reviewed by Evicore		
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full	Reviewed by Evicore		
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and		1/1/2021	
81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) (EG, ACQUIRED IMATINIB TYROSINE KINASE		2/24/2018	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation		1/1/2019	
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis;		1/1/2019	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation)	Reviewed by Evicore		
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation)	Reviewed by Evicore		
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative		2/24/2018	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative		2/24/2018	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidolusian atrophy) gene analysis, evaluation to detect abnormal (eg,		1/1/2019	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		1/1/2019	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		1/1/2019	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect		1/1/2019	

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81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		1/1/2019	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to		1/1/2019	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded)		1/1/2019	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation		1/1/2019	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene	Reviewed by Evicore		
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known	Reviewed by Evicore		
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis,		1/1/2019	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded)		1/1/2019	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Reviewed by Evicore		
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Reviewed by Evicore		
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis		1/1/2021	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis		1/1/2021	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis		1/1/2021	
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis		1/1/2021	
81195	CYTOG GEN-WIDE ALYS HEM MAL STRUX VRNT&CNV OGM	Reviewed by Evicore		
81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)	Reviewed by Evicore		
81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOUS POLYPOSIS [FAP], ATTENUATED FAP)	Reviewed by Evicore		
81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOUS POLYPOSIS [FAP], ATTENUATED FAP)	Reviewed by Evicore		
81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOUS POLYPOSIS [FAP], ATTENUATED FAP)	Reviewed by Evicore		
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation)		1/1/2019	
81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE SYRUP URINE		2/24/2018	
81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT,		2/24/2018	
81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT,		2/24/2018	
81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT,		2/24/2018	
81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7		2/24/2018	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600	Reviewed by Evicore		
81211	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS;	Reviewed by Evicore		
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and	Reviewed by Evicore		
81213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS;	Reviewed by Evicore		
81214	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE	Reviewed by Evicore		
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial	Reviewed by Evicore		
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence	Reviewed by Evicore		
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial	Reviewed by Evicore		
81218	CEBPA (CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS,	Reviewed by Evicore		
81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	Reviewed by Evicore		
81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS;		2/24/2018	
81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS;	Reviewed by Evicore		
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS;	Reviewed by Evicore		
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS;	Reviewed by Evicore		
81224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS;	Reviewed by Evicore		
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE	Reviewed by Evicore		

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81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3,	Reviewed by Evicore		
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE	Reviewed by Evicore		
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC	Reviewed by Evicore		
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC	Reviewed by Evicore		
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common	Reviewed by Evicore		
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common	Reviewed by Evicore		
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene	Reviewed by Evicore		
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S,		1/1/2019	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal		1/1/2019	
81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG, NON-SMALL CELL LUNG CANCER) GENE ANALYSIS,	Reviewed by Evicore		
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome,		1/1/2019	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene		1/1/2019	
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	Reviewed by Evicore		
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg,		1/1/2019	
81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS,	Reviewed by Evicore		
81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	Reviewed by Evicore		
81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS,		2/24/2018	
81243	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS;	Reviewed by Evicore		
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles	Reviewed by Evicore		
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication		2/24/2018	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD)	Reviewed by Evicore		
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s)		2/24/2018	
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial		2/24/2018	
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Reviewed by Evicore		
81250	G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE, TYPE 1A, VON		2/24/2018	
81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S,		2/24/2018	
81252	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE	Reviewed by Evicore		
81253	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE	Reviewed by Evicore		
81254	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NONSYNDROMIC HEARING LOSS) GENE	Reviewed by Evicore		
81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON		2/24/2018	
81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG,		2/24/2018	
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH		2/24/2018	
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH		2/24/2018	
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH	Reviewed by Evicore		
81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED		2/24/2018	
81261	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE		2/24/2018	
81262	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE		2/24/2018	
81263	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION		2/24/2018	
81264	IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), GENE		2/24/2018	
81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE	Reviewed by Evicore		
81266	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EACH ADDITIONAL SPECIMEN (EG,	Reviewed by Evicore		

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81267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY P		2/24/2018	
81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL),		2/24/2018	
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH	Reviewed by Evicore	2/24/2018	
81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT		2/24/2018	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		1/1/2019	
81272	KIT (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, GASTROINTESTINAL	Reviewed by Evicore		
81273	KIT (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, MASTOCYTOSIS), GENE	Reviewed by Evicore		
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)		1/1/2019	
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons	Reviewed by Evicore	2/24/2018	
81276	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; ADDITIONAL	Reviewed by Evicore	2/24/2018	
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor		1/1/2021	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)		1/1/2021	
81280	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3,	Reviewed by Evicore		
81281	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3,	Reviewed by Evicore		
81282	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3,	Reviewed by Evicore		
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Reviewed by Evicore		
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles		1/1/2019	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)		1/1/2019	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Reviewed by Evicore		
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation	Reviewed by Evicore		
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer,	Reviewed by Evicore		
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Reviewed by Evicore		
81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (EG, IVS3-2A>G,		2/24/2018	
81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE	Reviewed by Evicore		
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSI TYPE 2) (EG, HEREDITARY NON-POLYPOSI	Reviewed by Evicore		
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSI TYPE 2) (EG, HEREDITARY NON-POLYPOSI	Reviewed by Evicore		
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSI TYPE 2) (EG, HEREDITARY NON-POLYPOSI	Reviewed by Evicore		
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSI TYPE 1) (EG, HEREDITARY NON-POLYPOSI	Reviewed by Evicore		
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSI TYPE 1) (EG, HEREDITARY NON-POLYPOSI	Reviewed by Evicore		
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSI TYPE 1) (EG, HEREDITARY NON-POLYPOSI	Reviewed by Evicore		
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSI COLORECTAL CANCER, LYNCH	Reviewed by Evicore		
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSI COLORECTAL CANCER, LYNCH	Reviewed by Evicore		
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSI COLORECTAL CANCER, LYNCH	Reviewed by Evicore		
81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSI COLORECTAL CANCER, LYNCH		2/24/2018	
81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Reviewed by Evicore		
81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Reviewed by Evicore		
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION	Reviewed by Evicore		
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia,		1/1/2019	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Reviewed by Evicore		
81310	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS		2/24/2018	
81311	NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS] ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINOMA), GENE	Reviewed by Evicore		

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81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		1/1/2019	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific	Reviewed by Evicore		
81314	PDGFRA (PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) (EG, GASTROINTESTINAL	Reviewed by Evicore		
81315	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG,		2/24/2018	
81316	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG,		2/24/2018	
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS	Reviewed by Evicore		
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS	Reviewed by Evicore		
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS	Reviewed by Evicore		
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg,		1/1/2019	
81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR	Reviewed by Evicore		
81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR	Reviewed by Evicore		
81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR	Reviewed by Evicore		
81324	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH	Reviewed by Evicore		
81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH	Reviewed by Evicore		
81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH	Reviewed by Evicore		
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Reviewed by Evicore		
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene	Reviewed by Evicore		
81329	S11 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis		1/1/2019	
81330	SMPD1(SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A)		2/24/2018	
81331	SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN LIGASE E3A)	Reviewed by Evicore		
81332	SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPSIN, MEMBER 1) (EG,	Reviewed by Evicore		
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg,		1/1/2019	
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with		2/24/2018	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Reviewed by Evicore		
81336	S11 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Reviewed by Evicore		
81337	S11 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence	Reviewed by Evicore		
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common		1/1/2021	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence		1/1/2021	
81340	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS		2/24/2018	
81341	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS		2/24/2018	
81342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT		2/24/2018	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation		1/1/2019	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg,		1/1/2019	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis,		1/1/2019	
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg,	Reviewed by Evicore		
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis,		1/1/2021	
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene		1/1/2021	
81349	CYTOG ALYS CHROMOML ABNOR LOW-PASS SEQ ALYS		5/1/2022	
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM),	Reviewed by Evicore		
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence		1/1/2021	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)		1/1/2021	

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81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant		1/1/2021	
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common	Reviewed by Evicore		
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene		1/1/2021	
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome,		1/1/2021	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common	Reviewed by Evicore		
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial		2/24/2018	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy);	Reviewed by Evicore		
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene	Reviewed by Evicore		
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Reviewed by Evicore		
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Reviewed by Evicore		
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Reviewed by Evicore		
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Reviewed by Evicore		
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Reviewed by Evicore		
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Reviewed by Evicore		
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Reviewed by Evicore		
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Reviewed by Evicore		
81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF > 50 EXONS IN A SINGLE GENE BY DNA	Reviewed by Evicore		
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loays Dietz syndrome, Ehler Danlos syndrome type IV,	Reviewed by Evicore		
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loays Dietz syndrome, Ehler Danlos syndrome type IV,	Reviewed by Evicore		
81412	ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, CYSTIC FIBROSIS,	Reviewed by Evicore		
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic	Reviewed by Evicore		
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic	Reviewed by Evicore		
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Reviewed by Evicore		
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator	Reviewed by Evicore		
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained	Reviewed by Evicore		
81418	RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES		4/1/2023	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2,		1/1/2021	
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-	No Auth Required		Authorization Released 10/1/2022
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat	Reviewed by Evicore		
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Reviewed by Evicore		
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator	Reviewed by Evicore		
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained	Reviewed by Evicore		
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis	Reviewed by Evicore		
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis	Reviewed by Evicore		
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary	Reviewed by Evicore		
81434	HEREDITARY RETINAL DISORDERS (EG, RETINITIS PIGMENTOSA, LEBER CONGENITAL AMAUROSIS, CONE-ROD	Reviewed by Evicore		
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial	Reviewed by Evicore		
81437	HEREDITARY ENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID	Reviewed by Evicore		
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right	Reviewed by Evicore		
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must	Reviewed by Evicore		
81441	IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES		4/1/2023	

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81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, CARDIO-FACIO-CUTANEOUS SYNDROME, COSTELLO SYNDROME, LEOPARD SYNDROME, NOONAN-LIKE	Reviewed by Evicore		
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg,	Reviewed by Evicore		
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when	Reviewed by Evicore		
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis	Reviewed by Evicore		
81449	TGSAP SOLID ORGAN NEOPLASM 5-50 RNA ANALYSIS		4/1/2023	
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA	Reviewed by Evicore		
81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS		4/1/2023	
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA	Reviewed by Evicore		
81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51/<RNA ANALYSIS		4/1/2023	
81457	SO NEO GSAP DNA ALYS MICROSATELLITE INSTABILITY		4/1/2024	
81458	SO NEO GSAP DNA ALY CPY NMBR&MICROSATELLITE INS		4/1/2024	
81459	SO NEO GSAP DNA ALYS/DNA&RNA CPY NMBR MCRSTL INS		4/1/2024	
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and	Reviewed by Evicore	2/24/2018	
81462	SO NEO GSAP CLL FR DNA/DNA&RNA CPY NMBR&REARGMT		4/1/2024	
81463	SO NEO GSAP CLL FR DNA ALYS CPY NMBR&MCRSTL INS		4/1/2024	
81464	SO NEO GSAP CL FR DNA/DNA&RNA CPY NMBR MCRST INS		4/1/2024	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive	Reviewed by Evicore		
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel,	Reviewed by Evicore		
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis,	Reviewed by Evicore		
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Reviewed by Evicore		
81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS, UTILIZING	Reviewed by Evicore		
81493	CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 23 GENES,	Reviewed by Evicore		
81504	ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF > 2000 GENES, UTILIZING	Reviewed by Evicore		
81507	FETAL ANEUPLOIDY(TRISOMY 21, 18, AND 13)DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING	No Auth Required		Authorization Released 10/1/2022
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium		1/1/2021	
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for		1/1/2021	
81517	LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG		4/1/2024	
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4	Reviewed by Evicore		
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed	Reviewed by Evicore		
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8	Reviewed by Evicore		
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping	Reviewed by Evicore		
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31		5/1/2022	
81525	ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT	Reviewed by Evicore		
81528	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPL OF	No Auth Required		Authorization released 12/15/2018
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content		1/1/2021	
81535	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN	Reviewed by Evicore		
81536	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN	Reviewed by Evicore		
81538	ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UTILIZING SERUM,	Reviewed by Evicore		
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and	Reviewed by Evicore		
81540	ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 92	Reviewed by Evicore		
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15	Reviewed by Evicore		

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81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)		1/1/2021	
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing	Reviewed by Evicore		
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing		1/1/2021	
81558	TRNSPL REJ KDN MRNA GENE XPRSN PRFLG QPCR 139	Reviewed by Evicore		
81595	CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF	Reviewed by Evicore		
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin,	Reviewed by Evicore		
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	Reviewed by Evicore		
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and		1/1/2021	
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)		1/1/2021	
82784	GAMMAGLOBULIN; IGA, IGD, IGG, IGM, EACH		2/24/2018	
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE ISOTOPE (EG, C-13)	No Auth Required		Authorization released 2/24/2018
83013	HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE ISOTOPE (EG, C-13)	No Auth Required		Authorization released 2/24/2018
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION	No Auth Required		Authorization released 2/24/2018
84433	ASSAY THIOPURINE S-METHYLTRANSFERASE		4/1/2023	
84999	UNLISTED CHEMISTRY PROCEDURE	Reviewed by Evicore		
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE		2/24/2018	
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent	No Auth Required		
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	No Auth Required		
86849	UNLISTED IMMUNOLOGY PROCEDURE		2/24/2018	
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS		2/24/2018	
86970	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY		2/24/2018	
86971	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY		2/24/2018	
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH INHIBITORS, EACH		2/24/2018	
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL RED CELL		2/24/2018	
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE		2/24/2018	
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E.	Reviewed by Evicore		
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E.	Reviewed by Evicore		
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E.	Reviewed by Evicore		
87623	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), LOW-RISK	No Auth Required		Authorization released 7/13/2019
87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK	No Auth Required		Authorization released 7/13/2019
87625	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK	No Auth Required		Authorization released 7/13/2019
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-	No Auth Required		
87999	UNLISTED MICROBIOLOGY PROCEDURE		2/24/2018	
88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE		2/24/2018	
88199	UNLISTED CYTOPATHOLOGY PROCEDURE		2/24/2018	
88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE		2/24/2018	
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; A1IOTIC FLUID OR CHORIONIC VILLUS CELLS		2/24/2018	
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS		2/24/2018	
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR		2/24/2018	
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE		2/24/2018	
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT		2/24/2018	

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88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE (SCE), 20-25 CELLS		2/24/2018	
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100 CELLS, COUNT 20		2/24/2018	
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS (EG,		2/24/2018	
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING		2/24/2018	
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING		2/24/2018	
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING		2/24/2018	
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS		2/24/2018	
88267	CHROMOSOME ANALYSIS, AIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH		2/24/2018	
88269	CHROMOSOME ANALYSIS, IN SITU FOR AIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE,		2/24/2018	
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)		2/24/2018	
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG, FOR		2/24/2018	
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (EG, FOR		2/24/2018	
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS		2/24/2018	
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS		2/24/2018	
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY		2/24/2018	
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)		2/24/2018	
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY		2/24/2018	
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY		2/24/2018	
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT		2/24/2018	
88299	UNLISTED CYTOGENETIC STUDY		2/24/2018	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure	Reviewed by Evicore		
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	Reviewed by Evicore		
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in	Reviewed by Evicore		
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	Reviewed by Evicore		
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each	Reviewed by Evicore		
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted	Reviewed by Evicore		
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted	Reviewed by Evicore		
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each	Reviewed by Evicore		
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE		2/24/2018	
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE		2/24/2018	
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST		2/24/2018	
89250	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;		2/24/2018	
89251	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS; WITH CO-CULTURE OF OOCYTE(S)/EMBRYOS		2/24/2018	
89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)		2/24/2018	
89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID		2/24/2018	
89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)		2/24/2018	
89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)		2/24/2018	
89258	CRYOPRESERVATION; EMBRYO(S)		2/24/2018	
89259	CRYOPRESERVATION; SPERM		2/24/2018	
89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH		2/24/2018	
89261	SPERM ISOLATION; COMPLEX PREP (EG, PERCOLL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR		2/24/2018	

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89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED		2/24/2018	
89268	INSEMINATION OF OOCYTES		2/24/2018	
89272	EXTENDED CULTURE OF OOCYTE(S)/EMBRYO(S), 4-7 DAYS		2/24/2018	
89280	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES		2/24/2018	
89281	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN 10 OOCYTES		2/24/2018	
89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC		2/24/2018	
89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC		2/24/2018	
89300	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HUHNER TEST (POST COITAL)		2/24/2018	
89310	SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)		2/24/2018	
89320	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL		2/24/2018	
89321	SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED		2/24/2018	
89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRITERIA (EG,		2/24/2018	
89325	SPERM ANTIBODIES		2/24/2018	
89329	SPERM EVALUATION; HAMSTER PENETRATION TEST		2/24/2018	
89330	SPERM EVALUATION; CERVICAL MUCUS PENETRATION TEST, WITH OR WITHOUT SPINNBARKEIT TEST		2/24/2018	
89331	SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION, MOTILITY, AND		2/24/2018	
89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR		2/24/2018	
89337	Cryopreservation, mature oocyte(s)		2/24/2018	
89342	STORAGE (PER YEAR); EMBRYO(S)		2/24/2018	
89343	STORAGE (PER YEAR); SPERM/SEMEN		2/24/2018	
89344	STORAGE (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN		2/24/2018	
89346	STORAGE (PER YEAR); OOCYTE(S)		2/24/2018	
89352	THAWING OF CRYOPRESERVED; EMBRYO(S)		2/24/2018	
89353	THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT		2/24/2018	
89354	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN		2/24/2018	
89356	THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT		2/24/2018	
89398	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE		2/24/2018	
90281	IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE	No Auth Required		Authorization released 2/24/2018
90283	IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE	No Auth Required		Authorization released 2/24/2018
90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH	No Auth Required		Authorization released 2/24/2018
90287	BOTULINUM ANTITOXIN, EQUINE, ANY ROUTE		2/24/2018	
90288	BOTULISM IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE		2/24/2018	
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRAVENOUS USE		2/24/2018	
90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIG-HT S/D), human, for intramuscular and/or		1/1/2021	
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH		2/24/2018	
90384	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL-DOSE, FOR INTRAMUSCULAR USE	No Auth Required		Authorization released 2/24/2018
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE	No Auth Required		Authorization released 2/24/2018
90399	UNLISTED IMMUNE GLOBULIN		2/24/2018	
90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	No Auth Required		Authorization released 2/24/2018
90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	No Auth Required		Authorization released 2/24/2018
90749	UNLISTED VACCINE/TOXOID	No Auth Required		Authorization released 2/24/2018

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90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMOBBARBITAL		2/24/2018	
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; PLANNING		9/15/2018	
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; DELIVERY AND		9/15/2018	
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR		9/15/2018	
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)		2/24/2018	
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY	No Auth Required		Authorization released 9/15/2018
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY	No Auth Required		Authorization released 9/15/2018
90880	HYPNOTHERAPY		9/15/2018	
90882	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN	No Auth Required		Authorization released 12/15/2018
90885	PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCHIATRIC REPORTS, PSYCHOMETRIC AND/OR	No Auth Required		Authorization released 9/15/2018
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL EXAMINATIONS AND	No Auth Required		Authorization released 9/15/2018
90889	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE		2/24/2018	
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	No Auth Required		Authorization released 2/24/2018
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH		2/24/2018	
91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS WITH PHYSICIAN		2/24/2018	
91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE,		2/24/2018	
91113	GI TRACT IMAGING INTRALUMINAL COLON I AND R		5/1/2022	
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE		2/24/2018	
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC	**	2/24/2018	
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC	**	2/24/2018	
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR	**	2/24/2018	
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR	**	2/24/2018	
92015	DETERMINATION OF REFRACTIVE STATE	**	2/24/2018	
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT	**	2/24/2018	
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT	**	2/24/2018	
92020	GONIOSCOPY (SEPARATE PROCEDURE)	**	2/24/2018	
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	**	2/24/2018	
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTIVE OR	**	2/24/2018	
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	**	2/24/2018	
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	**	2/24/2018	
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	**	2/24/2018	
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED	**	2/24/2018	
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; INTERMEDIATE	**	2/24/2018	
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; EXTENDED	**	2/24/2018	
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR PRESSURE	**	2/24/2018	
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION	**	2/24/2018	
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION	**	2/24/2018	
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION	**	2/24/2018	
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER	**	2/24/2018	
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and	**	2/24/2018	
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH	**	2/24/2018	

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92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH INTERPRETATION AND REPORT; SUB	**	2/24/2018	
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral	**	2/24/2018	
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care	**	2/24/2018	
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral		1/1/2021	
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	**	2/24/2018	
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	**	2/24/2018	
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	**	2/24/2018	
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	**	2/24/2018	
92260	OPHTHALMODYNAMOMETRY	**	2/24/2018	
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH	**	2/24/2018	
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	**	2/24/2018	
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	**	2/24/2018	
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	**	2/24/2018	
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL	**	2/24/2018	
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR	**	2/24/2018	
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH FLUORESCEIN	**	2/24/2018	
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL	**	2/24/2018	
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL	**	2/24/2018	
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL	**	2/24/2018	
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL	**	2/24/2018	
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION	**	2/24/2018	
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION	**	2/24/2018	
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION	**	2/24/2018	
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION	**	2/24/2018	
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION	**	2/24/2018	
92326	REPLACEMENT OF CONTACT LENS	**	2/24/2018	
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	**	2/24/2018	
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	**	2/24/2018	
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	**	2/24/2018	
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	**	2/24/2018	
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	**	2/24/2018	
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	**	2/24/2018	
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS SYSTEM	**	2/24/2018	
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING MATERIALS)	**	2/24/2018	
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	**	2/24/2018	
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	**	2/24/2018	
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	**	2/24/2018	
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER;	Reviewed by EviCore		
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER;	Reviewed by EviCore		
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)		1/1/2021	
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)		1/1/2021	

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92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)		1/1/2021	
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	No Auth Required		Authorization released 4/1/2025
92532	POSITIONAL NYSTAGMUS TEST	No Auth Required		Authorization released 2/24/2018
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL (IE, ONE WARM AND ONE COOL	No Auth Required		Authorization released 2/24/2018
92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; MONOTHERMAL (IE, ONE IRRIGATION IN EACH EAR	No Auth Required		Authorization released 2/24/2018
92540	BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC GAZE FIXATION	No Auth Required		Authorization released 2/24/2018
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	No Auth Required		Authorization released 2/24/2018
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	No Auth Required		Authorization released 2/24/2018
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING	No Auth Required		Authorization released 2/24/2018
92545	OSCILLATING TRACKING TEST, WITH RECORDING	No Auth Required		Authorization released 2/24/2018
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	No Auth Required		Authorization released 2/24/2018
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No Auth Required		Authorization released 2/24/2018
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH	No Auth Required		Authorization released 2/24/2018
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; SUBSEQUENT	No Auth Required		Authorization released 2/24/2018
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	No Auth Required		Authorization released 2/24/2018
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING	No Auth Required		Authorization released 2/24/2018
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND	Reviewed by EviCore		
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING;	Reviewed by EviCore		
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING; PHYSICIAN	Reviewed by EviCore		
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;	Reviewed by EviCore		
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;	Reviewed by EviCore		
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE	Reviewed by EviCore		
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE	Reviewed by EviCore		
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis		1/1/2021	
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report		1/1/2021	
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report		1/1/2021	
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report		1/1/2021	
92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR BRANCH		2/24/2018	
92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJOR		2/24/2018	
92924	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN		2/24/2018	
92925	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN		2/24/2018	
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY		2/24/2018	
92929	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY		2/24/2018	
92933	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH CORONARY		2/24/2018	
92934	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH CORONARY		2/24/2018	
92937	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT		2/24/2018	
92938	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT		2/24/2018	
92941	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE		2/24/2018	
92943	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY,		2/24/2018	
92944	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY,		2/24/2018	
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	No Auth Required		Authorization released 2/24/2018

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92972	PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY		4/1/2024	
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY INTRAVASCULAR	No Auth Required		Authorization released 2/24/2018
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	No Auth Required		Authorization released 2/24/2018
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE		2/24/2018	
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE		2/24/2018	
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	No Auth Required		Authorization released 2/24/2018
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording		1/1/2021	
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording		1/1/2021	
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording		1/1/2021	
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording		1/1/2021	
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and		1/1/2021	
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and		1/1/2021	
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and		1/1/2021	
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and		1/1/2021	
93303	Echo transthoracic	Reviewed by NIA		
93304	Echo transthoracic	Reviewed by NIA		
93306	Echo transthoracic	Reviewed by NIA		
93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE	Reviewed by NIA		
93308	Echo exam of heart	Reviewed by NIA		
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR	Reviewed by NIA		
93313	Echo transesophageal	Reviewed by NIA		
93314	Echo transesophageal	Reviewed by NIA		
93315	Echo transesophageal	Reviewed by NIA		
93316	Echo transesophageal	Reviewed by NIA		
93317	Echo transesophageal	Reviewed by NIA		
93318	Echo transesophageal intraop	Reviewed by NIA		
93320	Doppler echo exam, heart	No Auth Required		Authorization released 6/1/2021
93321	Doppler echo exam, heart	No Auth Required		Authorization released 6/1/2021
93325	Doppler color flow	No Auth Required		Authorization released 6/1/2021
93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M	Reviewed by NIA	2/24/2018	
93351	Stress echocardiography including stress ECG	Reviewed by NIA		
93352	Echo transthoracic	Reviewed by NIA		
93356	Myocardial strain imaging use speckle tracking derived assessment of myocardial mechanics	No Auth Required		Authorization released 6/1/2021
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC		2/24/2018	
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAHY,		2/24/2018	
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT		2/24/2018	
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING		2/24/2018	
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING		2/24/2018	
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING		2/24/2018	
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING		2/24/2018	
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING		2/24/2018	

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93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY		2/24/2018	
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING		2/24/2018	
93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING		2/24/2018	
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE, FONTAN		2/24/2018	
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT WITH IMPLANT		2/24/2018	
93582	PERCUTANEOUS TRANSCATHETER CLOSURE OF PATENT DUCTUS ARTERIOSUS		2/24/2018	
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THERAPY (EG, ALCOHOL SEPTAL ABLATION) INCLUDING		2/24/2018	
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve		2/24/2018	
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve		2/24/2018	
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in		2/24/2018	
93600	BUNDLE OF HIS RECORDING	No Auth Required		Authorization released 2/24/2018
93602	INTRA-ATRIAL RECORDING	No Auth Required		Authorization released 2/24/2018
93603	RIGHT VENTRICULAR RECORDING	No Auth Required		Authorization released 2/24/2018
93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION	No Auth Required		Authorization released 2/24/2018
93610	INTRA-ATRIAL PACING	No Auth Required		Authorization released 2/24/2018
93612	INTRAVENTRICULAR PACING	No Auth Required		Authorization released 2/24/2018
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR		2/24/2018	
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	No Auth Required		Authorization released 2/24/2018
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT		2/24/2018	
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF		2/24/2018	
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF		2/24/2018	
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF		2/24/2018	
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST SEPARATELY IN		2/24/2018	
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY,		2/24/2018	
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICULAR		2/24/2018	
93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF		2/24/2018	
93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF		2/24/2018	
93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DISTINCT FROM	No Auth Required		Authorization released 2/24/2018
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSSEPTAL CATHETERIZATIONS, INSERTION		2/24/2018	
93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT ATRIUM FOR	No Auth Required		Authorization released 2/24/2018
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	No Auth Required		Authorization released 2/24/2018
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	No Auth Required		Authorization released 2/24/2018
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE CARDIOVERTER-DEFIBRILLATOR INCLUDES		2/24/2018	
93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING		2/24/2018	
93798	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER		2/24/2018	
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE		2/24/2018	
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY		2/24/2018	
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT) IN HOME,	No Auth Required		Authorization released 2/24/2018
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without		1/1/2021	
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT		2/24/2018	
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE		2/24/2018	

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95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE		2/24/2018	
95782	POLYSOIOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF	Reviewed by Evicore		
95783	POLYSOIOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF	Reviewed by Evicore		
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION, RESPIRATORY	Reviewed by Evicore		
95801	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE, OXYGEN SATURATION,	Reviewed by Evicore		
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND	Reviewed by Evicore		
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND	Reviewed by Evicore		
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND	Reviewed by Evicore		
95808	POLYSOIOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A	Reviewed by Evicore		
95810	POLYSOIOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A	Reviewed by Evicore		
95811	POLYSOIOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF	Reviewed by Evicore		
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING	Reviewed by Evicore		
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT	Reviewed by Evicore		
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with	No Auth Required		Authorization released 2/24/2018
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS,	No Auth Required		Authorization released 2/24/2018
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL		2/24/2018	
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE		2/24/2018	
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE DURING EEG RECORDING	No Auth Required		Authorization released 2/24/2018
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL		2/24/2018	
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF ELECTRODES	No Auth Required		Authorization released 2/24/2018
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE	Reviewed by NIA		NIA effective 2/1/2024
95972	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse	Reviewed by NIA		NIA effective 2/1/2024
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE	No Auth Required		Authorization released 2/24/2018
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE	No Auth Required		Authorization released 2/24/2018
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE	No Auth Required		Authorization released 2/24/2018
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE	No Auth Required		Authorization released 2/24/2018
95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE	No Auth Required		Authorization released 2/24/2018
95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE	No Auth Required		Authorization released 2/24/2018
95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE	No Auth Required		Authorization released 2/24/2018
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	No Auth Required		Authorization released 2/24/2018
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE		2/24/2018	
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	No Auth Required		Authorization released 2/24/2018
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS; WITH	No Auth Required		Authorization released 2/24/2018
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1-12	No Auth Required		Authorization released 2/24/2018
96004	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS,	No Auth Required		Authorization released 2/24/2018
96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCTIONAL	No Auth Required		Authorization released 2/24/2018
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE			Authorization released 3/1/2022
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level,	Auth Required after 5 units	1/1/2019	
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level,	Auth Required after 5 units	1/1/2019	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge,	Auth Required after 5 units	9/15/2018	
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge,	Auth Required after 5 units	1/1/2019	

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96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING ASSESSMENT) PER HOUR OF A QUALIFIED HEALTH CAR	No Auth Required		Authorization released 3/1/2022
96130	Psychological testing evaluation services by physician or other qualified health care professional, including	Auth Required after 5 units	1/1/2019	
96131	Psychological testing evaluation services by physician or other qualified health care professional, including	Auth Required after 5 units	1/1/2019	
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including	Auth Required after 5 units	1/1/2019	
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including	Auth Required after 5 units	1/1/2019	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care	Auth Required after 5 units	1/1/2019	
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care	Auth Required after 5 units	1/1/2019	
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any	Auth Required after 5 units	1/1/2019	
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any	Auth Required after 5 units	1/1/2019	
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via	Auth Required after 5 units	1/1/2019	
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR		2/24/2018	
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL		2/24/2018	
96549	UNLISTED CHEMOTHERAPY PROCEDURE		2/24/2018	
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent	No Auth Required		Authorization released 2/24/2018
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	No Auth Required		Authorization released 2/24/2018
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND	No Auth Required		Authorization released 2/24/2018
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	No Auth Required		Authorization released 2/24/2018
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES	No Auth Required		Authorization released 2/24/2018
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	No Auth Required		Authorization released 2/24/2018
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM	No Auth Required		Authorization released 2/24/2018
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	No Auth Required		Authorization released 2/24/2018
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE		2/24/2018	
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	Reviewed by Evicore		
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	Reviewed by Evicore		
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	Reviewed by Evicore		
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	Reviewed by Evicore		
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	Reviewed by Evicore		
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	Reviewed by Evicore		
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	Reviewed by Evicore		
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	Reviewed by Evicore		
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	Reviewed by Evicore		
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15	Reviewed by Evicore		
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	Reviewed by Evicore		
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	Reviewed by Evicore		
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	Reviewed by Evicore		
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	Reviewed by Evicore		
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	Reviewed by Evicore		
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP	Reviewed by Evicore		
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF	Reviewed by Evicore		
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC	Reviewed by Evicore		
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR	Reviewed by Evicore		

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97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (ST	Reviewed by Evicore		
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive	Reviewed by Evicore		
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive	Reviewed by Evicore		
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	Reviewed by Evicore		
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE,	Reviewed by Evicore		
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	Reviewed by Evicore		
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each		1/1/2019	
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a		1/1/2019	
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other		1/1/2019	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or		1/1/2019	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health		1/1/2019	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care		1/1/2019	
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified		1/1/2019	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified		1/1/2019	
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination	Reviewed by Evicore		
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of	Reviewed by Evicore		
97171	Re-evaluation of athletic training established plan of care requiring these components: An assessment of		2/24/2018	
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of		2/24/2018	
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC	Reviewed by Evicore		
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES	Reviewed by Evicore		
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY	Reviewed by Evicore		
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT,	Reviewed by Evicore		
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	Reviewed by Evicore		
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	Reviewed by Evicore		
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR	Reviewed by Evicore		
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG,	No Auth Required		Authorization released 07/01/2023
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG,		2/24/2018	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA		2/24/2018	
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment	No Auth Required		Authorization released 07/01/2025
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment	No Auth Required		Authorization released 07/01/2025
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable		2/24/2018	
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable		2/24/2018	
97610	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDING TOPICAL APPLICATION(S), WHEN		2/24/2018	
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH	Reviewed by Evicore		
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXISTING FUNCTION,	Reviewed by Evicore		
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper	Reviewed by Evicore		
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Reviewed by Evicore		
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk,	Reviewed by Evicore		
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	Reviewed by Evicore		
97811	ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF	No Auth Required		Authorization released 2/24/2018
97813	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-	No Auth Required		Authorization released 2/24/2018

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97814	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WIT	No Auth Required		Authorization released 2/24/2018
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	No Auth Required		Authorization released 2/24/2018
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED	No Auth Required		Authorization released 2/24/2018
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED	No Auth Required		Authorization released 2/24/2018
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED	No Auth Required		Authorization released 2/24/2018
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	No Auth Required		Authorization released 2/24/2018
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Reviewed by Evicore		
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT		2/24/2018	
99374	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT) IN	No Auth Required		Authorization released 2/24/2018
99375	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT) IN	No Auth Required		Authorization released 2/24/2018
99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time		1/1/2021	
99429	UNLISTED PREVENTIVE MEDICINE SERVICE		2/24/2018	
99439	Chronic care management services with the following required elements: multiple (two or more) chronic		1/1/2021	
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE		2/24/2018	
99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART RATE, NON-STRESS TEST,		2/24/2018	
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE		2/24/2018	
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT		2/24/2018	
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN THERAPY, RESPIRATORY		2/24/2018	
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE		2/24/2018	
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY		2/24/2018	
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS		2/24/2018	
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAINAGE, AND ENTERAL)		2/24/2018	
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE		2/24/2018	
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	No Auth Required		Authorization released 9/15/2018
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION		2/24/2018	
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE		2/24/2018	
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS);		2/24/2018	
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS); EACH ADDITIONAL HOUR		2/24/2018	
0001F	HEART FAILURE ASSESSED (INCLUDES ASSESSMENT OF ALL THE FOLLOWING COMPONENTS)(CAD, HF)1: BLOOD	No Auth Required		Authorization released 2/24/2018
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported	Reviewed by Evicore		
0005F	OSTEOARTHRITIS ASSESSED (OA)1 INCLUDES ASSESSMENT OF ALL THE FOLLOWING COMPONENTS:	No Auth Required		Authorization released 2/24/2018
0005M	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma,	Reviewed by Evicore		
0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOCELLULAR	Reviewed by Evicore		
0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANALYSIS OF 51	Reviewed by Evicore		
0008M	ONCOLOGY (BREAST), MRNA ANALYSIS OF 58 GENES USING HYBRID CAPTURE, ON FORMALIN-FIXED PARAFFIN-	Reviewed by Evicore		
0009M	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma,		2/24/2018	
0012F	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSESSMENT (INCLUDES ALL OF THE FOLLOWING	No Auth Required		Authorization released 2/24/2018
0014F	COMPREHENSIVE PREOPERATIVE ASSESSMENT PERFORMED FOR CATARACT SURGERY WITH INTRAOCULAR LENS	No Auth Required		Authorization released 2/24/2018
0015F	MELANOMA FOLLOW UP COMPLETED (INCLUDES ASSESSMENT OF ALL OF THE FOLLOWING COMPONENTS)	No Auth Required		Authorization released 2/24/2018
0018M	TRNSPLJ RNL RICTN MEAS CD154+T CLL WHL PRPH BLD	No Auth Required		
0019M	CV DS PLSM ALYS PRTN BMRK APTAMR-BSD MICRORA AND ALG		2/1/2024	

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0020M	ONC CNS Alys 30000 DNA METHYLATION LOCI TUM TISS		10/1/2024	
0042T	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION,	Reviewed by NIA		
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-		2/24/2018	
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-		2/24/2018	
0071T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL		2/24/2018	
0072T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL		2/24/2018	
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and		2/24/2018	
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and		2/24/2018	
0081U	Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3	Reviewed by Evicore		
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH CERVICAL; EACH ADDITIONAL INTERSPACE	Reviewed by NIA		
0098T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH CERVICAL; EACH ADDITIONAL INTERSPACE (LIST	Reviewed by NIA		
0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND		2/24/2018	
0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH		2/24/2018	
0102T	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER		2/24/2018	
0106T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING TOUCH	No Auth Required		Authorization released 2/24/2018
0107T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION	No Auth Required		Authorization released 2/24/2018
0108T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING	No Auth Required		Authorization released 2/24/2018
0109T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN	No Auth Required		Authorization released 2/24/2018
0110T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING OTHER STIMULI	No Auth Required		Authorization released 2/24/2018
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE	Reviewed by NIA		
0165T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE	Reviewed by NIA		
0172U	ONC SLD TUM Alys BRCA1 BRCA2	Reviewed by EviCore		
0173U	PSYC GEN Alys PANEL 14 GENES	Reviewed by EviCore		
0174T	COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION	No Auth Required		Authorization released 2/24/2018
0175T	COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION	No Auth Required		Authorization released 2/24/2018
0175U	PSYC GEN Alys PANEL 15 GENES	Reviewed by EviCore		
0179U	ONC NONSM CLL LNG CA Alys 23	Reviewed by EviCore		
0180U	ABO GNOTYP ABO 7 EXONS	No Auth Required		Authorization released 7/1/2020
0181U	CO GNOTYP AQP1 EXON 1	No Auth Required		Authorization released 7/1/2020
0182T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, PER FRACTION	No Auth Required		Authorization released 7/1/2020
0182U	CROM GNOTYP CD55 EXONS 1-10	No Auth Required		Authorization released 7/1/2020
0183U	DI GNOTYP SLC4A1 EXON 19	No Auth Required		Authorization released 7/1/2020
0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS)	No Auth Required		Authorization released 2/24/2018
0184U	DO GNOTYP ART4 EXON 2	No Auth Required		Authorization released 7/1/2020
0185U	FUT1 GNOTYP FUT1 EXON 4	No Auth Required		Authorization released 7/1/2020
0186U	FUT2 GNOTYP FUT2 EXON 2	No Auth Required		Authorization released 7/1/2020
0187U	FY GNOTYP ACKR1 EXONS 1-2	No Auth Required		Authorization released 7/1/2020
0188U	GE GNOTYP GYPC EXONS 1-4	No Auth Required		Authorization released 7/1/2020
0189U	GYPA GNOTYP NTRNS 1 5 EXON 2	No Auth Required		Authorization released 7/1/2020
0190T	PLACEMENT OF INTRAOCULAR RADIATION SOURCE APPLICATOR (LIST SEPARATELY IN ADDITION TO PRIMARY	No Auth Required		Authorization released 2/24/2018
0191U	IN GNOTYP CD44 EXONS 2 3 6	No Auth Required		Authorization released 7/1/2020

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0192U	JK GNOTYP SLC14A1 EXON 9	No Auth Required		Authorization released 7/1/2020
0193U	JR GNOTYP ABCG2 EXONS 2-26	No Auth Required		Authorization released 7/1/2020
0194U	KEL GNOTYP KEL EXON 8	No Auth Required		Authorization released 7/1/2020
0195U	KEL GNOTYP KEL EXON 8	No Auth Required		Authorization released 7/1/2020
0196U	LU GNOTYP BCAM EXON 3	No Auth Required		Authorization released 7/1/2020
0197U	LW GNOTYP ICAM4 EXON 1	No Auth Required		Authorization released 7/1/2020
0198T	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH	No Auth Required		Authorization released 2/24/2018
0198U	RHD&RHCE GNTYP RHD1-10&RHCE5	No Auth Required		Authorization released 7/1/2020
0199U	SC GNOTYP ERMAMP EXONS 4 12	No Auth Required		Authorization released 7/1/2020
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or	No Auth Required		Authorization released 2/4/2024
0200U	XK GNOTYP XK EXONS 1-3	No Auth Required		Authorization released 7/1/2020
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or	No Auth Required		Authorization released 2/4/2024
0201U	YT GNOTYP ACHE EXON 2	No Auth Required		Authorization released 7/1/2020
0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (E.G., FACET JOINT(S) REPLACEMENT) INCLUDING		2/24/2018	
0205T	INTRAVASCULAR CATHETER-BASED CORONARY VESSEL OR GRAFT SPECTROSCOPY (EG, INFRARED) DURING		2/24/2018	
0206T	ALGORITHMIC ANALYSIS, REMOTE, OF ELECTROCARDIOGRAPHIC-DERIVED DATA WITH COMPUTER PROBABILITY		2/24/2018	
0207T	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL		2/24/2018	
0208T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED (INCLUDES USE OF COMPUTER-ASSISTED DEVICE); AIR		2/24/2018	
0209T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED (INCLUDES USE OF COMPUTER-ASSISTED DEVICE); AIR		2/24/2018	
0210T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED (INCLUDES USE OF COMPUTER-ASSISTED DEVICE);		2/24/2018	
0211T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED (INCLUDES USE OF COMPUTER-ASSISTED DEVICE); WITH		2/24/2018	
0212T	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (0209T, 0211T)		2/24/2018	
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	Reviewed by NIA		NIA effective 3/1/2022
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	Reviewed by NIA		NIA effective 3/1/2022
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	Reviewed by NIA		NIA effective 3/1/2022
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	Reviewed by NIA		NIA effective 3/1/2022
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	Reviewed by NIA		NIA effective 3/1/2022
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR	Reviewed by NIA		NIA effective 3/1/2022
0219T	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND		2/24/2018	
0220T	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND		2/24/2018	
0221T	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND		2/24/2018	
0222T	PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND		2/24/2018	
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass		1/1/2021	
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on		1/1/2021	
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer)		1/1/2021	
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation),		1/1/2021	
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis,		1/1/2021	
0232T	INJECTION(S) PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND		2/24/2018	
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis,		1/1/2021	
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic		1/1/2021	
0234T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL	No Auth Required		Authorization released 2/24/2018

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0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions		1/1/2021	
0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL	No Auth Required		Authorization released 2/24/2018
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene		1/1/2021	
0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL	No Auth Required		Authorization released 2/24/2018
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal		1/1/2021	
0237T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL	No Auth Required		Authorization released 2/24/2018
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic		1/1/2021	
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL	No Auth Required		Authorization released 2/24/2018
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM,		1/1/2021	
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes,		1/1/2021	
0248U	ONC BRAIN SPHRD CLL CUL 12 RX PNL TUMOR RESPONSE		10/1/2022	
0249T	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE	No Auth Required		Authorization released 2/24/2018
0249U	ONC BRST SEMIQ ALYS 32 PHSRPTN AND PRTN ANALYTE ALG		10/1/2022	
0251U	HEPCIDIN-25 ELISA SERUM OR PLASMA		10/1/2022	
0252U	FTL ANEUPLOIDY STR CMPRTV ALYS FTL DNA PRDC CNCP		10/1/2022	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into	No Auth Required		Authorization released 2/24/2018
0253U	REPRDVE MED RNA 238 GEN NXT GEN SEQ ENDMT TISS		10/1/2022	
0254T	ENDOVASCULAR REPAIR OF ILIAC ARTERY BIFURCATION (EG, ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS		2/24/2018	
0255U	ANDROLOGY INFERTILITY SPERM CAPACITATION ASSMT	No Auth Required		
0256U	TMA/TMAO PROFILE MS/MS URINE ALG ALYS AND REPORT		1/1/2022	
0257U	VLCAD LEUKOCYTE ENZYME ACTIVITY WHOLE BLOOD	No Auth Required		
0258U	AI PSORIASIS MRNA GEN XPRSN PRFL 50-100 GEN ALG		1/1/2022	
0259U	NEPHROLOGY CKD NUCLEAR MRS MEAS GFR SRM QUAN	No Auth Required		
0260U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG		1/1/2022	
0261U	ONC CLRCT CA IMG ANALYSIS W/AI ASSMT 4 FEATURES		1/1/2022	
0262U	ONC SOLID TUM GEN XPRSN PRFL RT-PCR 7 GEN PTHWY		1/1/2022	
0263T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS,		2/24/2018	
0263U	NEURO AUTISM QUAN MEAS 16 CTR CARBON METABOLITES		1/1/2022	
0264T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS,		2/24/2018	
0264U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG		1/1/2022	
0265T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS,		2/24/2018	
0265U	RARE DO WHL GENOME AND MITOCHDRL DNA SEQ ALYS		1/1/2022	
0266T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM	No Auth Required		Authorization released 2/24/2018
0266U	UNXPLAIND CONST/OTH HERITABLE DO/SYND GEN XPRSN		1/1/2022	
0267T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY,	No Auth Required		Authorization released 2/24/2018
0267U	RARE DO ID VARIATIONS OPT GEN MAP AND WHL GEN SEQ		1/1/2022	
0268T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR	No Auth Required		Authorization released 2/24/2018
0268U	HEM ATYP HEMOLYTIC UREMC SYND GEN SEQ ALY 15 GEN		1/1/2022	
0269T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES	No Auth Required		Authorization released 2/24/2018
0269U	HEM AUTO DOM CGEN THRMBCTPNA GEN SEQ ALYS 14 GEN		1/1/2022	
0270T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL	No Auth Required		Authorization released 2/24/2018

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0270U	HEM CGEN COAGJ DO GENOMIC SEQ ALYS 20 GENES		1/1/2022	
0271T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY	No Auth Required		Authorization released 2/24/2018
0271U	HEM CGEN NEUTROPENIA GEN SEQ ALYS 23 GENES		1/1/2022	
0272T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM,		2/24/2018	
0272U	HEM GENETIC BLEEDING DO GEN SEQ ALYS 51 GENES		1/1/2022	
0273T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM,		2/24/2018	
0273U	HEM GEN HYPRFIBRINOLYSIS DLYD BLD SEQ ALYS 8 GEN		1/1/2022	
0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTRALAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL		2/24/2018	
0274U	HEM GENETIC PLTLT DO GEN SEQ ALYS 43 GENES		1/1/2022	
0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTRALAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL		2/24/2018	
0275U	HEM HEPARIN INDUCD TRMBCTPNA PLTLT ANTB REAC SRM	No Auth Required		
0276U	HEM INH THROMBOCYTOPENIA GEN SEQ ALYS 23 GENES		1/1/2022	
0277U	HEM GEN PLTL FUNCJ DO GEN SEQ ALYS 31 GENES		1/1/2022	
0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY), EACH		2/24/2018	
0278U	HEM GEN THROMBOSIS GEN SEQ ALYS 12 GENES		1/1/2022	
0279U	HEM VW DS VW FACTOR AND COLLAGEN III BINDING ELISA	No Auth Required		
0280U	HEM VW DS VW FACTOR AND COLLAGEN IV BINDING ELISA	No Auth Required		
0281U	HEM VW DS VW PROPEPTIDE ELISA AG LEVEL	No Auth Required		
0282U	RBC DNA GNOTYP 12 BLD GRP PREDICT 44 RBC AG PHNT		1/1/2022	
0283U	VON WILLEBRAND FACTOR TYPE 2B PLASMA	No Auth Required		
0284U	VON WILLEBRAND FACTOR TYPE 2N FACTOR VIII PLASMA	No Auth Required		
0285U	ONC RSPSE RADJ CELL FR DNA PLASMA RADJ TOX SCORE		5/1/2022	
0286U	CEP72 NUDT15 AND TPMT GENE ANALYSIS COMMON VARIANTS		5/1/2022	
0287U	ONC THYR DNA AND MRNA NEXT-GEN SEQ ALYS 112 GEN ALG		5/1/2022	
0288U	ONC LUNG MRNA QUAN PCR ALYS 11 GEN AND 3 REF GEN ALG		5/1/2022	
0289U	NEURO ALZHEIMER MRNA GEN XPRSN PRFL RNA SEQ 24		5/1/2022	
0290U	PAIN MGMT MRNA GEN XPRSN PRFL RNA SEQ 36 GENES		5/1/2022	
0291U	PSYC MOOD DO MRNA GEN XPRSN PRFL RNA SEQ 144 GEN		5/1/2022	
0292U	PSYC STRS DO MRNA GEN XPRSN PRFL RNA SEQ 72 GEN		5/1/2022	
0293U	PSYC SUICDL IDEA MRNA GEN XPRSN PRFL RNA SEQ 54		5/1/2022	
0294U	LNGVTY AND MRTLY RSK MRNA GEN XPRSN PRFL RNA 18 GEN		5/1/2022	
0295U	ONC BRST DUX CARC PRTN XPRSN PRFL IMHCHEM 7 PRTN		5/1/2022	
0296U	ONC ORL AND/OROP CA GEN XPRSN PRFL RNA 20 MLEC FEAT		5/1/2022	
0297U	ONC PAN TUM WHL GEN SEQ PAIRED MAL AND NML DNA SPEC		5/1/2022	
0298U	ONC PAN TUM WHL TRNS SEQ PAIRED MAL AND NML RNA SPEC		5/1/2022	
0299U	ONC PAN TUM WHL GEN OPT MAPG MAL AND NML DNA SPEC		5/1/2022	
0300U	ONC PAN TUM WHL GEN SEQ AND OPT GEN MAPG MAL AND NML DNA		5/1/2022	
0306U	ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA 1ST		7/1/2022	
0307U	ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA SBSQ		7/1/2022	
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis		2/24/2018	
0308U	CRD CAD ALYS 3 PRTN PLSM ALG RSK OBSTRUCTIVE CAD		7/1/2022	

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0309U	CRD CV DS Alys 4 PRTN PLSM ALG RSK MAJ CAR EVENT		7/1/2022	
0310U	PED VSCLTS KD Alys 3 BMRK PLSM ALG RSK SCORE KD		7/1/2022	
0313U	ONC PNCRS DNA AND MRNA NXT-GNRJ SEQ Alys 74 GEN AND CEA		7/1/2022	
0314U	ONC CUTAN MLNMA MRNA GEN XPRSN PRFL 35 GENES ALG		7/1/2022	
0315U	ONC CUTAN SQ CLL CARC MRNA GEN XPRSN PRFL 40 ALG		7/1/2022	
0317U	ONC LUNG CA 4-PRB FISH ASY WHL BLD PREDICTIV ALG		7/1/2022	
0318U	PED WHL GENOME MTHYLTN Alys MICRORA 50+GENES BLD		7/1/2022	
0319U	NEPH RNL TRNSPL RNA PRETRNSPL PERPH BLD ALG		7/1/2022	
0320U	NEPH RNL TRNSPL RNA POSTTRNSPL PERPH BLD ALG		7/1/2022	
0322U	NEURO ASD QUAN MEAS 14 ACYL CARNITINES AND METABLT		7/1/2022	
0323U	IADNA CNS PATHOGEN NEXT-GENERATION SEQUENCING		10/1/2022	
0326U	TRGT GEN SEQ Alys SLD ORGN NEO CLL-FR DNA 83+		10/1/2022	
0327U	FTL ANEUPLOIDY TRSMY DNA SEQ Alys MAT PLSM RSK		10/1/2022	
0328U	DRUG ASSAY DEF 120+ RX AND METABOLITES UR W/LC-MS/MS		10/1/2022	
0330U	IADNA VAG PTHGN PNL 27 ORG AMP PROBE VAG SWAB		10/1/2022	
0331U	ONC HL NEO OPT GEN MAPPING W/DNA BLD/BONE MARROW		10/1/2022	
0333U	ONC LVR SRVLNC HCC Alys METHYLTN PATTERNS CFDNA		1/1/2023	
0334U	ONC SLD ORGN TGSA FFPE TUM TISS DNA 84/+ GEN		1/1/2023	
0335T	Insertion of sinus tarsi implant		2/24/2018	
0335U	RARE DISEASES WHOLE GENOME SEQ Alys FETAL SAMPLE		1/1/2023	
0336U	RARE DISEASES WHOLE GENOME SEQ Alys BLOOD/SALIVA		1/1/2023	
0338T	TRANSCATHETER RENAL SYMPATHETIC DENERVATION, PERCUTANEOUS APPROACH INCLUDING ARTERIAL		2/24/2018	
0339T	TRANSCATHETER RENAL SYMPATHETIC DENERVATION, PERCUTANEOUS APPROACH INCLUDING ARTERIAL		2/24/2018	
0339U	ONC PROSTATE MRNA XPRSN PRFLG HOXC6 AND DLX1 RT-PCR		1/1/2023	
0340U	ONC PAN CANCER ANALYSIS MRD FROM PLASMA		1/1/2023	
0341T	QUANTITATIVE PUPILLOMETRY WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL		2/24/2018	
0341U	FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE Alys		1/1/2023	
0342T	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION		2/24/2018	
0343U	ONC PRST8 XOME BASED Alys 442 SNCRNA RT-QPCR UR		1/1/2023	
0345T	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS		2/24/2018	
0345U	PSYC GENOMIC Alys PANEL VARIANT Alys 15 GENES		1/1/2023	
0346T	ULTRASOUND, ELASTOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No Auth Required		Authorization released 2/24/2018
0347U	RX METAB/PCX DNA 16 GENE VRNT Alys AND REPRTD PHNT		1/1/2023	
0348U	RX METAB/PCX DNA 25 GENE VRNT Alys AND REPRTD PHNT		1/1/2023	
0349U	RX METAB/PCX DNA 27 GEN VRNT Alys AND PHNT GEN-RX IA		1/1/2023	
0350U	RX METAB/PCX DNA 27 GENE VRNT Alys AND REPRTD PHNT		1/1/2023	
0353U	IADNA CHLMYD TRCHMTS AND NEISSRA GONORR MULT AMP PRB		1/1/2023	
0355U	APOL1 RISK VARIANTS		4/1/2023	
0356U	ONC OROPHARYNGEAL 17 BMRK CLL FREE DNA DDPCR ALG		4/1/2023	
0358U	NEURO MLD COG IMPAIRMNT Alys B-AMYLOID 1-42 AND 1-40		4/1/2023	
0359U	ONC PRST8 CA Alys ALL PSA STRUCTURAL ISOFORMS		4/1/2023	

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0360U	ONCOLOGY LUNG ELISA 7 AUTOANTIBODIES PLASMA ALG		4/1/2023	
0361U	NEUROFILAMENT LIGHT CHAIN DIGITAL IA PLASMA QUAN		4/1/2023	
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient,		9/15/2018	
0362U	ONC PAP THYR CA RNA SEQ 82 CNT AND 10 HSKP GEN ALG		4/1/2023	
0363U	ONC URTHL MRNA GEN XPRSN PRFLG RT QUAN PCR 5 GEN		4/1/2023	
0364U	ONC HL NEO GEN SEQ ALYS ALG QUAN DMT CLNL SEQ	Reviewed by EviCore		
0365U	ONC BLDR ALYS 10 PRTN BMRK ALG PRB BLDR CA		7/1/2023	
0366U	ONC BLDR ALYS 10 PRTN BMRK ALG PRB RECR BLDR CA		7/1/2023	
0367U	ONC BLDR 10PRTN BMRK ALG PRB CA FLWG TRURL RESCJ		7/1/2023	
0368U	ONC CLRCT CA EVAL MUT AND MTHYLTN MRK MULT QPCR		7/1/2023	
0371U	IADNA GU PTHGN SEMIQ ID DNA 16 BCT AND 1FNGL ORG UR		7/1/2023	
0372U	NFCT DS GU PTHGN ARG DETCJ MULT AMP PRB TQ UR		7/1/2023	
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with		9/15/2018	
0375U	ONC OVARIAN BIOCHEM ASSAY 7 PRTNS ALG RSK SCOR		7/1/2023	
0376U	ONC PRST8 CA IMG ALYS 128 HLOG FEAT AND CLIN FCTR		7/1/2023	
0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence		2/24/2018	
0377U	CV DS QUAN ADV SRM/PLSM LPOPRTN PRFL NMR SPECT		7/1/2023	
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated	No Auth Required		Authorization released 2/24/2018
0378U	RFC1 REPEAT XPNSJ VRNT ALY TRAD AND REPEAT PRIME PCR		7/1/2023	
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated	No Auth Required		Authorization released 2/24/2018
0379U	TGSAP SLD ORG NEO DNA 523 AND RNA 55 NEXT GNRJ SEQ		7/1/2023	
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression,		2/24/2018	
0384U	NEPH CKD RSK SCOR PREDICTIVE PRGSN HI STG KDN DS		7/1/2023	
0385U	NEPH CKD PLSM ALG RSK SCORE DIABETIC KDN DS		7/1/2023	
0387U	ONC MLNMA AMBRA1 AND LORICRIN IMHCHEM FPPE TISS		10/1/2023	
0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Reviewed by EviCore		
0389U	PED FEBRILE ILNES KAWASAKI DS IFI27 AND MCEP1 RNA		10/1/2023	
0390U	OB PREECLAMPسيا KDR ENDOGLIN AND RBP4 IA SRM ALG		10/1/2023	
0391U	ONC SLD TUM DNA AND RNA NXT GNJ SEQ FPPE TISS 437		10/1/2023	
0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6		10/1/2023	
0393U	NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL		10/1/2023	
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC		2/24/2018	
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION,		2/24/2018	
0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL		10/1/2023	
0397T	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OPTICAL ENDOMICROSCOPY (LIST		2/24/2018	
0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA		10/1/2023	
0399T	MYOCARDIAL STRAIN IMAGING (QUANTITATIVE ASSESSMENT OF MYOCARDIAL MECHANICS USING IMAGE-	No Auth Required		Authorization released 2/24/2018
0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS		10/1/2023	
0401U	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG		10/1/2023	
0402T	COLLAGEN CROSS-LINKING OF CORNEA (INCLUDING REMOVAL OF THE CORNEAL EPITHELIUM AND		2/24/2018	
0403T	PREVENTIVE BEHAVIOR CHANGE, INTENSIVE PROGRAM OF PREVENTION OF DIABETES USING A STANDARDIZED		2/24/2018	

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0403U	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG		2/1/2024	
0405U	ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM		2/1/2024	
0406T	NASAL ENDOSCOPY, SURGICAL, ETHMOID SINUS, PLACEMENT OF DRUG ELUTING IMPLANT	No Auth Required		Authorization released 2/24/2018
0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG		2/1/2024	
0407T	NASAL ENDOSCOPY, SURGICAL, ETHMOID SINUS, PLACEMENT OF DRUG ELUTING IMPLANT; WITH BIOPSY,	No Auth Required		Authorization released 2/24/2018
0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG		2/1/2024	
0408T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING		2/24/2018	
0409T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING		2/24/2018	
0409U	ONC SLD TUM DNA 80 AND RNA 36 GEN NEXT GNRJ SEQ PLSM		2/1/2024	
0410T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING		2/24/2018	
0410U	ONC PNCRTC DNA WHL GN SEQ 5-HYDROXYMETHYLCYTOSN		2/1/2024	
0411T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING		2/24/2018	
0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES		2/1/2024	
0412T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ONLY		2/24/2018	
0412U	BETA AMYLOID AB42/40 IMPRCP QUAN LC-MS/MS ALG		2/1/2024	
0413T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTRODE (ATRIAL		2/24/2018	
0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA		2/1/2024	
0414T	REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM PULSE		2/24/2018	
0414U	ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN		2/1/2024	
0415T	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION TRANSVENOUS		2/24/2018	
0415U	CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS		2/1/2024	
0416T	RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION PULSE GENERATOR		2/24/2018	
0417T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE		2/24/2018	
0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES		2/1/2024	
0418T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES		2/24/2018	
0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT		2/1/2024	
0419T	DESTRUCTION NEUROFIBROMATA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS);		2/24/2018	
0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN		2/1/2024	
0420T	DESTRUCTION NEUROFIBROMATA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS);		2/24/2018	
0420U	ONC URTHL MRNA XPRSN PRFL RT QUAN PCR DDPCR 6SNP			
0421T	TRANSURETHRAL WATERJET ABLATION OF PROSTATE, INCLUDING CONTROL OF POST-OPERATIVE BLEEDING,		2/24/2018	
0421U	ONC CLRCT SCR QUAN RT TRGT & SGL AMP 8 RNA MRK			
0422T	TACTILE BREAST IMAGING BY COMPUTER-AIDED TACTILE SENSORS, UNILATERAL OR BILATERAL		2/24/2018	
0422U	ONC PAN SOLID TUM ALYS DNA BMRK RSPSE ANTCA THER			
0423U	PSYC GENOMIC ALYS PNL VRNT ALYS 26 GEN BUCC SWAB			
0424U	ONC PRST8 XOME BASED ALYS 53 SNCRNA RT-QPCR UR			
0425U	GENOME RAPID SEQ ANALYSIS EACH COMPARATOR GENOME			
0426U	GENOME ULTRA-RAPID SEQUENCE ANALYSIS			
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR	No Auth Required		Authorization released 2/24/2018
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	No Auth Required		Authorization released 2/24/2018
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD	No Auth Required		Authorization released 2/24/2018

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0432T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	No Auth Required		Authorization released 2/24/2018
0433T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD	No Auth Required		Authorization released 2/24/2018
0433U	ONC PROSTATE 5 DNA REG MRK QUAN PCR WHL BLD ALG			
0434T	INTERROGATION DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR	No Auth Required		Authorization released 2/24/2018
0434U	RX METAB ADVRS RX RXN&RSPSE VARIANT ALYS 25 GEN			
0435T	PROGRAMMING DEVICE EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR	No Auth Required		Authorization released 2/24/2018
0436T	PROGRAMMING DEVICE EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR	No Auth Required		Authorization released 2/24/2018
0436U	ONC LNG PLSM ALYS 388 PRTN APTMR BSD PRTOCMC TECH			
0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal		2/24/2018	
0437U	PSYC ANXIETY DO MRNA GEN XPRSN PRFL RNA 15 BMRK			
0438U	RX METAB ADVRS RX RXN&RSPSE VRNT ALYS 33 GENES			
0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia		2/24/2018	
0439U	CRD CHD DNA ALYS 5 SNP 3 DNA MTHYLTN MRK QPCR		7/1/2024	
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve		2/24/2018	
0440U	CRD CHD DNA ALYS 10 SNP 6 DNA MTHYLTN MRK QPCR		7/1/2024	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve		2/24/2018	
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg,		2/24/2018	
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy		2/24/2018	
0443U	NEUROFILAMENT LIGHT CHAIN ULTRSENS IA SERUM/CSF		7/1/2024	
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and		2/24/2018	
0444U	ONC SLD ORGN NEO TGSAP 361 GEN INTERROG DNA FPPE		7/1/2024	
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and		2/24/2018	
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system		2/24/2018	
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision		2/24/2018	
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic		2/24/2018	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival		2/24/2018	
0449U	CAR SCR SEV INH COND GENOMIC SEQ ALYS PNL 5 GEN		7/1/2024	
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival		2/24/2018	
0450U	ONC MM LC-MS/MS MONOCLONAL P-PRTN SEQ ALYS SERUM		10/1/2024	
0451U	ONC MM LC-MS/MS PEPTIDE ION QUANTIFICATION SERUM		10/1/2024	
0452U	ONC BLADDER MTHYL PENK DNA DETCJ LTE-QMSP URINE		10/1/2024	
0453U	ONC CLRCT CA CFDNA MTHYLTN BSD QUAN PCR ASY PLSM		10/1/2024	
0454U	RARE DS ID VRTJ INVRI INSIJ TLCJ OPT GENOME MAPG		10/1/2024	
0456U	AI RA NGS GEN XPRSN 19 GEN WHL BLD ALYS ANTI-CCP		10/1/2024	
0457U	PFAS 9 PFAS COMPOUNDS LC-MS/MS PLASMA/SERUM QUAN		10/1/2024	
0458U	ONC BREAST CA S100 A8&A9 ELISA TEAR FLUID ALG		10/1/2024	
0459U	ABETA42 & TTAU ECLIA CEREBRAL SPINAL FLUID RATIO		10/1/2024	
			10/1/2024	
0460U	ONC WHL BLD/BUCCAL DNA SNP GNOTYP RT-PCR 24 GENE			
0461U	ONC RX-GENOMIC ALYS SNP GNOTYP RT-PCR 24 GENES		10/1/2024	

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0462U	MELATONIN LVL TEST SLEEP STUDY 7/9 SAMPLE ELISA		10/1/2024	
0463U	ONC CERVIX MRNA GENXPRSN 14 BMRK E6&E7 HPV NASBA		10/1/2024	
0465U	ONC UROTHELIAL CARC DNA QMSP 2 GENES ALG ALYS		10/1/2024	
0466U	CRD CAD DNA GWAS 564856 SNP TRGT VARIANT GNOTYP		10/1/2024	
0467U	ONC BLDR DNA NGS 60 GEN&WHL GENOME ANEUP UR ALG		10/1/2024	
0468U	HEP NASH MIR-34A-5P A2M YKL40 HBA1C SRM&WHL BLD		10/1/2024	
0469U	RARE DS WHL GENOM SEQ ALYS CHROMOML ABNR FTL SAMP		10/1/2024	
0470U	ONC OROP DETCJ MRD NGS QUAN EVAL 8DNA CFHPV16&18		10/1/2024	
0472U	CA VI PSP&SP1 ANTB ELISA SEMIQL BLD SJOGREN SYND		10/1/2024	
0473U	ONC SOLID TUMOR NGS DNA FFPE TISS BLD/SLV 648GEN		10/1/2024	
0474U	HERED PAN CA GSAP 88 GENES 20DUP/DEL NGS BLD/SLV		10/1/2024	
0475U	HERED PRST8 CA-RLTD DO GSAP NGS CGH EVAL 23 GENE		10/1/2024	
0476U	RX METAB PSYC RX-GENOMIC GNOTYP 14GEN AND CYP2D6 CNV	Reviewed by EviCore		
0477U	RX METAB PSY GNOTYP 14GEN AND CYP2D6 IMPCT GEN-RX IA	Reviewed by EviCore		
0478U	ONC NSCLC DNA AND RNA DPCR ALYS 9 GENES FFPE TISSUE	Reviewed by EviCore		
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or		2/24/2018	
0479U	TAU PHOSPHORYLATED PTAU217		1/1/2025	
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional		2/24/2018	
0480U	NFCT DS CSF METAGENOMIC NGS BIOINFORMATIC ALYS		1/1/2025	
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image		2/24/2018	
0481U	IDH1 IDH2 AND TERT PROMOTER CNS TUMORS NGS S/D/I	Reviewed by EviCore		
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List		2/24/2018	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach,		2/24/2018	
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg,		2/24/2018	
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral		2/24/2018	
0485U	ONC SOL TUM CFDNA AND RNA NGS IR GM CHIP TUM-DRV SNV	Reviewed by EviCore		
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral		2/24/2018	
0486U	ONC PAN SOL TUM NGS ALYS TUM MTHYLTN MRK CFCTDNA	Reviewed by EviCore		
0487T	Biomechanical mapping, transvaginal, with report		2/24/2018	
0487U	ONC SOL TUM CFCDNA TGSAP 84GEN INTERROG SEQ VRNT	Reviewed by EviCore		
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a		2/24/2018	
0488U	OB FTL AG NIPT CFDNA SEQ ALYS DETCJ FTL PRESENCE	Reviewed by EviCore		
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting,		2/24/2018	
0489U	OB SGNIPT CFDNA SEQ ALYS 1+ TRGT ID PTHGNC VRNT	Reviewed by EviCore		
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or		2/24/2018	
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment		2/24/2018	
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment		2/24/2018	
0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)		2/24/2018	
0493U	TRNSPLJ MED QUANTIFICATION DD-CFDNA NGS PLASMA	Reviewed by EviCore		
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 performed		2/24/2018	
0494U	RBC ANTIGEN FTL RHD GENE ALYS NGS CRCG CFDNA BLD	Reviewed by EviCore		

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0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or		2/24/2018	
0495U	ONC PRST8 ALYS CRCG PLSM PRTNS GERMLINE POLYG RS	Reviewed by EviCore		
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or		2/24/2018	
0496U	ONC CLRCT CFDNA 8GENS MUT 7GENS MTHYLTN RT-PCR	Reviewed by EviCore		
0497T	External patient-activated, physician- or other qualified health care professional-prescribed,		2/24/2018	
0497U	ONC PRST8 MRNA GEN XPRSN PRFL RT-PCR 6GEN FFPE	Reviewed by EviCore		
0498T	External patient-activated, physician- or other qualified health care professional-prescribed,		2/24/2018	
0498U	ONC CLRCT NGS MUT DETCJ 43GEN AND MTHYLTN PTRN 45GEN	Reviewed by EviCore		
0499U	ONC CLRCT AND LNG DNA FFPE TISS NGS 8GENES MUT DETCJ	Reviewed by EviCore		
0500U	AUTOINFLAM DS VEXAS SYND DNA UBA1 GENE MUT ALYS	Reviewed by EviCore		
0501F	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography	No Auth Required		Authorization released 2/24/2018
0501U	ONC COLORECTAL BLOOD QUANTITATIVE MEAS CFDNA	Reviewed by EviCore		
0502F	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography	No Auth Required		Authorization released 2/24/2018
0502U	HPV E6/E7 MRK HI-RSK TYPE CRV CLL BCC HYBRDZTN		1/1/2025	
0503U	NEURO ALZ DS BETA AMYL AND TAU PRTN BLD LC-MS/MS ALG		1/1/2025	
0505F	HEMODIALYSIS PLAN OF CARE DOCUMENTED (ESRD)1	No Auth Required		Authorization released 2/24/2018
0506U	GI BARRETTS ESOPHGL CELL DNA MTHYLTN ALYS NGS 89	Reviewed by EviCore		
0507F	PERITONEAL DIALYSIS PLAN OF CARE DOCUMENTED (ESRD)1	No Auth Required		Authorization released 2/24/2018
0507U	ONC OVARIAN DNA WHOLE GENOME SEQ W/5HMC NRCHMT	Reviewed by EviCore		
0508U	TRNSPLJ MED QUAN DD-CFDNA 40 SNPS PLASMA AND URINE	Reviewed by EviCore		
0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED (GER)5	No Auth Required		Authorization released 2/24/2018
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)		1/1/2019	
0509U	TRNSPLJ MED QUAN DD-CFDNA<12 SNPS PREV ID PLASMA	Reviewed by EviCore		
0510T	Removal of sinus tarsi implant		1/1/2019	
0510U	ONC PNCRTC CA AUGMNT ALG ALYS 16GEN PREV SEQ RNA	Reviewed by EviCore		
0511T	Removal and reinsertion of sinus tarsi implant		1/1/2019	
0511U	ONC SOL TUM CELL CUL 3D MICROENVIR 36+ RX PANEL		1/1/2025	
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and		1/1/2019	
0513F	ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED (CKD)1	No Auth Required		Authorization released 2/24/2018
0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and		1/1/2019	
0514F	PLAN OF CARE FOR ELEVATED HEMOGLOBIN LEVEL DOCUMENTED FOR PATIENT RECEIVING ERYTHROPOIESIS-	No Auth Required		Authorization released 2/24/2018
0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary		1/1/2019	
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and		1/1/2019	
0516F	ANEMIA PLAN OF CARE DOCUMENTED (ESRD)1	No Auth Required		Authorization released 2/24/2018
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and		1/1/2019	
0516U	RX METAB WHL BLD RXGENOMIC GNOTYP 40GENES AND CYP2D6	Reviewed by EviCore		
0517F	GLAUCOMA PLAN OF CARE DOCUMENTED (EC)5	No Auth Required		Authorization released 2/24/2018
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and		1/1/2019	
0518F	FALLS PLAN OF CARE DOCUMENTED (GER)5	No Auth Required		Authorization released 2/24/2018
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing		1/1/2019	
0519F	PLANNED CHEMOTHERAPY REGIMEN, INCLUDING AT A MINIMUM: DRUG(S) PRESCRIBED, DOSE, AND	No Auth Required		Authorization released 2/24/2018

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0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator		1/1/2019	
0520F	NORMAL TISSUE DOSE CONSTRAINTS ESTABLISHED WITHIN FIVE TREATMENT DAYS FROM THE INITIATION OF A	No Auth Required		Authorization released 2/24/2018
0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator		1/1/2019	
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and		1/1/2019	
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the		1/1/2019	
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for		1/1/2019	
0523U	ONC SOLID TUMOR DNA QUAL NGS SNV 22GEN FFPE TISS		4/1/2025	
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or		1/1/2019	
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor,		1/1/2019	
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor,		1/1/2019	
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor,		1/1/2019	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment		1/1/2019	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and		1/1/2019	
0529U	HEM VTE GW SNP F2&F5 GENE ALYS & LEIDEN VRNT SLV		4/1/2025	
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation;		1/1/2019	
0530U	ONC PAN-SOL TUM CTDNA PLSM NGS 77 GEN 8 FUJN MSI		4/1/2025	
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation;		1/1/2019	
0531U	NFCT DS AFB AND INVAS FUNGI DNA 673 ORGS NGS PLASMA		7/1/2025	
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation;		1/1/2019	
0532U	RARE DS RAPID WHL GEN AND MITOCHDRL DNA SEQ SNV SLV		7/1/2025	
0533U	RX METAB ADVRS RX RXN AND RSPSE GNOTYP 16 GENES		7/1/2025	
0534U	ONC PRST8 MIRNA SNP ALYS RT-PCR 32VRNT BUCC SWAB		7/1/2025	
0536U	RBC AG FETAL RHD PCR ALYS EXON 4 RHD GENE AND GAPDH		7/1/2025	
0537U	ONC CLRCT CA ALYS CFDNA EPIG PTRN NGS >2500 DMR		7/1/2025	
0538U	ONC SOLID TUM NGTS ALYS FFPE DNA ALYS 600 GENES		7/1/2025	
0539U	ONC SOLID TUMOR CFCTDNA 152 GEN NGS INTERROG SNV		7/1/2025	
0540U	TRNSPLI MEDICINE QUAN DD-CFDNA NGS ALYS PLASMA		7/1/2025	
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using		1/1/2019	
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using		1/1/2019	
0543U	ONC SOL TUM NGS DNA FFPE TISS 517GEN INTEROG SNV		7/1/2025	
0544U	NEFRO TRANSPLANT MNTR 48 VRNTS DPCR CFDNA PLASMA		7/1/2025	
0549U	ONC URTHL DNA QUAN MTHYLTD RT PCR TRNA-CYS SIM2		7/1/2025	
0552U	REPRDTVE MED PGA ALYS GDO TE BX LNKGE ALYS LOCUS		10/1/2025	
0553U	REPRDTVE MED PGA 24CHRMSM EMBRY TE STRUX REARGMT		10/1/2025	
0554U	REPRDTVE MED PGA 24CHRMSM DNA TE BX QUALITY CTRL		10/1/2025	
0555U	REPRDTVE MED PGA 24CHRMSMS EMBRY TE QUALITY CTRL		10/1/2025	
0560U	ONC MRD GEN SEQ ALYS CFDNA TUMOR TISS BL ASSMT		10/1/2025	
0561U	ONC MRD GEN SEQ ALYS CFDNA WHL BLD SBSQ ASSMT		10/1/2025	
0562U	ONC SOL TUM TGSA 33 GENES DETC SNVS CFDNA PLASMA		10/1/2025	
0565U	ONC HCC NGS MTHYLTN PTRN ASSAY DETC 6626 EPIGALT		10/1/2025	
0566U	ONC LNG QPCR-BASED ALYS 13DMRS PLEURAL FLUID ALG		10/1/2025	

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0567U	RARE DS WHL GENOME SEQ ALYS SRS AND LRS SNVS INDELS		10/1/2025	
0568U	NEUROL DEMENTIA BAMYL PTAU NFL AND GFAP ULTR-HI SMAD		10/1/2025	
0569U	ONC SOLID TUMOR NGS ALYS TMM >20000 DMRS CFCTDNA		10/1/2025	
0571U	ONC SOL TUM DNA80 AND RNA10 GENS NGS PLSM SNV INDELS		10/1/2025	
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or		1/1/2021	
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or		1/1/2021	
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or		1/1/2021	
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or		1/1/2021	
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent		1/1/2021	
0621T	Trabeculostomy ab interno by laser		1/1/2021	
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope		1/1/2021	
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary		1/1/2021	
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary		1/1/2021	
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary		1/1/2021	
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary		1/1/2021	
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or		1/1/2021	
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or		1/1/2021	
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or		1/1/2021	
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or		1/1/2021	
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and		1/1/2021	
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right		1/1/2021	
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material		1/1/2021	
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)		1/1/2021	
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed		1/1/2021	
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)		1/1/2021	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)		1/1/2021	
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by		1/1/2021	
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt,		1/1/2021	
0640T	NCNTC NR IFR SPECTRSC FLAP/WND IMG ACQUISJ I AND R		10/1/2022	
0643T	TRANSCATHETER L VENTR RESTORATION DEVICE IMPLTJ		10/1/2022	
0644T	TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ		10/1/2022	
0645T	TCAT IMPLANTATION CORONARY SINUS REDUCTION DEV		10/1/2022	
0646T	TTVI/RPLCMT PROSTC VLV PERQ W/R HRT CATH AND ANGRPH		10/1/2022	
0647T	INSJ GASTROSTOMY TUBE PERQ W/MAGNETIC GASTROPEXY		10/1/2022	
0648T	QUAN MR ALYS TISS COMPOSITION W/O MRI SAME SESS		10/1/2022	
0649T	QUAN MR ALYS TISS COMPOSITION W/MRI		10/1/2022	
0650T	PRGRMG DEV EVAL SCRMS PHYS/QHP REMOTE		10/1/2022	
0651T	MAGNETICALLY CONTROLLED CAPSULE ENDOSCOPY W/I AND R		10/1/2022	
0652T	EGD FLEXIBLE TRANSNASAL DX W/COLLJ SPEC BR/WA		10/1/2022	
0653T	EGD FLEXIBLE TRANSNASAL W/BIOPSY SINGLE/MULTIPLE		10/1/2022	
0654T	EGD FLEXIBLE TRANSNASAL W/INSJ INTRAL TUBE/CATH		10/1/2022	

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0655T	TRANSPERINEAL FOCAL LASER ABLTJ MAL PRST8 TISS		10/1/2022	
0656T	ANTERIOR VERTEBRAL BODY TETHERING <7VRT SEGMENTS		10/1/2022	
0657T	ANTERIOR VERTEBRAL BODY TETHERING 8+VRT SEGMENTS		10/1/2022	
0658T	ELECTRICAL IMPEDENCE SPECTROSCOPY 1+SKIN LESIONS		10/1/2022	
0659T	TCAT INTRA-C NFS SUPERSAT O2 W/PERQ C REVSC AMI		10/1/2022	
0660T	IMPLTJ ANT SGM IO NBIODEGRADABLE RX ELUTING SYS		10/1/2022	
0661T	RMVL AND RIMPLTJ ANT SGM IO NBIODGRD RX ELUT IMPLT		10/1/2022	
0662T	SCALP COOLING 1ST MEASUREMENT AND CAP CALIBRATION		10/1/2022	
0663T	SCALP COOLING PLACEMENT MNTR AND REMOVAL OF DEVICE		10/1/2022	
0664T	DONOR HYSTERECTOMY OPEN FROM CADAVER DONOR		10/1/2022	
0665T	DONOR HYSTERECTOMY OPEN FROM LIVING DONOR		10/1/2022	
0666T	DONOR HYSTERECTOMY LAPS/ROBOTIC FROM LIV DONOR		10/1/2022	
0667T	DONOR HYST RCP UTER ALGRFT TRNSPLJ CDVR/LIV		10/1/2022	
0668T	BACKBENCH PREP CDVR/LIV DONOR UTERINE ALLOGRAFT		10/1/2022	
0669T	BCKBNCH RCNSTJ CDVR/LIV DON UTER ALGRFT VEN ANST		10/1/2022	
0670T	BCKBNCH RCNSTJ CDVR/LIV DON UTER ALGRFT ART ANST		10/1/2022	
0671T	INSJ ANT SGM DRG DEV TRAB MW W/O RES AND CTRC RMVL1+		5/1/2022	
0672T	NDOVAG CRYG COOLD RF REMDL TISS FML BLDR NCK AND URT		5/1/2022	
0673T	ABLATION B9 THYROID NODULE PERQ LASER W/IMG GDN		5/1/2022	
0674T	LAPS INSJ NEW/RPLCMT PERM ISDSS AGMNTJ CAR FUNCJ		5/1/2022	
0675T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS 1ST LEAD		5/1/2022	
0676T	LAPS INSJ NEW/RPLCMT LEAD PERM ISDSS EA ADL LEAD		5/1/2022	
0677T	LAPS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD		5/1/2022	
0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD		5/1/2022	
0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS		5/1/2022	
0686T	HISTOTRIPSY MAL HEPATOCELLULAR TISS W/IMG GDN		5/1/2022	
0687T	TX AMBLYOPIA DEV SUPLY EDUCATIONAL SETUP 1ST SES		5/1/2022	
0688T	TX AMBLYOPIA ASSMT PERF PHYS/QHP W/REPORT CAL MO		5/1/2022	
0689T	QUAN US TISS CHARAC I AND R W/O DX US SAME ANAT		5/1/2022	
0690T	QUANTITATIVE US TISS CHARAC I AND R W/DX US SM ANAT		5/1/2022	
0691T	AUTO ALYS XST CT VRT FX ASMT B1 DNS DATA PRP I AND R		5/1/2022	
0692T	THERAPEUTIC ULTRAFILTRATION		5/1/2022	
0693T	COMPRES FUL BDY CPTR MRKRLS 3D KNMTC AND KIN MTN ALYS		5/1/2022	
0694T	3D VOLUMETRIC IMG AND RCNSTJ BRST/AX LYMPH NODE TISS		5/1/2022	
0695T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM IMPLT		5/1/2022	
0696T	BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM F/UP		5/1/2022	
0697T	QUAN MR ALYS TIS COMPJ WO MRI SAME SESS MLT ORGN		5/1/2022	
0698T	QUAN MR ALYS TISS COMPOSITION W/MRI MLT ORGANS	No Auth Required		
0702T	REM THER MNTR OL DIG COG BHV THER PRGRM SPLY TCH		5/1/2022	
0703T	REM THER MNTR OL DIG COG BHV THER PRGRM CAL MO		5/1/2022	
0704T	REM TX AMBLYOPIA DEV SUPPLY 1ST SETUP AND PT EDUCAJ		5/1/2022	

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0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAIING HR EA 30		5/1/2022	
0706T	REM TX AMBLYOPIA I AND R PHYS/QHP PER CALENDAR MONTH		5/1/2022	
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT		5/1/2022	
0708T	INTRADERMAL CANCER IMMNTX PREP AND 1ST INJECTION		5/1/2022	
0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION		5/1/2022	
0710T	N-INVAS ARTL PLAQ ALYS DATA PRP QUAN REVIEW I AND R		5/1/2022	
0711T	N-INVAS ARTL PLAQ ALYS DATA PREP AND TRANSMISSION		5/1/2022	
0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX AND COMPOS VSL WAL		5/1/2022	
0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I AND R		5/1/2022	
0714T	TPRNL LSR ABLTJ B9 PROSTATIC HYPERPLASIA W/IMG		10/1/2022	
0716T	CARDIAC ACOUS WAVFRM REC AUTO ALYS CAD RSK SCORE		10/1/2022	
0717T	ADRC THER PRTL THICKNESS RC TEAR		10/1/2022	
0718T	ADRC THER PRTL THICKNESS RC TEAR NJX TENDON UNI		10/1/2022	
0719T	PST VERTEBRAL JOINT RPLCMT LUMBAR SPI SINGLE SGM		10/1/2022	
0720T	PERQ ELEC NRV FIELD STIMJ CRANIAL NRVS WO IMPLTJ		10/1/2022	
0721T	QUAN CT TISS CHARAC I AND R W/O CNCRNT CT EXAM		10/1/2022	
0723T	QMRCP W/O DIAGNOSTIC MRI SM ANATOMY DRG SM SESS		10/1/2022	
0725T	VESTIBULAR DEVICE IMPLANTATION UNILATERAL		10/1/2022	
0726T	REMOVAL IMPLANTED VESTIBULAR DEVICE UNILATERAL		10/1/2022	
0727T	RMVL AND RPLCMT IMPLANTED VESTIBULAR DEVICE UNI		10/1/2022	
0728T	DX ALYS VESTIBULAR IMPLANT UNILATERAL 1ST PRGRMG		10/1/2022	
0729T	DX ALYS VESTIBULAR IMPLANT UNI SBSQ PRGRMG		10/1/2022	
0730T	TRABECULOTOMY BY LASER INCLUDING OCT GUIDANCE		10/1/2022	
0731T	AUGMENTATIVE AI-BASED FACIAL PHENOTYPE A/R		10/1/2022	
0732T	IMMUNOTHERAPY ADMN WITH ELECTROPORATION IM		10/1/2022	
0733T	REM BDY AND LMB KNMTC MEAS THER SPLY AND TECH SPRT 30D		10/1/2022	
0734T	REM BDY AND LMB KNMTC MEAS THER TX MGMT SVCS CAL MO		10/1/2022	
0735T	PREPJ TUMOR CAVITY IORT CNCRNT W/PRIM CRANIOTOMY		10/1/2022	
0736T	COLONIC LAVAGE 35+L WATER W/INDUCED DEFECATION		10/1/2022	
0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS		4/1/2023	
0739T	ABLATION MAL PRST8 TISS MAGNETIC FIELD INDUCTION		4/1/2023	
0740T	REM AUTON ALG INSULIN DOSE 1ST SETUP AND PT EDUCAJ		4/1/2023	
0741T	REM AUTON ALG NSLN DOS CAL SW DATA COLL TRANSMIS		4/1/2023	
0743T	BONE STRENGTH AND FRACTURE RSK CNCRNT VRT FX ASSMT		4/1/2023	
0744T	INSERTION BIOPROSTHETIC VALVE OPEN FEMORAL VEIN		4/1/2023	
0745T	CAR FCL ABLTJ RADJ ARRHYT N-INVAS LOCLZJ AND MAPG		4/1/2023	
0746T	CAR FCL ABLTJ RADJ ARRHYT CONV LOCLZJ AND MAPG		4/1/2023	
0747T	CAR FCL ABLTJ RADJ ARRHYT DLVR RADJ THER		4/1/2023	
0748T	NJX STEM CLL PRDCT PERIANAL PERIFISTULAR SFT TIS		4/1/2023	
			4/1/2023	
0749T	B1 STR AND FX RISK ASSESSMENT USING DXR-BMD ALYS		4/1/2023	
0750T	B1 STR AND FX RSK ASSMT DXR-BMD ALYS W/1VW XRAY HAND		4/1/2023	

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0751T	DGTZ GLASS MCRSCP SLD LEVEL II SURG PATH		4/1/2023	
0752T	DGTZ GLASS MCRSCP SLD LEVEL III SURG PATH		4/1/2023	
0753T	DGTZ GLASS MCRSCP SLD LEVEL IV SURG PATH		4/1/2023	
0754T	DGTZ GLASS MCRSCP SLD LEVEL V SURG PATH		4/1/2023	
0755T	DGTZ GLASS MCRSCP SLD LEVEL VI SURG PATH	Reviewed by TurningPoint		
0756T	DGTZ GLASS MCRSCP SLD SPEC STAIN GRP I MICROORG		4/1/2023	
0757T	DGTZ GLASS MCRSCP SLD SPEC STAIN GRP II ALL OTH		4/1/2023	
0758T	DGTZ GLASS MCRSCP SLD SPEC STAIN HCHEM STAIN		4/1/2023	
0759T	DGTZ GLAS MCRSCP SLD SPEC STN GRP III NZM CONST		4/1/2023	
0760T	DGTZ GLASS MCRSCP SLD IMHCHEM/IMCYTCHM 1ST 1STN		4/1/2023	
0761T	DGTZ GLASS MCRSCP SLD IMHCHEM/IMCYTCHM EA ADDL 1		4/1/2023	
0762T	DGTZ GLS MCRSCP SLD IMHCHEM/IMCTCHM EA MULT ANTB		4/1/2023	
0763T	DGTZ GLASS MCRSCP SLD M/PHMTRC ALYS TUM IMHCHEM		4/1/2023	
0764T	ASSTV ALG ECG RSK-BASED ASSMT RELATED CNCRT ECG		4/1/2023	
0765T	ASSTV ALG ECG RSK-BASED ASSMT RELATED PREV ECG		4/1/2023	
0766T	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1STTX 1NRV		4/1/2023	
0767T	TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1STTX EA		4/1/2023	
0770T	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY		4/1/2023	
0771T	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>		4/1/2023	
0772T	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN		4/1/2023	
0773T	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>		4/1/2023	
0774T	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN		4/1/2023	
0776T	THERAPEUTIC INDUCTION OF INTRA-BRAIN HYPOTHERMIA		4/1/2023	
0777T	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM		4/1/2023	
0778T	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC		4/1/2023	
0779T	GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I AND R		4/1/2023	
0780T	INSTLJ FECAL MICROBIOTA SSP RCT NMA LWR GI TRC		4/1/2023	
0781T	BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI		4/1/2023	
0782T	BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS		4/1/2023	
0783T	TC AURICULAR NSTIMJ SETUP CALIBRATION AND PT EDUCAJ		4/1/2023	
0784T	INSJ/RPLCMT PERQ ELTRD RA SPI W/INTEGRATED NSTIM		4/1/2024	
0786T	INSJ/RPLCMT PERQ ELTRD RA SAC W/INTEGRATED NSTIM		4/1/2024	
0790T	REVJ RPLCMT/RMVL TLMBR/LMBR VRT BODY TETHERING		4/1/2024	
0791T	MOTOR COG SEMI-IMMRV VR FACIL GAIT TRAIING EA 15	Reviewed by NIA		NIA effective 2/1/2024
0793T	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART		10/1/2023	
0794T	PT SPEC ALG RANKING PHARMACONCOLOGIC TX OPTIONS		10/1/2023	
0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS		10/1/2023	
0796T	TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT		10/1/2023	
0797T	TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT		10/1/2023	
0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS		10/1/2023	
0799T	TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT		10/1/2023	

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0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT		10/1/2023	
0801T	TCAT RMVL AND RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS		10/1/2023	
0802T	TCAT RMVL AND RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT		10/1/2023	
0803T	TCAT RMVL AND RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT		10/1/2023	
0805T	TCAT SUPR AND IVC PROSTC VLV IMPLTJ PERQ FEM VN APPR		10/1/2023	
0806T	TCAT SUPR AND IVC PROSTC VLV IMPLTJ OPEN FEM VN APPR		10/1/2023	
0807T	PULM TISS VNTJ ALYS IN CMBN PREV ACQUIRED CT		10/1/2023	
0808T	PULM TISS VNTJ ALYS IN CMBN CT F/PULM TISS VNTJ		10/1/2023	
0816T	OPEN INSI/RPLCMT INTEGRATED NSTIMJ SYS PTN SUBQ		4/1/2024	
0817T	OPEN INSI/RPLCMT INTEGRATED NSTIMJ SYS PTN SUBF		4/1/2024	
0820T	CONT IP MNTR&IVNTJ PSYCHEDELIC MED THERAPY 1ST		4/1/2024	
0821T	CONT IP MNTR&IVNTJ PSYCHEDELIC MED THERAPY 2ND		4/1/2024	
0822T	CONT IP MNTR&IVNTJ PSYCHEDELIC MED THERAPY STAFF		4/1/2024	
0859T	NCNTC NR IFR SPECTRSC OTH/THN PAD EA ANTMC SITE		4/1/2024	
0860T	NCNTC NR IFR SPECTRSC SCR PAD W/PROV MANEUVERS		4/1/2024	
0864T	LOW INTENSITY ESWT CORPUS CAVERNOSUM LOW ENERGY		4/1/2024	
0865T	QUAN MRI ALYS BRAIN W/O DIAGNOSTIC MRI SAME SESS		4/1/2024	
0866T	QUAN MRI ALYS BRAIN WITH DIAGNOSTIC MRI		4/1/2024	
0867T	TPLA B9 PROSTATIC HYPERPLASIA PRST8 VOL>=50 ML		10/1/2024	
0868T	HIGH-RESOLUTION GASTRIC ELECTROPHYSIOLOGY MAPG		10/1/2024	
0870T	IMPLANTATION SUBQ PERITONEAL ASCITES PUMP SYS		10/1/2024	
0871T	REPLACEMENT SUBCUTANEOUS PERITONEAL ASCITES PUMP		10/1/2024	
0872T	RPLCMT INDWELLING BLADDER & PERITONEAL CATHETERS		10/1/2024	
0873T	REVJ SUBQ IMPL PERITONEAL ASCITES PUMP SYSTEM		10/1/2024	
0874T	REMOVAL PERITONEAL ASCITES PUMP SYSTEM		10/1/2024	
0876T	DUPLEX SCAN HEMODIALYSIS FISTULA CPTR AIDED LMTD		10/1/2024	
0877T	AUGMNT ALYS CH CT IMG DATA ILD WO CNCRNT CT EXAM		10/1/2024	
0878T	AUGMNT ALYS CH CT IMG DATA ILD W/CNCRNT CT EXAM		10/1/2024	
0879T	AUGMNT ALYS CH CT IMG DATA ILD DATA PREP&TRNSMS		10/1/2024	
0880T	AUGMNT ALYS CH CT IMG DATA ILD PHYS/QHP I&R		10/1/2024	
0881T	CRTX ORAL CAVITY TEMP REGULATED FLU COOLING SYS		10/1/2024	
0884T	ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH		10/1/2024	
0885T	COLSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH		10/1/2024	
0886T	SGMDSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH		10/1/2024	
0888T	HISTOTRIPSY MALIGNANT RENAL TISSUE W/IMG GDN		10/1/2024	
0889T	PERSONALIZED TARGET DEVELOPMENT ARHFCMRIGTBS		10/1/2024	
0890T	ARHFCMRIGTBS 1ST MOTOR THRESHOLD DETER 1ST TX D		10/1/2024	
0891T	ARHFCMRIGTBS SUBSEQUENT TREATMENT DAY		10/1/2024	
0892T	ARHFCMRIGTBS SBSQ MOTOR THRESHLD REDETER PR TX D		10/1/2024	
0893T	N-INVAS ASSMT BLD OXY GAS XCHNG EFF&CARDRESP I&R		10/1/2024	
0897T	N-INVAS AUGMNT ARRHYT ALYS QUAN CAR ARRHYT SIMUL		10/1/2024	

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0898T	NONINVASIVE PROSTATE CANCER ESTIMATION MAP		10/1/2024	
0899T	N-INVAS DETER AQMBF AUGMNT ALG ALYS DATASET CMR		10/1/2024	
0900T	N-INVAS EST AQMBF ASSITIVE ALG ALYS DATASET CMR		10/1/2024	
0906T	COMS THERAPY WND ASSMT&DR 1ST APPL <=50 SQ CM		4/1/2025	
0907T	COMS THERAPY WND ASSMT&DR EA ADDL APPL<=50 SQ CM		4/1/2025	
0908T	OPEN IMPLTJ INT NEUROSTIMULATION SYS VAGUS NERVE		4/1/2025	
0909T	REPLACEMENT INT NEUROSTIMULATION SYS VAGUS NERVE		4/1/2025	
0944T	3D CONTOUR SIMULAJ TRGT LVR LES&MRGN MICRWV ABLT		4/1/2025	
0950T	ABLTJ B9 PRST8 TISSUE TRANSRECTAL HIFU W/US GDN		10/1/2025	
0951T	TOTALLY IMPL AMEI INITIAL PLACEMENT		10/1/2025	
0956T	PRTL CRNEC CH CRTJ AND TUN ELTRD SUB-SCALP IMPL CEEG		10/1/2025	
0962T	ASSTV ALG ALYS ACOUS AND ECG REC DETCJ CAR DYSF		10/1/2025	
0964T	I AND CUST PREP JAW XPNSJ ORAL PROSTH 1 ARCH		10/1/2025	
0965T	I AND CUST PREP JAW XPNSJ ORAL PROSTH DUAL ARCH N-FX		10/1/2025	
0966T	I AND CUST PREP JAW XPNSJ ORAL PROSTH DUAL ARCH FXD		10/1/2025	
0967T	TRANAL INSJ NDOLUMNL TEMP CLRCT ANAST PROTEC DEV		10/1/2025	
0968T	INSERTION/RPLCMT EPICRANIAL NEUROSTIMULATOR SYS		10/1/2025	
0970T	ABLATION B9 BRST TUM PERQ LASER W/IMG GDN EA TUM		10/1/2025	
0971T	ABLATION MAL BRST TUM PERQ LASER W/IMG GDN UNI		10/1/2025	
0972T	ASSTV ALG CLASSIFICATION BRN HLG N-INVAS M-S IMG		10/1/2025	
0973T	SLCTV NZMTC DBRDMT BRN ESCHAR REQ ANES T/A/L 1ST		10/1/2025	
0974T	SLCTV NZMTC DBRDMT BRN ESCHAR REQ ANES T/A/L EA		10/1/2025	
0975T	SLCTV NZMTC DBRDMT BRN ESCHAR ANES S/N/HF AND /MD 1		10/1/2025	
0976T	SLCTV NZMTC DBRDMT BRN ESCHAR ANES S/N/HF AND /MD EA		10/1/2025	
0977T	UPPER GI BLOOD DETECTION SENSOR CAPSULE I AND R		10/1/2025	
0978T	SBMCSL CRYOLYSIS THER SOFT PALT BASE TONGUE AND TNSL		10/1/2025	
0979T	SBMCSL CRYOLYSIS THERAPY SOFT PALATE ONLY		10/1/2025	
0980T	SBMCSL CRYOLYSIS THER BASE TONGUE AND LINGUAL TONSIL		10/1/2025	
0981T	TCAT IMPL WRLS IVC SNR L-T HEMODYN MNTR		10/1/2025	
1110F	PATIENT DISCHARGED FROM AN INPATIENT FACILITY (EG HOSPITAL, SKILLED NURSING FACILITY, OR	No Auth Required		Authorization released 2/24/2018
1116F	AURICULAR OR PERIAURICULAR PAIN ASSESSED (AOE)1	No Auth Required		Authorization released 2/24/2018
1118F	GERD SYMPTOMS ASSESSED AFTER 12 MONTHS OF THERAPY (GERD)5	No Auth Required		Authorization released 2/24/2018
1119F	INITIAL EVALUATION FOR CONDITION (HEP C)1	No Auth Required		Authorization released 2/24/2018
1121F	SUBSEQUENT EVALUATION FOR CONDITION (HEP C)1	No Auth Required		Authorization released 2/24/2018
1123F	ADVANCE CARE PLANNING DISCUSSED AND DOCUMENTED; ADVANCE CARE PLAN OR SURROGATE DECISION	No Auth Required		Authorization released 2/24/2018
1124F	ADVANCE CARE PLANNING DISCUSSED AND DOCUMENTED IN THE MEDICAL RECORD; PATIENT DID NOT WISH	No Auth Required		Authorization released 2/24/2018
1125F	PAIN SEVERITY QUANTIFIED; PAIN PRESENT (ONC)1	No Auth Required		Authorization released 2/24/2018
1127F	NEW EPISODE FOR CONDITION (ML)5	No Auth Required		Authorization released 2/24/2018
1128F	SUBSEQUENT EPISODE FOR CONDITION (ML)5	No Auth Required		Authorization released 2/24/2018
1130F	BACK PAIN AND FUNCTION ASSESSED, INCLUDING ALL OF THE FOLLOWING: PAIN ASSESSMENT AND FUNCTIONAL STATUS AND PATIENT HISTORY	No Auth Required		Authorization released 2/24/2018
1134F	EPISODE OF BACK PAIN LASTING SIX WEEKS OR LESS (BKP)2	No Auth Required		Authorization released 2/24/2018

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1135F	EPISODE OF BACK PAIN LASTING LONGER THAN SIX WEEKS (BKP)2	No Auth Required	Authorization released 2/24/2018
1136F	EPISODE OF BACK PAIN LASTING 12 WEEKS OR LESS (BKP)2	No Auth Required	Authorization released 2/24/2018
1137F	EPISODE OF BACK PAIN LASTING LONGER THAN 12 WEEKS (BKP)2	No Auth Required	Authorization released 2/24/2018
1150F	DOCUMENTATION THAT A PATIENT HAS A SUBSTANTIAL RISK OF DEATH WITHIN ONE YEAR (PALL CR)	No Auth Required	Authorization released 2/24/2018
1151F	DOCUMENTATION THAT A PATIENT DOES NOT HAVE A SUBSTANTIAL RISK OF DEATH WITHIN ONE YEAR (PALL CR)	No Auth Required	Authorization released 2/24/2018
1152F	DOCUMENTATION OF ADVANCED DISEASE DIAGNOSIS, GOALS OF CARE PRIORITIZE COMFORT (PALL CR)	No Auth Required	Authorization released 2/24/2018
1153F	DOCUMENTATION OF ADVANCED DISEASE DIAGNOSIS, GOALS OF CARE DO NOT PRIORITIZE COMFORT (PALL CR)	No Auth Required	Authorization released 2/24/2018
1175F	FUNCTIONAL STATUS FOR DEMENTIA ASSESSED AND RESULTS REVIEWED (DEM)	No Auth Required	Authorization released 2/24/2018
1180F	ALL SPECIFIED THROMBOEMBOLIC RISK FACTORS ASSESSED (AFIB)1	No Auth Required	Authorization released 2/24/2018
1181F	NEUROPSYCHIATRIC SYMPTOMS ASSESSED AND RESULTS REVIEWED (DEM)	No Auth Required	Authorization released 2/24/2018
1182F	NEUROPSYCHIATRIC SYMPTOMS, 1 OR MORE PRESENT (DEM)	No Auth Required	Authorization released 2/24/2018
1183F	NEUROPSYCHIATRIC SYMPTOMS, ABSENT (DEM)	No Auth Required	Authorization released 2/24/2018
1200F	SEIZURE TYPE(S) AND CURRENT SEIZURE FREQUENCY(IES) DOCUMENTED (EPI)	No Auth Required	Authorization released 2/24/2018
1205F	ETIOLOGY OF EPILEPSY OR EPILEPSY SYNDROME(S) REVIEWED AND DOCUMENTED (EPI)	No Auth Required	Authorization released 2/24/2018
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)5	No Auth Required	Authorization released 2/24/2018
1400F	PARKINSON'S DISEASE DIAGNOSIS REVIEWED (PRKNS)	No Auth Required	Authorization released 2/24/2018
1450F	SYMPTOMS IMPROVED OR REMAINED CONSISTENT WITH TREATMENT GOALS SINCE LAST ASSESSMENT (HF)	No Auth Required	Authorization released 2/24/2018
1451F	SYMPTOMS DEMONSTRATED CLINICALLY IMPORTANT DETERIORATION SINCE LAST ASSESSMENT (HF)	No Auth Required	Authorization released 2/24/2018
1460F	QUALIFYING CARDIAC EVENT/DIAGNOSIS IN PREVIOUS 12 MONTHS (CAD)	No Auth Required	Authorization released 2/24/2018
1461F	NO QUALIFYING CARDIAC EVENT/DIAGNOSIS IN PREVIOUS 12 MONTHS (CAD)	No Auth Required	Authorization released 2/24/2018
1490F	DEMENTIA SEVERITY CLASSIFIED, MILD (DEM)	No Auth Required	Authorization released 2/24/2018
1491F	DEMENTIA SEVERITY CLASSIFIED, MODERATE (DEM)	No Auth Required	Authorization released 2/24/2018
1493F	DEMENTIA SEVERITY CLASSIFIED, SEVERE (DEM)	No Auth Required	Authorization released 2/24/2018
1494F	COGNITION ASSESSED AND REVIEWED (DEM)	No Auth Required	Authorization released 2/24/2018
2001F	WEIGHT RECORDED (HF, PAG)1	No Auth Required	Authorization released 2/24/2018
2002F	CLINICAL SIGNS OF VOLUME OVERLOAD (EXCESS) ASSESSED (HF)1	No Auth Required	Authorization released 2/24/2018
2004F	INITIAL EXAMINATION OF THE INVOLVED JOINT(S) (INCLUDES VISUAL INSPECTION, PALPATION, RANGE OF MOTION)	No Auth Required	Authorization released 2/24/2018
2010F	VITAL SIGNS RECORDED	No Auth Required	Authorization released 2/24/2018
2014F	MENTAL STATUS ASSESS	No Auth Required	Authorization released 2/24/2018
2015F	ASTHMA IMPAIRMENT ASSESSED (ASTHMA)	No Auth Required	Authorization released 2/24/2018
2016F	ASTHMA RISK ASSESSED (ASTHMA)	No Auth Required	Authorization released 2/24/2018
2018F	HYDRATION STATUS ASSESS	No Auth Required	Authorization released 2/24/2018
2019F	DILATED MACULAR EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR EDEMA	No Auth Required	Authorization released 2/24/2018
2020F	DILATED FUNDUS EVALUATION PERFORMED WITHIN TWELVE MONTHS PRIOR TO CATARACT SURGERY (EC)5	No Auth Required	Authorization released 2/24/2018
2021F	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR EDEMA	No Auth Required	Authorization released 2/24/2018
2027F	OPTIC NERVE HEAD EVALUATION PERFORMED (EC)5	No Auth Required	Authorization released 2/24/2018
2028F	FOOT EXAM PERFORMED	No Auth Required	Authorization released 2/24/2018
2029F	COMPLETE PHYSICAL SKIN EXAM PERFORMED (ML)5	No Auth Required	Authorization released 2/24/2018
2030F	HYDRATION STATUS DOCUMENTED, NORMALLY HYDRATED (PAG)1	No Auth Required	Authorization released 2/24/2018
2031F	HYDRATION STATUS DOCUMENTED, DEHYDRATED (PAG)1	No Auth Required	Authorization released 2/24/2018
2035F	TYMPANIC MEMBRANE MOBILITY ASSESSED WITH PNEUMATIC OTOSCOPY OR TYMPANOMETRY (OME)1	No Auth Required	Authorization released 2/24/2018

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2040F	PHYSICAL EXAMINATION ON THE DATE OF THE INITIAL VISIT FOR LOW BACK PAIN PERFORMED, IN ACCORDANCE	No Auth Required	Authorization released 2/24/2018
2044F	DOCUMENTATION OF MENTAL HEALTH ASSESSMENT PRIOR TO INTERVENTION (BACK SURGERY OR EPIDURAL	No Auth Required	Authorization released 2/24/2018
2050F	WOUND CHARACTERISTICS INCLUDING SIZE AND NATURE OF WOUND BASE TISSUE AND AMOUNT OF DRAINAGE	No Auth Required	Authorization released 2/24/2018
2060F	PATIENT INTERVIEWED DIRECTLY BY EVALUATING CLINICIAN ON OR BEFORE DATE OF DIAGNOSIS OF MAJOR	No Auth Required	Authorization released 2/24/2018
3006F	CXR DOC REV	No Auth Required	Authorization released 2/24/2018
3011F	LIPID PANEL DOC REV	No Auth Required	Authorization released 2/24/2018
3014F	SCREEN MAMMO DOC REV	No Auth Required	Authorization released 2/24/2018
3016F	PATIENT SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD (PV)	No Auth Required	Authorization released 2/24/2018
3018F	PRE-PROCEDURE RISK ASSESSMENT AND DEPTH OF INSERTION AND QUALITY OF THE BOWEL PREP AND	No Auth Required	Authorization released 2/24/2018
3019F	LEFT VENTRICULAR EJECTION FRACTION (LVEF) ASSESSMENT PLANNED POST DISCHARGE (HF)	No Auth Required	Authorization released 2/24/2018
3020F	LVEF ASSESS	No Auth Required	Authorization released 2/24/2018
3021F	LVEF MOD/SEVER DEPRS SYST	No Auth Required	Authorization released 2/24/2018
3022F	LVEF >=40% SYSTOLIC	No Auth Required	Authorization released 2/24/2018
3023F	SPIROM DOC REV	No Auth Required	Authorization released 2/24/2018
3025F	SPIROM FEV/FVC<70% W COPD	No Auth Required	Authorization released 2/24/2018
3027F	SPIROM FEV/FVC>=70%/W/O COPD	No Auth Required	Authorization released 2/24/2018
3028F	O2 SATURATION DOC REV	No Auth Required	Authorization released 2/24/2018
3035F	O2 SATURATION<=88% /PAO<=55	No Auth Required	Authorization released 2/24/2018
3037F	O2 SATURATION> 88% /PAO>55	No Auth Required	Authorization released 2/24/2018
3040F	FEV<40% PREDICTED VALUE	No Auth Required	Authorization released 2/24/2018
3042F	FEV>= 40% PREDICTED VALUE	No Auth Required	Authorization released 2/24/2018
3044F	MOST RECENT HEMOGLOBIN A1C LEVEL (HBA1C) LEVEL < 7.0% (DM)2,4	No Auth Required	Authorization released 2/24/2018
3045F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0 - 9.0 % (DM)2,4	No Auth Required	Authorization released 2/24/2018
3046F	HEMOGLOBIN A1C LEVEL > 9.0%	No Auth Required	Authorization released 2/24/2018
3055F	LEFT VENTRICULAR EJECTION FRACTION (LVEF) LESS THAN OR EQUAL TO 35% (HF)	No Auth Required	Authorization released 2/24/2018
3056F	LEFT VENTRICULAR EJECTION FRACTION (LVEF) GREATER THAN 35% OR NO LVEF RESULT AVAILABLE (HF)	No Auth Required	Authorization released 2/24/2018
3066F	NEPHROPATHY DOC TX	No Auth Required	Authorization released 2/24/2018
3073F	PRE-SURGICAL (CATARACT) AXIAL LENGTH, CORNEAL POWER MEASUREMENT AND METHOD OF INTRAOCULAR	No Auth Required	Authorization released 2/24/2018
3082F	KT/V <1.2 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)1	No Auth Required	Authorization released 2/24/2018
3083F	KT/V EQUAL TO OR GREATER THAN 1.2 AND LESS THAN 1.7 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)1	No Auth Required	Authorization released 2/24/2018
3084F	KT/V >= 1.7 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)1	No Auth Required	Authorization released 2/24/2018
3085F	SUICIDE RISK ASSESSED (MDD)1	No Auth Required	Authorization released 2/24/2018
3088F	MAJOR DEPRESSIVE DISORDER, MILD (MDD)1	No Auth Required	Authorization released 2/24/2018
3089F	MAJOR DEPRESSIVE DISORDER, MODERATE (MDD)1	No Auth Required	Authorization released 2/24/2018
3090F	MAJOR DEPRESSIVE DISORDER, SEVERE WITHOUT PSYCHOTIC FEATURES (MDD)1	No Auth Required	Authorization released 2/24/2018
3091F	MAJOR DEPRESSIVE DISORDER, SEVERE WITH PSYCHOTIC FEATURES (MDD)1	No Auth Required	Authorization released 2/24/2018
3092F	MAJOR DEPRESSIVE DISORDER, IN REMISSION (MDD)1	No Auth Required	Authorization released 2/24/2018
3093F	DOCUMENTATION OF NEW DIAGNOSIS OF INITIAL OR RECURRENT EPISODE OF MAJOR DEPRESSIVE DISORDER	No Auth Required	Authorization released 2/24/2018
3095F	CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS DOCUMENTED (OP)5	No Auth Required	Authorization released 2/24/2018
3096F	CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) ORDERED (OP)5	No Auth Required	Authorization released 2/24/2018
3100F	CAROTID IMAGING STUDY REPORT INCLUDES DIRECT OR INDIRECT REFERENCE TO MEASUREMENTS OF DISTAL	No Auth Required	Authorization released 2/24/2018

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3110F	PRESENCE OR ABSENCE OF HEMORRHAGE AND MASS LESION AND ACUTE INFARCTION DOCUMENTED IN FINAL	No Auth Required	Authorization released 2/24/2018
3111F	CT OR MRI OF THE BRAIN PERFORMED WITHIN 24 HOURS OF ARRIVAL TO THE HOSPITAL (STR)5	No Auth Required	Authorization released 2/24/2018
3112F	CT OR MRI OF THE BRAIN PERFORMED GREATER THAN 24 HOURS AFTER ARRIVAL TO THE HOSPITAL (STR)5	No Auth Required	Authorization released 2/24/2018
3115F	QUANTITATIVE RESULTS OF AN EVALUATION OF CURRENT LEVEL OF ACTIVITY AND CLINICAL SYMPTOMS (HF)	No Auth Required	Authorization released 2/24/2018
3117F	HEART FAILURE DISEASE SPECIFIC STRUCTURED ASSESSMENT TOOL COMPLETED (HF)	No Auth Required	Authorization released 2/24/2018
3118F	NEW YORK HEART ASSOCIATION (NYHA) CLASS DOCUMENTED (HF)	No Auth Required	Authorization released 2/24/2018
3119F	NO EVALUATION OF LEVEL OF ACTIVITY OR CLINICAL SYMPTOMS (HF)	No Auth Required	Authorization released 2/24/2018
3120F	12-LEAD ECG PERFORMED (EM)5	No Auth Required	Authorization released 2/24/2018
3130F	UPPER GASTROINTESTINAL ENDOSCOPY PERFORMED (GERD)5	No Auth Required	Authorization released 2/24/2018
3132F	DOCUMENTATION OF REFERRAL FOR UPPER GASTROINTESTINAL ENDOSCOPY (GERD)5	No Auth Required	Authorization released 2/24/2018
3140F	UPPER GASTROINTESTINAL ENDOSCOPY REPORT INDICATES SUSPICION OF BARRETT'S ESOPHAGUS (GERD)5	No Auth Required	Authorization released 2/24/2018
3141F	UPPER GASTROINTESTINAL ENDOSCOPY REPORT INDICATES NO SUSPICION OF BARRETT'S ESOPHAGUS (GERD)5	No Auth Required	Authorization released 2/24/2018
3142F	BARIUM SWALLOW TEST ORDERED (GERD)5	No Auth Required	Authorization released 2/24/2018
3150F	FORCEPS ESOPHAGEAL BIOPSY PERFORMED (GERD)5	No Auth Required	Authorization released 2/24/2018
3155F	CYTOGENETIC TESTING PERFORMED ON BONE MARROW AT TIME OF DIAGNOSIS OR PRIOR TO INITIATING	No Auth Required	Authorization released 2/24/2018
3170F	FLOW CYTOMETRY STUDIES PERFORMED AT TIME OF DIAGNOSIS OR PRIOR TO INITIATING TREATMENT (HEM)1	No Auth Required	Authorization released 2/24/2018
3210F	GROUP A STREP TEST PERFORMED (PHAR)2	No Auth Required	Authorization released 2/24/2018
3215F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS A (HEP-C)1	No Auth Required	Authorization released 2/24/2018
3216F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS B (HEP-C)1	No Auth Required	Authorization released 2/24/2018
3218F	RNA TESTING FOR HEPATITIS C DOCUMENTED AS PERFORMED WITHIN SIX MONTHS PRIOR TO INITIATION OF	No Auth Required	Authorization released 2/24/2018
3220F	HEPATITIS C QUANTITATIVE RNA TESTING DOCUMENTED AS PERFORMED AT 12 WEEKS FROM INITIATION OF	No Auth Required	Authorization released 2/24/2018
3230F	DOCUMENTATION THAT HEARING TEST WAS PERFORMED WITHIN 6 MONTHS PRIOR TO TYMPANOSTOMY TUBE	No Auth Required	Authorization released 2/24/2018
3250F	SPECIMEN BIOPSY SITE OTHER THAN ANATOMIC LOCATION OF PRIMARY TUMOR (EG, LIVER BIOPSY, LYMPH	No Auth Required	Authorization released 2/24/2018
3260F	PT CATEGORY (PRIMARY TUMOR), PN CATEGORY (REGIONAL LYMPH NODES), AND HISTOLOGIC GRADE	No Auth Required	Authorization released 2/24/2018
3265F	RIBONUCLEIC ACID (RNA) TESTING FOR HEPATITIS C VIREMIA ORDERED OR RESULTS DOCUMENTED (HEP C)1	No Auth Required	Authorization released 2/24/2018
3267F	PATHOLOGY REPORT INCLUDES PT CATEGORY, PN CATEGORY, GLEASON SCORE AND STATEMENT ABOUT	No Auth Required	Authorization released 2/24/2018
3268F	PROSTATE-SPECIFIC ANTIGEN (PSA), AND PRIMARY TUMOR (T) STAGE, AND GLEASON SCORE DOCUMENTED	No Auth Required	Authorization released 2/24/2018
3269F	BONE SCAN PERFORMED PRIOR TO INITIATION OF TREATMENT OR AT ANY TIME SINCE DIAGNOSIS OF PROSTATE	No Auth Required	Authorization released 2/24/2018
3270F	BONE SCAN NOT PERFORMED PRIOR TO INITIATION OF TREATMENT NOR AT ANY TIME SINCE DIAGNOSIS OF	No Auth Required	Authorization released 2/24/2018
3271F	LOW RISK OF RECURRENCE, PROSTATE CANCER (PRCA)1	No Auth Required	Authorization released 2/24/2018
3272F	INTERMEDIATE RISK OF RECURRENCE, PROSTATE CANCER (PRCA)1	No Auth Required	Authorization released 2/24/2018
3273F	HIGH RISK OF RECURRENCE, PROSTATE CANCER (PRCA)1	No Auth Required	Authorization released 2/24/2018
3274F	PROSTATE CANCER RISK OF RECURRENCE NOT DETERMINED OR NEITHER LOW, INTERMEDIATE NOR HIGH	No Auth Required	Authorization released 2/24/2018
3278F	SERUM LEVELS OF CALCIUM, PHOSPHORUS, INTACT PARATHYROID HORMONE (PTH) AND LIPID PROFILE	No Auth Required	Authorization released 2/24/2018
3279F	HEMOGLOBIN LEVEL GREATER THAN OR EQUAL TO 13 G/DL (CKD, ESRD)1	No Auth Required	Authorization released 2/24/2018
3280F	HEMOGLOBIN LEVEL 11 G/DL TO 12.9 G/DL (CKD, ESRD)1	No Auth Required	Authorization released 2/24/2018
3281F	HEMOGLOBIN LEVEL LESS THAN 11 G/DL (CKD, ESRD)1	No Auth Required	Authorization released 2/24/2018
3284F	INTRAOCULAR PRESSURE (IOP) REDUCED BY A VALUE OF GREATER THAN OR EQUAL TO 15% FROM THE PRE-	No Auth Required	Authorization released 2/24/2018
3285F	INTRAOCULAR PRESSURE (IOP) REDUCED BY A VALUE LESS THAN 15% FROM THE PRE-INTERVENTION LEVEL	No Auth Required	Authorization released 2/24/2018
3288F	FALLS RISK ASSESSMENT DOCUMENTED (GER)5	No Auth Required	Authorization released 2/24/2018
3290F	PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED (PRENATAL)1	No Auth Required	Authorization released 2/24/2018

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3291F	PATIENT IS D (RH) POSITIVE OR SENSITIZED (PRENATAL)1	No Auth Required	Authorization released 2/24/2018
3292F	HIV TESTING ORDERED OR DOCUMENTED AND REVIEWED DURING THE FIRST OR SECOND PRENATAL VISIT	No Auth Required	Authorization released 2/24/2018
3293F	ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED (PRE-CR)	No Auth Required	Authorization released 2/24/2018
3294F	GROUP B STREPTOCOCCUS (GBS) SCREENING DOCUMENTED AS PERFORMED DURING WEEK 35-37 GESTATION	No Auth Required	Authorization released 2/24/2018
3300F	AMERICAN JOINT COMMITTEE ON CANCER (AJCC) STAGE DOCUMENTED AND REVIEWED (ONC)1	No Auth Required	Authorization released 2/24/2018
3301F	CANCER STAGE DOCUMENTED IN MEDICAL RECORD AS METASTATIC AND REVIEWED (ONC)1	No Auth Required	Authorization released 2/24/2018
3315F	ESTROGEN RECEPTOR (ER) OR PROGESTERONE RECEPTOR (PR) POSITIVE BREAST CANCER (ONC)1	No Auth Required	Authorization released 2/24/2018
3316F	ESTROGEN RECEPTOR (ER) AND PROGESTERONE RECEPTOR (PR) NEGATIVE BREAST CANCER (ONC)1	No Auth Required	Authorization released 2/24/2018
3317F	PATHOLOGY REPORT CONFIRMING MALIGNANCY DOCUMENTED IN THE MEDICAL RECORD AND REVIEWED	No Auth Required	Authorization released 2/24/2018
3318F	PATHOLOGY REPORT CONFIRMING MALIGNANCY DOCUMENTED IN THE MEDICAL RECORD AND REVIEWED	No Auth Required	Authorization released 2/24/2018
3319F	ONE OF THE FOLLOWING DIAGNOSTIC IMAGING STUDIES ORDERED: (CHEST X-RAY, CT, ULTRASOUND, MRI, PET,	No Auth Required	Authorization released 2/24/2018
3320F	NONE OF THE FOLLOWING DIAGNOSTIC IMAGING STUDIES ORDERED: (CHEST X-RAY, CT, ULTRASOUND, MRI,	No Auth Required	Authorization released 2/24/2018
3321F	AJCC CANCER STAGE 0 OR 1A MELANOMA, DOCUMENTED (ML)5	No Auth Required	Authorization released 2/24/2018
3322F	MELANOMA GREATER THAN AJCC STAGE 0 OR IA (ML)5	No Auth Required	Authorization released 2/24/2018
3323F	CLINICAL TUMOR, NODE AND METASTASES (TNM) STAGING DOCUMENTED AND REVIEWED PRIOR TO SURGERY	No Auth Required	Authorization released 2/24/2018
3324F	MRI OR CT SCAN ORDERED, REVIEWED OR REQUESTED (EPI)	No Auth Required	Authorization released 2/24/2018
3328F	PREOPERATIVE ASSESSMENT OF FUNCTIONAL OR MEDICAL INDICATION(S) FOR SURGERY PRIOR TO THE	No Auth Required	Authorization released 2/24/2018
3330F	PERFORMANCE STATUS DOCUMENTED AND REVIEWED WITHIN 2 WEEKS PRIOR TO SURGERY(LUNG/ESOP CX)	No Auth Required	Authorization released 2/24/2018
3331F	IMAGING STUDY NOT ORDERED (BKP)2	No Auth Required	Authorization released 2/24/2018
3340F	MAMMOGRAM ASSESSMENT CATEGORY OF INCOMPLETE: NEED ADDITIONAL IMAGING EVALUATION,	No Auth Required	Authorization released 2/24/2018
3341F	MAMMOGRAM ASSESSMENT CATEGORY OF NEGATIVE, DOCUMENTED (RAD)5	No Auth Required	Authorization released 2/24/2018
3342F	MAMMOGRAM ASSESSMENT CATEGORY OF BENIGN, DOCUMENTED (RAD)5	No Auth Required	Authorization released 2/24/2018
3343F	MAMMOGRAM ASSESSMENT CATEGORY OF PROBABLY BENIGN, DOCUMENTED (RAD)5	No Auth Required	Authorization released 2/24/2018
3344F	MAMMOGRAM ASSESSMENT CATEGORY OF SUSPICIOUS, DOCUMENTED (RAD)5	No Auth Required	Authorization released 2/24/2018
3345F	MAMMOGRAM ASSESSMENT CATEGORY OF HIGHLY SUGGESTIVE OF MALIGNANCY, DOCUMENTED (RAD)5	No Auth Required	Authorization released 2/24/2018
3350F	MAMMOGRAM ASSESSMENT CATEGORY OF KNOWN BIOPSY PROVEN MALIGNANCY, DOCUMENTED (RAD)5	No Auth Required	Authorization released 2/24/2018
3351F	NEGATIVE SCREEN FOR DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION	No Auth Required	Authorization released 2/24/2018
3352F	NO SIGNIFICANT DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION	No Auth Required	Authorization released 2/24/2018
3353F	MILD TO MODERATE DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION	No Auth Required	Authorization released 2/24/2018
3354F	CLINICALLY SIGNIFICANT DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION	No Auth Required	Authorization released 2/24/2018
3370F	AJCC BREAST CANCER STAGE 0, DOCUMENTED (ONC)1	No Auth Required	Authorization released 2/24/2018
3372F	AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size < 1 cm) documented (ONC)	No Auth Required	Authorization released 2/24/2018
3374F	AJCC BREAST CANCER STAGE I: T1C (TUMOR SIZE > 1 CM TO 2 CM), DOCUMENTED (ONC)1~	No Auth Required	Authorization released 2/24/2018
3376F	AJCC BREAST CANCER STAGE II, DOCUMENTED (ONC)1	No Auth Required	Authorization released 2/24/2018
3378F	AJCC BREAST CANCER STAGE III, DOCUMENTED (ONC)1	No Auth Required	Authorization released 2/24/2018
3382F	AJCC COLON CANCER, STAGE 0, DOCUMENTED (ONC)1	No Auth Required	Authorization released 2/24/2018
3384F	AJCC COLON CANCER, STAGE I, DOCUMENTED (ONC)1	No Auth Required	Authorization released 2/24/2018
3386F	AJCC COLON CANCER, STAGE II, DOCUMENTED (ONC)1	No Auth Required	Authorization released 2/24/2018
3390F	AJCC COLON CANCER, STAGE IV, DOCUMENTED (ONC)1	No Auth Required	Authorization released 2/24/2018
3450F	DYSYPNEA SCREENED, NO DYSYPNEA OR MILD DYSYPNEA (PALL CR)	No Auth Required	Authorization released 2/24/2018
3451F	DYSYPNEA SCREENED, MODERATE OR SEVERE DYSYPNEA (PALL CR)	No Auth Required	Authorization released 2/24/2018

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3452F	DYSPNEA NOT SCREENED (PALL CR)	No Auth Required	Authorization released 2/24/2018
3455F	TB SCREENING PERFORMED AND RESULTS INTERPRETED WITHIN SIX MONTHS PRIOR TO INITIATION OF FIRST-	No Auth Required	Authorization released 2/24/2018
3470F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, LOW (RA)	No Auth Required	Authorization released 2/24/2018
3471F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, MODERATE (RA)	No Auth Required	Authorization released 2/24/2018
3472F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, HIGH (RA)	No Auth Required	Authorization released 2/24/2018
3475F	DISEASE PROGNOSIS FOR RHEUMATOID ARTHRITIS ASSESSED, POOR PROGNOSIS DOCUMENTED (RA)	No Auth Required	Authorization released 2/24/2018
3476F	DISEASE PROGNOSIS FOR RHEUMATOID ARTHRITIS ASSESSED, GOOD PROGNOSIS DOCUMENTED (RA)	No Auth Required	Authorization released 2/24/2018
3490F	HISTORY OF AIDS-DEFINING CONDITION (HIV)	No Auth Required	Authorization released 2/24/2018
3491F	HIV INDETERMINATE (INFANTS OF UNDETERMINED HIV STATUS BORN OF HIV-INFECTED MOTHERS) (HIV)	No Auth Required	Authorization released 2/24/2018
3492F	HISTORY OF NADIR CD4+ CELL COUNT <350 CELLS/MM3 (HIV)	No Auth Required	Authorization released 2/24/2018
3493F	NO HISTORY OF NADIR CD4+ CELL COUNT <350 CELLS/MM3 AND NO HISTORY OF AIDS-DEFINING CONDITION	No Auth Required	Authorization released 2/24/2018
3494F	CD4+ CELL COUNT <200 CELLS/MM3 (HIV)	No Auth Required	Authorization released 2/24/2018
3495F	CD4+ CELL COUNT 200 - 499 CELLS/MM3 (HIV)	No Auth Required	Authorization released 2/24/2018
3496F	CD4+ CELL COUNT >=500 CELLS/MM3 (HIV)	No Auth Required	Authorization released 2/24/2018
3497F	CD4+ CELL PERCENTAGE <15% (HIV)	No Auth Required	Authorization released 2/24/2018
3498F	CD4+ CELL PERCENTAGE >=15% (HIV)	No Auth Required	Authorization released 2/24/2018
3500F	CD4+ CELL COUNT OR CD4+ CELL PERCENTAGE DOCUMENTED AS PERFORMED (HIV)5	No Auth Required	Authorization released 2/24/2018
3502F	HIV RNA VIRAL LOAD BELOW LIMITS OF QUANTIFICATION (HIV)5	No Auth Required	Authorization released 2/24/2018
3503F	HIV RNA VIRAL LOAD NOT BELOW LIMITS OF QUANTIFICATION (HIV)5	No Auth Required	Authorization released 2/24/2018
3510F	DOCUMENTATION THAT TUBERCULOSIS (TB) SCREENING TEST PERFORMED AND RESULTS INTERPRETED (HIV)5	No Auth Required	Authorization released 2/24/2018
3511F	CHLAMYDIA AND GONORRHEA SCREENINGS DOCUMENTED AS PERFORMED (HIV)5	No Auth Required	Authorization released 2/24/2018
3512F	SYPHILIS SCREENING DOCUMENTED AS PERFORMED (HIV)5	No Auth Required	Authorization released 2/24/2018
3513F	HEPATITIS B SCREENING DOCUMENTED AS PERFORMED (HIV)5	No Auth Required	Authorization released 2/24/2018
3514F	HEPATITIS C SCREENING DOCUMENTED AS PERFORMED (HIV)5	No Auth Required	Authorization released 2/24/2018
3515F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS C (HIV)5	No Auth Required	Authorization released 2/24/2018
3517F	HEPATITIS B VIRUS (HBV) STATUS ASSESSED AND RESULTS INTERPRETED WITHIN 1 YEAR PRIOR TO RECEIVING	No Auth Required	Authorization released 2/24/2018
3520F	CLOSTRIDIUM DIFFICILE TESTING PERFORMED (IBD)	No Auth Required	Authorization released 2/24/2018
3550F	LOW RISK FOR THROMBOEMBOLISM (AFIB)1	No Auth Required	Authorization released 2/24/2018
3551F	INTERMEDIATE RISK FOR THROMBOEMBOLISM (AFIB)1	No Auth Required	Authorization released 2/24/2018
3552F	HIGH RISK FOR THROMBOEMBOLISM (AFIB)1	No Auth Required	Authorization released 2/24/2018
3555F	PATIENT HAD INTERNATIONAL NORMALIZED RATIO (INR) MEASUREMENT PERFORMED (AFIB)1	No Auth Required	Authorization released 2/24/2018
3572F	PATIENT CONSIDERED TO BE POTENTIALLY AT RISK FOR FRACTURE IN A WEIGHT-BEARING SITE (NUC_MED)1	No Auth Required	Authorization released 2/24/2018
3573F	PATIENT NOT CONSIDERED TO BE POTENTIALLY AT RISK FOR FRACTURE IN A WEIGHT-BEARING SITE	No Auth Required	Authorization released 2/24/2018
3720F	COGNITIVE IMPAIRMENT OR DYSFUNCTION ASSESSED (PRKNS)	No Auth Required	Authorization released 2/24/2018
3725F	SCREENING FOR DEPRESSION PERFORMED (DEM)	No Auth Required	Authorization released 2/24/2018
3750F	PATIENT NOT RECEIVING DOSE OF CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10MG/DAY FOR 60 OR	No Auth Required	Authorization released 2/24/2018
4000F	TOBACCO USE CESSATION INTERVENTION, COUNSELING (COPD, CAP, CAD)1 (PV)2	No Auth Required	Authorization released 2/24/2018
4001F	TOBACCO USE CESSATION INTERVENTION, PHARMACOLOGIC THERAPY (COPD, CAD, CAP)1 (PV)2	No Auth Required	Authorization released 2/24/2018
4003F	PATIENT EDUCATION, WRITTEN/ORAL, APPROPRIATE FOR PATIENTS WITH HEART FAILURE, PERFORMED (HF)1	No Auth Required	Authorization released 2/24/2018
4005F	PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED (OP)5	No Auth Required	Authorization released 2/24/2018
4008F	BETA BLOCKER THERAPY PRESCRIBED OR CURRENTLY BEING TAKEN (CAD, HF)	No Auth Required	Authorization released 2/24/2018

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4010F	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY	No Auth Required	Authorization released 2/24/2018
4011F	ORAL ANTIPLATELET THERAPY PRESCRIBED (EG, ASPIRIN, CLOPIDOGREL/PLAVIX, OR COMBINATION OF ASPIRIN	No Auth Required	Authorization released 2/24/2018
4012F	WARFARIN THERAPY PRESCRIBED (CHF)1	No Auth Required	Authorization released 2/24/2018
4013F	STATIN THERAPY PRESCRIBED OR CURRENTLY BEING TAKEN (CAD)	No Auth Required	Authorization released 2/24/2018
4014F	WRITTEN DISCHARGE INSTRUCTIONS PROVIDED TO HEART FAILURE PATIENTS DISCHARGED HOME.	No Auth Required	Authorization released 2/24/2018
4015F	PERSISTENT ASTHMA, PREFERRED LONG TERM CONTROL MEDICATION OR AN ACCEPTABLE ALTERNATIVE	No Auth Required	Authorization released 2/24/2018
4016F	ANTI-INFLAMMATORY/ANALGESIC AGENT PRESCRIBED (OA)1	No Auth Required	Authorization released 2/24/2018
4017F	GASTROINTESTINAL PROPHYLAXIS FOR NSAID USE PRESCRIBED (OA)1	No Auth Required	Authorization released 2/24/2018
4018F	THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY	No Auth Required	Authorization released 7/1/2021
4019F	DOCUMENTATION OF RECEIPT OF COUNSELING ON EXERCISE AND EITHER BOTH CALCIUM AND VITAMIN D USE	No Auth Required	Authorization released 2/24/2018
4025F	INHALED BRONCHODILATOR RX	No Auth Required	Authorization released 2/24/2018
4030F	OXYGEN THERAPY RX	No Auth Required	Authorization released 2/24/2018
4033F	PULMONARY REHAB REC	No Auth Required	Authorization released 2/24/2018
4035F	INFLUENZA IMM REC	No Auth Required	Authorization released 2/24/2018
4037F	INFLUENZA IMM ORDER/ADMIN	No Auth Required	Authorization released 2/24/2018
4040F	PNEUMOC VAC/ADMIN/RCVD	No Auth Required	Authorization released 2/24/2018
4041F	DOCUMENTATION OF ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS (PERI 2)5	No Auth Required	Authorization released 2/24/2018
4042F	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE NEITHER GIVEN WITHIN 4 HOURS PRIOR TO	No Auth Required	Authorization released 2/24/2018
4043F	DOCUMENTATION THAT AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS WITHIN 48	No Auth Required	Authorization released 2/24/2018
4044F	DOCUMENTATION THAT AN ORDER WAS GIVEN FOR VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS TO BE	No Auth Required	Authorization released 2/24/2018
4045F	EMPIRIC ANTIBIOTIC RX	No Auth Required	Authorization released 2/24/2018
4046F	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE GIVEN WITHIN 4 HOURS PRIOR TO SURGICAL	No Auth Required	Authorization released 2/24/2018
4047F	DOCUMENTATION OF ORDER FOR PROPHYLACTIC ANTIBIOTICS TO BE GIVEN WITHIN ONE HOUR (IF	No Auth Required	Authorization released 2/24/2018
4048F	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR	No Auth Required	Authorization released 2/24/2018
4049F	DOCUMENTATION THAT ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS WITHIN 24 HOURS	No Auth Required	Authorization released 2/24/2018
4050F	HT CARE PLAN DOC	No Auth Required	Authorization released 2/24/2018
4051F	REFERRED FOR AN ARTERIO-VENOUS (AV) FISTULA (ESRD, CKD)1	No Auth Required	Authorization released 2/24/2018
4052F	HEMODIALYSIS VIA FUNCTIONING ARTERIO-VENOUS (AV) FISTULA (ESRD)1	No Auth Required	Authorization released 2/24/2018
4053F	HEMODIALYSIS VIA FUNCTIONING ARTERIO-VENOUS (AV) GRAFT (ESRD)1	No Auth Required	Authorization released 2/24/2018
4054F	HEMODIALYSIS VIA CATHETER (ESRD)1	No Auth Required	Authorization released 2/24/2018
4055F	PATIENT RECEIVING PERITONEAL DIALYSIS (ESRD)1	No Auth Required	Authorization released 2/24/2018
4056F	APPROPRIATE ORAL REHYDRATION SOLUTION RECOMMENDED (PAG)1	No Auth Required	Authorization released 2/24/2018
4058F	PEDIATRIC GASTROENTERITIS EDUCATION PROVIDED TO CAREGIVER (PAG)	No Auth Required	Authorization released 2/24/2018
4060F	PSYCHOTHERAPY SERVICES PROVIDED (MDD)1	No Auth Required	Authorization released 2/24/2018
4062F	PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED (MDD)1	No Auth Required	Authorization released 2/24/2018
4063F	ANTIDEPRESSANT PHARMACOTHERAPY CONSIDERED AND NOT PRESCRIBED (MDD ADOL)	No Auth Required	Authorization released 2/24/2018
4064F	ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED (MDD)1	No Auth Required	Authorization released 2/24/2018
4065F	ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED (MDD)1	No Auth Required	Authorization released 2/24/2018
4066F	ELECTROCONVULSIVE THERAPY (ECT) PROVIDED (MDD)1	No Auth Required	Authorization released 2/24/2018
4067F	PATIENT REFERRAL FOR ELECTROCONVULSIVE THERAPY (ECT) DOCUMENTED (MDD)1	No Auth Required	Authorization released 2/24/2018
4069F	VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS RECEIVED (IBD)	No Auth Required	Authorization released 2/24/2018

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4070F	DEEP VEIN THROMBOSIS (DVT) PROPHYLAXIS RECEIVED BY END OF HOSPITAL DAY 2 (STR)5	No Auth Required	Authorization released 2/24/2018
4073F	ORAL ANTIPLATELET THERAPY PRESCRIBED AT DISCHARGE (STR)5	No Auth Required	Authorization released 2/24/2018
4075F	ANTICOAGULANT THERAPY PRESCRIBED AT DISCHARGE (STR)5	No Auth Required	Authorization released 2/24/2018
4077F	DOCUMENTATION THAT TISSUE PLASMINOGEN ACTIVATOR (T-PA) ADMINISTRATION WAS CONSIDERED (STR)5	No Auth Required	Authorization released 2/24/2018
4079F	DOCUMENTATION THAT REHABILITATION SERVICES WERE CONSIDERED (STR) 5	No Auth Required	Authorization released 2/24/2018
4084F	ASPIRIN RECEIVED WITHIN 24 HOURS BEFORE EMERGENCY DEPARTMENT ARRIVAL OR DURING EMERGENCY	No Auth Required	Authorization released 2/24/2018
4090F	PATIENT RECEIVING ERYTHROPOIETIN THERAPY (HEM)1	No Auth Required	Authorization released 2/24/2018
4095F	PATIENT NOT RECEIVING ERYTHROPOIETIN THERAPY (HEM)1	No Auth Required	Authorization released 2/24/2018
4100F	BISPHOSPHONATE THERAPY, INTRAVENOUS, ORDERED OR RECEIVED (HEM)1	No Auth Required	Authorization released 2/24/2018
4110F	INTERNAL MAMMARY ARTERY GRAFT PERFORMED FOR PRIMARY, ISOLATED CORONARY ARTERY BYPASS GRAFT	No Auth Required	Authorization released 2/24/2018
4115F	BETA BLOCKER ADMINISTERED WITHIN 24 HOURS PRIOR TO SURGICAL INCISION (CABG)6	No Auth Required	Authorization released 2/24/2018
4120F	ANTIBIOTIC PRESCRIBED OR DISPENSED (URI, PHAR, A-BRONCH)2	No Auth Required	Authorization released 2/24/2018
4124F	ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED (URI, PHAR, A-BRONCH)2	No Auth Required	Authorization released 2/24/2018
4130F	TOPICAL PREPARATIONS (INCLUDING OTC) PRESCRIBED FOR ACUTE OTITIS EXTERNA (AOE)1	No Auth Required	Authorization released 2/24/2018
4131F	SYSTEMIC ANTIMICROBIAL THERAPY PRESCRIBED (AOE)1	No Auth Required	Authorization released 2/24/2018
4132F	SYSTEMIC ANTIMICROBIAL THERAPY NOT PRESCRIBED (AOE)1	No Auth Required	Authorization released 2/24/2018
4133F	ANTIHISTAMINES OR DECONGESTANTS PRESCRIBED OR RECOMMENDED (OME)1	No Auth Required	Authorization released 2/24/2018
4134F	ANTIHISTAMINES OR DECONGESTANTS NEITHER PRESCRIBED NOR RECOMMENDED (OME)1	No Auth Required	Authorization released 2/24/2018
4135F	SYSTEMIC CORTICOSTEROIDS PRESCRIBED (OME)1	No Auth Required	Authorization released 2/24/2018
4136F	SYSTEMIC CORTICOSTEROIDS NOT PRESCRIBED (OME)1	No Auth Required	Authorization released 2/24/2018
4140F	INHALED CORTICOSTEROIDS PRESCRIBED (ASTHMA)	No Auth Required	Authorization released 2/24/2018
4142F	CORTICOSTEROID SPARING THERAPY PRESCRIBED (IBD)	No Auth Required	Authorization released 2/24/2018
4144F	ALTERNATIVE LONG-TERM CONTROL MEDICATION PRESCRIBED (ASTHMA)	No Auth Required	Authorization released 2/24/2018
4145F	TWO OR MORE ANTI-HYPERTENSIVE AGENTS PRESCRIBED OR CURRENTLY BEING TAKEN (CAD, HTN)	No Auth Required	Authorization released 2/24/2018
4148F	HEPATITIS A VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HEP-C)1	No Auth Required	Authorization released 2/24/2018
4149F	HEPATITIS B VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HEP-C)1	No Auth Required	Authorization released 2/24/2018
4150F	PATIENT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C (HEP-C)1	No Auth Required	Authorization released 2/24/2018
4151F	PATIENT NOT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C (HEP-C)1	No Auth Required	Authorization released 2/24/2018
4153F	COMBINATION PEGINTERFERON AND RIBAVIRIN THERAPY PRESCRIBED (HEP-C)1	No Auth Required	Authorization released 2/24/2018
4155F	HEPATITIS A VACCINE SERIES PREVIOUSLY RECEIVED (HEP-C)1	No Auth Required	Authorization released 2/24/2018
4157F	HEPATITIS B VACCINE SERIES PREVIOUSLY RECEIVED (HEP-C)1	No Auth Required	Authorization released 2/24/2018
4158F	PATIENT EDUCATION REGARDING RISK OF ALCOHOL CONSUMPTION PERFORMED (HEP-C)1	No Auth Required	Authorization released 2/24/2018
4159F	COUNSELING REGARDING CONTRACEPTION RECEIVED PRIOR TO INITIATION OF ANTIVIRAL TREATMENT (HEP-C)1	No Auth Required	Authorization released 2/24/2018
4163F	PATIENT COUNSELING AT A MINIMUM ON ALL OF THE FOLLOWING TREATMENT OPTIONS FOR CLINICALLY	No Auth Required	Authorization released 2/24/2018
4164F	ADJUVANT (IE, IN COMBINATION WITH EXTERNAL BEAM RADIOTHERAPY TO THE PROSTATE FOR PROSTATE	No Auth Required	Authorization released 2/24/2018
4165F	THREE-DIMENSIONAL CONFORMAL RADIOTHERAPY (3D-CRT) OR INTENSITY MODULATED RADIATION THERAPY	No Auth Required	Authorization released 2/24/2018
4167F	HEAD OF BED ELEVATION (30-45 DEGREES) ON FIRST VENTILATOR DAY ORDERED (CRIT)1	No Auth Required	Authorization released 2/24/2018
4168F	PATIENT RECEIVING CARE IN THE INTENSIVE CARE UNIT (ICU) AND RECEIVING MECHANICAL VENTILATION, 24	No Auth Required	Authorization released 2/24/2018
4169F	PATIENT EITHER NOT RECEIVING CARE IN THE INTENSIVE CARE UNIT (ICU) OR NOT RECEIVING MECHANICAL	No Auth Required	Authorization released 2/24/2018
4171F	PATIENT RECEIVING ERYTHROPOIESIS-STIMULATING AGENTS (ESA) THERAPY (CKD)1	No Auth Required	Authorization released 2/24/2018
4172F	PATIENT NOT RECEIVING ERYTHROPOIESIS-STIMULATING AGENTS (ESA) THERAPY (CKD)1	No Auth Required	Authorization released 2/24/2018

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4174F	COUNSELING ABOUT THE POTENTIAL IMPACT OF GLAUCOMA ON VISUAL FUNCTIONING AND QUALITY OF LIFE,	No Auth Required	Authorization released 2/24/2018
4175F	BEST-CORRECTED VISUAL ACUITY OF 20/40 OR BETTER (DISTANCE OR NEAR) ACHIEVED WITHIN THE 90 DAYS	No Auth Required	Authorization released 2/24/2018
4176F	COUNSELING ABOUT VALUE OF PROTECTION FROM UV LIGHT AND LACK OF PROVEN EFFICACY OF NUTRITIONAL	No Auth Required	Authorization released 2/24/2018
4177F	COUNSELING ABOUT THE BENEFITS AND/OR RISKS OF THE AGE-RELATED EYE DISEASE STUDY (AREDS)	No Auth Required	Authorization released 2/24/2018
4178F	ANTI-D IMMUNE GLOBULIN RECEIVED BETWEEN 26 AND 30 WEEKS GESTATION (PRENATAL)1	No Auth Required	Authorization released 2/24/2018
4179F	TAMOXIFEN OR AROMATASE INHIBITOR (AI) PRESCRIBED (ONC)1	No Auth Required	Authorization released 2/24/2018
4180F	ADJUVANT CHEMOTHERAPY PRESCRIBED OR PREVIOUSLY RECEIVED FOR STAGE IIIA THROUGH STAGE IIIC COLON	No Auth Required	Authorization released 2/24/2018
4181F	CONFORMAL RADIATION THERAPY RECEIVED (ONC)1	No Auth Required	Authorization released 2/24/2018
4182F	CONFORMAL RADIATION THERAPY NOT RECEIVED (ONC)1	No Auth Required	Authorization released 2/24/2018
4185F	CONTINUOUS (12-MONTHS) THERAPY WITH PROTON PUMP INHIBITOR (PPI) OR HISTAMINE H2 RECEPTOR	No Auth Required	Authorization released 2/24/2018
4186F	NO CONTINUOUS (12-MONTHS) THERAPY WITH EITHER PROTON PUMP INHIBITOR (PPI) OR HISTAMINE H2	No Auth Required	Authorization released 2/24/2018
4187F	DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY PRESCRIBED OR DISPENSED (RA)2	No Auth Required	Authorization released 2/24/2018
4188F	APPROPRIATE ANGIOTENSIN CONVERTING ENZYME (ACE)/ANGIOTENSIN RECEPTOR BLOCKERS (ARB)	No Auth Required	Authorization released 2/24/2018
4189F	APPROPRIATE DIGOXIN THERAPEUTIC MONITORING TEST ORDERED OR PERFORMED (AM)2	No Auth Required	Authorization released 2/24/2018
4190F	APPROPRIATE DIURETIC THERAPEUTIC MONITORING TEST ORDERED OR PERFORMED (AM)2	No Auth Required	Authorization released 2/24/2018
4191F	APPROPRIATE ANTICONVULSANT THERAPEUTIC MONITORING TEST ORDERED OR PERFORMED (AM)2	No Auth Required	Authorization released 2/24/2018
4192F	PATIENT NOT RECEIVING GLUCOCORTICOID THERAPY (RA)	No Auth Required	Authorization released 2/24/2018
4193F	PATIENT RECEIVING <10 MG DAILY PREDNISONE (OR EQUIVALENT), OR RA ACTIVITY IS WORSENING, OR	No Auth Required	Authorization released 2/24/2018
4194F	PATIENT RECEIVING >= 10 MG DAILY PREDNISONE (OR EQUIVALENT) FOR LONGER THAN 6 MONTHS, AND	No Auth Required	Authorization released 2/24/2018
4195F	PATIENT RECEIVING FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR	No Auth Required	Authorization released 2/24/2018
4196F	PATIENT NOT RECEIVING FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR	No Auth Required	Authorization released 2/24/2018
4200F	EXTERNAL BEAM RADIOTHERAPY TO PROSTATE ONLY (PRCA)1	No Auth Required	Authorization released 2/24/2018
4201F	EXTERNAL BEAM RADIOTHERAPY FOR PROSTATE CANCER TO REGION(S) OTHER THAN PROSTATE ONLY (PRCA)1	No Auth Required	Authorization released 2/24/2018
4210F	ANGIOTENSIN CONVERTING ENZYME (ACE) OR ANGIOTENSIN RECEPTOR BLOCKERS (ARB) MEDICATION THERAPY	No Auth Required	Authorization released 2/24/2018
4230F	ANTICONVULSANT MEDICATION THERAPY FOR 6 MONTHS OR MORE (MM)2	No Auth Required	Authorization released 2/24/2018
4242F	COUNSELING FOR SUPERVISED EXERCISE PROGRAM PROVIDED TO PATIENTS DURING EPISODE OF BACK PAIN	No Auth Required	Authorization released 2/24/2018
4245F	PATIENT COUNSELED DURING THE INITIAL VISIT TO MAINTAIN OR RESUME NORMAL ACTIVITIES (BKP)2	No Auth Required	Authorization released 2/24/2018
4248F	PATIENT COUNSELED DURING THE INITIAL VISIT FOR AN EPISODE OF BACK PAIN AGAINST BED REST LASTING 4	No Auth Required	Authorization released 2/24/2018
4250F	ACTIVE WARMING USED INTRAOPERATIVELY FOR THE PURPOSE OF MAINTAINING NORMOTHERMIA, OR AT	No Auth Required	Authorization released 2/24/2018
4255F	DURATION OF GENERAL OR NEURAXIAL ANESTHESIA 60 MINUTES OR LONGER, AS DOCUMENTED IN THE	No Auth Required	Authorization released 2/24/2018
4256F	DURATION OF GENERAL OR NEURAXIAL ANESTHESIA LESS THAN 60 MINUTES, AS DOCUMENTED IN THE	No Auth Required	Authorization released 2/24/2018
4260F	WOUND SURFACE CULTURE TECHNIQUE USED (CWC)5	No Auth Required	Authorization released 2/24/2018
4261F	TECHNIQUE OTHER THAN SURFACE CULTURE OF THE WOUND EXUDATE USED (EG, LEVINE/DEEP SWAB	No Auth Required	Authorization released 2/24/2018
4265F	USE OF WET TO DRY DRESSINGS PRESCRIBED OR RECOMMENDED (CWC)	No Auth Required	Authorization released 2/24/2018
4266F	USE OF WET TO DRY DRESSINGS NEITHER PRESCRIBED NOR RECOMMENDED (CWC)	No Auth Required	Authorization released 2/24/2018
4267F	COMPRESSION THERAPY PRESCRIBED (CWC)	No Auth Required	Authorization released 2/24/2018
4268F	PATIENT EDUCATION REGARDING THE NEED FOR LONG TERM COMPRESSION THERAPY INCLUDING INTERVAL	No Auth Required	Authorization released 2/24/2018
4270F	PATIENT RECEIVING POTENT ANTIRETROVIRAL THERAPY FOR 6 MONTHS OR LONGER (HIV)5	No Auth Required	Authorization released 2/24/2018
4271F	PATIENT RECEIVING POTENT ANTIRETROVIRAL THERAPY FOR LESS THAN 6 MONTHS OR NOT RECEIVING POTENT	No Auth Required	Authorization released 2/24/2018
4274F	INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED (HIV)5	No Auth Required	Authorization released 2/24/2018
4276F	POTENT ANTIRETROVIRAL THERAPY PRESCRIBED (HIV)	No Auth Required	Authorization released 2/24/2018

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4279F	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED (HIV)	No Auth Required		Authorization released 2/24/2018
4290F	PATIENT SCREENED FOR INJECTION DRUG USE (HIV)5	No Auth Required		Authorization released 2/24/2018
4293F	PATIENT SCREENED FOR HIGH-RISK SEXUAL BEHAVIOR (HIV)5	No Auth Required		Authorization released 2/24/2018
4300F	PATIENT RECEIVING WARFARIN THERAPY FOR NONVALVULAR ATRIAL FIBRILLATION OR ATRIAL FLUTTER (AFIB)1	No Auth Required		Authorization released 2/24/2018
4301F	PATIENT NOT RECEIVING WARFARIN THERAPY FOR NONVALVULAR ATRIAL FIBRILLATION OR ATRIAL FLUTTER	No Auth Required		Authorization released 2/24/2018
4305F	PATIENT EDUCATION REGARDING APPROPRIATE FOOT CARE AND DAILY INSPECTION OF THE FEET, RECEIVED	No Auth Required		Authorization released 2/24/2018
4306F	PATIENT COUNSELED REGARDING PSYCHOSOCIAL AND PHARMACOLOGIC TREATMENT OPTIONS FOR OPIOID	No Auth Required		Authorization released 2/24/2018
4320F	PATIENT COUNSELED REGARDING PSYCHOSOCIAL AND PHARMACOLOGIC TREATMENT OPTIONS FOR ALCOHOL	No Auth Required		Authorization released 2/24/2018
4322F	CAREGIVER PROVIDED WITH EDUCATION AND REFERRED TO ADDITIONAL RESOURCES FOR SUPPORT (DEM)	No Auth Required		Authorization released 2/24/2018
4324F	PATIENT (OR CAREGIVER) QUERIED ABOUT PARKINSON'S DISEASE MEDICATION RELATED MOTOR	No Auth Required		Authorization released 2/24/2018
4325F	MEDICAL AND SURGICAL TREATMENT OPTIONS REVIEWED WITH PATIENT (OR CAREGIVER) (PRKNS)	No Auth Required		Authorization released 2/24/2018
4340F	COUNSELING FOR WOMEN OF CHILDBEARING POTENTIAL WITH EPILEPSY (EPI)	No Auth Required		Authorization released 2/24/2018
4350F	COUNSELING PROVIDED ON SYMPTOM MANAGEMENT, END OF LIFE DECISION, AND PALLIATION (DEM)	No Auth Required		Authorization released 2/24/2018
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)	No Auth Required		Authorization released 2/24/2018
4470F	IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR (ICD) COUNSELING PROVIDED (HF)	No Auth Required		Authorization released 2/24/2018
4480F	PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY AND BETA-BLOCKER THERAPY FOR 3 MONTHS OR LONGER	No Auth Required		Authorization released 2/24/2018
4481F	PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY AND BETA-BLOCKER THERAPY FOR LESS THAN 3 MONTHS (HF)	No Auth Required		Authorization released 2/24/2018
4500F	REFERRED TO AN OUTPATIENT CARDIAC REHABILITATION PROGRAM (CAD)	No Auth Required		Authorization released 2/24/2018
4510F	PREVIOUS CARDIAC REHABILITATION FOR QUALIFYING CARDIAC EVENT COMPLETED (CAD)	No Auth Required		Authorization released 2/24/2018
4525F	NEUROPSYCHIATRIC INTERVENTION ORDERED (DEM)	No Auth Required		Authorization released 2/24/2018
4526F	NEUROPSYCHIATRIC INTERVENTION RECEIVED (DEM)	No Auth Required		Authorization released 2/24/2018
5005F	PATIENT COUNSELED ON SELF-EXAMINATION FOR NEW OR CHANGING MOLES (ML)5	No Auth Required		Authorization released 2/24/2018
5010F	FINDINGS OF DILATED MACULAR OR FUNDUS EXAM COMMUNICATED TO THE PHYSICIAN MANAGING THE	No Auth Required		Authorization released 2/24/2018
5015F	DOCUMENTATION OF COMMUNICATION THAT A FRACTURE OCCURRED AND THAT THE PATIENT WAS OR	No Auth Required		Authorization released 2/24/2018
5020F	TREATMENT SUMMARY REPORT COMMUNICATED TO PHYSICIAN(S) MANAGING CONTINUING CARE WITHIN	No Auth Required		Authorization released 2/24/2018
5050F	TREATMENT PLAN COMMUNICATED TO PROVIDER(S) MANAGING CONTINUING CARE WITHIN ONE MONTH OF	No Auth Required		Authorization released 2/24/2018
5060F	FINDINGS FROM DIAGNOSTIC MAMMOGRAM COMMUNICATED TO PRACTICE MANAGING PATIENT'S ON-GOING	No Auth Required		Authorization released 2/24/2018
5062F	FINDINGS FROM DIAGNOSTIC MAMMOGRAM COMMUNICATED TO THE PATIENT WITHIN 5 DAYS OF EXAM	No Auth Required		Authorization released 2/24/2018
5100F	RSK FX REF W/N 24 HRS X-RAY	No Auth Required		Authorization released 2/24/2018
5200F	CONSIDERATION OF REFERRAL FOR A NEUROLOGICAL EVALUATION OF APPROPRIATENESS FOR SURGICAL	No Auth Required		Authorization released 2/24/2018
6005F	CARE LEVEL RATIONALE DOC	No Auth Required		Authorization released 2/24/2018
6010F	DYSPHAGIA SCREENING CONDUCTED PRIOR TO ORDER FOR OR RECEIPT OF ANY FOODS, FLUIDS OR MEDICATION	No Auth Required		Authorization released 2/24/2018
6015F	PATIENT RECEIVING OR ELIGIBLE TO RECEIVE FOODS, FLUIDS OR MEDICATION BY MOUTH (STR)5	No Auth Required		Authorization released 2/24/2018
6020F	NPO (NOTHING BY MOUTH) ORDERED (STR)5	No Auth Required		Authorization released 2/24/2018
6030F	All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used,	No Auth Required		Authorization released 2/24/2018
6040F	USE OF APPROPRIATE RADIATION DOSE REDUCTION DEVICES OR MANUAL TECHNIQUES FOR APPROPRIATE	No Auth Required		Authorization released 2/24/2018
6045F	RADIATION EXPOSURE OR EXPOSURE TIME IN FINAL REPORT FOR PROCEDURE USING FLUOROSCOPY,	No Auth Required		Authorization released 2/24/2018
6070F	PATIENT QUERIED AND COUNSELED ABOUT ANTI-EPILEPTIC DRUG (AED) SIDE-EFFECTS (EPI)	No Auth Required		Authorization released 2/24/2018
6080F	PATIENT (OR CAREGIVER) QUERIED ABOUT FALLS (PRKNS)	No Auth Required		Authorization released 2/24/2018
6090F	PATIENT (OR CAREGIVER) COUNSELED ABOUT SAFETY ISSUES APPROPRIATE TO PATIENT'S STAGE OF DISEASE (PRKNS)	No Auth Required		Authorization released 2/24/2018
6100F	TIMEOUT TO VERIFY CORRECT PATIENT, CORRECT SITE, AND CORRECT PROCEDURE, DOCUMENTED (PATH)	No Auth Required		Authorization released 2/24/2018

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6101F	SAFETY COUNSELING FOR DEMENTIA PROVIDED (DEM)	No Auth Required		Authorization released 2/24/2018
6102F	SAFETY COUNSELING FOR DEMENTIA ORDERED (DEM)	No Auth Required		Authorization released 2/24/2018
6110F	COUNSELING PROVIDED REGARDING RISKS OF DRIVING AND THE ALTERNATIVES TO DRIVING (DEM)	No Auth Required		Authorization released 2/24/2018
7010F	PATIENT INFORMATION ENTERED INTO A RECALL SYSTEM WITH THE TARGET DATE FOR THE NEXT EXAM	No Auth Required		Authorization released 2/24/2018
7020F	MAMMOGRAM ASSESSMENT CATEGORY [EG, MAMMOGRAPHY QUALITY STANDARDS ACT (MQSA), BREAST	No Auth Required		Authorization released 2/24/2018
7025F	PATIENT INFORMATION ENTERED INTO A REMINDER SYSTEM WITH A TARGET DUE DATE FOR THE NEXT	No Auth Required		Authorization released 2/24/2018
9001F	AORTIC ANEURYSM LESS THAN 5.0 CM MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR	No Auth Required		Authorization released 2/24/2018
9002F	AORTIC ANEURYSM 5.0 - 5.4 CM MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER	No Auth Required		Authorization released 2/24/2018
9003F	AORTIC ANEURYSM 5.5 - 5.9 CM MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER	No Auth Required		Authorization released 2/24/2018
9004F	AORTIC ANEURYSM 6.0 CM OR GREATER MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR	No Auth Required		Authorization released 2/24/2018
9005F	ASYMPTOMATIC CAROTID STENOSIS: NO HISTORY OF ANY TRANSIENT ISCHEMIC ATTACK OR STROKE IN ANY	No Auth Required		Authorization released 2/24/2018
9006F	SYMPTOMATIC CAROTID STENOSIS: IPSILATERAL CAROTID TERRITORY TIA OR STROKE LESS THAN 120 DAYS	No Auth Required		Authorization released 2/24/2018
9007F	OTHER CAROTID STENOSIS: IPSILATERAL TIA OR STROKE 120 DAYS OR GREATER PRIOR TO PROCEDURE OR ANY	No Auth Required		Authorization released 2/24/2018
A0080	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY VOLUNTEER (INDIVIDUAL OR		2/24/2018	
A0100	NON-EMERGENCY TRANSPORTATION; TAXI		2/24/2018	
A0110	NONEMERGENCY TRANSPORTATION AND BUS, INTRA- OR INTERSTATE CARRIER		2/24/2018	
A0120	NONEMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER TRANSPORTATION		2/24/2018	
A0130	NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN		2/24/2018	
A0140	NONEMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL), INTRA- OR INTERSTATE		2/24/2018	
A0160	NONEMERGENCY TRANSPORTATION: PER MILE - CASEWORKER OR SOCIAL WORKER		2/24/2018	
A0180	NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING - RECIPIENT		2/24/2018	
A0190	NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS - RECIPIENT		2/24/2018	
A0200	NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING - ESCORT		2/24/2018	
A0210	NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS - ESCORT		2/24/2018	
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NONEMERGENCY TRANSPORT, LEVEL 1 (ALS 1)		2/24/2018	
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NONEMERGENCY TRANSPORT (BLS)	No Auth Required	2/24/2018	Authorization released 10/01/2025
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)		2/24/2018	
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)		2/24/2018	
A0434	SPECIALTY CARE TRANSPORT (SCT)		2/24/2018	
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE		2/24/2018	
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE		2/24/2018	
A0888	NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE		2/24/2018	
A0999	UNLISTED AMBULANCE SERVICE		2/24/2018	
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	No Auth Required		
A9500	Tc99m sestamibi	No Auth Required		
A9502	Tc99m tetrofosmin	No Auth Required		
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi		1/1/2019	
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	No Auth Required		Authorization released 10/1/2023
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MILLICURIES	No Auth Required		Authorization released 10/1/2023
A9552	F18 fdg	No Auth Required		
A9555	Rb82 rubidium	No Auth Required		

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A9573	INJECTION GADOPICLENOL 1 ML		2/1/2024	
A9591	Fluoroestradiol F 18, diagnostic, 1 millicurie		1/1/2021	
A9592	COPPER CU-64 DOTATATE DIAGNOSTIC 1 MCI	No Auth Required		
A9606	Radium ra-223 dichloride, therapeutic, per microcurie		2/24/2018	
A9697	INJECTION CARBOXYDEXTRAN-CTD SPM IO PER ST D	No Auth Required	2/1/2024	Authorization released 04/01/2024
A9699	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	No Auth Required		Authorization released 10/1/2023
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)		3/1/2022	
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Reviewed by NIA		
C1772	INFUSION PUMP PROGRAMMABLE	No Auth Required		Authorization released 2/4/2024
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Reviewed by NIA		
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	Reviewed by NIA		
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	Reviewed by NIA		
C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Reviewed by NIA		
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Reviewed by NIA		
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads		2/1/2024	
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	Reviewed by NIA		
C1891	INFUS PUMP NON-PROGRAMMABLE PERMANENT	No Auth Required		Authorization released 2/4/2024
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	Reviewed by NIA		NIA effective 2/1/2024
C2626	INFUS PUMP NON-PROGRAMMABLE TEMPORARY	No Auth Required		Authorization released 2/4/2024
C7504	PERQ VTP FIRST CT & ANY ADD CT/LS VERT BODIES		4/1/2023	
C7505	PERQ VTP FIRST LS & ANY ADD CT/LS VERT BODIES		4/1/2023	
C7507	PERQ VA AUG 1ST THOR & ANY ADD THOR/L VA BODIES		4/1/2023	
C7508	PERQ VA AUG FIRST LMB & ANY ADD THOR/L VA BODIES		4/1/2023	
C8002	PREPARATION SKIN CELL SUSP AUTOGRAFT AUTOMATED		4/1/2025	
C8003	IMPLANT MEDIAL KNEE EXTRAART IMPLANT SHOCK ABS		4/1/2025	
C8005	BRONCH RGD/FLEX NON THRM TRANSBRON ABL LES PEF E		7/1/2025	
C8900	MRA WITH CONTRAST, ABDOMEN	Reviewed by NIA		
C8901	MRA WITHOUT CONTRAST, ABDOMEN	Reviewed by NIA		
C8902	MRA WITHOUT/WITH CONTRAST, ABDOMEN	Reviewed by NIA		
C8903	MRI WITH CONTRAST, BREAST, UNILATERAL	Reviewed by NIA		
C8905	MRI WITHOUT/WITH CONTRAST, BREAST, UNILATERAL	Reviewed by NIA		
C8906	MRI WITH CONTRAST, BREAST, BILATERAL	Reviewed by NIA		
C8908	MRI WITHOUT/WITH CONTRAST, BREAST, BILATERAL	Reviewed by NIA		
C8909	MRA WITH CONTRAST, CHEST	Reviewed by NIA		
C8910	MRA WITHOUT CONTRAST, CHEST	Reviewed by NIA		
C8911	MRA WITHOUT/WITH CONTRAST, CHEST EXCL MYOCARDIUM	Reviewed by NIA		
C8912	MRA WITH CONTRAST, LOWER EXTREMITY	Reviewed by NIA		
C8913	MRA WITHOUT CONTRAST, LOWER EXTREMITY	Reviewed by NIA		
C8914	MRA WITHOUT/WITH CONTRAST, LOWER EXTREMITY	Reviewed by NIA		
C8918	MRA WITH CONTRAST, PELVIS	Reviewed by NIA		
C8919	MRA WITH CONTRAST, PELVIS	Reviewed by NIA		

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C8920	MRA WITHOUT/WITH CONTRAST, PELVIS	Reviewed by NIA		
C8921	TTE w or w/o fol w/cont, com	No Auth Required		Authorization released 6/1/2021
C8922	TTE w or w/o fol w/cont, f/u	No Auth Required		Authorization released 6/1/2021
C8923	2D TTE w or w/o fol w/con,co	No Auth Required		Authorization released 6/1/2021
C8924	2D TTE w or w/o fol w/con,fu	No Auth Required		Authorization released 6/1/2021
C8925	2D TEE w or w/o fol w/con,in	No Auth Required		Authorization released 6/1/2021
C8926	TEE w or w/o fol w/cont,cong	No Auth Required		Authorization released 6/1/2021
C8927	TEE w or w/o fol w/cont, mon	No Auth Required		Authorization released 6/1/2021
C8928	TTE w or w/o fol w/con,stres	No Auth Required		Authorization released 6/1/2021
C8929	TTE w or wo fol wcon,Doppler	No Auth Required		Authorization released 6/1/2021
C8930	TTE w or w/o contr, cont ECG	No Auth Required		Authorization released 6/1/2021
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Reviewed by NIA		
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Reviewed by NIA		
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Reviewed by NIA		
C8934	Magnetic resonance angiography with contrast, upper extremity	Reviewed by NIA		
C8935	Magnetic resonance angiography without contrast, upper extremity	Reviewed by NIA		
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Reviewed by NIA		
C9023	Injection, testosterone undecanoate, 1 mg		2/24/2018	
C9025	Injection, ramucirumab, 5 mg		2/24/2018	
C9026	Injection, vedolizumab, 1 mg		2/24/2018	
C9027	Injection, pembrolizumab, 1 mg		2/24/2018	
C9035	Injection, aripiprazole lauroxil (Aristada Initio), 1 mg		1/1/2019	
C9036	Injection, patisiran, 0.1 mg		1/1/2019	
C9037	Injection, risperidone (Perseris), 0.5 mg		1/1/2019	
C9038	Injection, mogamulizumab-kpkc, 1 mg		1/1/2019	
C9039	Injection, plazomicin, 5 mg		1/1/2019	
C9047	Injection, caplacizumab-yhdp, 1 mg	Reviewed by NCH		
C9048	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg		7/13/2019	
C9051	Injection, omadacycline, 1 mg		7/13/2019	
C9052	Injection, ravulizumab-cwvz, 10 mg		7/13/2019	
C9053	Injection, crizanlizumab-tmca, 1 mg		4/1/2020	
C9056	Injection, givosiran, 0.5 mg		4/1/2020	
C9057	Injection, cetirizine hydrochloride, 1 mg	No Auth Required	4/1/2020	
C9059	INJECTION MELOXICAM 1 MG		7/1/2020	
C9061	INJECTION TEPROTUMUMAB-TRBW 10 MG		7/1/2020	
C9063	INJECTION EPTINEZUMAB-JJMR 1 MG		7/1/2020	
C9074	INJECTION LUMASIRAN 0.5 MG		6/1/2021	
C9084	INJECTION LONCASTUXIMAB TESIRINE-LPYL 0.1 MG			
C9085	INJECTION, AVALGLUCOSIDASE ALFA-NGPT 4 MG		5/1/2022	
C9086	INJECTION ANIFROLUMAB-FNIA 1 MG		5/1/2022	
C9088	INSTILL BUPIVACAINE & MELOXICAM 1 MG/0.03 MG		5/1/2022	

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C9094	INJ SUTIMLIMAB-JOME 10 MG		10/1/2022	
C9095	INJ TEBENTAFUSP-TEBN 1 MCG		10/1/2022	
C9096	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO 1 MCG		10/1/2022	
C9097	INJ FARICIMAB-SVOA 0.1 MG		10/1/2022	
C9122	SINUVA		7/1/2020	
C9135	Factor IX (antihemophilic factor, recombinant), Alprolix, per 10 IU		2/24/2018	
C9136	Injection, factor viii, fc fusion protein, (recombinant), per i.u.		2/24/2018	
C9140	INJECTION FACTOR VIII 1 I.U.		2/24/2018	
C9174	INJECTION DATOPOTAMAB DERUXTECAN 1 MG		10/1/2025	
C9175	INJECTION TREOSULFAN 50 MG		10/1/2025	
C9248	INJECTION, CLEVIDIPINE BUTYRATE, 1 MG		2/24/2018	
C9250	HUMAN PLASMA FIBRIN SEALANT, VAPOR-HEATED, SOLVENT-DETERGENT (ARTISS), 2 ML		2/24/2018	
C9257	INJECTION, BEVACIZUMAB, 0.25 MG		2/24/2018	
C9293	INJ GLUCARPIDASE, 10 UNITS	No Auth Required		Authorization released 10/1/2024
C9349	Fortaderm, and fortaderm antimicrobial, any type, per square centimeter		2/24/2018	
C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CM. LENGTH		2/24/2018	
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CM. LENGTH		2/24/2018	
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm		2/24/2018	
C9355	COLLAGEN NERVE CUFF (NEUROMATRIX), PER 0.5 CENTIMETER LENGTH		2/24/2018	
C9360	DERMAL SUBSTITUTE NATIVE NONDENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGIMEND		2/24/2018	
C9361	COLLAGEN MATRIX NERVE WRAP (NEUROMEND COLLAGEN NERVE WRAP), PER 0.5 CM LENGTH		2/24/2018	
C9363	SKIN SUBSTITUTE (INTEGRA MESHED BILAYER WOUND MATRIX) PER SQUARE CM		2/24/2018	
C9364	PORCINE IMPLANT, PERMACOL, PER SQ CM		2/24/2018	
C9399	INJ GLUCARPIDASE, 10 UNITS	Reviewed by NCH		
C9442	Injection, belinostat, 10 mg		2/24/2018	
C9443	Injection, dalbavancin, 10 mg		2/24/2018	
C9444	Injection, oritavancin, 10 mg		2/24/2018	
C9446	Injection, tedizolid phosphate, 1 mg		2/24/2018	
C9447	Injection, phenylephrine and ketorolac, 4 ml vial		2/24/2018	
C9600	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WITH CORONARY	No Auth Required		Authorization released 10/10/2019
C9601	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT(S), WITH CORONARY	No Auth Required		Authorization released 10/10/2019
C9602	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH DRUG ELUTING INTRACORONARY STENT,	No Auth Required		Authorization released 10/10/2019
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic		1/1/2019	
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision		1/1/2019	
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and		1/1/2019	
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy,		7/1/2020	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with		1/1/2021	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with		1/1/2021	
C9776	IO NEAR-INFR FLUOR IMAG MAJ EXTRA-HEP BILE DUCT	No Auth Required		
C9777	ESOPHAGEAL MUCOSAL INTEGR TST ELEC IMPD TO	No Auth Required		
C9779	ESD INCLUD ENDOSCOPY/COLONOSCOPY MUCOSAL CLOS	No Auth Required		

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C9780	INS CVC THRU CVO VIA INF & SUP APRCH INC IMG GD	No Auth Required		
C9784	GASTRIC RESTR PROC ENDO SLV GP EGD AND IL TUBE INS		10/1/2023	
C9785	ENDO OUT REDTN GAS POUCH APPL ENDO AND IL TUBE INS		10/1/2023	
C9789	INSTILL ANTINEOPLAST PHARM/BIOLOG AGT RP ANY METH		2/1/2024	
C9790	HISTOTRIPSY MALIG RENAL TISS INCL IMAGE GUIDANCE	No Auth Required	2/1/2024	Authorization released 04/01/2024
C9791	MRI WITH INHALED HPX CONTRAST AGENT CHEST		2/1/2024	
C9792	BLIND/NONBLND PROC SYM NYHA CLASS II III IVA HF		2/1/2024	
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary		1/1/2019	
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug		1/1/2019	
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day		1/1/2019	
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component	No Auth Required		Authorization released 7/1/2021
			4/1/2024	
G0137	INTENSIVE OP SERV WEEK BUND MIN 9 SERV OVER 7DAY			
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Reviewed by EviCore		
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Reviewed by EviCore		
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE	Reviewed by EviCore		
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES		2/24/2018	
G0156	SERVICES OF HOME HEALTH / HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES		2/24/2018	
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15	No Auth Required		Authorization released 7/1/2021
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15	No Auth Required		Authorization released 7/1/2021
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery	No Auth Required		Authorization released 7/1/2021
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or	No Auth Required		Authorization released 7/1/2021
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN		2/24/2018	
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE;		2/24/2018	
G0176	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR RECREATION, RELATED TO THE	No Auth Required		Authorization released 9/15/2018
G0177	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING	No Auth Required		Authorization released 9/15/2018
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NONCOVERED INDICATIONS		2/24/2018	
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED		2/24/2018	
G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INITIAL DIAGNOSIS OF BREAST CANCER		2/24/2018	
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPHY		2/24/2018	
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER	Reviewed by NIA		NIA effective 3/1/2022
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval		2/24/2018	
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a	Reviewed by EviCore	2/24/2018	
G0288	Computed tomographic angiography: abdomen	No Auth Required		Authorization released 6/1/2021
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF	Reviewed by NIA		NIA effective 2/1/2024
G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Reviewed by NIA		NIA effective 4/1/2021
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTINGS,		2/24/2018	
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE		2/24/2018	
G0339	Robotic stereotactic surgery 1 session	Reviewed by NCH		
G0340	Robotic stereotactic radio surgery 2 through 5 sessions	Reviewed by NCH		
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST),	Auth Required after 200 units	2/24/2018	
G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST),	Auth Required after 200 units	2/24/2018	

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G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG,	Reviewed by Evicore		
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory	Reviewed by Evicore		
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Reviewed by Evicore		
G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING,		2/24/2018	
G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50		2/24/2018	
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER		2/24/2018	
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT		2/24/2018	
G0458	LOW DOSE RATE (LDR) PROSTATE BRACHYTHERAPY SERVICES, COMPOSITE RATE	Reviewed by NCH		
G0465	AUTOLOG PRP DIAB CHRON WOUND/ULCER FDA CLEAR DEV		5/1/2022	
G0476	SOCIAL WORK AND PSYCHOLOGICAL SERVICES, DIRECTLY RELATING TO AND/OR FURTHERING THE PATIENT'S	No Auth Required		Authorization released 9/15/2018
G0493	SKILLED SERVICES RN OBV & ASMT PT COND EA 15 MIN		2/24/2018	
G0495	SKD SRVC RN TRAIN&/EDU PT/FAM HH/HOSPC EA 15 MIN		2/24/2018	
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more	No Auth Required		
G0517	Removal of non-biodegradable drug delivery implants, 4 or more	No Auth Required		
G0518	Removal of non-biodegradable drug delivery implants, 4 or more	No Auth Required		
G0529	IN-HOME RESPITE CARE 4-HOUR UNIT		10/1/2024	
G0530	ADULT DAY CENTER 8-HOUR UNIT		10/1/2024	
G0531	FACILITY-BASED RESPITE 24-HOUR UNIT		10/1/2024	
G0552	SUPPLY DGTL MENTAL HEALTH TX DVC PER CRS OF TX		4/1/2025	
G0553	FIRST 20 MIN MO TX DMHT DVC PT/CG DUR CAL MO		4/1/2025	
G0554	EACH ADD 20 MIN MO TX DMHT DVC PT/CG DUR CAL MO		4/1/2025	
G0563	SBRT TX DEL POSITRON EMISSION-BASED DELIVERY		4/1/2025	
G0564	CREATION SUBC PKT INS 365 DAY IMPLANT GLUC SNSR		4/1/2025	
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief		1/1/2019	
G2020	SERVICES FOR HIGH INTENSITY CLINICAL SRVC ASSOC	No Auth Required		
G2172	ALL INCL PMT FOR SRVC REL HI COORD & INT OUD TX	No Auth Required		
G3002	CPM&TX MO BDL REQ INIT FTF AL 30 M; 1ST 30 MIN		4/1/2023	
G6001	Ultrasonic guidance for placement of radiation therapy fields	Reviewed by NCH		
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Reviewed by NCH		
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no	Reviewed by NCH		
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no	Reviewed by NCH		
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no	Reviewed by NCH		
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no	Reviewed by NCH		
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of	Reviewed by NCH		
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of	Reviewed by NCH		
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of	Reviewed by NCH		
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of	Reviewed by NCH		
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges,	Reviewed by NCH		
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges,	Reviewed by NCH		
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges,	Reviewed by NCH		
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges,	Reviewed by NCH		

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G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally	Reviewed by NCH		
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high	Reviewed by NCH		
G6017	positional tracking, gating, 3d surface tracking), each fraction of treatment	Reviewed by NCH		
G6021	Unlisted procedure, intestine		2/24/2018	
H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM	No Auth Required		Authorization released 2/24/2018
H0003	ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF ALCOHOL	No Auth Required		Authorization released 9/15/2018
H0004	ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF ALCOHOL	No Auth Required		Authorization released 9/15/2018
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	No Auth Required		Authorization released 9/15/2018
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT		9/15/2018	
H0007	ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT)	No Auth Required		Authorization released 9/15/2018
H0008	ALCOHOL AND/OR DRUG SERVICES; SUBACUTE DETOXIFICATION (HOSPITAL INPATIENT)		9/15/2018	
H0009	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL INPATIENT)		9/15/2018	
H0010	ALCOHOL AND/OR DRUG SERVICES; SUBACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM	Auth Required after 200 units	9/15/2018	
H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)		10/1/2025	
H0012	ALCOHOL AND/OR DRUG SERVICES; SUBACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM		2/24/2018	
H0013	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)		9/15/2018	
H0014	ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION		9/15/2018	
H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST		2/24/2018	
H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)		9/15/2018	
H0017	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND		9/15/2018	
H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NONHOSPITAL RESIDENTIAL TREATMENT PROGRAM),		2/24/2018	
H0019	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NONMEDICAL, NONACUTE CARE IN A RESIDENTIAL		2/24/2018	
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF THE DRUG		9/15/2018	
H0021	ALCOHOL AND/OR DRUG TRAINING SERVICE (FOR STAFF AND PERSONNEL NOT EMPLOYED BY PROVIDERS)	No Auth Required		Authorization released 9/15/2018
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATION)	No Auth Required		Authorization released 9/15/2018
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE (PLANNED APPROACH TO REACH A TARGETED POPULATION)	No Auth Required		Authorization released 9/15/2018
H0024	BEHAVIORAL HEALTH PREVENTION INFORMATION DISSEMINATION SERVICE (ONE-WAY DIRECT OR NONDIRECT	No Auth Required		Authorization released 9/15/2018
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH TARGET POPULATION TO	No Auth Required		Authorization released 9/15/2018
H0026	ALCOHOL AND/OR DRUG PREVENTION PROCESS SERVICE, COMMUNITY-BASED (DELIVERY OF SERVICES TO	No Auth Required		Authorization released 9/15/2018
H0027	ALCOHOL AND/OR DRUG PREVENTION ENVIRONMENTAL SERVICE (BROAD RANGE OF EXTERNAL ACTIVITIES	No Auth Required		Authorization released 9/15/2018
H0028	ALCOHOL AND/OR DRUG PREVENTION PROBLEM IDENTIFICATION AND REFERRAL SERVICE (E.G., STUDENT	No Auth Required		Authorization released 9/15/2018
H0029	ALCOHOL AND/OR DRUG PREVENTION ALTERNATIVES SERVICE (SERVICES FOR POPULATIONS THAT EXCLUDE	No Auth Required		Authorization released 9/15/2018
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	No Auth Required		Authorization released 9/15/2018
H0033	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION	No Auth Required		Authorization released 9/15/2018
H0034	MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	No Auth Required		Authorization released 9/15/2018
H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS		2/24/2018	
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	Auth Required after 200 units	9/15/2018	
H0037	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM		9/15/2018	
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	Auth Required after 800 units	4/1/2025	
H0039	ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, PER 15 MINUTES		9/15/2018	
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM		2/24/2018	

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H0041	FOSTER CARE, CHILD, NONTHERAPEUTIC, PER DIEM	No Auth Required		Authorization released 7/9/2019
H0042	FOSTER CARE, CHILD, NONTHERAPEUTIC, PER MONTH	No Auth Required		Authorization released 9/15/2018
H0043	SUPPORTED HOUSING, PER DIEM	No Auth Required		Authorization released 9/15/2018
H0044	SUPPORTED HOUSING, PER MONTH	No Auth Required		Authorization released 9/15/2018
H0045	RESPIRE CARE SERVICES, NOT IN THE HOME, PER DIEM	No Auth Required		Authorization released 9/15/2018
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	No Auth Required		Authorization released 9/15/2018
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED		9/15/2018	
H0048	ALCOHOL AND/OR OTHER DRUG TESTING: COLLECTION AND HANDLING ONLY, SPECIMENS OTHER THAN BLOOD	No Auth Required		Authorization released 9/15/2018
H0049	ALCOHOL AND/OR DRUG SCREENING	No Auth Required		Authorization released 9/15/2018
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES	No Auth Required		Authorization released 9/15/2018
H1010	NONMEDICAL FAMILY PLANNING EDUCATION, PER SESSION	No Auth Required		Authorization released 9/15/2018
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	Auth Required after 200 units	9/15/2018	
H2001	REHABILITATION PROGRAM, PER 1/2 DAY	Auth Required after 200 units	9/15/2018	
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR		2/24/2018	
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM		9/15/2018	
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	Auth Required after 200 units	9/15/2018	
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	Auth Required after 200 units	2/24/2018	
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	Auth Required after 200 units	9/15/2018	
H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	Auth Required after 200 units	9/15/2018	
H2018	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	No Auth Required		Authorization released 9/15/2018
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES		2/24/2018	
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	Auth Required after 200 units	9/15/2018	
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES		2/24/2018	
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM		9/15/2018	
H2023	SUPPORTED EMPLOYMENT, PER 15 MINUTES	No Auth Required		Authorization released 9/15/2018
H2024	SUPPORTED EMPLOYMENT, PER DIEM	No Auth Required		Authorization released 9/15/2018
H2025	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	No Auth Required		Authorization released 9/15/2018
H2026	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	No Auth Required		Authorization released 9/15/2018
H2027	PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	Auth Required after 500 units	4/1/2025	
H2028	SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES	Auth Required after 200 units	9/15/2018	
H2029	SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM		2/24/2018	
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	Auth Required after 200 units	9/15/2018	
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	Auth Required after 200 units	9/15/2018	
H2032	ACTIVITY THERAPY, PER 15 MINUTES	No Auth Required		Authorization released 9/15/2018
H2033	MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES		9/15/2018	
H2034	ALCOHOL AND/OR DRUG ABUSE HALFWAY HOUSE SERVICES, PER DIEM	Auth Required after 200 units	9/15/2018	
H2035	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	Auth Required after 200 units	9/15/2018	
H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	Auth Required after 200 units	9/15/2018	
H2037	DEVELOPMENTAL DELAY PREVENTION ACTIVITIES, DEPENDENT CHILD OF CLIENT, PER 15 MINUTES		9/15/2018	
H2038	SKILLS TRAINING AND DEVELOPMENT PER DIEM		10/1/2022	
J0120	Injection, omadacycline, 1 mg	No Auth Required		Authorization released 2/24/2018

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J0122	Injection, eravacycline, 1 mg		10/1/2019	
J0129	INJECTION, ABATACEPT, 10 MG		2/24/2018	
J0131	INJECTION, ACETAMINOPHEN, 10 MG	No Auth Required		Authorization released 2/24/2018
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	No Auth Required		Authorization released 2/24/2018
J0133	INJECTION, ACYCLOVIR, 5 MG	No Auth Required		Authorization released 2/24/2018
J0139	INJECTION ADALIMUMAB 1 MG		4/1/2025	
J0150	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE		2/24/2018	
J0172	INJECTION, ADUCANUMAB-AVWA 2 MG		5/1/2022	
J0174	INJECTION, LECANEMAB-IRMB, 1 MG		2/1/2024	
J0175	INJECTION DONANEMAB-AZBT 2 MG		4/1/2025	
			7/1/2024	
J0177	INJECTION AFLIBERCEPT HD 1 MG			
J0178	INJECTION, AFLIBERCEPT, 1 MG		2/24/2018	
J0180	INJECTION, AGALSIDASE BETA, 1 MG	No Auth Required		Authorization released 2/24/2018
J0184	INJECTION AMISULPRIDE 1 MG		4/1/2024	
J0185	Injection, aprepitant, 1 mg	No Auth Required		Authorization released 10/1/2024
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG		2/24/2018	
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG		2/24/2018	
J0202	INJECTION, ALEMTUZUMAB, 1 MG	Reviewed by NCH		
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS		2/24/2018	
J0207	INJECTION, AMIFOSTINE, 500 MG	No Auth Required		Authorization released 10/1/2024
J0208	INJECTION SODIUM THIOSULFATE 100 MG	No Auth Required		Authorization released 10/1/2024
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG		2/24/2018	
J0215	INJECTION, ALEFACEPT, 0.5 MG		2/24/2018	
J0217	INJECTION VELMANASE ALFA-TYCV 1 MG		4/1/2024	
J0218	INJECTION OLIPUDASE ALFA-RPCP 1 MG		7/1/2023	
J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG		10/1/2022	
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG		2/24/2018	
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	No Auth Required		Authorization released 2/24/2018
J0222	Injection, Patisiran, 0.1 mg		10/1/2019	
J0223	Injection, givosiran, 0.5 mg		7/1/2020	
J0224	INJECTION LUMASIRAN 0.5 MG		10/1/2022	
J0225	INJECTION VUTRISIRAN 1 MG		4/1/2023	
J0256	INJECTION, ALPHA 1-PROTEINASE INHIBITOR - HUMAN, 10 MG		2/24/2018	
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG		2/24/2018	
J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER	No Auth Required		Authorization released 2/24/2018
J0275	ALPROSTADIL URETHRAL SUPPOSITORY(CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER		2/24/2018	
J0285	INJECTION, AMPHOTERICIN B, 50 MG	No Auth Required		Authorization released 2/24/2018
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	No Auth Required		Authorization released 2/24/2018
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG		2/24/2018	
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	No Auth Required		Authorization released 2/24/2018
J0291	Injection, plazomicin, 5 mg		10/1/2019	

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J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	No Auth Required		Authorization released 2/24/2018
J0348	INJECTION, ANADULAFUNGIN, 1 MG	No Auth Required		Authorization released 2/24/2018
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS		2/24/2018	
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG		2/24/2018	
J0365	INJECTION, APROTONIN, 10,000 KIU		2/24/2018	
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG		2/24/2018	
J0390	INJECTION, CHLOROQUINE HCL, UP TO 250 MG		2/24/2018	
J0395	INJECTION, ARBUTAMINE HCL, 1 MG		2/24/2018	
J0400	INJECTION, ARIPIPIRAZOLE, INTRAMUSCULAR, 0.25 MG		2/24/2018	
J0401	INJECTION, ARIPIPIRAZOLE, EXTENDED RELEASE, 1 MG	No Auth Required		Authorization released 2/24/2018
J0470	INJECTION, DIMERCAPROL, PER 100 MG		2/24/2018	
J0475	INJECTION, BACLOFEN, 10 MG		2/24/2018	
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	No Auth Required		Authorization released 2/24/2018
J0480	INJECTION, BASILIXIMAB, 20 MG	No Auth Required		Authorization released 2/24/2018
J0485	INJECTION, BELATACEPT, 1 MG	No Auth Required		Authorization released 2/24/2018
J0490	INJECTION, BELIMUMAB, 10 MG		2/24/2018	
J0491	INJECTION ANIFROLUMAB-FNIA 1 MG		10/1/2022	
J0517	Injection, benralizumab, 1 mg		1/1/2019	
J0520	INJECTION, BETHANECHOL CHLORIDE, MYTONACHOL OR URECHOLINE, UP TO 5 MG		2/24/2018	
J0567	Injection, cerliponase alfa, 1 mg		1/1/2019	
J0571	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine		2/24/2018	
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine		2/24/2018	
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 3.1 to 6 mg		2/24/2018	
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	No Auth Required		Authorization released 2/24/2018
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine		2/24/2018	
J0577	INJECTION BUPRENORPHINE ER <= TO 7 DAYS TX		7/1/2024	
J0578	INJECTION BUPRENORPHINE ER > 7 TO 28 DAYS TX		7/1/2024	
J0584	Injection, burosumab-twza, 1 mg		1/1/2019	
J0585	BOTULINUM TOXIN TYPE A, PER UNIT		2/24/2018	
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS		2/24/2018	
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS		2/24/2018	
J0588	INJECTION, INCOBOTULINUMTOXINA, 1 UNIT		2/24/2018	
J0589	INJECTION DAXIBOTULINUMTOXINA-LANM 1 UNIT		7/1/2024	
J0591	Injection, deoxycholic acid, 1 mg		7/1/2020	
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct		10/1/2019	
J0594	INJECTION, BUSULFAN, 1 MG	Reviewed by NCH		
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS		2/24/2018	
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS		2/24/2018	
J0598	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS		2/24/2018	
J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units		1/1/2019	
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG		2/24/2018	

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J0601	SEVELAMER CARBONATE ORAL 20 MG		4/1/2025	
J0602	SEVELAMER CARBONATE ORAL POWDER 20 MG		4/1/2025	
J0603	SEVELAMER HYDROCHLORIDE ORAL 20 MG		4/1/2025	
J0605	SUCROFERRIC OXYHYDROXIDE ORAL 5 MG		4/1/2025	
J0607	LANTHANUM CARBONATE ORAL 5 MG		4/1/2025	
J0608	LANTHANUM CARBONATE PWD 5 MG NOT EQUIV TO J0607		4/1/2025	
J0609	FERRIC CITRATE ORAL 3 MG FERRIC IRON		4/1/2025	
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML		2/24/2018	
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	Reviewed by NCH		
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	No Auth Required		Authorization released 2/24/2018
J0638	INJECTION, CANAKINUMAB, 1 MG		2/24/2018	
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	No Auth Required		Authorization released 10/1/2024
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	Reviewed by NCH		
J0642	LEVOLEUCOVORIN INJECTION - BRAND NAME KHAPZORY	Reviewed by NCH		
J0691	Injection, lefamulin, 1 mg		7/1/2020	
J0695	INJECTION, CEFONICID SODIUM, 1 GRAM	No Auth Required		Authorization released 2/24/2018
J0699	INJECTION CEFIDEROCOL 10 MG	No Auth Required		
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 G	No Auth Required		Authorization released 2/24/2018
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	No Auth Required		Authorization released 2/24/2018
J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	No Auth Required		Authorization released 2/24/2018
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	No Auth Required		Authorization released 2/24/2018
J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MG		2/24/2018	
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED)		2/24/2018	
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS		2/24/2018	
J0739	INJECTION CABOTEGRAVIR 1 MG		10/1/2022	
J0740	INJECTION, CIDOFOVIR, 375 MG		2/24/2018	
J0741	INJECTION CABOTEGRAVIR AND RILPIVIRINE 2MG/3MG	No Auth Required		
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg		7/1/2020	
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG		2/24/2018	
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	No Auth Required		Authorization released 2/24/2018
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG		2/24/2018	
J0751	EMTRICITABINE 200MG AND TFV AF 25MG ORAL			
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG		2/24/2018	
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG		2/24/2018	
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	No Auth Required		Authorization released 12/5/2018
J0791	Injection, crizanlizumab-tmca, 5 mg		7/1/2020	
J0799	FDA-APV SIG RX ONLY FOR USE HIV PRE-EXP PPX NOC		4/1/2024	
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS		2/24/2018	
J0801	INJECTION CORTICOTROPIN ACTHAR GEL UP TO 40 U		2/1/2024	
J0802	INJECTION CORTICOTROPIN ANI UP TO 40 UNITS		2/1/2024	
J0833	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	No Auth Required		Authorization released 2/24/2018

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J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	No Auth Required		Authorization released 2/24/2018
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 G		2/24/2018	
J0841	Injection, crotalidae immune F(ab') ₂ (equine), 120 mg		2/24/2018	
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL		2/24/2018	
J0870	INJECTION IMETELSTAT 1 MG		4/1/2025	
J0875	INJECTION, DALBAVANCIN, 5 MG		2/24/2018	
J0878	INJECTION, DAPTOMYCIN, 1 MG		2/24/2018	
J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM		10/1/2022	
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	Reviewed by NCH		
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)		2/24/2018	
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Reviewed by NCH		
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)		2/24/2018	
J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)	Reviewed by NCH		
J0889	DAPRODUSTAT ORAL 1 MG FOR ESRD ON DIALYSIS		2/1/2024	
J0893	INJECT DECITABINE NOT THER EQUIVALENT J0894 1 MG	Reviewed by NCH		
J0894	INJECTION, DECITABINE, 1 MG	Reviewed by NCH		
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	Reviewed by NCH		
J0896	Injection, Luspatercept-aamt, 0.25 mg	Reviewed by NCH		
J0897	INJECTION, DENOSUMAB, 1 MG		4/1/2025	
J0900	INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC		2/24/2018	
J0901	VADADUSTAT ORAL 1 MG		4/1/2025	
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	No Auth Required		Authorization released 2/24/2018
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE/ESTRADIOL CYPIONATE, 5 MG/25 MG		2/24/2018	
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML		2/24/2018	
J1071	Injection, testosterone cypionate, 1mg		2/24/2018	
J1072	INJECTION TESTOSTERONE CYPIONATE AZMIRO 1 MG		7/1/2025	
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	No Auth Required		Authorization released 12/5/2018
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg		10/1/2019	
J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml		10/1/2019	
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG		2/24/2018	
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	No Auth Required		Authorization released 2/24/2018
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	No Auth Required		Authorization released 2/24/2018
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG		2/24/2018	
J1190	INJECTION, DEXRAZOXANE HCL, PER 250 MG	Reviewed by NCH		
J1201	Injection, Cetirizine hydrochloride, 0.5 mg		7/1/2020	
J1202	MIGLUSTAT ORAL 65 MG		7/1/2024	
J1203	INJECTION CIPAGLUCOSIDASE ALFA-ATGA 5 MG		7/1/2024	
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG		2/24/2018	
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML		2/24/2018	
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	No Auth Required		Authorization released 10/1/2023
J1267	INJECTION, DORIPENEM, 10 MG		2/24/2018	

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J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	No Auth Required		Authorization released 2/24/2018
J1290	INJECTION, ECALLANTIDE, 1 MG		2/24/2018	
J1299	INJECTION ECULIZUMAB 2 MG		7/1/2025	
J1300	INJECTION, ECULIZUMAB, 10 MG		2/24/2018	
J1301	Injection, edaravone, 1 mg		2/24/2018	
J1302	INJECTION SUTIMLIMAB-JOME 10 MG	Reviewed by NCH		
J1303	Injection, ravulizumab-cwvz, 10 mg		10/1/2019	
J1304	INJECTION TOFERSEN 1 MG		4/1/2024	
J1305	INJECTION EVINACUMAB-DGNB 5MG			
J1306	INJECTION INCLISIRAN 1 MG		10/1/2022	
J1307	INJECTION CROVALIMAB-AKKZ 10 MG		4/1/2025	
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG		2/24/2018	
J1322	Injection, elosulfase alfa, 1mg		2/24/2018	
J1323	INJECTION ELRANATAMAB-BCMM 1 MG		7/1/2024	
J1324	INJECTION, ENFUVIRTIDE, 1 MG		2/24/2018	
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	No Auth Required		Authorization released 2/24/2018
J1326	INJECTION ZOLBETUXIMAB CLZB 2 MG		10/1/2025	
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG		2/24/2018	
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG		2/24/2018	
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	No Auth Required		Authorization released 2/24/2018
J1411	INJ ETRANACOGENE DEZAPARVOVEC-DRLB PER THR DOSE		7/1/2023	
J1412	INJECTION VALOCTOCOGENE ROXAPARVOVEC-RVOX PER ML		4/1/2024	
J1413	INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR D		4/1/2024	
J1414	INJECTION FIDANACOGENE ELAPARVOVEC-DZKT PER TX D		4/1/2025	
J1426	INJECTION CASIMERSEN 10 MG			
J1427	INJECTION VILTOLARSEN 10 MG		6/1/2021	
J1429	Injection, golodirsen, 10 mg		7/1/2020	
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG		2/24/2018	
J1434	INJECTION FOSAPREPITANT 1 MG		7/1/2024	
J1435	INJECTION, ESTRONE, PER 1 MG	No Auth Required		Authorization released 2/24/2018
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG		2/24/2018	
J1437	INJECTION FERRIC DERISOMALTOSE 10 MG	Reviewed by NCH		
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE	No Auth Required		Authorization released 2/24/2018
J1439	Injection, ferric carboxymaltose, 1mg		2/24/2018	
J1440	FECAL MICROBIOTA LIVE - JSLM 1 ML		10/1/2023	
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Reviewed by NCH		
J1445	INJ FERRIC PYROPHOSPHATE CITRATE SOL 0.1 MG IRON	No Auth Required		
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	Reviewed by NCH		
J1448	INJECTION TRILACICLIB 1MG	Reviewed by NCH		
J1449	INJECTION EFLAPEGRASTIM-XNST 0.1 MG	Reviewed by NCH		
J1451	INJECTION, FOMEPIZOLE, 15 MG		2/24/2018	

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J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG		2/24/2018	
J1453	INJECTION, FOSAPREPITANT, 1 MG	No Auth Required		Authorization released 10/1/2024
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	No Auth Required		Authorization released 10/1/2024
J1455	INJECTION, FOSCARNET SODIUM, PER 1,000 MG		2/24/2018	
J1456	INJECT FOSAPREPITANT NOT THERAP EQUIV J1453 1 MG	Reviewed by NCH		
J1458	INJECTION, GALSULFASE, 1 MG		2/24/2018	
J1459	(Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid 500 mg).	Reviewed by NCH		
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC		2/24/2018	
J1551	INJECTION IMMUNE GLOBULIN CUTAQUIG 100 MG		10/1/2022	
J1552	INJECTION IMMUNE GLOBULIN ALYGLO 500 MG		4/1/2025	
J1554	INJECTION IMMUNE GLOBULIN ASCENIV 500 MG	Reviewed by NCH		
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	Reviewed by NCH		
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	Reviewed by NCH		
J1558	Injection, immune globulin (Xembify), 100 mg		7/1/2020	
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG		2/24/2018	
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC		2/24/2018	
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	Reviewed by NCH		
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG		2/24/2018	
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500	Reviewed by NCH		
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	Reviewed by NCH		
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500	Reviewed by NCH		
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	No Auth Required		Authorization released 1/1/2020
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML		2/24/2018	
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	Reviewed by NCH		
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML		2/24/2018	
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, 100 MG IMMUNEGLOBULIN		2/24/2018	
J1576	INJECTION IMMUNE GLOBULIN IV NON-LYOPH 500 MG	Reviewed by NCH		
J1590	INJECTION, GATIFLOXACIN, 10 MG		2/24/2018	
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG		2/24/2018	
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED,	Reviewed by NCH		
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG		2/24/2018	
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE		2/24/2018	
J1620	INJECTION, GONADORELIN HCL, PER 100 MCG		2/24/2018	
J1626	INJECTION, GRANISETRON HCL, 100 MCG	No Auth Required		Authorization released 10/1/2023
J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	No Auth Required		Authorization released 10/1/2024
J1628	Injection, guselkumab, 1 mg		1/1/2019	
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	No Auth Required		Authorization released 12/15/2018
J1640	INJECTION, HEMIN, 1 MG		2/24/2018	
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	No Auth Required		Authorization released 2/24/2018
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	No Auth Required		Authorization released 2/24/2018
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	No Auth Required		Authorization released 2/24/2018

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J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU		2/24/2018	
J1675	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS		2/24/2018	
J1680	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 100 MG		2/24/2018	
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	No Auth Required		Authorization released 2/24/2018
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG		2/24/2018	
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG		2/24/2018	
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG		2/24/2018	
J1741	INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML	No Auth Required		Authorization released 2/24/2018
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG		2/24/2018	
J1743	INJECTION, IDURSULFASE, 1 MG		2/24/2018	
J1744	INJECTION, ICATIBANT, 1 MG		2/24/2018	
J1745	INJECTION, INFliximab, 10 MG		2/24/2018	
J1746	Injection, ibalizumab-uiyk, 10 mg		2/24/2018	
J1747	INJECTION SPESOLIMAB-SBZO 1 MG		7/1/2023	
J1748	INJECTION INFliximab-DYYB 10 MG		10/1/2024	
J1750	INJECTION, IRON DEXTRAN, 50 MG		2/24/2018	
J1756	INJECTION, IRON SUCROSE, 1 MG		2/24/2018	
J1786	INJECTION, IMIGLUCERASE, 10 UNITS		2/24/2018	
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE		2/24/2018	
J1823	Injection, inebilizumab-cdon, 1 mg		1/1/2021	
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG		2/24/2018	
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED)		2/24/2018	
J1833	INJECTION, ISAVUONAZONIUM, 1 MG		2/24/2018	
J1835	INJECTION, ITRACONAZOLE, 50 MG		2/24/2018	
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 G	No Auth Required		Authorization released 2/24/2018
J1930	INJECTION, PROPIOMAZINE HCL, UP TO 20 MG	Reviewed by NCH		
J1931	INJECTION, LARONIDASE, 0.1 MG		2/24/2018	
J1932	INJECTION LANREOTIDE 1 MG	Reviewed by NCH		
J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg		10/1/2019	
J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg		10/1/2019	
J1945	INJECTION, LEPIRUDIN, 50 MG		2/24/2018	
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Reviewed by NCH		
J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG		10/1/2022	
J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG	Reviewed by NCH		
J1953	INJECTION, LEVETIRACETAM, 10 MG		2/24/2018	
J1954	INJECTION LPA DEPOT SUSP LUTRATE 7.5 MG	Reviewed by NCH		
J1955	INJECTION, LEVOCARNITINE, PER 1 G		2/24/2018	
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG		2/24/2018	
J1961	INJECTION LENACAPAVIR 1 MG		10/1/2023	
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	No Auth Required		Authorization released 2/24/2018
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG		2/24/2018	

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J2020	INJECTION, LINEZOLID, 200 MG		2/24/2018	
J2060	INJECTION, LORAZEPAM, 2 MG	No Auth Required		Authorization released 12/15/2018
J2062	Loxapine for inhalation, 1 mg		1/1/2019	
J2170	INJECTION, MECASERMIN, 1 MG		2/24/2018	
J2182	INJECTION MEPOLIZUMAB 1 MG		2/24/2018	
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	No Auth Required		Authorization released 10/1/2024
J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG		2/24/2018	
J2260	INJECTION, MILRINONE LACTATE, 5 MG		2/24/2018	
J2265	INJECTION, MINOCYCLINE HCL, 1 MG		2/24/2018	
J2267	INJECTION MIRIKIZUMAB-MRKZ 1 MG		10/1/2024	
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg		2/24/2018	
J2277	INJECTION MOTIXAFORTIDE 0.25 MG		7/1/2024	
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM		2/24/2018	
J2280	INJECTION, MOXIFLOXACIN, 100 MG	No Auth Required		Authorization released 2/24/2018
J2313	INJECTION NALOXONE HCl ZIMHI 0.01MG		10/1/2025	
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	No Auth Required		Authorization released 2/24/2018
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG		2/24/2018	
J2323	INJECTION, NATALIZUMAB, 1 MG		2/24/2018	
J2325	INJECTION, NESIRITIDE, 0.1 MG		2/24/2018	
J2327	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG		4/1/2023	
J2329	INJECTION UBLITUXIMAB-XIY 1MG		10/1/2023	
J2351	INJECTION OCRELIZUMAB 1 MG & HYALURONIDASE OCSQ		7/1/2025	
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	Reviewed by NCH		
J2354	INJECTION, OCTREOTIDE, NONDEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	No Auth Required		Authorization released 10/1/2024
J2355	INJECTION, OPRELVEKIN, 5 MG		2/24/2018	
J2356	INJECTION TEZEPelumab-EKko 1 MG		10/1/2022	
J2357	INJECTION, OMALIZUMAB, 5 MG		2/24/2018	
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG		2/24/2018	
J2405	INJECTION, ONDANSETRON HCL, PER 1 MG	No Auth Required		Authorization released 12/15/2018
J2406	INJECTION ORITAVANCIN KIMYRSA 10 MG	No Auth Required		
J2407	INJECTION, ORITAVANCIN, 10 MG		2/24/2018	
J2425	INJECTION, PALIFERMIN, 50 MCG		2/24/2018	
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG		2/24/2018	
J2427	INJECTION PALIPERIDONE PALMITATE ER 1 MG		10/1/2023	
J2428	INJECTION PALIPERIDONE PAL EXT REL ERZOFRI 1 MG		7/1/2025	
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	No Auth Required		Authorization released 10/1/2024
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	No Auth Required		Authorization released 2/24/2018
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG		2/24/2018	
J2468	INJECTION PAL HCl NOT THR EQ TO J2469 25 MCG		10/1/2024	
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	No Auth Required		Authorization released 10/1/2024
J2501	INJECTION, PARICALCITOL, 1 MCG	No Auth Required		Authorization released 2/24/2018

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J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	No Auth Required		Authorization released 2/24/2018
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG		2/24/2018	
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU		2/24/2018	
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Reviewed by NCH		
J2507	INJECTION, PEGLOTICASE, 1 MG		2/24/2018	
J2508	INJECTION PEGUNIGALSIDASE ALFA-IWXJ 1 MG			
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML		2/24/2018	
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J2547	INJECTION, PERAMIVIR, 1 MG		2/24/2018	
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	No Auth Required		Authorization released 12/15/2018
J2562	INJECTION, PLERIXAFOR, 1 MG	Reviewed by NCH		
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG		2/24/2018	
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	No Auth Required		Authorization released 2/24/2018
J2704	Injection, propofol, 10 mg	No Auth Required		Authorization released 2/24/2018
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU		2/24/2018	
J2725	INJECTION, PROTIRELIN, PER 250 MCG		2/24/2018	
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 G		2/24/2018	
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	No Auth Required		Authorization released 2/24/2018
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	No Auth Required		Authorization released 12/15/2018
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)		2/24/2018	
J2777	INJECTION FARICIMAB-SVOA 0.1 MG		1/1/2023	
J2778	INJECTION, RANIBIZUMAB, 0.1 MG		2/24/2018	
J2779	INJ RANIBIZUMAB VIA IVT IMPLANT SUSVIMO 0.1 MG		10/1/2022	
J2781	INJECTION PEGCETACOPLAN INTRAVITREAL 1 MG		2/1/2024	
J2782	INJECTION AVACINCAPTAD PEGOL 0.1 MG		7/1/2024	
J2783	INJECTION, RASBURICASE, 0.5 MG	Reviewed by NCH		
J2786	INJECTION RESLIZUMAB 1 MG		2/24/2018	
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	No Auth Required		Authorization released 2/24/2018
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU		2/24/2018	
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	No Auth Required		Authorization released 2/24/2018
J2793	INJECTION, RILONACEPT, 1 MG		2/24/2018	
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG		2/24/2018	
J2797	Injection, rolapitant, 0.5 mg		1/1/2019	
J2798	Injection, risperidone, (perseris), 0.5 mg		10/1/2019	
J2801	INJECTION RISPERIDONE 0.5 MG		7/1/2024	
J2802	INJECTION ROMIPLOSTIM 1 MCG		4/1/2025	
J2810	INJECTION, THEOPHYLLINE, PER 40 MG		2/24/2018	
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	Reviewed by NCH		
J2840	INJECTION SEBELIPASE ALFA 1 MG		2/24/2018	
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG		2/24/2018	
J2860	INJECTION, SECOBARBITAL SODIUM, UP TO 250 MG	Reviewed by NCH		

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J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	No Auth Required		Authorization released 2/24/2018
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	No Auth Required		Authorization released 2/24/2018
J2940	INJECTION, SOMATREM, 1 MG		2/24/2018	
J2941	INJECTION, SOMATROPIN, 1 MG	No Auth Required		Authorization released 2/24/2018
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU		2/24/2018	
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG		2/24/2018	
J2998	INJECTION PLASMINOGEN HUMAN-TVMH 1 MG		10/1/2022	
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	No Auth Required		Authorization released 2/24/2018
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct		10/1/2019	
J3055	INJECTION TALQUETAMAB-TGVS 0.25 MG		7/1/2024	
J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS		2/24/2018	
J3070	INJECTION, PENTAZOCINE, 30 MG		2/24/2018	
J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG		2/24/2018	
J3095	INJECTION, TELAVANCIN, 10 MG	No Auth Required		Authorization released 2/24/2018
J3101	INJECTION, TENECTEPLASE, 1 MG		2/24/2018	
J3110	INJECTION, TERIPARATIDE, 10 MCG		2/24/2018	
J3111	Injection, romosozumab-aqqg, 1 mg		10/1/2019	
J3121	Injection, testosterone enanthate, 1mg	No Auth Required		Authorization released 2/24/2018
J3140	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG		2/24/2018	
J3145	Injection, testosterone undecanoate, 1 mg	No Auth Required		Authorization released 2/24/2018
J3150	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG		2/24/2018	
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	No Auth Required		Authorization released 2/24/2018
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	Reviewed by NCH		
J3243	INJECTION, TIGECYCLINE, 1 MG		2/24/2018	
J3245	Injection, tildrakizumab, 1 mg		1/1/2019	
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	No Auth Required		Authorization released 2/24/2018
J3247	INJECTION SECUKINUMAB IV 1 MG		10/1/2024	
J3262	INJECTION, TOCILIZUMAB, 1 MG		2/24/2018	
J3263	INJECTION TORIPALIMAB-TPZI 1 MG		10/1/2024	
J3265	INJECTION, TORSEMIDE, 10 MG/ML		2/24/2018	
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG		2/24/2018	
J3285	INJECTION, TREPROSTINIL, 1 MG		2/24/2018	
J3304	Injection, triamcinolone acetone, preservative-free, extended-release, microsphere formulation, 1 mg		1/1/2019	
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG		2/24/2018	
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	Reviewed by NCH		
J3316	Injection, triptorelin, extended-release, 3.75 mg		1/1/2019	
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 G		2/24/2018	
J3350	INJECTION, UREA, UP TO 40 G	No Auth Required		Authorization released 2/24/2018
J3355	INJECTION, UROFOLLITROPIN, 75 IU		2/24/2018	
J3357	INJECTION, USTEKINUMAB, 1 MG		2/24/2018	
J3364	INJECTION, UROKINASE, 5,000 IU VIAL		2/24/2018	

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J3365	INJECTION, IV, UROKINASE, 250,000 IU VIAL		2/24/2018	
J3380	Injection, vedolizumab, 1 mg		2/24/2018	
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS		2/24/2018	
J3391	INJECTION ATIDARSAGENE AUTOTEMCEL PER TRTMNT		10/1/2025	
J3392	INJECTION EXAGAMGLOGENE AUTOTEMCEL PER TREATMENT		4/1/2025	
J3393	INJECTION BETIBEGLOGENE AUTOTEMCEL PER TREATMENT		10/1/2024	
J3394	INJECTION LOVOTIBEGLOGENE AUTOTEMCEL PER TX		10/1/2024	
J3396	INJECTION, VERTEPORFIN, 0.1 MG	No Auth Required		Authorization released 2/24/2018
J3397	Injection, vestronidase alfa-vjvk, 1 mg		1/1/2019	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes		1/1/2019	
J3399	Injection, Onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ th vector genomes.		7/1/2020	
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG		2/24/2018	
J3401	BEREMAGENE GEPERPAVEC-SVDT FOR TOPICAL ADM		4/1/2024	
J3465	INJECTION, VORICONAZOLE, 10 MG	No Auth Required		Authorization released 2/24/2018
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	No Auth Required		Authorization released 2/24/2018
J3471	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	No Auth Required		Authorization released 2/24/2018
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1,000 USP UNITS		2/24/2018	
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	No Auth Required		Authorization released 2/24/2018
J3485	INJECTION, ZIDOVUDINE, 10 MG	No Auth Required		Authorization released 10/1/2023
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG		2/24/2018	
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	No Auth Required		Authorization released 10/1/2024
J3490	UNCLASSIFIED DRUGS	Reviewed by NCH		
J3520	EDETATE DISODIUM, PER 150 MG	No Auth Required		Authorization released 2/24/2018
J3530	NASAL VACCINE INHALATION		2/24/2018	
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER		2/24/2018	
J3570	LAETRILE, AMYGDALIN, VITAMIN B-17		2/24/2018	
J3590	UNCLASSIFIED BIOLOGICS	Reviewed by NCH		
J3591	Unclassified drug or biological used for ESRD on dialysis		1/1/2019	
J7121	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	No Auth Required		Authorization released 2/24/2018
J7131	HYPERTONIC SALINE SOLUTION, 1 ML	No Auth Required		Authorization released 2/24/2018
J7168	PRT COMPLEX CONC KCENTRA PER IU FIX ACT		10/1/2022	
J7169	Injection, coagulation factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg		7/1/2020	
J7170	Injection, emicizumab-kxwh, 0.5 mg		1/1/2019	
J7171	INJECTION ADAMTS13 RECOMBINANT-KRHN 10 IU		10/1/2024	
J7172	INJECTION MARSTACIM HNCQ 0.5 MG		10/1/2025	
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg		1/1/2019	
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg		2/24/2018	
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 IU		2/24/2018	
J7181	Injection, factor xiii a-subunit, (recombinant), per iu		2/24/2018	
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu		2/24/2018	
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 IU VWF:RCO		2/24/2018	

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J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER IU		2/24/2018	
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.		2/24/2018	
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF-RCO		2/24/2018	
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MCG		2/24/2018	
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER IU		2/24/2018	
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER IU		2/24/2018	
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU		2/24/2018	
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NONRECOMBINANT) PER IU		2/24/2018	
J7194	FACTOR IX COMPLEX, PER IU		2/24/2018	
J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU		2/24/2018	
J7196	OTHER HEMOPHILIA CLOTTING FACTORS, (E.G., ANTI-INHIBITORS), PER I.U.		2/24/2018	
J7197	ANTITHROMBIN III (HUMAN), PER IU		2/24/2018	
J7198	ANTIINHIBITOR, PER IU		2/24/2018	
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED		2/24/2018	
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu		2/24/2018	
J7201	Injection, factor ix, fc fusion protein (recombinant), per iu		2/24/2018	
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 iu		1/1/2019	
J7204	Injection, factor VIII, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu		7/1/2020	
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU		2/24/2018	
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.		7/13/2019	
J7212	Factor viia (antihemophilic factor, recombinant)- jncw (sevenfact), 1 microgram		1/1/2021	
J7213	INJECTION COAGULATION FACTOR IX IXINITY 1 IU		10/1/2023	
J7214	INJECTION FVIII/VWD FAC CMLX REC PER FVIII IU		2/1/2024	
J7294	SEGESTER ACET ETH ESTR 0.15MG 0.013MG/24H YR VAG	No Auth Required		
J7295	ETHINYL ESTRAD AND ETONOG 0.015 0.12MG/24H M VAG RNG	No Auth Required		
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	Reviewed by NCH		
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 G		2/24/2018	
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT		2/24/2018	
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT		2/24/2018	
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	No Auth Required		Authorization released 2/24/2018
J7314	Injection, fluocinolone acetoneide, intravitreal implant (Yutiq), 0.01 mg		10/1/2019	
J7316	INJECTION, OCRIPLASMIN, 0.125 MG		2/24/2018	
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg		1/1/2019	
J7320	HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG		2/24/2018	
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE		2/24/2018	
J7323	HYALURONAN OR DERIVATIVE, EUFLEXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE		2/24/2018	
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE		2/24/2018	
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG		2/24/2018	
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE		2/24/2018	
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose		2/24/2018	
J7328	HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 0.1 MG		2/24/2018	

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J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg		1/1/2019	
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Reviewed by NIA		
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg		10/1/2019	
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg		10/1/2019	
J7333	Hyaluronan or derivative, visco-3, for intraarticular injection, per dose		7/1/2020	
J7336	Capsaicin 8% patch, per square centimeter		2/24/2018	
J7340	DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR		2/24/2018	
J7352	Afamelanotide implant, 1 mg		1/1/2021	
J7353	ANACAULASE-BCDB 8.8 PERCENTAGE GEL 1 GM	No Auth Required	2/1/2024	Authorization released 04/01/2024
J7355	INJECTION TRAVOPROST INTRACAMERAL IMPLANT 1 MCG		10/1/2024	
J7356	INJECTION, FOSCARBIDOPA 0.25 MG FOSLEVODOPA 5 MG		10/1/2025	
J7401	Mometasone furoate sinus implant, 10 micrograms		10/1/2019	
J7402	MOMETASONE FUROATE SINUS IMPLANT SINUVA 10 MCG		6/1/2021	
J7500	AZATHIOPRINE, ORAL, 50 MG	No Auth Required		Authorization released 2/24/2018
J7501	AZATHIOPRINE, PARENTERAL, 100 MG		2/24/2018	
J7502	CYCLOSPORINE, ORAL, 100 MG	No Auth Required		Authorization released 2/24/2018
J7503	CYCLOSPORINE, PARENTERAL, PER 50 MG		2/24/2018	
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	No Auth Required		Authorization released 10/1/2024
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG		2/24/2018	
J7507	TACROLIMUS, ORAL, PER 1 MG	No Auth Required		Authorization released 2/24/2018
J7508	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg		2/24/2018	
J7510	PREDNISOLONE, ORAL, PER 5 MG	No Auth Required		Authorization released 10/1/2024
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG		2/24/2018	
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	Reviewed by NCH		
J7514	MYCOPHENOLATE MOFETIL MYHIBBIN ORAL SUSP 100 MG		4/1/2025	
J7515	CYCLOSPORINE, ORAL, 25 MG	No Auth Required		Authorization released 10/1/2024
J7516	CYCLOSPORINE, PARENTERAL, 250 MG	No Auth Required		Authorization released 2/24/2018
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	No Auth Required		Authorization released 2/24/2018
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG		2/24/2018	
J7520	SIROLIMUS, ORAL, 1 MG		2/24/2018	
J7521	TACROLIMUS GRANULES ORAL SUSPENSION 0.1 MG		7/1/2025	
J7525	TACROLIMUS, PARENTERAL, 5 MG		2/24/2018	
J7527	EVEROLIMUS, ORAL, 0.25 MG	Reviewed by NCH		
J7599	IMMUNOSUPPRESSIVE DRUG, NOC		2/24/2018	
J7601	ENSIFENTRINE INH SUSP FDA-APPD PROD NONCMPD 3 MG		4/1/2025	
J7604	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT		2/24/2018	
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,		2/24/2018	
J7608	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,	No Auth Required		Authorization released 2/24/2018
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No Auth Required		Authorization released 2/24/2018

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J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED	No Auth Required		Authorization released 2/24/2018
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED	No Auth Required		Authorization released 2/24/2018
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED	No Auth Required		Authorization released 2/24/2018
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED	No Auth Required		Authorization released 2/24/2018
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE,	No Auth Required		Authorization released 2/24/2018
J7622	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT		2/24/2018	
J7624	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT		2/24/2018	
J7626	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED	No Auth Required		Authorization released 2/24/2018
J7627	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE	No Auth Required		Authorization released 2/24/2018
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM		2/24/2018	
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,		2/24/2018	
J7631	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,	No Auth Required		Authorization released 2/24/2018
J7632	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT		2/24/2018	
J7634	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,		2/24/2018	
J7635	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED	No Auth Required		Authorization released 2/24/2018
J7636	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE		2/24/2018	
J7637	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No Auth Required		Authorization released 2/24/2018
J7638	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT		2/24/2018	
J7639	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J7640	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE	No Auth Required		Authorization released 2/24/2018
J7641	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE,		2/24/2018	
J7643	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT	No Auth Required		Authorization released 2/24/2018
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No Auth Required		Authorization released 2/24/2018
J7647	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,		2/24/2018	
J7648	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J7649	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT		2/24/2018	
J7657	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	No Auth Required		Authorization released 2/24/2018
J7658	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT		2/24/2018	
J7665	ISOPROTERENOL HYDROCHLORIDE, 1.0%, PER ML, INHALATION SOLUTION ADMINISTER		2/24/2018	
J7667	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10		2/24/2018	
J7668	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J7669	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED,		2/24/2018	
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH		2/24/2018	
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH		2/24/2018	
J7677	Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1		7/13/2019	
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,		2/24/2018	
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,		2/24/2018	
J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, UNIT DOSE		2/24/2018	

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J7683	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,		2/24/2018	
J7684	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT		2/24/2018	
J7685	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE		2/24/2018	
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED		2/24/2018	
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME		2/24/2018	
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME		2/24/2018	
J7999	UNLISTED CHEMO DRUG	No Auth Required		Authorization released 2/24/2018
J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	No Auth Required		Authorization released 2/24/2018
J8499	PRESCRIPTION DRUG, ORAL, NONCHEMOTHERAPEUTIC, NOS	No Auth Required		Authorization released 10/1/2024
J8501	APREPITANT, ORAL, 5 MG	No Auth Required		Authorization released 10/1/2024
J8510	BUSULFAN; ORAL, 2 MG	Reviewed by NCH		
J8515	CABERGOLINE, ORAL, 0.25 MG	No Auth Required		Authorization released 10/1/2023
J8520	CAPECITABINE, ORAL, 150 MG	Reviewed by NCH		
J8521	CAPECITABINE, ORAL, 500 MG	Reviewed by NCH		
J8522	CAPECITABINE ORAL 50 MG		4/1/2025	
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG		2/24/2018	
J8540	DEXAMETHASONE, ORAL, 0.25 MG	No Auth Required		Authorization released 12/15/2018
J8541	DEXAMETHASONE (HEMADY) ORAL 0.25 MG		4/1/2025	
J8560	ETOPOSIDE; ORAL, 50 MG	Reviewed by NCH		
J8561	EVEROLIMUS, ORAL, 0.25 MG		2/24/2018	
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	No Auth Required		Authorization released 10/1/2023
J8565	GEFITINIB, ORAL, 250 MG	Reviewed by NCH		
J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED		2/24/2018	
J8600	MELPHALAN; ORAL, 2 MG	Reviewed by NCH		
J8610	METHOTREXATE, ORAL, 2.5 MG	Reviewed by NCH		
J8611	METHOTREXATE JYLAMVO ORAL 2.5 MG		10/1/2024	
J8612	METHOTREXATE XATMEP ORAL 2.5 MG		10/1/2024	
J8650	NABILONE, ORAL, 1 MG		2/24/2018	
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	No Auth Required		Authorization released 10/1/2024
J8670	ROLAPITANT ORAL 1 MG	No Auth Required		Authorization released 10/1/2024
J8700	TEMOZOLOMIDE, ORAL, 5 MG	Reviewed by NCH		
J8705	TOPOTECAN, ORAL, 0.25 MG	Reviewed by NCH		
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	Reviewed by NCH		
J9000	DOXORUBICIN HCL, 10 MG	Reviewed by NCH		
J9015	ALDESLEUKIN, PER SINGLE USE VIAL	Reviewed by NCH		
J9017	ARSENIC TRIOXIDE, 1 MG	Reviewed by NCH		
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	Reviewed by NCH		
J9020	ASPARAGINASE, 10,000 UNITS	No Auth Required		Authorization released 10/1/2023
J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG	Reviewed by NCH		
J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Reviewed by NCH		
J9023	INJECTION, AVELUMAB, 10 MG	Reviewed by NCH		

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J9024	INJECTION ATEZOLIZUMAB 5 MG & HYALURONIDASE TQJS		7/1/2025	
J9025	INJECTION, AZACITIDINE, 1 MG	Reviewed by NCH		
J9026	INJECTION TARLATAMAB-DLLE 1 MG		4/1/2025	
J9027	INJECTION, CLOFARABINE, 1 MG	Reviewed by NCH		
J9028	INJ NOGAPENDEKIN ALFA INBAKICEPT-PMLN IVES 1 MCG		4/1/2025	
J9029	INJECTN NADOFARAGENE FIRADNOVC-VNCG PER THR DOSE	Reviewed by NCH		
J9030	BCG live intravesical instillation, 1 mg	Reviewed by NCH		
J9032	INJECTION, BELINOSTAT, 10 MG	Reviewed by NCH		
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	Reviewed by NCH		
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	Reviewed by NCH		
J9035	INJECTION, BEVACIZUMAB, 10 MG	Reviewed by NCH		
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Reviewed by NCH		
J9037	INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG	Reviewed by NCH		
J9038	INJECTION AXATILIMAB CSFR 0.1 MG		7/1/2025	
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	Reviewed by NCH		
J9040	BLEOMYCIN SULFATE, 15 UNITS	Reviewed by NCH		
J9041	INJECTION, BORTEZOMIB, 0.1 MG	Reviewed by NCH		
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Reviewed by NCH		
J9043	INJECTION, CABAZITAXEL, 1 MG	Reviewed by NCH		
J9045	CARBOPLATIN, 50 MG	Reviewed by NCH		
J9046	INJ BORTEZ DR. REDDYS NOT TX EQV TO J9041 0.1 MG	Reviewed by NCH		
J9047	INJECTION, CARFILZOMIB, 1 MG	Reviewed by NCH		
J9048	INJ BTZ FRESENIUS KABI NOT TX EQV TO J9041 0.1MG	Reviewed by NCH		
J9049	INJ BORTEZOMB HOSPIRA NOT TX EQV TO J9041 0.1 MG	Reviewed by NCH		
J9050	CARMUSTINE, 100 MG	Reviewed by NCH		
J9051	INJECTION BORTEZOMIB NOT TE TO J9041 0.1 MG	Reviewed by NCH		
J9052	INJECTION CARMUSTINE NOT THR EQV TO J9050 100 MG	Reviewed by NCH		
J9054	INJECTION BORTEZOMIB BORUZU 0.1 MG		7/1/2025	
J9055	INJECTION, CETUXIMAB, 10 MG	Reviewed by NCH		
J9056	INJECTION BENDAMUSTINE HCL VIVIMUSTA 1 MG	Reviewed by NCH		
J9057	Injection, copanlisib, 1 mg	Reviewed by NCH		
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	Reviewed by NCH		
J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	Reviewed by NCH		
J9063	INJECTION MIRVETUXIMAB SORAVTANSINE-GYNX 1 MG	Reviewed by NCH		
J9064	INJECTION CABAZITAXEL NOT TE TO J9043 1 MG	Reviewed by NCH		
J9065	INJECTION, CLADRIBINE, PER 1 MG	Reviewed by NCH		
J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Reviewed by NCH		
J9072	INJECTION CYCLOPHOSPHAMIDE 5 MG	Reviewed by NCH		
J9073	INJECTION CYCLOPHOSPHAMIDE INGENUS 5 MG	Reviewed by NCH		
J9074	INJECTION CYCLOPHOSPHAMIDE SANDOZ 5 MG	Reviewed by NCH		
J9075	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	Reviewed by NCH		

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J9076	INJECTION CYCLOPHOSPHAMIDE BAXTER 5 MG		4/1/2025	
J9098	CYTARABINE LIPOSOME, 10 MG	No Auth Required		Authorization released 10/1/2023
J9100	CYTARABINE, 100 MG	Reviewed by NCH		
J9118	Injection, calaspargase pegol-mknl, 10 units	Reviewed by NCH		
J9119	Injection, cemiplimab-rwlc, 1 mg	Reviewed by NCH		
J9120	DACTINOMYCIN, 0.5 MG	Reviewed by NCH		
J9130	DACARBAZINE, 100 MG	Reviewed by NCH		
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Reviewed by NCH		
J9145	INJECTION DARATUMUMAB 10 MG	Reviewed by NCH		
J9150	DAUNORUBICIN, 10 MG	Reviewed by NCH		
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	No Auth Required		Authorization released 10/1/2023
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Reviewed by NCH		
J9155	INJECTION, DEGARELIX, 1 MG	Reviewed by NCH		
J9160	DENILEUKIN DIFTITOX, 300 MCG	No Auth Required		Authorization released 10/1/2023
J9161	INJECTION DENILEUKIN DIFTITOX CXDL 1 MCG		7/1/2025	
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	No Auth Required		Authorization released 10/1/2023
J9171	INJECTION, DOCETAXEL, 1 MG	Reviewed by NCH		
J9172	INJ DOCETAXEL NOT THERAPTICALLY EQV TO J9171 1 MG	Reviewed by NCH		
J9173	Injection, durvalumab, 10 mg	Reviewed by NCH		
J9174	INJECTION DOCETAXEL BEIZRAY 1MG		10/1/2025	
J9175	INJECTION, ELLIOTT'S B SOLUTION, 1 ML	No Auth Required		Authorization released 10/1/2023
J9176	INJECTION ELOTUZUMAB 1 MG	Reviewed by NCH		
J9177	Injection, enfortumab vedotin-efv, 0.25 mg	Reviewed by NCH		
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	Reviewed by NCH		
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	Reviewed by NCH		
J9181	ETOPOSIDE, 10 MG	Reviewed by NCH		
J9185	FLUDARABINE PHOSPHATE, 50 MG	Reviewed by NCH		
J9190	FLUOROURACIL, 500 MG	Reviewed by NCH		
J9196	INJ GEMCITABINE HCl NOT THR EQUIV J9201 200 MG	Reviewed by NCH		
J9198	Gemcitabine hydrochloride, (Infugem), 100 mg	Reviewed by NCH		
J9200	FLOXURIDINE, 500 MG	Reviewed by NCH		
J9201	GEMCITABINE HCL, 200 MG	Reviewed by NCH		
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Reviewed by NCH		
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	Reviewed by NCH		
J9204	Injection, mogamulizumab-kpkc, 1 mg	Reviewed by NCH		
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Reviewed by NCH		
J9206	IRINOTECAN, 20 MG	Reviewed by NCH		
J9207	INJECTION, IXABEPILONE, 1 MG	Reviewed by NCH		
J9208	IFOSFAMIDE, PER 1 G	Reviewed by NCH		
J9209	MESNA, 200 MG	Reviewed by NCH		
J9210	Injection, emapalumab-lzsg, 1 mg	Reviewed by NCH		
J9211	IDARUBICIN HCL, 5 MG	Reviewed by NCH		

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J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG		2/24/2018	
J9213	INTERFERON ALFA-2A, RECOMBINANT, 3 MILLION UNITS		2/24/2018	
J9214	INTERFERON ALFA-2B, RECOMBINANT, 1 MILLION UNITS	Reviewed by NCH		
J9215	INTERFERON ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU		2/24/2018	
J9216	INTERFERON GAMMA-1B, 3 MILLION UNITS	Reviewed by NCH		
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	Reviewed by NCH		
J9218	LEUPROLIDE ACETATE, PER 1 MG	Reviewed by NCH		
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	No Auth Required		Authorization released 10/1/2023
J9223	Injection, lurbinctedin, 0.1 mg	Reviewed by NCH		
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG		2/24/2018	
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG		2/24/2018	
J9227	INJECTION ISATUXIMAB-IRFC 10 MG	Reviewed by NCH		
J9228	INJECTION, IPILIMUMAB, 1 MG	Reviewed by NCH		
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Reviewed by NCH		
J9230	MECHLORETHAMINE HCL, (NITROGEN MUSTARD), 10 MG	No Auth Required		Authorization released 10/1/2023
J9245	INJECTION, MELPHALAN HCL, 50 MG	Reviewed by NCH		
J9246	Injection, melphalan (evomela), 1 mg.		7/1/2020	
J9247	INJECTION MELPHALAN FLUFENAMIDE 1 MG		5/1/2022	
J9248	INJECTION MELPHALAN HEPZATO 1 MG	Reviewed by NCH		
J9249	INJECTION MELPHALAN APOTEX 1 MG	Reviewed by NCH		
J9255	INJ MTX NOT THR EQV TO J9250 AND J9260 50 MG	Reviewed by NCH		
J9258	INJ PACLITAXEL PRT-BND PA NOT THR EQV J9264 1 MG	Reviewed by NCH		
J9260	METHOTREXATE SODIUM, 50 MG	No Auth Required		Authorization released 12/15/2018
J9261	INJECTION, NELARABINE, 50 MG	Reviewed by NCH		
J9262	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	Reviewed by NCH		
J9263	INJECTION, OXALIPLATIN, 0.5 MG	Reviewed by NCH		
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	Reviewed by NCH		
J9265	PACLITAXEL, 30 MG		2/24/2018	
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	Reviewed by NCH		
J9267	Injection, paclitaxel, 1 mg	Reviewed by NCH		
J9268	PENTOSTATIN, PER 10 MG	Reviewed by NCH		
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Reviewed by NCH		
J9270	PLICAMYCIN, 2.5 MG	No Auth Required		Authorization released 10/1/2023
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Reviewed by NCH		
J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	Reviewed by NCH		
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Reviewed by NCH		
J9274	INJECTION TEBENTAFUSP-TEBN 1 MCG	Reviewed by NCH		
J9275	INJECTION COSIBELIMAB IPDL 2 MG		10/1/2025	
J9276	INJECTION ZANIDATAMAB HR11 2 MG		10/1/2025	
J9280	MITOMYCIN, 5 MG	Reviewed by NCH		
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Reviewed by NCH		
J9285	INJECTION, OLARATUMAB, 10 MG	Reviewed by NCH		
J9286	INJECTION GLOFITAMAB-GXBM 2.5 MG	Reviewed by NCH		
J9289	INJECTION NIVOLUMAB 2 MG AND HYALURONIDASE NVHY		10/1/2025	

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J9292	INJECTN PEM AVYXA NOT THER EQUIV TO J9305 10 MG		4/1/2025
J9293	INJECTION, MITOXANTRONE HCL, PER 5 MG	Reviewed by NCH	
J9294	INJ PEMETREXED HOSPIRA NOT THR EQUIV J9305 10 MG	Reviewed by NCH	
J9295	INJECTION NECITUMUMAB 1 MG	Reviewed by NCH	
J9296	INJ PEMETREXED ACCORD NOT THR EQUIV J9305 10 MG	Reviewed by NCH	
J9297	INJ PEMETREXED SANDOZ NOT THR EQUIV J9305 10 MG	Reviewed by NCH	
J9298	INJECTION NIVOLUMAB & RELATLIMAB-RMBW 3 MG/1 MG	Reviewed by NCH	
J9299	INJECTION, NIVOLUMAB, 1 MG	Reviewed by NCH	
J9301	Injection, obinutuzumab, 10 mg	Reviewed by NCH	
J9302	INJECTION, OFATUMUMAB, 10 MG	Reviewed by NCH	
J9303	INJECTION, PANITUMUMAB, 10 MG	Reviewed by NCH	
J9304	INJECTION PEMETREXED PEMFEXY 10 MG	Reviewed by NCH	
J9305	INJECTION, PEMETREXED, 10 MG	Reviewed by NCH	
J9306	INJECTION, PERTUZUMAB, 1 MG	Reviewed by NCH	
J9307	INJECTION, PRALATREXATE, 1 MG	Reviewed by NCH	
J9308	INJECTION, RAMUCIRUMAB, 5 MG	Reviewed by NCH	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Reviewed by NCH	
J9311	Injection, rituximab 10 mg and hyaluronidase	Reviewed by NCH	
J9312	Injection, rituximab, 10 mg	Reviewed by NCH	
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Reviewed by NCH	
J9314	INJECTION PEMETREXED TEVA NOT THR EQ J9305 10 MG	Reviewed by NCH	
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Reviewed by NCH	
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Reviewed by NCH	
J9318	INJECTION ROMIDEPSIN NONLYOPHILIZED 0.1 MG	Reviewed by NCH	
J9319	INJECTION ROMIDEPSIN LYOPHILIZED 0.1 MG	Reviewed by NCH	
J9320	STREPTOZOCIN, 1 G	Reviewed by NCH	
J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG	Reviewed by NCH	
J9322	INJECTION PEM BLUEPOINT NOT THR EQ J9305 10 MG	Reviewed by NCH	
J9323	INJECTION PEM HOSPIRA NOT THR EQ J9305 10 MG	Reviewed by NCH	
J9324	INJECTION PEMETREXED 10 MG	Reviewed by NCH	
J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U	Reviewed by NCH	
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	Reviewed by NCH	
J9329	INJECTION TISELIZUMAB-JSGR 1MG		4/1/2025
J9330	INJECTION, TEMSIROLIMUS, 1 MG	Reviewed by NCH	
J9331	INJECTION SIROLIMUS PROTEIN-BOUND PARTICLES 1 MG	Reviewed by NCH	
J9332	INJ EFGARTIGIMOD ALFA-FCAB 2MG		10/1/2022
J9333	INJECTION ROZANOLIXIZUMAB-NOLI 1 MG		4/1/2024
J9334	INJ EFGARTIGIMOD ALFA 2 MG AND HYALURONIDASE-QVFC		4/1/2024
J9341	INJECTION THIOTEPA TEPYLUTE 1 MG		10/1/2025
J9342	INJECTION THIOTEPA NOS 1 MG		10/1/2025
J9345	INJECTION RETIFANLIMAB-DLWR 1 MG	Reviewed by NCH	
J9347	INJECTION TREMELIMUMAB-ACTL 1 MG	Reviewed by NCH	
J9348	Injection, naxitamab-gqgk, 1 mg	Reviewed by NCH	
J9349	INJECTION TAFASITAMAB-CXIX 2 MG	Reviewed by NCH	
J9350	INJECTION MOSUNETUZUMAB-AXGB 1 MG	Reviewed by NCH	
J9351	INJECTION, TOPOTECAN, 0.1 MG	Reviewed by NCH	

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J9352	INJECTION TRABECTEDIN 0.1 MG	Reviewed by NCH		
J9353	Injection, margetuximab-cmkb, 5 mg	Reviewed by NCH		
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Reviewed by NCH		
J9355	TRASTUZUMAB, 10 MG	Reviewed by NCH		
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Reviewed by NCH		
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	Reviewed by NCH		
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg.	Reviewed by NCH		
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	Reviewed by NCH		
J9360	VINBLASTINE SULFATE, 1 MG	Reviewed by NCH		
J9361	INJECTION EFBEMALENOGRASTIM ALFA-VUXW 0.5 MG		10/1/2024	
J9370	VINCRIStINE SULFATE, 1 MG	Reviewed by NCH		
J9376	INJECTION POZELIMAB-BBFG 1 MG		7/1/2024	
J9380	INJECTION TECLISTAMAB-CQYV 0.5 MG	Reviewed by NCH		
J9381	INJECTION TEPLIZUMAB-MZWV 5 MCG		10/1/2023	
J9382	INJECTION ZENOCUTUZUMAB ZBCO 1 MG		10/1/2025	
J9390	VINORELBINE TARTRATE, PER 10 MG	Reviewed by NCH		
J9393	INJ FULVESTRANT TEVA NOT TX EQV TO J9395 25 MG	Reviewed by NCH		
J9394	INJ FUL FRESENIUS KABI NOT TX EQV TO J9395 25 MG	Reviewed by NCH		
J9395	INJECTION, FULVESTRANT, 25 MG	Reviewed by NCH		
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	Reviewed by NCH		
J9600	PORFIMER SODIUM, 75 MG	Reviewed by NCH		
J9999	NOC, ANTINEOPLASTIC DRUG	Reviewed by NCH		
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	Reviewed by NIA		
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	Reviewed by NIA		NIA effective 2/1/2024
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	Reviewed by NIA		NIA effective 2/1/2024
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Reviewed by NIA		NIA effective 2/1/2024
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Reviewed by NIA		NIA effective 2/1/2024
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BL		2/1/2024	NIA effective 2/1/2024
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Reviewed by NIA		NIA effective 2/1/2024
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Reviewed by NIA		NIA effective 2/1/2024
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Reviewed by NIA		NIA effective 2/1/2024
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Reviewed by NIA		NIA effective 2/1/2024
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	Reviewed by NIA		NIA effective 2/1/2024
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	Reviewed by NIA		NIA effective 2/1/2024
M0076	PROLOThERAPY		2/24/2018	
M0224	IV INFUSION PEMIVIBART PRE-EP ONLY		10/1/2024	
M0240	IV INF/SCI CASIRIV AND IMDEVIMB AND P/ADM SUBQ RP DS	No Auth Required		
M0241	IVI/SCI CASIRIV AND IMDEVIMB AND P/ADM H/RES SBQ RPT DS	No Auth Required		

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P9025	PLASMA CRYOPRECIPITATE RED PATHOGEN REDUC EA UN	No Auth Required		
P9026	CRYOPRECIPIT FIBRINOGEN CMPL PATHGEN REDUC EA UN	No Auth Required		
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)		4/1/2025	
Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)		2/24/2018	
Q0155	DRO SYNDROS 0.1 MG ORAL FDA-APRVD RX ANTI-EMETIC		4/1/2025	
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV	No Auth Required		Authorization released 12/15/2018
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN	No Auth Required		Authorization released 10/1/2023
Q0166	GRANISETRON HCL, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-E	No Auth Required		Authorization released 10/1/2023
Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMET		2/24/2018	
Q0169	PROMETHAZINE HCL, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE	No Auth Required		Authorization released 12/15/2018
Q0174	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN		2/24/2018	
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV	No Auth Required		Authorization released 10/1/2023
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-		2/24/2018	
Q0224	INJECTION PEMIVIBART PRE-EP ONLY		10/1/2024	
Q0240	INJECTION CASIRIVIMAB AND IMDEVIMAB 600 MG	No Auth Required		
Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 90 DAYS		2/24/2018	
Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG		2/24/2018	
Q2017	INJECTION, TENIPOSIDE, 50 MG	Reviewed by NCH		
Q2026	INJECTION,RADIESSE, 0.1 ML		2/24/2018	
Q2028	INJECTION, SCULPTRA, 0.5 MG		2/24/2018	
Q2039	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (NOT OTHERW	No Auth Required		Authorization released 2/24/2018
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose		1/1/2019	
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPAR	Reviewed by NCH		
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG	No Auth Required		Authorization released 10/1/2023
Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	Reviewed by NCH		
Q2053	BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C		6/1/2021	
Q2054	LM >=110 MIL AUTOL ANTI-CD19 CAR-POS VIABL TC		1/1/2022	
Q2055	IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE		5/1/2022	
Q2056	CILTA CEL TO 100 M AUTO BCMA DIR CAR-POS TC DOSE		1/1/2023	
Q2058	OBECABTAGENE AUTOLEUCEL 10 UP TO 400 MIL CD19		10/1/2025	
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE		2/24/2018	
Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE		2/24/2018	

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Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)		2/24/2018	
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)		2/24/2018	
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED		2/24/2018	
Q4101	APLIGRAF, PER SQ CM		2/24/2018	
Q4102	OASIS WOUND MATRIX, PER SQ CM		2/24/2018	
Q4104	INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQ CM		2/24/2018	
Q4105	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQ CM		2/24/2018	
Q4106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQ CM		2/24/2018	
Q4107	GRAFTJACKET, PER SQ CM		2/24/2018	
Q4108	INTEGRA MATRIX, PER SQ CM		2/24/2018	
Q4109	SKIN SUBSTITUTE, TISSUEMEND,		3/1/2020	
Q4110	PRIMATRIX, PER SQ CM		2/24/2018	
Q4111	GAMMAGRAFT, PER SQ CM		2/24/2018	
Q4112	ALLOGRAFT, CYMETRA, INJECTABLE, 1 CC		2/24/2018	
Q4113	ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC		2/24/2018	
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1 CC		2/24/2018	
Q4116	ALLODERM, PER SQ CM		2/24/2018	
Q4118	MATRISTEM MICROMATRIX, 1 MG		2/24/2018	
Q4121	THERASKIN, PER SQ CM		2/24/2018	
Q4122	DERMACELL, PER SQ CM		2/24/2018	
Q4123	Alloskin rt, per square centimeter		3/1/2020	Added 3/1/2020
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQ CM		2/24/2018	
Q4125	ARTHROFLEX, PER SQ CM		2/24/2018	
Q4126	MEMODERM TRANZGRAFT/INTEGUPL		3/1/2020	Added 3/1/2020
Q4127	TALYMED, PER SQ CM		2/24/2018	
Q4128	FLEXHD, ALLOPATCHHD, OR MATRIX HD, PER SQ CM		2/24/2018	
Q4130	STRATTICE TM, PER SQ CM		2/24/2018	
Q4132	GRAFIX CORE, PER SQ CM		2/24/2018	
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm		2/24/2018	
Q4134	HMATRIX, PER SQ CM		2/24/2018	
Q4136	E-Z DERM, PER SQ CM		2/24/2018	
Q4137	A1ioExcel, A1ioExcel Plus or BioDExcel, per sq cm		2/24/2018	
Q4138	BIODFENCE DRYFLEX, PER SQ CM		2/24/2018	
Q4139	A1IOMATRIX OR BIODMATRIX, INJECTABLE, 1 CC		2/24/2018	
Q4140	BIODFENCE, PER SQ CM		2/24/2018	
Q4141	ALLOSKIN AC, PER SQ CM		2/24/2018	
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQ CM		2/24/2018	
Q4143	REPRIZA, PER SQ CM		2/24/2018	
Q4145	EPIFIX, INJECTABLE, 1 MG		2/24/2018	
Q4146	TENSIX, PER SQ CM		2/24/2018	
Q4147	ARCHITECT EXTRACELLULAR MATRIX, PER SQ CM		2/24/2018	
Q4148	NEOX 1K, PER SQ CM		2/24/2018	
Q4149	EXCELLAGEN, 0.1 CC		2/24/2018	
Q4150	Allowrap ds or dry, per square centimeter		2/24/2018	
Q4151	A1ioband or guardian, per square centimeter		2/24/2018	

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Q4152	Dermapure, per square centimeter		2/24/2018	
Q4153	Dermavest, per square centimeter		2/24/2018	
Q4154	Biovance, per square centimeter		2/24/2018	
Q4155	Neoxflo or clariflo, 1 mg		2/24/2018	
Q4156	Neox 100, per square centimeter		2/24/2018	
Q4157	Revitalon, per square centimeter		2/24/2018	
Q4158	Marigen, per square centimeter		2/24/2018	
Q4159	Affinity, per square centimeter		2/24/2018	
Q4160	Nushield, per square centimeter		2/24/2018	
Q4161	BIO-CONNKT WOUND MATRIX, PER SQ CM		3/1/2020	Added 3/1/2020
Q4163	WOUNDEX BIOSKIN PER SQUARE C		3/1/2020	Added 3/1/2020
Q4164	HELICOLL, PER SQ CM		3/1/2020	Added 3/1/2020
Q4166	CYTAL PER SQ CM		2/24/2018	
Q4169	ARTACENT WOUND PER SQ CM		3/1/2020	Added 3/1/2020
Q4173	PALINGEN/PALINGEN XPLUS PER		3/1/2020	Added 3/1/2020
Q4175	MIRODERM PER SQ CM		3/1/2020	
Q4178	FLOWERAMNIOPATCH PER SQUARE		3/1/2020	
Q4183	Surgigraft, per sq cm		1/1/2019	
Q4184	Cellesta, per sq cm		1/1/2019	
Q4185	Cellesta Flowable A1ion (25 mg per cc); per 0.5 cc		1/1/2019	
Q4186	Epifix, per sq cm		1/1/2019	
Q4187	Epicord, per sq cm		1/1/2019	
Q4188	A1ioArmor, per sq cm		1/1/2019	
Q4189	Artacent AC, 1 mg		1/1/2019	
Q4190	Artacent AC, per sq cm		1/1/2019	
Q4191	Restorigin, per sq cm		1/1/2019	
Q4192	Restorigin, 1 cc		1/1/2019	
Q4193	Coll-e-Derm, per sq cm		1/1/2019	
Q4194	Novachor, per sq cm		1/1/2019	
Q4195	PuraPly, per sq cm		1/1/2019	
Q4196	PuraPly AM, per sq cm		1/1/2019	
Q4197	PuraPly XT, per sq cm		1/1/2019	
Q4198	Genesis A1iotic Membrane, per sq cm		1/1/2019	
Q4200	SkinTE, per sq cm		1/1/2019	
Q4201	Matrion, per sq cm		1/1/2019	
Q4202	Keroxx (2.5g/cc), 1cc		1/1/2019	
Q4203	Derma-Gide, per sq cm		1/1/2019	
Q4204	XWRAP, per sq cm		1/1/2019	
Q4251	VIM PER SQ CM	No Auth Required		
Q4252	VENDAJE PER SQ CM	No Auth Required		
Q4253	ZENITH AMNIOTIC MEMBRANE PER SQ CM	No Auth Required		
Q5001	HOSPICE OR HOME HEALTH CARE PROVIDED IN PATIENT'S HOME OR RESIDENCE		2/24/2019	
Q5002	HOSPICE OR HOME HEALTH CARE PROVIDED IN ASSISTED LIVING FACILITY		2/24/2019	
Q5098	INJ USTEKINUMAB SRLF IMULDOSA 1 MG		10/1/2025	
Q5099	INJ USTEKINUMAB STBA STEQEYMA 1 MG		10/1/2025	
Q5100	INJ USTEKINUMAB KFCE YESINTEK 1 MG		10/1/2025	

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Q5101	INJECTION INFILIXIMAB BIOSIMILAR 10 MG	Reviewed by NCH	
Q5102	Injection, filgrastim (G-CSF), biosimilar, 1 microgram		2/24/2019
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Reviewed by NCH	
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Reviewed by NCH	
Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Reviewed by NCH	
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg		1/1/2019
Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Reviewed by NCH	
Q5111	Injection, udenyca 0.5 mg	Reviewed by NCH	
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Reviewed by NCH	
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Reviewed by NCH	
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Reviewed by NCH	
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Reviewed by NCH	
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Reviewed by NCH	
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Reviewed by NCH	
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Reviewed by NCH	
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	Reviewed by NCH	
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Reviewed by NCH	
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg		7/1/2020
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	Reviewed by NCH	
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Reviewed by NCH	
Q5125	INJECTION FILGRASTIM-AYOW BIOSIMILAR 1 MCG	Reviewed by NCH	
Q5126	INJ BEVACIZUMAB-MALY BIOSIMILAR (ALYMSYS) 10 MG	Reviewed by NCH	
Q5127	INJECTION PEG-FPGK STIMUFEND BIOSIMILAR 0.5 MG		7/1/2023
Q5128	INJECTION RANIBIZUMAB-EQRN BIOSIMILAR 0.1 MG		7/1/2023
Q5129	INJECTION BEVACIZUMAB-ADCD BIOSIMILAR 10 MG	Reviewed by NCH	
Q5130	INJECTION PEG-PBBK FYLNETRA BIOSIMILAR 0.5 MG		7/1/2023
Q5133	INJECTION TOCILIZUMAB-BAVI BIOSIMILAR 1 MG		7/1/2024
Q5134	INJECTION NATALIZUMAB-SZTN BIOSIMILAR 1 MG		7/1/2024
Q5135	INJECTN TOCILIZUMAB-AAZG TYENNE BIOSIMILAR 1 MG		4/1/2025
Q5136	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG		4/1/2025
Q5137	INJECTION USTEKINUMAB-AUUB WEZLANA BS SC 1 MG		10/1/2024
Q5138	INJECTION USTEKINUMAB-AUUB WEZLANA BS IV 1 MG		10/1/2024
Q5139	INJECTION ECULIZUMAB-AEEB BKEMV BIOSIMILAR 10 MG		4/1/2025
Q5140	INJECTION ADALIMUMAB-FKJP BIOSIMILAR 1 MG		4/1/2025
Q5141	INJECTION ADALIMUMAB-AATY BIOSIMILAR 1 MG		4/1/2025
Q5142	INJECTION ADALIMUMAB-RYVK BIOSIMILAR 1 MG		4/1/2025
Q5143	INJECTION ADALIMUMAB-ADBM BIOSIMILAR 1 MG		4/1/2025
Q5144	INJECTION ADALIMUMAB-AACF IDACIO BIOSIMILAR 1 MG		4/1/2025
Q5145	INJECTION ADALIMUMAB-AFZB ABRILADA BS 1 MG		4/1/2025
Q5146	INJECTION TRASTUZUMAB-STRF HERCESSI BS 10 MG		4/1/2025
Q5147	INJECTION AFLIBERCEPT AYYH PAVBLU BS 1 MG		7/1/2025
Q5148	INJECTION FILGRASTIM TXID NYPOZI BS 1 MCG		7/1/2025
Q5149	INJECTION AFLIBERCEPT ABZV ENZEEVU BS 1 MG		7/1/2025
Q5150	INJECTION AFLIBERCEPT MRBB AHZANTIVE BS 1 MG		7/1/2025
Q5151	INJECTION ECULIZUMAB AAGH EPYSQLI BS 2 MG		7/1/2025
Q5152	INJECTION ECULIZUMAB AEEB BKEMV BIOSIMILAR 2 MG		7/1/2025

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Q5153	INJ AFLIBERCEPT YSZY OPUVIZ 1 MG		10/1/2025	
Q9004	DEPART VETERANS AFFAIR WHOLE HEALTH PARTNER SERV	No Auth Required		
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML		2/24/2018	
Q9972	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)		2/24/2018	
Q9973	Injection, epoetin beta, 1 microgram, (non-ESRD use)		2/24/2018	
Q9996	INJECTION USTEKINUMAB-TTWE PYZCHIVA SC 1 MG		4/1/2025	
Q9997	INJECTION USTEKINUMAB-TTWE PYZCHIVA IV 1 MG		4/1/2025	
Q9998	INJECTION USTEKINUMAB-AEKN SELARSDI 1 MG		4/1/2025	
Q9999	INJECTION USTEKINUMAB AAUZ OTULFI BS 1 MG		7/1/2025	
S0012	BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG		2/24/2018	
S0013	Esketamine, nasal spray, 1 mg		1/1/2021	
S0014	TACRINE HCL, 10 MG		2/24/2018	
S0017	INJECTION, AMINOCAPROIC ACID, 5 G	No Auth Required		Authorization released 2/24/2018
S0021	INJECTION, CEFOPERAZONE SODIUM, 1 G		2/24/2018	
S0023	INJECTION, CIMETIDINE HCL, 300 MG		2/24/2018	
S0028	INJECTION, FAMOTIDINE, 20 MG	No Auth Required		Authorization released 2/24/2018
S0030	INJECTION, METRONIDAZOLE, 500 MG	No Auth Required		Authorization released 2/24/2018
S0032	INJECTION, NAFCILLIN SODIUM, 2 G	No Auth Required		Authorization released 2/24/2018
S0034	INJECTION, OFLOXACIN, 400 MG		2/24/2018	
S0039	INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML		2/24/2018	
S0040	INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 G		2/24/2018	
S0073	INJECTION, AZTREONAM, 500 MG	No Auth Required		Authorization released 2/24/2018
S0074	INJECTION, CEFOTETAN DISODIUM, 500 MG		2/24/2018	
S0078	INJECTION, FOSPHENYTOIN SODIUM, 750 MG		2/24/2018	
S0081	INJECTION, PIPERACILLIN SODIUM, 500 MG		2/24/2018	
S0088	IMATINIB INJECTION, 100 MG		2/24/2018	
S0090	SILDENAFIL CITRATE, 25 MG		2/24/2018	
S0091	GRANISETRON HCL, 1 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0166)	Reviewed by NCH		
S0092	INJECTION, HYDROMORPHONE HCL, 250 MG (LOADING DOSE FOR INFUSION PUMP)		2/24/2018	
S0093	INJECTION, MORPHINE SULFATE, 500 MG (LOADING DOSE FOR INFUSION PUMP)		2/24/2018	
S0104	ZIDOVUDINE, ORAL, 100 MG		2/24/2018	
S0106	BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	No Auth Required		Authorization released 2/24/2018
S0108	MERCAPTOPYRINE, ORAL, 50 MG		2/24/2018	
S0109	METHADONE, ORAL, 5 MG	No Auth Required		Authorization released 2/24/2018
S0117	TRETINOIN, TOPICAL, 5 G		2/24/2018	
S0119	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
S0122	INJECTION, MENOTROPINS, 75 IU		2/24/2018	
S0126	INJECTION, FOLLITROPIN ALFA, 75 IU		2/24/2018	
S0128	INJECTION, FOLLITROPIN BETA, 75 IU		2/24/2018	
S0132	INJECTION, GANIRELIX ACETATE, 250 MCG		2/24/2018	
S0136	CLOZAPINE, 25 MG		2/24/2018	
S0137	DIDANOSINE (DDI), 25 MG		2/24/2018	
S0138	FINASTERIDE, 5 MG	No Auth Required		Authorization released 2/24/2018
S0139	MINOXIDIL, 10 MG		2/24/2018	

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S0140	SAQUINAVIR, 200 MG		2/24/2018	
S0142	COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTRATED THROUGH DME, CONCENTRATED FORM, PER MG		2/24/2018	
S0145	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML		2/24/2018	
S0148	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG		2/24/2018	
S0155	STERILE DILUTANT FOR EPOPROSTENOL, 50 ML		2/24/2018	
S0156	EXEMESTANE, 25 MG	No Auth Required		Authorization released 10/1/2023
S0157	BECAPLERMIN GEL 0.01%, 0.5 GM		2/24/2018	
S0160	DEXTROAMPHETAMINE SULFATE, 5 MG	No Auth Required		Authorization released 2/24/2018
S0164	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	No Auth Required		Authorization released 2/24/2018
S0169	CALCITROL, 0.25 MICROGRAM		2/24/2018	
S0170	ANASTROZOLE, ORAL, 1MG	No Auth Required		Authorization released 10/1/2023
S0171	INJECTION, BUMETANIDE, 0.5 MG	No Auth Required		Authorization released 2/24/2018
S0172	CHLORAMBUCIL, ORAL, 2 MG		2/24/2018	
S0174	DOLASETRON MESYLATE, ORAL 50 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0180)		2/24/2018	
S0175	FLUTAMIDE, ORAL, 125 MG		2/24/2018	
S0176	HYDROXYUREA, ORAL, 500 MG	Reviewed by NCH		
S0177	LEVAMISOLE HCL, ORAL, 50 MG		2/24/2018	
S0178	LOMUSTINE, ORAL, 10 MG		2/24/2018	
S0179	MEGESTROL ACETATE, ORAL, 20 MG	No Auth Required		Authorization released 10/1/2023
S0182	PROCARBAZINE HCL, ORAL, 50 MG		2/24/2018	
S0183	PROCHLORPERAZINE MALEATE, ORAL, 5 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0164)	Reviewed by TurningPoint		TurningPoint effective 7/1/2020
S0187	TAMOXIFEN CITRATE, ORAL, 10 MG	No Auth Required		Authorization released 10/1/2023
S0189	TESTOSTERONE PELLETT, 75 MG		2/24/2018	
S0190	MITEPRISTONE, ORAL, 200 MG	No Auth Required		Authorization released 2/24/2018
S0191	MISOPROSTOL, ORAL, 200 MCG	No Auth Required		Authorization released 2/24/2018
S0194	DIALYSIS/STRESS VITAMIN SUPPLEMENT, ORAL, 100 CAPSULES		2/24/2018	
S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM		9/15/2018	
S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	No Auth Required		
S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP,		2/24/2018	
S2070	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH ENDOSCOPIC LASER TREATMENT OF URETERAL CALCULI INCLUDES URETERAL CAT		2/24/2018	
S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION OF SALINE		2/24/2018	
S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CELLS)	No Auth Required		Authorization released 2/4/2024
S2117	ARTHROEREISIS, SUBTALAR		2/24/2018	
S2118	METL-ON-METL TOT HIP RESRFC ACETAB&FEM CMPNT	Reviewed by NIA		
S2325	HIP CORE DECOMPRESSION		2/24/2018	
S2348	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, USING RADIOFREQUENCY ENERGY, SINGLE OR MULTIPL	No Auth Required		Authorization released 2/4/2024
S2350	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; LUMBAR, SINGLE INTERSPACE	No Auth Required		Authorization released 2/4/2024

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S2351	DISSECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPLASTY; LUMBAR, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	No Auth Required		Authorization released 2/4/2024
S2360	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; CERVICAL	Reviewed by Evicore	2/24/2018	
S2361	EACH ADDITIONAL CERVICAL VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Reviewed by Evicore	2/24/2018	
S2411	FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME		2/24/2018	
S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		2/24/2018	
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	Reviewed by Evicore		
S3840	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Reviewed by Evicore		
S3841	Genetic testing for retinoblastoma	Reviewed by Evicore		
S3842	Genetic testing for von hippel-lindau disease	Reviewed by Evicore		
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	Reviewed by Evicore		
S3845	Genetic testing for alpha-thalassemia	Reviewed by Evicore		
S3846	Genetic testing for hemoglobin E beta-thalassemia	Reviewed by Evicore		
S3849	Genetic Testing for Niemann-Pick disease	Reviewed by Evicore		
S3850	Genetic testing for sickle cell anemia	Reviewed by Evicore		
S3852	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	Reviewed by Evicore		
S3853	Genetic testing for myotonic muscular dystrophy	Reviewed by Evicore		
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Reviewed by Evicore		
S3855	Genetic testing for detection of mutations in the presenilin - 1 gene	Reviewed by Evicore		
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada	Reviewed by Evicore		
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Reviewed by Evicore		
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a	Reviewed by Evicore		
S3870	CGH test developmental delay	Reviewed by Evicore		
S4989	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G., PROGESTACERT IUD), INCLUDING IMPLANTS AND SUPPLIES		2/24/2018	
S5000	PRESCRIPTION DRUG, GENERIC		2/24/2018	
S5100	DAY CARE SERVICES, ADULT; PER 15 MINUTES		2/24/2018	
S5101	DAY CARE SERVICES, ADULT; PER HALF DAY		2/24/2018	
S5102	DAY CARE SERVICES, ADULT; PER DIEM		2/24/2018	
S5105	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM		2/24/2018	
S5108	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES		9/15/2018	
S5110	HOME CARE TRAINING, FAMILY; PER 15 MINUTES		9/15/2018	
S5121	CHORE SERVICES; PER DIEM		2/24/2018	
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES		2/24/2018	
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES		2/24/2018	
S5140	FOSTER CARE, ADULT; PER DIEM		2/24/2018	
S5141	FOSTER CARE, ADULT; PER MONTH		2/24/2018	
S5145	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM		9/15/2018	
S5150	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES		9/15/2018	
S5165	HOME MODIFICATIONS; PER SERVICE		2/24/2018	

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S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION		2/24/2018	
S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM		2/24/2018	
S5497	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, NOT OTHERWISE CLASSIFIED; INCLUDES		2/24/2018	
S5498	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, SIMPLE (SINGLE LUMEN), INCLUDES		2/24/2018	
S5501	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, COMPLEX (MORE THAN ONE LUMEN), INCLUDES		2/24/2018	
S5502	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, IMPLANTED ACCESS DEVICE, INCLUDES		2/24/2018	
S8037	mrcp	Reviewed by NIA		NIA effective 4/1/2021
S8042	MRI low field	Reviewed by NIA		NIA effective 4/1/2021
S8080	SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST), UNILATERAL, INCLUDING SUPPLY OF		2/24/2018	
S8085	Fluorine-18 fluorodeoxygluco	No Auth Required		Authorization released 6/1/2021
S8092	Electron beam computed tomog	Reviewed by NIA		NIA effective 4/1/2021
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15	Reviewed by Evicore	2/24/2018	
S8950	Complex lymphedema therapy, each 15 minutes	No Auth Required		Authorization released 7/1/2021
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	No Auth Required		Authorization released 7/1/2021
S9090	VERTEBRAL AXIAL DECOMPRESSION, PER SESSION		2/24/2018	
S9097	HOME VISIT FOR WOUND CARE		2/24/2018	
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR		2/24/2018	
S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT		2/24/2018	
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR		2/24/2018	
S9125	RESPIRE CARE, IN THE HOME, PER DIEM		2/24/2018	
S9127	SOCIAL WORK VISIT, IN THE HOME, PER DIEM		2/24/2018	
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	Reviewed by Evicore		
S9129	Occupational therapy, in the home, per diem	Reviewed by Evicore		
S9131	Physical therapy; in the home, per diem	Reviewed by Evicore		
S9152	SPEECH THERAPY, RE-EVALUATION		2/24/2018	
S9208	HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	
S9211	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL		2/24/2018	
S9212	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL		2/24/2018	
S9213	HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	
S9214	HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND		2/24/2018	
S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL		2/24/2018	
S9326	HOME INFUSION THERAPY, CONTINUOUS (24 HOURS OR MORE) PAIN MANAGEMENT INFUSION;		2/24/2018	
S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	
S9330	HOME INFUSION THERAPY, CONTINUOUS (24 HOURS OR MORE) CHEMOTHERAPY INFUSION; ADMINISTRATIVE		2/24/2018	
S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN 24 HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE		2/24/2018	
S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G., HEPARIN),		2/24/2018	
S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	
S9339	HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE		2/24/2018	
S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE		2/24/2018	
S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	
S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	
S9345	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY (E.G., FACTOR VIII); ADMINISTRATIVE		2/24/2018	
S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN); ADMINISTRATIVE SERVICES,		2/24/2018	

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S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G., DOBUTAMINE);		2/24/2018	
S9351	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY;		2/24/2018	
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE SERVICES,		2/24/2018	
S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G., IMIGLUCERASE);		2/24/2018	
S9359	HOME INFUSION THERAPY, ANTITUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G., INFlixIMAB);		2/24/2018	
S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMINISTRATIVE SERVICES, PROFESSIONAL		2/24/2018	
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); 1 LITER PER DAY, ADMINISTRATIVE SERVICES,		2/24/2018	
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN 1 LITER BUT NO MORE THAN 2		2/24/2018	
S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN 2 LITERS BUT NO MORE THAN 3		2/24/2018	
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN 3 LITERS PER DAY,		2/24/2018	
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL		2/24/2018	
S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	
S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES,		2/24/2018	
S9430	PHARMACY COMPOUNDING AND DISPENSING SERVICES		2/24/2018	
S9432	MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	No Auth Required		
S9433	MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTRITIONAL INTAKE		2/24/2018	
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM		2/24/2018	
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT		2/24/2018	
S9475	AMBULATORY SETTING SUBSTANCE ABUSE TREATMENT OR DETOXIFICATION SERVICES, PER DIEM		9/15/2018	
S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM		2/24/2018	
S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES		9/15/2018	
S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM			
S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	
S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ADMINISTRATIVE SERVICES,		2/24/2018	
S9497	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 3 HOURS;		2/24/2018	
S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 24 HOURS;		2/24/2018	
S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS;		2/24/2018	
S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 8 HOURS,		2/24/2018	
S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS; ADMINISTRATIVE		2/24/2018	
S9504	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4 HOURS; ADMINISTRATIVE		2/24/2018	
S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORD		2/24/2018	
S9560	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY		2/24/2018	

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T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES		2/24/2018	
T1001	NURSING ASSESSMENT/EVALUATION		2/24/2018	
T1002	RN SERVICES, UP TO 15 MINUTES	No Auth Required		Authorization released 5/30/2018
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES		2/24/2018	
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES		2/24/2018	
T1005	RESPITE CARE SERVICES, UP TO 15 MINUTES	No Auth Required		Authorization released 5/30/2018
T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	Auth Required after 200 units	9/15/2018	
T1007	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION	No Auth Required		Authorization released 2/24/2018
T1012	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT			
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY	No Auth Required		Authorization released 2/24/2018
T1016	CASE MANAGEMENT, EACH 15 MINUTES	No Auth Required		Authorization released 9/15/2018
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	No Auth Required	2/24/2018	Authorization released 5/30/2018
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF		2/24/2018	
T1020	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE IN		2/24/2018	
T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT		2/24/2018	
T1022	CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY		2/24/2018	
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM	No Auth Required		Authorization released 9/15/2018
T1024	EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM CONTRACTED TO PROVIDE COORDINATED CARE TO MULTIPLE OR SEVERELY	No Auth Required		Authorization released 9/15/2018
T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AN		2/24/2018	
T1026	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MEDICAL A		2/24/2018	
T1027	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	No Auth Required		Authorization released 9/15/2018
T1028	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET PATIENT'S MEDICAL NEEDS		2/24/2018	
T1029	COMPREHENSIVE ENVIRONMENTAL LEAD INVESTIGATION, NOT INCLUDING LABORATORY ANALYSIS, PER DWELLING		2/24/2018	
T1030	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM		2/24/2018	
T1031	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM		2/24/2018	
T1502	ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT	No Auth Required		Authorization released 2/24/2018
T2001	NONEMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT		2/24/2018	
T2002	NONEMERGENCY TRANSPORTATION; PER DIEM		2/24/2018	
T2003	NONEMERGENCY TRANSPORTATION; ENCOUNTER/TRIP		2/24/2018	
T2004	NONEMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTIPASS		2/24/2018	

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T2005	NONEMERGENCY TRANSPORTATION; STRETCHER VAN	No Auth Required	2/24/2018	Authorization released 04/01/2024
T2010	PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL I IDENTIFICATION SCREENING, PER SCREEN	No Auth Required		Authorization released 9/15/2018
T2011	PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL II EVALUATION, PER EVALUATION	No Auth Required		Authorization released 9/15/2018
T2012	HABILITATION, EDUCATIONAL; WAIVER, PER DIEM	No Auth Required		Authorization released 9/15/2018
T2014	HABILITATION, PREVOCATIONAL, WAIVER; PER DIEM	No Auth Required		Authorization released 9/15/2018
T2015	HABILITATION, PREVOCATIONAL, WAIVER; PER HOUR	No Auth Required		Authorization released 9/15/2018
T2017	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	No Auth Required		Authorization released 9/15/2018
T2018	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	No Auth Required		Authorization released 9/15/2018
T2019	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER 15 MINUTES	No Auth Required		Authorization released 9/15/2018
T2020	DAY HABILITATION, WAIVER; PER DIEM	No Auth Required		Authorization released 9/15/2018
T2021	DAY HABILITATION, WAIVER; PER 15 MINUTES	No Auth Required		Authorization released 9/15/2018
T2022	CASE MANAGEMENT, PER MONTH		2/24/2018	
T2023	TARGETED CASE MANAGEMENT; PER MONTH		2/24/2018	
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)	No Auth Required		Authorization released 9/15/2018
T2026	SPECIALIZED CHILDCARE, WAIVER; PER DIEM		2/24/2018	
T2027	SPECIALIZED CHILDCARE, WAIVER; PER 15 MINUTES		9/15/2018	
T2030	ASSISTED LIVING, WAIVER; PER MONTH		2/24/2018	
T2031	ASSISTED LIVING; WAIVER, PER DIEM		2/24/2018	
T2033	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM		2/24/2018	
T2036	THERAPEUTIC CAMPING, OVERNIGHT, WAIVER; EACH SESSION		9/15/2018	
T2037	THERAPEUTIC CAMPING, DAY, WAIVER; EACH SESSION		9/15/2018	
T2048	BEHAVIORAL HEALTH; LONG-TERM CARE RESIDENTIAL (NONACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER TH		9/15/2018	
T2049	NONEMERGENCY TRANSPORTATION; STRETCHER VAN, MILEAGE; PER MILE		2/24/2018	
U0001	2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	No Auth Required	4/1/2020	
U0002	SARS-CoV-2/2019-nCoV (COVID-19)	No Auth Required	4/1/2020	
V2526	CONTACT LENS HPI W/BLUE-VIOLET FILTER PER LENS	No Auth Required	2/1/2024	

Please be advised that this list is not intended to be an all-inclusive list of covered services or authorization requirements

(**)For vision providers, Professional services reviewed by Avesis; Institutional services processed by WellCare; authorization required for all other providers